

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  05/01/2024
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34401</b></p> <p>Based on observation, interview, and record review, the facility failed to treat one of four sampled resident (Resident 1) with dignity and respect when the facility failed to permit Resident 1 to return to his previous room after three days of being in the hospital. This resulted in Resident 1 moving to a different room without his consent and violation of Resident 1's rights.</p> <p>Findings:</p> <p>During an interview on 4/11/24 at 10:15 a.m. with Director of Nurses (DON), DON stated Resident 1 was transferred to the acute hospital on 3/24/24 and returned to the facility after four days of hospitalization . DON stated Resident 1's previous bed in room [ROOM NUMBER] was no longer available and was moved to room [ROOM NUMBER]. DON stated the facility admitted two female residents in room [ROOM NUMBER] while Resident 1 was out to the acute hospital.</p> <p>During a review of Resident 1's 5-day Minimum Data Set (MDS - a standardized, comprehensive assessment tool) dated 3/28/24 indicated, Resident 1 had a BIMS (Brief Interview for Mental Status - which evaluates cognition, the ability to remember and think clearly) score of 12 (score range from 8 to 12 moderate cognitive impairment).</p> <p>During a concurrent observation and interview on 4/11/24 at 10:27 a.m. Resident 1 was in room [ROOM NUMBER] B lying in bed. Resident 1 stated on 3/24/24, he had a seizure and was sent to the acute hospital for treatment. Resident 1 stated after staying in the hospital for three days, he returned to the facility to find all his belongings packed up in a bag and moved from 118 to room [ROOM NUMBER]. Resident 1 stated he had been residing in room [ROOM NUMBER] for approximately two years. Resident 1 stated he did not give permission to move from his room nor was he asked to move. Resident 1 stated, It's not right, I want my room back.</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 0557</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 Progress Notes (PN), dated 3/24/24 at 8:50 a.m. the PN indicated Resident 1 was found on the bathroom floor. The PN dated 3/24/24 at 9:40 a.m. indicated Resident 1 was picked up by ambulance and was taken to the nearest hospital for evaluation. The PN dated 3/24/24 at 2:26 p.m. indicated Resident 1 was admitted in the hospital for Seizures. The Admission Summary Note dated 3/27/24 at 9:52 p.m. indicated Resident 1 returned to the facility at 4:17 p.m. (three days after hospitalization ). The Social Service Note dated 3/28/24 at 9:19 a.m. indicated, [Resident 1] express to staff that he was upset that he was not able to return to room [ROOM NUMBER] where he was prior to hospitalization . Resident is currently in room [ROOM NUMBER] b and stated he feels like was put at the back of the bus.</p> <p>During a review of Resident 1's clinical record on 4/11/24 at 11:50 a.m. with DON, Resident 1's California Standard Admission Agreement For Skilled Nursing Facilities And Intermediate Care Facilities dated 3/5/2020 and signed by Resident 1, indicated, 8. The Bed-Hold and Return Agreement dated 3/24/24 signed by Resident 1 on the day Resident 1 was transferred to the acute hospital indicated, I [Resident 1's initial], a resident of this facility, hereby request that the facility hold my bed space during my absence from this facility.</p>		