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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055601 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Parkview Julian Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Julian Avenue Bakersfield, CA 93304 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>50409</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure (P&P) on assessment and management of resident weights for one of three sampled residents (Resident 1) when Resident 1 did not have his weight taken for three months. This failure had the potential to result in inaccurate nutrition assessment due to using outdated weights.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), dated 1/31/25, the AR indicated, Diagnosis. Mild Protein-Calorie Malnutrition (condition where someone does not get enough protein and energy). Onset Date. 11/26/2024.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - an assessment tool), dated 1/7/25, the MDS indicated Resident 1 had a BIMS (Brief Interview for Mental Status) of 12 (score of 8 to 12 means moderately impaired cognition).</p> <p>During a review of Resident 1's Documentation Survey Report (DSR - activities of daily living [basic personal tasks performed daily] flowsheet), dated January 2025, the DSR indicated Resident 1 had multiple meal refusals on: a. 1/4/25 dinner, b. 1/5/25 breakfast and lunch, c. 1/6/25 breakfast and dinner, d. 1/7/25 lunch, e. 1/8/25 breakfast and dinner, f. 1/9/25 dinner, g. 1/10/25-1/12/25 breakfast, h. 1/15/25 lunch, i. 1/16/25 - 1/19/25 breakfast, j. 1/21/25 dinner, k. 1/22/25 breakfast, l. 1/24/25 breakfast and lunch, m. 1/25/25 breakfast, n. 1/27/25 breakfast.</p> <p>During a review of Resident 1's Weights and Vitals Summary (WVS), dated 1/30/25, the WVS indicated Resident 1's most recent weight was taken on 10/4/24.</p> <p>During an interview on 1/30/25 at 12:20 p.m. with Resident 1, Resident 1 stated he did not know if he had changes with his weight. Resident 1 stated he refused to be weighed on some occasions because the hooyer lift (machine used to lift a resident) would hurt his back. Resident 1 stated he was not offered other methods of taking his weight.</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a concurrent interview and record review on 1/30/25 at 2:03 p.m. with Dietary Manager (DM), Resident 1's Quarterly Nutrition Review (QNR), dated 1/11/25 was reviewed. The QNR indicated, Nutrition Review. Most Recent Weight. 187.6 . Date: 10/04//2024. Indicated date weight taken: 30 day (No entry). Weight change greater or equal to 5%. Not Applicable. Date weight taken: 90 days 10/04/2024. Weight change greater or equal to 7.5%. No. Date weight taken: 180 days 07/03/2024. Weight change greater or equal to 10%. No. DM stated the QNR would not be accurate due to only having Resident 1's weight from 10/4/24.</p> <p>During a concurrent interview and record review on 1/30/25 at 2:41 p.m. with Director of Nursing (DON), Resident 1's medical records (MR) dated 1/30/25 was reviewed. The MR indicated there was no alternative methods used to measure Resident 1's weight. DON stated, We usually do the arm circumference (method of estimating weight by measuring around the upper arm) the RNAs (Restorative Nursing Assistant - helps residents regain their ability perform daily tasks after an injury or illness) know how to do that (if a resident refused to be weighed). And they document on their notes that the resident refused (to be weighed). DON stated the Interdisciplinary Team (IDT - group of healthcare professionals from different disciplines who work together to create a comprehensive care plan for a resident) did not discuss Resident 1 refusing to be weighed in November, December, and January.</p> <p>During a review of the facility's P&P titled, Assessment and Management of Resident Weights, dated 11/1/17, the P&P indicated, To ensure that each resident maintains acceptable parameters of weight and nutritional status, such as body weight and protein levels. Weights are obtained upon admission and/or re-admission, then weekly for four (4) weeks, and monthly thereafter. Additional weights may be obtained at the discretion of the licensed nurse or the interdisciplinary team (IDT).</p> |