

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  02/27/2025
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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>50409</p> <p>Based on interview and record review, the facility failed to ensure an antibiotic (medication used to treat infections) order was given as ordered by the Medical Doctor (MD) for one of five sampled residents (Resident 1). This failure had the potential to result in delayed healing of Resident 1's infection.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), dated 2/28/25, the AR indicated, Diagnosis. Encounter for other specified surgical aftercare (care provided after surgery).</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated February 2025, the MAR indicated Resident 1 received Keflex (antibiotic) every eight hours from 2/13/25 to 2/20/25 for surgical wound infection.</p> <p>During a concurrent interview and record review on 3/6/25 at 2:59 p.m. with Treatment Nurse (TN), Resident 1's Change in Condition Evaluation (CCE), dated 2/12/25, and Order Summary (OS), dated 2/13/25 were reviewed. The CCE indicated, Resident's dressing was noted to have a large amount of drainage (fluid that leaks out of the wound) . MD notified, new orders were entered and carried out. keflex 250 mg (milligrams) QID (four times a day) x (for) 10 days. The OS indicated, Keflex. Give 250 mg by mouth every 8 hours for surgical wound infection for 10 Days. TN stated she completed the CCE, and she received the Keflex order. TN stated, It (Keflex order) was supposed to be four times a day. TN stated on 2/13/25, she entered the Keflex order incorrectly, and she did not follow the MD orders.</p> <p>During an interview on 3/7/25 at 9:45 a.m. with Director of Nursing (DON), DON stated Resident 1's Keflex order, dated 2/13/25 was not accurate.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Physician Orders, dated 5/1/19, the P&amp;P indicated Purpose This will ensure that all physician orders are complete and accurate. Medication orders will include the following: A. Name of medication; B. Dosage; C. Frequency; and D. Duration of order E. The route and the condition/diagnosis for which the treatment is ordered. Other orders will include a description complete enough to ensure clarity of the physician's plan of care.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 055601	If continuation sheet Page 1 of 1