

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/27/2024
NAME OF PROVIDER OR SUPPLIER  Rosewood Health Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  1401 New Stine Road Bakersfield, CA 93309	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>51434</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled resident (Resident 1) was treated with dignity and respect. This failure had the potential for Resident 1 experiencing psychosocial distress.</p> <p>Findings:</p> <p>During an interview on 9/27/24 at 1:09 p.m. with Administrator, Administrator stated Resident 1 reported Certified Nursing Assistant (CNA) 1 stated you don ' t tell me what to do, I tell you what to do.</p> <p>During an interview on 9/27/24 at 1:33 p.m. with Resident 1, Resident 1 stated, I did not report it [what CNA 1 stated] when it happened because I was afraid physically and mentally.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-assessment tool), dated August 30, 2024, the MDS indicated Resident 1 ' s Brief Interview for Mental Status (BIMS) (an assessment to determine cognition), score was 15 (score of 13 to 15 indicates cognitively intact). Resident 1's MDS indicated Resident 1 required Maximum assistance (helper does more than half the effort) for bathing and lower body dressing and Moderate assistance (helper does less than half the effort) for upper body dressing.</p> <p>During an interview on 10/1/24 at 1:58 p.m. with Social Services Director (SSD), SSD stated Resident 1 is alert and oriented, and able to make her own decisions, she is her own responsible party.</p> <p>During review of the facility ' s policy and procedure titled, Dignity, dated February 2021, indicated, Residents are treated with dignity and respect at all times.</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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