

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  08/27/2024
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>50409</p> <p>Based on interview and record review, the facility failed to ensure behavioral health services were provided for one of three sampled residents (Resident 1). This failure had the potential to result in Resident 1 ' s psychosocial needs not being met.</p> <p>Findings:</p> <p>During an interview on 8/27/24 at 1:50 p.m. with Resident 2, Resident 2 stated, (Resident 1) refuses (care) every day, she ' s hardheaded.</p> <p>During an interview on 8/27/24 at 2:30 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated, There are instances when she (Resident 1) refuses (care) and she would put her weight and try to get on the floor. When she starts refusing that ' s when I know she does not want to be touched. She is one that needs to be watched a lot. She does a lot of grabbing of clothing.</p> <p>During a concurrent interview and record review on 8/27/24 at 3:18 p.m. with Director of Nursing (DON), Resident 1 ' s Behavior Symptoms (BS), dated 8/27/24 was reviewed. The BS indicated Resident 1 had episodes of behaviors documented on 8/14/24, 8/15/24, 8/20/24, and 8/21/24. DON stated, There is yelling, pushing, grabbing, refusal of care.</p> <p>During an interview on 8/27/24 at 3:25 p.m. with Social Services Director (SSD), SSD stated she is not aware of Resident 1 ' s behaviors.</p> <p>During a review of Resident 1 ' s clinical record (CR), dated 8/27/24, the CR indicated no documentation of behavioral health services provided to address Resident 1 ' s behaviors.</p> <p>During an interview on 8/28/24 at 3:39 p.m. with Minimum Data Set Coordinator (MDSC), MDSC stated Resident 1 should have been referred to the psychiatrist to receive behavioral health services.</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 0740</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 Behavioral Assessment, Intervention and Monitoring, dated 2001, the P&amp;P indicated, The facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. Interventions and approaches will be based on a detailed assessment of physical, psychological and behavioral symptoms and their underlying causes, as well as the situational and environmental reasons for the behavior. The care plan will include, as a minimum: a. a description of the behavioral symptoms. b. targeted and individualized interventions for the behavior and/or psychosocial symptoms.</p>		