

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  08/18/2025
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>Based on observation, interview, and record review, the facility failed to ensure fingernails were kept clean and trimmed for one of four sampled residents (Resident 1). This failure had the potential to result in Resident 1 developing infection and skin injury. Findings: During a review of Resident 1's admission Record (AR), dated 8/18/25, the AR indicated, DIAGNOSIS. NEED FOR ASSISTANCE WITH PERSONAL CARE. During a review of Resident 1's SBAR (Situation, Background, Assessment, Recommendations), dated 7/31/25, the SBAR indicated, Change in skin color or condition. Other relevant information: Resident (1) has history of picking at himself and scratching. Nurses noted old scratches over body. Bleeding noted. Resident (1) states he is itching. During a review of Resident 1's Minimum Data Set (MDS - an assessment tool), dated 5/15/25, the MDS indicated on section C (Cognitive Patterns), Resident 1 had a BIMS (Brief Interview for Mental Status) score of 10 (score of 8 - 12 indicates moderately impaired cognition). The MDS indicated on section GG (Functional Abilities), Resident 1 required substantial/maximal assist (staff does more than half the effort) with personal hygiene. During a concurrent observation and interview on 8/18/25 at 1:45 p.m. with Resident 1 in Resident 1's room, Resident 1's fingernails on both hands were long and had dark debris underneath. Resident 1 had multiple scratches and open skin areas on both arms and abdomen. Resident 1 stated he would scratch his skin because it would itch a lot. Resident 1 stated he wanted his fingernails trimmed. During a concurrent observation and interview on 8/18/25 at 2:00 p.m. with Certified Nursing Assistant (CNA) 1 in Resident 1's room, CNA 1 stated Resident 1's fingernails on both hands were supposed to be cleaned and trimmed because they were long and had black dirt underneath. CNA 1 stated Resident 1 would be at risk for developing infection because he has been scratching and he had long and dirty fingernails. During a concurrent interview and record review on 8/18/25 at 2:49 p.m. with Infection Control Preventionist (ICP), Resident 1's care plan (CP), dated 6/18/25 was reviewed. The CP indicated, Resident has impaired skin integrity as evidenced by skin tear/abrasion/scratches to Left upper abdomen related to trauma and is at risk for infection. Interventions. Nails are to be kept short to reduce the risk of scratching or injury from picking at skin. ICP stated the CP was not followed. ICP stated Resident 1's nails were supposed to be kept short and clean to prevent infection and injury to the skin from scratching. During a review of the facility's policy and procedure (P&amp;P) titled, Fingernails/Toenails, Care of, dated February 2018, the P&amp;P indicated, The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. Nail care includes daily cleaning and regular trimming. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin.</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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