

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 09/24/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34401</p> <p>Based on interview and record review, the facility failed to develop a care plan for one of three sampled residents (Resident 1) pressure injury (PI-pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence). This failure had the potential for unmet care needs and Resident 1 ' s wound to worsen.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Progress Note (PN), dated 7/20/24, the PN indicated Resident was transferred to the acute hospital and was readmitted back to the facility on [DATE]. Resident 1 ' s Readmission Skin Assessment (RSA), dated 8/2/24, indicated Resident 1 was readmitted with a PI to right buttock.</p> <p>During a review of Resident 1 ' s Order Summary Report (OSR), dated 8/2/24, the OSR indicated and order for Medihoney (wound gel) to be applied to Resident 1 ' s PI to right buttock every day for 21 days. A review of Resident 1 ' s care plan indicated no documented evidence a care plan was developed for Resident 1 ' s PI to right buttock.</p> <p>During concurrent interview and record review on 9/24/24 @ 12 p.m. with Director of Nurses (DON), Resident 1 ' s clinical records was reviewed. DON stated Resident 1 was readmitted back to the facility on [DATE] with a PI to right buttock. DON reviewed Resident 1 ' s care plan and was unable to find documented evidence a care plan was develop for Resident 1 ' s PI to the right buttock. DON stated Resident 1 ' s care plan should have been developed and/or updated.</p> <p>During an interview on 9/24/24 at 2:22 p.m. with Treatment Nurse (TN), TN stated Resident 1 was readmitted on [DATE] with multiple wounds including PI to the buttocks area. TN stated it was the facility practice to update and/or developed wound care plan upon admission to the facility. TN confirmed no care plan was updated and/or developed for Resident 1 ' s wound.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Care Plans-Baseline, dated 5/22, the P&P indicated, 1. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality of care and must include the minimum healthcare information necessary to properly care for the resident including, but not limited to the following: a. Initial goals based on admission orders and discussion with the resident/representative; b. Physicians orders;</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
---	-------	-----------