

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  05/31/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was provided advance notice of a room change during a three-day hospital transfer. This failure resulted in Resident 1 being unaware he was returning to a different room.</p> <p>Findings:</p> <p>During a review of Resident 1's Bed-Hold and Return Agreement (BHRA) dated 3/24/24, the BHRA indicated, I, [Resident 1], a resident of this facility, hereby request that the facility hold my bed space during my absence during my absence from the facility.[Resident 1's signature].</p> <p>During a review of Resident 1's Census List (CL) dated 6/27/24, the CL indicated, 4/25/2020.Actual Admission.3/24/2024.Transfer Out to Hospital.3/26/2024 (2 days later) .Room Change.3/27/24.Transfer in from Hospital.</p> <p>During an interview on 5/31/24 at 11:56 a.m. with Director of Nursing (DON), DON stated, Resident 1 went to the hospital on 3/24/24. DON stated, during Resident 1's hospital stay, Resident 1's room was made into a female room for the good of the facility community and Resident 1's belongings were moved to a new room. DON stated, Resident 1 was on a paid bed hold during the time he was at the hospital and was not made aware of the room change prior to his return. DON stated, Resident 1 expressed he did not like the room change right away when he returned from the hospital.</p> <p>During an interview on 5/31/24 at 12:37 p.m. with Resident 1, Resident 1 stated, he was not aware of any room change until he returned from the hospital on 3/27/24. Resident 1 stated, he was told that his room was made into a female room.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Room Change/Roommate Assignment dated 5/2017, the P&amp;P indicated, 4. Unless medically necessary or for the safety and well-being of the resident(s) a resident will be provided with an advance notice of the room change. Such notice will include the reason(s) why the move is recommended. 5. Residents have the right to refuse to move to another room in the facility if the purpose of the move is: Solely for the convenience of the staff.</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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