

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 04/24/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure (P&P) titled, Abuse Prevention and Prohibition Program, when the facility failed to:</p> <ol style="list-style-type: none"> 1. Report and investigate misappropriation of property to the California Department of Public Health (CDPH - local state agency) and local ombudsman for one of four sampled residents (Resident 1). This failure had the potential for Resident 1 to experience further abuse. 2. Develop and implement a care plan to protect one of four sampled residents (Resident 1), when financial abuse was discovered. This failure resulted in Resident 1 not to be protected from further abuse, and the potential for Resident 1 ' s mental or psychosocial needs to go unmet. <p>Findings:</p> <p>1. During an interview on 4/21/25 at 12:32 p.m. with Behavioral Health Worker (BHW), BHW stated Resident 1 ' s reported that he gave his bank card to his brother and he gave his brother permission to use \$300 and his brother had not returned the card. BHW stated Resident 1 only get \$316 monthly and he had 3 months on the card (approximately \$900) on there. BHW stated there have been multiple charges on the bank card Resident 1 did not approve. BHW stated this was like the third time Resident 1 ' s brother has made unapproved charges. BHW stated she informed the Social Services Director (SSD) on 4/18/25 of the unapproved charge to Resident 1 ' s bank card.</p> <p>During a review of Resident 1's Minimum Data Set, (MDS - an assessment tool) dated 4/21/25, the MDS indicated Resident 1's BIMS (Brief Interview for Mental Status) score was 15 (a score of 13 to 15 indicates cognitive intactness).</p> <p>During a concurrent observation and interview, on 4/24/25 at 2:17 p.m. with Resident 1, in Resident 1 ' s room. Resident 1 stated he handles his own finances. Resident 1 stated he gave his bank card to his brother and brother spent more money than he gave permission too. Resident 1 stated he told the Social Services Director (SSD) about it. Resident 1 stated the plan to keep his bank card if the facility ' s safe. Resident 1 ' s bank card was observed on the bedside table. Resident 1 stated he has his card because he was supposed to go out of the facility yesterday but did not. Resident 1 stated they usually keep in the safe.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Social Services Note, (SSN) dated 2/27/25, the SSN indicated, After assisting (Resident 1) with calling the bank he was informed that someone else had been using his money and ordering cards when it was in fact not him. SS and (Resident 1) informed (name of bank) bank where exact [sic] he was at and it was not him. (name of bank) bank frozepatients [sic] acct [account].</p> <p>During a review of Resident 1 ' s SSN, dated 3/4/25, the SSN indicated, (Resident 1) was visiting with his brother in the facility. SS asked (Resident 1) if he informed his brother of what happened with his card, and (Resident 1) stated no can you tell him. So [sic] (SSD) informed his brother . of the findings and at that point he held up a debit card and stated its right here. So apparently, he was the one using and ordering new cards. He was in the facility visiting (Resident 1) because it had declined twice. (SSD) informed him of the reports to (local law enforcement) and he asked to stop them.</p> <p>During a review of Resident 1 ' s SSN, dated 4/18/25, the SSN indicated, (Resident 1) is aware of his brother using his card he allowed him to have \$300. He stated he does not want anything done to his brother. Risk and benefits explained.</p> <p>During an interview on 4/24/25 at 4:15 p.m. with SSD, SSD stated Resident 1 informed his BHW his brother had his bank card. SSD stated the BHW took it upon herself to go get the card, the BHW brought SSD the bank card and informed her of the situation (unapproved charges to Resident 1 ' s bank card). SSD stated Resident 1 had charges he did not approve or make on his bank card. SSD stated she asked Resident 1 what he wanted us to do. SSD stated she discussed the risk and benefits with Resident 1 because every time this (financial abuse) has happened before, Resident 1 never wanted to press charges against his brother.</p> <p>During an interview on 4/24/25 at 4:29 p.m. the Administrator, the Administrator stated he was aware of the unapproved charges for Resident 1 ' s bank card. The Administrator stated when he spoke to Resident 1, Resident 1 stated he knew his brother was using his bank card, how was it stealing if Resident 1 was giving it to his brother. The Administrator stated Resident 1 has a history of financial abuse by his brother and does not want to press charges against his brother. The Administrator stated it was not reported or investigated because Resident 1 himself had made no allegation and stated he was aware his brother was using the card. The Administrator stated if resident ' s funds were being mismanaged or were not approved by the resident, he would report it and investigate.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s P&P titled, Abuse Prevention and Prohibition Program, revised 1/31/20, the P&P indicated, To ensure the Facility establishes, operationalizes, and maintains an Abuse Prevention and Prohibition Program designed . protect residents, and to ensure a standardized methodology for the prevention, identification, investigation, and reporting of abuse . misappropriation of property, and crime in accordance with federal and state requirements Policy I. Each resident has the right to be free from . misappropriation of property. The Facility has zero-tolerance for abuse, . misappropriation of resident property. Staff must not permit anyone to engage in . misappropriation of resident property. IV. Prevention . B. Supervisors shall immediately intervene, correct, and report identified situations where abuse . misappropriation of resident property is at risk for occurring. G. The Facility conducts an ongoing review and analysis of abuse incidents and implements corrective actions to prevent future occurrences of abuse. H. Resident Assessments and Care Planning are performed to monitor resident needs and address behaviors that may lead to conflict. VI. Investigation A. The Facility promptly and thoroughly investigates reports of resident abuse, . or criminal acts. IX. Reporting/Response A. Facility Staff are Mandatory Reporters i. Facility . employees, managers, agents, . are obligated by the Elder Justice Act and the California Elder Abuse and Dependent Adult Civil Protection Act to report known or suspected instances of abuse of elder or dependent adults. iv. Failure to report suspected or known abuse may result in legal action against the individual(s) withholding such information. B. Administrator, or his/her designee, as Abuse Coordinator i. In order to facilitate reporting, ensure confidentiality, and promote order at the Facility, the Administrator, or his/her designee, of the Facility shall be the individual who reports known or suspected instances of abuse of residents at the Facility to the proper authorities. C. All mandated reporters will report reasonable suspicion of a crime against a resident when it is objectively reasonable for a person to entertain a suspicion of conduct that appears to be financial abuse . D. The Facility will report allegations of abuse, . misappropriation of resident property, or other incidents that qualify as a crime. ii. No later than 24 hours . to the state survey agency, law enforcement, and the Ombudsman.</p> <p>2. During a concurrent interview and record review, on 4/24/25 at 4:29 p.m. with Director of Nursing (DON), Resident 1's care plans were reviewed. DON stated there were no care plans developed or implemented to protect Resident 1 from financial abuse by brother and no care plan developed or implemented for Resident 1 ' s refusal to be protected from abuse by brother.</p> <p>During a review of the facility ' s P&P titled, Care Planning, revised 11/1/2017, the P&P indicated, To ensure that a comprehensive person-centered Care Plan is developed for each resident based on their individual assessed needs. II. Each resident ' s Care Plan will describe the following: A. Services that are to be furnished to attain or maintain the resident ' s highest practicable physical, mental and psychosocial well-being; . V. The IDT will revise the Care Plan as needed at the following intervals: . B. As dictated by changes in the resident's condition; . D. To address changes in behavior and care; and E. Other times as appropriate or necessary.</p>		