

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  12/03/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>37697</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure on change of condition for one of three sampled residents (Resident 1). This failure resulted in a delay in care and had the potential for negative medical outcomes.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 12/3/24 at 2:35 p.m. with Resident 1 in the hallway, Resident 1 was observed with a large area of raised reddened scaly appearing skin from the bottom of her left side of neck stretching toward her left shoulder approximately 6 inches in length and width. Resident 1 was observed scratching at this reddened area as well as picking and scratching at her face. Resident 1 was confused to time and place. Resident 1 could not answer questions appropriately.</p> <p>During an interview on 12/3/24 at 2:40 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was assigned to Resident 1. LVN 1 stated Resident 1 is alert but confused. LVN 1 stated she did not know what the cause of the scaly redness was on Resident 1 ' s bottom of left side of neck toward her left shoulder. LVN 1 stated Resident 1 could scratch herself to the point of bleeding and would state it was mosquito bites causing her itchiness. LVN 1 stated Resident 1 had a history of cellulitis (a bacterial infection of the skin and the tissue beneath the skin) of the face in October 2024 and was on antibiotics (medication for bacterial infections). LVN 1 stated the only treatment Resident 1 was currently getting for the redness to her left bottom of neck toward left shoulder was barrier cream (a product applied directly to the skin surface to help maintain the skin's physical barrier, providing protection from irritants and preventing the skin from drying out).</p> <p>During an observation on 12/3/24 at 2:43 p.m. in the hallway, Resident 1 was observed scratching and picking at her face and at the redness located on the bottom left side of her neck going towards the left shoulder.</p> <p>During an interview on 12/3/24 at 2:52 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she was assigned to Resident 1. CNA 1 stated when Resident 1 is not sleeping she is constantly scratching at her face and body. CNA 1 stated Resident 1 states she is itchy. CNA 1 stated the nurses will apply barrier cream on her to help. CNA 1 stated she could not recall exactly how long Resident 1 had scaly redness to the bottom of the left side of her neck toward her left shoulder but it had been a few weeks or more.</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/3/24 at 3:26 p.m. with Treatment Nurse (TXN), TXN stated Resident 1 picks and scratches at her face and body due to it being a behavior/bad habit. TXN stated the raised scaly reddened area on Resident 1 ' s bottom of left neck going toward her left shoulder was from her behavior of scratching and picking. TXN stated Resident 1 did have a previous history of cellulitis. TXN stated Resident 1 had not been seen by a dermatologist (specialist in skin disorders). TXN stated Resident 1 was being treated with barrier cream.</p> <p>During a concurrent observation and interview on 12/3/24 at 4:22 p.m. with Director of Nursing (DON) in the administrator office, Resident 1 ' s raised redness to the bottom of left neck going toward the left shoulder was observed. DON stated the reddened area appeared as definitely a skin issue and appeared to be psoriasis (a chronic skin disease that causes the immune system to overreact, resulting in rapid skin cell growth, inflamed, scaly patches, and other symptoms) or eczema (a medical condition in which patches of skin become rough and inflamed, with blisters that cause itching and bleeding) requiring medical attention and not scratches. DON stated Resident 1 ' s Medical Doctor needed to be informed of her skin condition for further instructions on how to treat it.</p> <p>During a review of Resident 1 ' s Order Summary (OS), dated 12/4/24, the OS indicated Resident 1 Medical Doctor was informed of her raised scaly redness to the left side of her lower neck toward her left shoulder and was placed on Doxycycline (antibiotic for skin infection) one tablet two times a day for 14 days for diagnosis of cellulitis.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Change in a Resident's Condition or Status, dated 2/2021, the P&amp;P indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status . The nurse will notify the resident's attending physician or physician on call when there has been a . significant change in the resident's physical/emotional/mental condition . need to alter the resident's medical treatment significantly . A significant change of condition is a major decline or improvement in the resident's status that . will not normally resolve itself without intervention . Prior to notifying the physician or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider .</p> <p>Enter comment here</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure on change of condition for one of three sampled residents (Resident 1). This failure resulted in a delay in care and had the potential for negative medical outcomes.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 12/3/24 at 2:35 p.m. with Resident 1 in the hallway, Resident 1 was observed with a large area of raised reddened scaly appearing skin from the bottom of her left side of neck stretching toward her left shoulder approximately 6 inches in length and width. Resident 1 was observed scratching at this reddened area as well as picking and scratching at her face. Resident 1 was confused to time and place. Resident 1 could not answer questions appropriately.</p> <p>(continued on next page)</p>		

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