

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 01/15/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure environment was free of accident hazards when the pavement in the facility's designated smoking area had a gap that three of three sampled residents (Resident 1, Resident 2 and Resident 3) reported causing their wheelchairs to get stuck. This failure had the potential to place residents at risk for falls and accidents. Findings: During a concurrent observation of the facility's designated smoking area and interview on 1/15/26 at 9:15 a.m. with Resident 1 and Resident 2, there was a gap in the pavement in the smoking area. Resident 1, who was alert and oriented and was on a wheelchair, stated the gap catches your wheelchair potentially causing residents to fall from their wheelchairs. Resident 1 called the gap a speed bump. Resident 2, also alert and oriented and on a wheelchair, corroborated the statements of Resident 1. During a concurrent observation and interview with the Director of Maintenance (DM) at the smoking area on 1/15/26 at 9:45 a.m., DM measured the gap in the pavement and stated it measured 0.75 inches wide. During a concurrent observation of the smoking area and interview on 1/15/26 at 9:15 a.m. with Resident 3, Resident 3, who was alert and oriented and on a wheelchair, stated his wheelchair had gotten stuck on the pavement gap. Resident 3 stated the gap was a fall hazard for residents on wheelchairs. During an interview on 1/15/26 at 11:30 a.m. with Activities Director (AD), AD stated she was responsible for monitoring residents on the smoking area and stated she would ensure residents using wheelchairs are not caught in the pavement gap. During a review of facility policy and procedure (P&P) titled Safety and Supervision of Residents, dated July 2017, the P&P indicated: Our facility strives to make the environment as free from accident hazards as possible.</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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