

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  08/01/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) received the necessary services for pressure injuries (PI- pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence) to promote healing. This failure had the potential for unmet care needs for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s IDT (interdisciplinary team) - Skin Management Note, (IDTSMN) dated 7/5/24, the IDTSMN indicated, (Resident 1) is non compliant [sic] to turn every 2 hours to offload pressure from Coccyx (tail bone) area and to elevating legs to promote circulation. Risks and benefits explained by the nurse, The (Resident 1) verbalized understanding.</p> <p>During a review of Resident 1 ' s IDTSMN, dated 7/12/24, the IDTSMN indicated, (Resident 1) is non compliant [sic] to turn every 2 hours to offload pressure from Coccyx area and to elevating legs to promote circulation. Risks and benefits explained by the nurse, The (Resident 1) verbalized understanding.</p> <p>During an interview on 8/1/24 at 1:56 p.m. with Treatment Nurse (TN), TN stated Resident 1 was non-compliant with turning and repositioning every two hours and elevating his leg. TN stated he care planned Resident 1 ' s non-compliance in Resident 1 ' s IDTSMNs. TN stated he was not sure if the IDTSMN care plan carried over to Resident 1 ' s active care plans for certified nurse ' s assistants to view.</p> <p>During a concurrent interview and record review on 8/1/24 at 2:04 p.m. with Director of Nursing (DON) Resident 1 ' s care plans were reviewed. DON confirmed no non-compliance care plan was created for Resident 1.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, revised March 2022, the P&amp;P indicated, A comprehensive, person-centered care plan should include measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs. 3. The care plan interventions should be derived from information obtained from the resident and . resulting from the comprehensive assessment. 6. The comprehensive, person-centered care plan should: . b. Describe the services that are furnished in an attempt to assist the resident attain or maintain that level of physical, mental, and psychosocial wellbeing that the resident desires or that is possible, including services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights (including the right to refuse treatments) .</p>		