

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 08/29/2024
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38993</p> <p>Based on interview and record review, the facility failed to ensure a baseline care plan was completed within 48 hours of admission for three of three sampled residents (Resident 1, Resident 2, and Resident 3). This failure had the potential for the residents and/or responsible party (RP) to be unaware of the plan of care.</p> <p>Findings:</p> <p>a. During a review of Resident 1 ' s Baseline Care Plan Person-Centered Care Planning (BCPPCCP), dated 8/6/24, the BCPPCCP indicated Resident 1 was admitted on [DATE]. Social Services and Rehabilitative Services sections were completed on 8/12/24 (6 days after admission) and Activities section was completed on 8/27/24 (21 days after admission).</p> <p>b. During a review of Resident 2 ' s BCPPCCP dated 8/19/24, the BCPPCCP indicated, Resident 2 was admitted on [DATE]. Social Services section was completed on 8/22/24 (3 days after admission), Rehabilitative Services section was completed on 8/23/24 (4 days after admission).</p> <p>c. During a review of Resident 3 ' s BCPPCCP dated 8/15/24, the BCPPCCP indicated, Resident 3 was admitted on [DATE]. Social Services section was completed on 8/21/24 (6 days after admission), and Rehabilitative Services section was completed on 8/19/24 (4 days after admission).</p> <p>During an interview with Director of Nursing (DON) on 8/27/24 at 1:08 p.m. DON stated the BCPPCCP was complete once it was signed and locked by each department completing the sections. DON stated the BCPPCCP should have been completed within 48 hours of admission.</p> <p>During a review of the facility ' s policy and procedure titled (P&P) Care Plans - Baseline dated 12/23, the P&P indicated, A baseline plan of care should be developed for each resident within forty-eight (48) hours of admission. The resident and/or representative should be provided a written summary of the baseline care plan.</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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