

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  08/12/2025
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)
F 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.  (continued on next page)

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
---	-------	-----------

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  08/12/2025
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to follow their policy and procedure (P&amp;P) titled, Grievance and Complaints for one of three sampled residents (Resident 1) when the facility did not inform Resident 1 of the outcome of the investigation and actions taken to resolve the grievance. This failure had the potential for Resident 1 to feel his grievances were not investigated or resolved. Findings: During an interview on 8/12/25 at 11:53 a.m. with Resident 1, Resident 1 stated he asked a certified nursing assistant (CNA) to speak to the administrator on Friday (8/8/25). Resident 1 stated the Administrator still has not come to talk to him (on 8/12/25). Resident 1 stated he wanted to speak to the Administrator about noise. Resident 1 stated his roommate next to him is only Spanish speaking and his TV is loud. Resident 1 stated no one comes. Resident 1 stated, For breakfast it says orange juice I am really particular about juice, but I still get pineapple juice. Resident 1 stated he recently asked to speak to someone in the kitchen on Friday and no one has been out yet. During a review of Resident 1's Resident Grievance/Complaint Investigation Report, [RGCIR] dated 7/28/25, the RGCIR indicated, [Resident 1] c/o (complained of) receiving items on his tray that he dislikes. The RGCIR indicated Dietary staff were in serviced on food preferences for Resident 1. The RGCIR indicated, Grievance Official Signature: [blank] date: [blank] Concerned Party Notified on: [blank] By: [blank]. During a review of Resident 1's RGCIR. dated 8/7/25, the RGCIR indicated, [Resident 1] c/o [complained of] roommates TV volume. Grievance Report Assigned to [Name, Department] [blank] Investigation Initiated (Date): [blank] . Department Head Signature: [blank] Date: [blank] Grievance Official Signature: [blank] date: [blank] Concerned Party Notified on: [blank] By: [blank]. During an interview on 8/20/25 at 12:40 p.m. with the Director of Nursing (DON), DON stated the grievances go to Social Services Director, she will distribute the grievance to the department that was responsible for resolving the grievance. DON stated the Administrator was responsible for ensuring the grievance was investigated, resolved, and the outcome was discussed with the resident. During a concurrent interview and record review on 8/20/25 at 1:03 p.m. with DON, Resident 1 RGCIR dated 7/28/25 and 8/7/25 were reviewed. DON stated no follow up with Resident 1 was documented and the RGCIR was not signed off by Resident 1 or the Administrator. During a review of the facility's policy and procedure (P&amp;P) titled, Grievances and Complaints, revised 11/1/17, the P&amp;P indicated, VI. Duties and Obligations of Staff A. When a Facility Staff member overhears or receives a complaint from a resident, . concerning the resident's medical care, treatment, food, clothing, or behavior of other residents, etc., the Facility Staff member is encouraged to advise the resident that the resident may file a complaint or grievance without fear of reprisal or discrimination, and will assist the resident . in filling a written complaint with the facility. VIII. Designation of Grievance Official A. The Facility will identify a Grievance Official who is responsible for: i. Overseeing the grievance process; ii. Receiving and tracking grievances through to their conclusion; iii. Leading any necessary investigations by the facility; . v. Issuing written grievance decisions to the resident . VIII. Grievance Investigation . C. The Administrator will be provided with a completed Resident Grievance/Complaint Investigation Report within five (5) working days of the incident . D. If follow up is required, the Administrator is responsible for ensuring that the follow-up action is taken in a timely manner. F. The Facility will inform the resident . of the findings of the investigation and any corrective actions recommended in a timely manner.</p>		