

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2024
NAME OF PROVIDER OR SUPPLIER San Joaquin Nursing Center and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 San Dimas Bakersfield, CA 93301	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>37697</p> <p>Based on observation, interview, and record review, the facility to:</p> <ol style="list-style-type: none"> 1. Provide oxygen as ordered by Medical Doctor (MD) for one of three sampled residents (Resident 1). 2. Provide humidified (increase the moisture) oxygen for two of three sampled residents on continuous oxygen (Resident 1, Resident 2). <p>These failures had the potential to negatively impact the residents medical condition.</p> <p>Findings:</p> <p>1. During a review of Resident 1 ADMISSION RECORD (AR), dated 1/9/24, the AR indicated, Resident 1 diagnoses included chronic respiratory failure (inability of the respiratory system to meet the oxygen demands of the body) and Chronic Obstructive Pulmonary Disease (COPD - a condition involving constriction of the airways and difficulty or discomfort in breathing).</p> <p>During a concurrent observation and interview on 1/9/24 at 1:12 p.m. with Licensed Vocational Nurse (LVN) 1, in Resident 1 ' s room, LVN 1 noted the setting for Resident 1 ' s oxygen and stated it was set at 2.5 liters (liter - a unit of measurement). LVN 1 stated Resident 1 ' s oxygen should be set at 3 liters.</p> <p>During a concurrent interview and record review on 1/9/24 at 1:30 p.m. with LVN 1, Resident 1 ' s Order Summary Report (OSR), was reviewed. The OSR indicated, MD ordered Resident 1 to be on oxygen two liters via nasal cannula (NC - tubing to disperse oxygen into the body through the nose) for COPD. LVN 1 stated Resident 1 ' s oxygen should have been set at two liters not 2.5 liters.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Oxygen Administration, dated 10/10, the P&P indicated, The purpose of this procedure is to provide guidelines for safe oxygen administration. Verify that there is a physician ' s order for this procedure. Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During a concurrent observation and interview on 1/9/24 at 1:12 p.m. with LVN 1 in Resident 1 ' s room, LVN 1 observed Resident 1 on oxygen 2.5 liters via NC and stated there was no humidifier for her oxygen.</p> <p>During a review of Resident 1 ' s OSR, the OSR indicated, Resident 1 had an order placed on 1/8/24, to have her humidifier bottle and tubing changed every Thursday and Sunday.</p> <p>During a review of Resident 2 ' s ADMISSION RECORD (AR), dated 1/9/24, the AR indicated, Resident 2 diagnoses included of COPD and chronic respiratory failure.</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS - comprehensive assessment tool) under Brief Interview for Mental Status (BIMS - an assessment tool for cognition), dated 1/13/24, the BIMS indicated, Resident 2 had a score of 15 out of 15 (cognition is intact).</p> <p>During a concurrent observation and interview on 1/9/24 at 1:40 p.m. with Resident 2 in Resident 2 ' s room, Resident 2 was observed on oxygen set at four liters but no humidifier to provide humidified oxygen. Resident 2 stated, I used to have it humidified and for some reason I don ' t have it now. Resident 2 stated he was on oxygen 24 hours a day.</p> <p>During a review of Resident 2 ' s OSR, the OSR indicated, Resident 2 had an order placed on 10/27/23, to have his humidifier bottle and tubing changed every Thursday and Sunday.</p> <p>During an interview on 1/9/24 at 1:59 p.m. with Director of Nursing (DON), DON stated all residents on oxygen should have humidifier. DON stated if the oxygen was not humidified the resident ' s nasal passages may get dry and their nose can bleed.</p> <p>During a review of the facility ' s P&P titled, Oxygen Administration, dated 10/10, the P&P indicated, The following equipment and supplies will be necessary when performing this procedure. Humidifier bottle . Be sure there is water in the humidifying jar and that the water level is high enough that the water bubbles as oxygen flows through. Periodically re-check water level in the humidifying jar.</p>		