

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 08/21/2024
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>51042</p> <p>Based on observation, interview, record review the facility failed to ensure one of the four sampled residents ' (Resident 1) rights to receive a telephone call was honored when the facility did not allow Resident 1 to receive a telephone call. This failure resulted in violating Resident 1 rights to communication.</p> <p>Findings:</p> <p>During an interview on 8/13/24 at 3:45 p.m. with Complainant 1, Complainant 1 stated, Staff did not want to give me her [staff] information because I did not give her my information. I was contacting the resident because I had a confidential call. But the receptionist did not want to hand over the phone to the resident. The receptionist makes it clear that it is impossible to transfer the phones.</p> <p>During an interview on 8/14/24 at 10:55 a.m. with Registered Nurse (RN) 1, RN 1 stated, I tried to ask the lady [Complainant 1], she [Complainant 1] didn ' t want to give us her name and due to HIPPA [Health Insurance Portability and Accountability Act-Federal law to protect sensitive patient health information from being disclosed without consent] I could not give her information. She kept telling me she wanted to talk to the resident [1]. She [Complainant 1] didn ' t want to leave her name and phone number. RN 1 stated she did not give the telephone to Resident 1.</p> <p>During an observation on 8/21/24 at 9:20 a.m. in Resident 1 ' s room, Resident 1 was lying in bed. Resident 1 refused to be interviewed. There was no telephone in her room.</p> <p>During an interview on 8/21/24 at 9:50 a.m. with the Director of Nursing (DON), DON stated, We don ' t have a specific protocol or rules we don ' t ask who they talk to. That is not our business, we just let the residents talk to whoever is calling.</p> <p>During a review of Resident 1 ' s MDS (Minimum Data Set-Assessment Tool), dated October 1, 2023, the MDS Section GG for Functional Abilities and Goals indicated Resident 1 needs partial assistance from another person to complete any activities for lower extremities (hip, knee, ankle, foot). Resident 1 uses wheelchair as a mobility device.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Telephones, Resident Use of, dated October 2023, the P&P indicated, 4. Telephones are located in areas that offer privacy and accommodate the hearing impaired and wheelchair bound residents. 5. Residents who need/or request help in getting to or using telephones are provided with assistance.</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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