

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 06/30/2025
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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on interview and record review, the facility failed to accommodate residents needs when call lights were not answering timely for one of three sampled residents (Resident 1). These failures had the potential for Resident 1 not to receive timely nursing care and maintain the highest practicable physical well-being. Findings:During an interview on 6/30/25 at 1:42 p.m. with Resident 1, Resident 1 stated she use the call light to be changed after having a bowel movement. Resident 1 stated she has to wait sometimes up to 40 minutes for her bowel movement to be changed. Resident 1 stated she is prone to Urinary Tract Infections (UTI-start when bacteria get into the tube through which urine leaves the body) and has had a two UTI's since being in the facility.During a review of Resident 1's Minimum Data Set (MDS - an assessment tool), dated 2/19/25, the MDS indicated Resident 1's Brief Interview for Mental Status (BIMS- standardized assessment tool used to evaluate the cognitive processes that allow individuals to think, learn, and remember) score was 15 (score of 13 to 15 indicates cognitively intact). The MDS indicated Resident 1 was dependent (helper does all the effort) for toileting hygiene (the ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement).During an interview on 6/30/25 at 3:10 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she will have 17 residents to care for on p.m. shift about every two weeks. CNA 1 stated there are times when a nurse will tell her another resident needs her assistance, while she is providing care for another resident so the resident waits for her to finish up with the resident she was with before she can go provide assistance to that resident. During a review of the facility's policy and procedure (P&P) titled, Communication - Call System, dated 11/1/17, The P&P indicated, The Facility will provide a call light system to enable residents to alert the nursing staff from their rooms . III. Nursing staff will answer call bells promptly, in a courteous manner.</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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