

| | | | |
|--|--|--|--|
| 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 07/16/2024 |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50939</p> <p>Based on observation, interview, and record review, the facility failed to develop an individualized care plan for one of four sampled residents (Resident 1) when Resident 1 was frequently pulling out his Gastrostomy Tube (G-Tube-tube inserted through the wall of the abdomen directly into the stomach for nutrition, hydration, and medication). This failure had the potential to result in Resident 1 frequently going to the general acute care hospital for re-insertion of the frequently pulled G-Tube.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), dated 4/26/2024, the AR indicated, Resident 1 had a diagnosis Gastrostomy Status.</p> <p>During a review of Resident 1's SBAR (Situation, Background, Assessment, and Recommendation) Communication and Progress Note (SBAR), dated:</p> <p>a) 4/30/2024, the SBAR indicated, Certified Nurse Assistant (CNA) reported to this nurse as she was doing patient care, resident [1] pulled out G-Tube. Resident was sent to emergency room (ER).</p> <p>b) 5/3/2024, the SBAR indicated, Resident [1] pulled G-Tube out. MD [Medical Doctor] notified and ordered this nurse to send resident to ER.</p> <p>c) 5/8/2024, the SBAR indicated, G-Tube was pulled out by resident, MD notified. Send to ER.</p> <p>d) 6/6/2024, the SBAR indicated, Resident [1] pulled G-Tube out. MD notified and ordered to send resident to ER.</p> <p>e) 6/26/2024, the SBAR indicated, CNA notified this nurse that resident [1] pulled out G-Tube. Upon assessment this nurse noted G-Tube on floor. MD notified and advised to send resident to ER to get replacement.</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 |
|---|-------|-----------|

| | | | |
|--|---|--|--|
| 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 07/16/2024 |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a concurrent interview and record review on 8/2/2024 at 11:15 a.m. with Director of Nursing (DON), DON reviewed Resident 1's Care Plan (CP) and stated Resident 1 does not have a CP to prevent Resident 1 from frequently pulling G-Tube out. DON stated there was no interdisciplinary team meeting (IDT- meeting of healthcare providers from different specialties who work together to address a resident's needs) to discuss how to prevent the frequently pulled G-Tube.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated March 2022, the P&P indicated, A comprehensive, person-centered care plan for the resident should be developed by the interdisciplinary team (IDT), with input from the resident, and his/her family or legal representative. 2. The comprehensive person-centered care plan should be developed within the seven (7) days of the completion of the required MDS assessment. (Admission, Annual, or significant change in status).</p> | | |