

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 09/19/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39763</p> <p>Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1) was provided with appropriate pain management. This failure had the potential for Resident 1 ' s pain to not effectively managed.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, (AR) the AR indicated, Resident 1 was admitted on [DATE], with diagnoses including pain due to internal orthopedic prosthetic device (a medical implant that replaces or supports a damaged bone or joint) and unilateral osteoarthritis (a degenerative joint condition that primarily affects one side of the body, typically in the knees, hips, or hands).</p> <p>During a review of Resident 1 ' s Admission/Readmission Evaluation/Assessment, (AREA) dated 8/23/24, the AREA indicated, Resident 1 Arrived to facility at 2210 (10:10 p.m.) . (Resident 1) has C/O (complaints of) Pain 5/10 on pain scale (numeric pain scale - allow patients to rate their pain. Zero (0) is considered no pain; 1 to 3 is mild pain; 4 to 6 is moderate pain and 7 to 10 is severe pain) noted upon admission.</p> <p>During a review of Resident 1 ' s Medication Administration Record, (MAR) dated 8/2024, the MAR indicated:</p> <p>Lidocaine (medication use to treat pain) External Patch . Apply to hip and eye area topically every 24 hours for Pain -Start Date 08/23/2024 2100 (9 p.m.)</p> <p>On 8/23/24 at 9 p.m. (administration time), Resident 1 ' s Lidocaine was not documented as administered, 9 was documented, the Medication Administration Note, indicated, Not available.</p> <p>Acetaminophen (medication used to treat mild pain) Capsule 500 MG (milligrams- unit of measure) . Give 2 tablet by mouth every 8 hours for Pain (1-10) . -Start Date-08/23/24 2300 (11 p.m.).</p> <p>On 8/23/24 at 11 p.m. (administration time), Resident 1 ' s Acetaminophen was administered for a 5/10 pain level.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Pain Observation/Assessment, (POA) dated 8/24/24 at 12:17 a.m. the POA indicated Resident 1 ' s Current Pain Level . 2a. Numeric Pain scale: where 0 is no pain and 10 is worst pain possible 6. Moderate 6 .1. What Makes The Pain Better? Prn pain medication.</p> <p>During an interview and record review on 9/19/24 at 10:55 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated the pain protocol was to assess the resident using pain scale, location etc. She then would review the physicians ' orders, give medications appropriate for the pain scale, and document in the MAR. LVN 1 stated if the resident does not have pain medications ordered for breakthrough, she would call the physician to get an order, then call the pharmacy, get the medications from the cubix, document in the progress notes and MAR. Resident 1 ' s POA, dated 8/24/24 was reviewed. LVN 1 stated she completed the POA (8/24/24) and Resident 1 ' s current pain level was 6/10. LVN 1 stated she was not Resident 1 ' s assigned nurse, but she informed Resident 1's nurse (not identified) of Resident 1 ' s 6/10 pain level.</p> <p>During a concurrent interview and records review on 9/19/24 at 11:06 a.m. with Director of Nursing (DON), Resident 1 ' s AREA, dated 8/23/24 was reviewed. DON confirmed Resident 1 complained of 5/10 pain. Resident 1 ' s MAR was reviewed. DON confirmed Resident 1 was administered Acetaminophen at 11 p.m. for a pain level of 5/10. Resident 1 ' s POA, dated 8/23/24 was reviewed. DON confirmed the POA was completed at 12:17 p.m. with a current pain level of 6/10. DON stated the nurse should have called the physician and obtain an order for pain management.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Pain Assessment and Management, revised October 2022, the P&P indicated, The Purpose of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident ' s goals and needs and that address the underlying cause of pain. 2. Pain management is defined as the process of alleviating the resident ' s pain based on his or her clinical condition and established treatment goals. 5. Acute pain (or significant worsening of chronic pain) should be assessed every 30-60 minutes after the onset and reassessed as indicated until relief is obtained. Assessing Pain 1. Assess the resident at admission and during ongoing assessments to help identify the resident who is experiencing pain or for whom pain may be anticipated during specific procedures, care or treatment. 2. Monitor the resident for the presence of pain and the need for further assessment when there is a change of condition. 6. The medication regimen is implemented as ordered. Results of interventions are documented and communicated directly to the provider when appropriate. Ongoing communication between the prescriber and staff is necessary for the optimal and judicious use of pain medications. 5. Contact the prescriber immediately if the resident ' s pain or medication side effects are not adequately controlled.</p>		