STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on interview and record review, the facility failed to ensure the Infection Preventionist (IP) completed specialized training in infection prevention and control. This failure resulted in ineffective infection surveillance (continuous method to collect, analyze, monitor and reduce infections) and antibiotic stewardship program (a program to monitor the use of antibiotics - medications used to treat infections in healthcare settings) and had the potential to increase the spread of infectious diseases to residents, staff, and visitors.Findings:During a concurrent interview and record review on 2/11/26 at 9:13 a.m. with IP, IP's training record was reviewed. IP stated she had not completed the specialized training in infection prevention and control. IP stated she started to work as a full-time IP (40 hours per week) at the end of October 2025. IP stated she does not hold any other role in the facility.During a review of the facility's Job Description - Infection Preventionist dated 7/8/20, the Job Description - Infection Preventionist indicated, Requirements: Specialty training in Infection Prevention and Control through accredited continuing education. Certificates: Must meet currently or have completed national training requirements for Infection Prevention and Control.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure call lights were answered in a timely manner for two of three sampled residents (Resident 24 and Resident 29). This failure resulted in Resident 24 and Resident 29 waiting up to one hour for staff to respond to their needs. Findings: During a group interview on 2/10/26 at 9:58 a.m. with Resident 24, Resident 24 stated, Regarding the call light system, staff is responding within five minutes, turning off the call light, and then tells us they [staff] will be back but never returns. During a review of Resident 24's Minimum Data Set (MDS - comprehensive assessment tool), dated 12/23/25, the MDS indicated Resident 24 had a Brief interview for Mental Status (BIMS - Cognitive assessment) score of 15 (score of 13 to 15 indicates cognitively intact). During a group interview on 2/10/26 at 10 a.m. with Resident 29, Resident 29 stated, I timed them [staff] and have waited an hour. One time, I waited so long and I had a soiled diaper. Resident 29 stated, Night time is the worst, nine out of 10 times they don't respond. I feel like it hits a wall and doesn't go high enough to get results. During a review of Resident 29's MDS dated [DATE], the MDS indicated Resident 29 had a BIMS score of 14. During a review of Resident 29's Grievance Form dated 11/13/25, the Grievance Form indicated, Resident [29] states she waited about half an hour for her call light to be answered. During a review of the Call Light Response Time Log (CLRTL) for Resident 29, dated 11/13/25 at 3:14 a.m., the CLRTL indicated, Reset Time [length of time the call light was switched off and was answered]: 34 minutes and 33 seconds.During a review of the facility's Resident Council Minutes (RCM - the official written record of meetings held by a group of nursing home residents to discuss concerns, rights, and activities) dated 11/13/25, the RCM indicated, Call lights not answered in a timely manner. Residents stated they waited about half an hour for call light to be answered. During a review of the facility's RCM dated 12/10/25, the RCM indicated, Call lights are not answered in a timely manner. Residents stated CNA [Certified Nursing Assistant] turns call light off, states they will be back and do not return.During a review of the facility's policy and procedure (P&P) titled, Call System, Residents, dated September 2022, the P&P indicated, Call for assistance are answered as soon as possible, within 0 to 15 minutes. Urgent requests for assistance are addressed immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review, the facility failed to follow its policy and procedure (P&P) titled, Obtaining a Fingerstick [using a small needle (lancet) to draw a few drops of blood from the fingertip for immediate analysis] Glucose [sugar that is the body's main energy source] Level for 15 of 15 sampled residents (Resident 16, Resident 5, Resident 75, Resident 83, Resident 60, Resident 35, Resident 47, Resident 53, Resident 87, Resident 81, Resident 57, Resident 88, Resident 4, Resident 1, and Resident 73). This failure resulted in nursing staff conducting procedures on residents without a physician's order.Findings:During a concurrent interview and record review on 2/12/26 at 8:46 a.m. with Minimum Data Set (MDS- resident assessment tool) Coordinator (MDSC) and Assistant MDSC (AMDSC), MDSC stated 15 facility residents received insulin (treatment to regulate blood sugar). Physician Order (PO) for insulin for Resident 16, Resident 5, Resident 75, Resident 83, Resident 60, Resident 35, Resident 47, Resident 53, Resident 87, Resident 81, Resident 88, Resident 4, Resident 1, and Resident 73 were reviewed. AMDSC stated there is no specific PO for finger stick blood sugars for any of the 15 residents who received insulin. During a review of Resident 16's PO, dated 2/4/26, the PO indicated, Insulin Glargine Subcutaneous Solution . Inject 32 unit subcutaneously [below the skin] at bedtime . hold if BS [blood sugar] less than 100. The PO dated 2/8/26 indicated, Insulin Lispro Injection Solution . Inject 14 unit subcutaneously before meals . hold if BS less than 100 and Insulin Lispro Injection Solution . Inject as per sliding scale: 0 - 99= 0 unit . subcutaneously before meals and at bedtime . If BS is more than 401 give 12 units and call MD [medical doctor]. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 5's PO, dated 1/31/26, the PO indicated, Insulin Glargine Solution .Inject 18 unit subcutaneously at bedtime . hold if BS is below 100. The PO, dated 1/31/26 indicated, Insulin Glargine Solution . Inject 20 unit subcutaneously one time a day . hold if BS less than 100. The PO dated 1/17/26 indicated, Insulin Glargine Solution . Inject as per sliding scale: If 0-99 = 0 units . 401+ = 12 units, subcutaneously before meals and at bedtime MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 75's PO, dated 2/6/26, the PO indicted, Insulin Lispro Injection Solution . Inject as per sliding scale: 0-150 = 0 units . subcutaneously before meals and at bedtime. If BS is more than 400 give 18 units and call MD. Semglee (yfgn) [type of insulin] Solution Pen-injector . Inject 30 unit subcutaneously at bedtime . Hold if BS < [less than] 100. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 83's PO, dated 2/5/26, the PO indicated, Insulin Lispro Injection Solution . Inject as per sliding scale: if 0 - 99 = 0 units . subcutaneously before meals and at bedtime . if BS is more than 401 give 12 units and call MD. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 60's PO, dated 2/5/26, the PO indicated, Insulin Lispro Injection Solution . Inject as per sliding scale: if 0 - 99 = 0 units . subcutaneously before meals and at bedtime. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 35's PO, dated 1/30/26, the PO indicated, Insulin Glargine Subcutaneous Solution . Inject 14 unit subcutaneously at bedtime . Hold if BS <90. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 47's PO, dated 1/30/26, the PO indicated, Insulin Glargine Subcutaneous Solution . Inject 10 unit subcutaneously one time a day . hold if BS <100. The PO, dated 1/16/26, indicated, Insulin Lispro Injection Solution . Inject as per sliding scale: if 0 - 99 = 0 units . subcutaneously before meals and at bedtime . Notify MD for BS> [greater than] 400. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 53's PO, dated 1/24/26, the PO indicated, Lantus SoloStar [type of insulin] Subcutaneous Solution Pen-injector . Inject 40 unit subcutaneously at bedtime. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 87's PO, dated 1/30/26, the PO indicated, Insulin Lispro Injection Solution . Inject as per sliding scale: if 0 - 99 = 0 units . subcutaneously before meals and at bedtime. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 81's PO, dated 2/7/26, the PO indicated, Insulin Glargine Subcutaneous Solution . Inject 10 unit subcutaneously in the morning. The PO, dated 2/7/26, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicated, Insulin Lispro Injection Solution . Inject as per sliding scale: if 0 - 99 = 0 units . 401+ = 12 units, subcutaneously before meals and at bedtime. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 57's PO, dated 1/1/26, the PO indicated, Insulin Degludec . Inject 17 units subcutaneously at bedtime . Hold if BS <100. The PO, dated 12/14/25, indicated, NovoLOG [type of insulin] FlexPen Subcutaneous Solution Pen-injector . Inject as per sliding scale: if 150 - 200 = 2 units . if BS>400 USE 20 units q [every] 3 h [hours] until under 400., subcutaneously before meals and at bedtime. MAR for FSBS results dated February 2026 was reviewed. During a review of Resident 88's PO, dated 2/11/26, the PO indicated, Insulin Glargine Solution .Inject 28 unit subcutaneously at bedtime and Insulin Lispro Injection Solution . Inject 9 unit subcutaneously two times a day before breakfast and lunch hold if BS less than 100. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 4's PO, dated 1/18/26, the PO indicated, Insulin Lispro Injection Solution . Inject as per sliding scale: if 0 - 99 = 0 units . 401+ = 12 units, subcutaneously before meals and at bedtime. The PO, dated 2/10/26, indicated, Semglee Subcutaneous Solution . Inject 21 unit subcutaneously one time a day . Hold if blood glucose <80. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 1's PO, dated 2/1/26, the PO indicated, Insulin Lispro Injection Solution . Inject as per sliding scale: if 0 - 99 = 0 units . 401+ = 12 units, subcutaneously before meals and at bedtime. The PO, dated 1/20/26, indicated, Insulin NPH (Human) . Inject 13 units subcutaneously two times a day . hold for BS <90. MAR for FSBS results dated February 2026 was reviewed.During a review of Resident 73's PO, dated 2/3/26, the PO indicated, Insulin Lispro Injection Solution . Inject as per sliding scale: if 0 - 99 = 0 units . subcutaneously before meals and at bedtime . if BS is more than 401 give 12 units and call MD. MAR for FSBS results dated February 2026 was reviewed.During an interview on 2/12/26 at 8:58 a.m. with Director of Nursing (DON), DON stated that there should be a PO for FSBS checks.During an interview on 2/12/26 at 9:29 a.m. with AMDSC, AMDSC stated there were no POs for nurses to perform FSBS for any of the 15 residents receiving insulin.During a review of the facility's P&P titled, Obtaining a Fingerstick Glucose Level dated 2001, the P&P indicated, The purpose of this procedure is to obtain a blood sample to determine the resident's blood glucose level. Preparation: 1. Verify that there is a physician's order for this procedure.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement infection prevention practices when: Three of three clean laundry bins had dirt-like debris at the bottom. This failure had the potential for contaminating clean laundry and spread of infectious diseases to the residents. Three of three personal laundry transport carts had thick dust-like debris along the bottom frame of the cart. This failure had the potential for contaminating personal laundry and spread of infection and diseases to the residents. The facility did not follow its policy and procedure (P&P) titled, Surveillance of Infections. This failure had the potential for unidentified increase and spread of infectious diseases to the residents. Findings: 1. During a concurrent observation and interview on 2/10/26 at 8:52 a.m. with Laundry Aide (LA) 1, in the laundry room, there were three clean laundry bins in front of the three dryers. The three clean laundry bins had dirt-like debris at the bottom with pieces of material. LA 1 stated she had not gotten to clean them. 2. During a concurrent observation and interview on 2/10/26 at 9:17 a.m. with LA 1 in the laundry room, there were three personal laundry transport carts. The personal laundry transport carts' bottom frame had a thick dust-like debris. LA 1 stated she would clean it right now. During an interview on 12/12/26 at 10:12 a.m. with Housekeeping Supervisor (HS), HS stated, I don't know how often they clean the personal laundry carts, but that's maintenance who power washes the carts to get dirt and debris out from the wheels and frame. Usually, a work order is given to the maintenance to clean the bottoms of the personal laundry carts. Maintenance doesn't have a record of work done on the carts. During an interview on 12/12/26 at 10:52 a.m. with Maintenance Technician (MT) 1, MT 1 stated, I don't do anything with the personal laundry carts, I don't do any regular work on them, if anything it would just be changing the wheels. During an interview on 12/12/26 at 11:01 a.m. with MT 2, MT 2 stated, As far as I know, we don't pressure wash the carts, unless they tell us to. Cleaning is done based on work orders or if asked. During a review of the facility's Simple Work Order Listing (SWOL - list of maintenance requests) dated 2/12/26, the SWOL indicated, Description: Check All Laundry Carts, Organize Resident Laundry. There was no documentation of cleaning the personal laundry transport carts. During a review of the facility's P&P titled, Laundry and Bedding, Soiled, dated 2001, the P&P indicated, Linen carts are cleaned and disinfected whenever visibly soiled and according to the established schedule. Clean linen is protected from dust and soiling during transport and storage to ensure cleanliness. 3. During a review of the facility's Surveillance Worksheet (SW-the continuous, systematic collection and analysis of data to identify, track, and reduce healthcare-associated infections (HAIs) among residents), dated September 2025, the SW indicated, Total Number of new HAIs: 10. There was no documentation of preventative measure to slow or stop the spread of infection. During a review of the facility's SW dated October 2025, the SW indicated, Total Number of new HAIs: 15 [increased by 5 from September 2025]. There was no documentation of preventative measures to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	slow or stop the spread of infection. During an interview on 2/11/26 at 11:10 a.m. with Infection Preventionist (IP), IP stated stated she did not review the SW to implement preventative measures to slow or stop the spread of infection. IP stated there was no documentation of what preventative measures were implemented in the SW. During a review of the facility's P&P titled, Surveillance for Infections dated September 2017, the P&P indicated, The infection preventionist will conduct ongoing surveillance for healthcare-associated infections (HAIs) and other epidemiological significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions. 9. If transmission-based precautions or other preventative measures are implemented to slow or stop the spread of infection, the infection preventionist will collect data to help determine the effectiveness of such measures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. Based on interview and record review, the facility failed to implement an effective antibiotic stewardship program (a program to monitor the use of antibiotics - medications used to treat infections in healthcare settings) for four of five sampled residents (Resident 26, Resident 4, Resident 3, and Resident 24). This failure had the potential for residents to receive unnecessary antibiotics and to place them at risk for adverse health outcomes. Findings:During a concurrent interview and record review on 2/11/26 at 9:52 a.m., with Infection Preventionist (IP), the facility's Infection Control Prevention & Control Surveillance (ICPCS), dated 12/2025 was reviewed. The ICPCS indicated:a) On 12/5/25 to 12/12/25, Resident 26 had an order of Macrobid (antibiotic medication for bladder infection) 100 mg (milligram) PO (by mouth) BID (twice a day) x (times) 7 days for UTI (Urinary Tract Infection - bladder infection). There was no documentation of signs/symptoms and organism on culture (this test identifies the specific organism causing the illness, allowing for targeted antibiotic or treatment selection). IP stated she did not get to check if the urine was cultured (if laboratory tested to identify the specific organism of the infection to ensure correct antibiotic treatment). IP stated there was no documentation of signs/symptoms. IP stated the urinalysis (urine diagnostic test to identify infection) indicated it was not meeting the UTI criteria but not logged in the ICPCS. b) On 12/13/25 to 12/18/25, Resident 4 had an order of Cefuroxime Axetil (a strong antibiotic to treat infections, may cause serious side effects) 500 mg PO BID x 5 days for UTI. IP stated there are no documentation of signs/symptoms and organism on culture in the IPCS. c) On 12/18/25 to 12/27/28, Resident 3 had orders of Vancomycin HCL (strong antibiotic to treat infections) 125 mg QID (four times a day) x 10 days, Daptomycin (strong antibiotic to treat infections) 550 mg IV (intravenous-administered through the veins) Q Day (once a day) x 40 days, and Ertapenem sodium (strong antibiotic to treat infections) 1 g (gram) IV Q Day x 40 days. IP stated there are no documentation of signs/symptoms and organism on culture. IP stated Resident 3 had no symptoms but not logged in the ICPCS. d) On 12/16/25 to 12/21/25, Resident 24 had an order of Cephalexin (strong antibiotic medication) 500 mg PO QID x 5 days. On 12/20/25 to 12/27/25, Resident 24 had an order of Amoxicillin (antibiotic medication) 500 mg PO TID x 7 days for UTI. IP stated there was no documentation in the ICPCS why the antibiotic was changed. During a review of the facility's policy and procedure (P&P) titled, Antibiotic Stewardship-Review and Surveillance of Antibiotic Use and Outcomes dated December 2016, the P&P indicated, Antibiotic usage and outcome data will be collected and documented using the facility approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility wide antibiotic stewardship. 1. As part of the facility antibiotic stewardship program, all clinical infections treated with antibiotics will undergo review by the infection preventionist, or designee. 2. The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics. 4. All antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include: c. date symptoms appeared; f. pathogen identified; h. date of culture; k outcomes; l. adverse events.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure two of three laundry dryer filters were free of thick lint build up. This failure had the potential to increase the risk of a fire affecting residents' safety. Findings: During a concurrent observation and interview on 2/10/26 at 8:38 a.m. with Laundry Aide (LA) 1, in the laundry room, there were two dryers not in use. There was thick lint build up in each of the dryer's filters. LA 1 stated she has not gotten to clean it. During an interview on 2/12/26 at 11:23 a.m. with Housekeeping Supervisor (HS), HS stated, Honestly Monday [three days ago] was the last time I saw them cleaning the filter around 8:45 a.m. and 9 a.m. I don't go in there and clean the filter. During a review of the facility's policy and procedure (P&P) tilted, Cleaning Washers and Dryers, dated 11/14/23, the P&P indicated, Procedure to Clean the Outside: d. At the end of each shift, clean the filter and filter area. e. Check the burner area for lint build up. f. Wipe all areas that are easily accessible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on observation, interview, and record review, the facility failed to ensure assistance with Activities of Daily Living (ADLs- routine daily self-care tasks to maintain basic physical health, hygiene, and independence) was provided to one of two sampled dependent residents (Resident 53). This failure resulted in Resident 53 being embarrassed due to not receiving assistance with her toileting needs and had the potential for her current level of bowel continence to decrease.Findings:During a concurrent observation and interview on 2/9/26 at 2:58 p.m. with Resident 53, in her room, Resident 53 sat in her wheelchair. Resident 53 stated could not use of her left side because she had a stroke. Resident 53 stated she still can feel the sensation of having to have a bowel movement (BM), but she needed assistance from the staff to get into the bathroom. Resident 53 stated if the staff do not respond to her call for assistance, she will have to have a BM in her brief. Resident 53 stated yesterday she pressed her call light for assistance to go to the bathroom to have a BM, a staff member answered the call light and asked what she needed. Resident 53 stated when she told the staff member, she needed help with going to the bathroom, the staff member said she would be right back but never returned. Resident 53 stated she ended up having a BM in her brief. Resident 53 stated she was embarrassed when she had a BM in her brief because it made her room smell and then the staff had to clean her.During a review of Resident 53's admission Record (AR), the AR indicated a diagnosis of hemiplegia [paralysis of one side of the body] and hemiparesis [reduced voluntary muscle control affecting one entire side of the body] following cerebral infarction [death of brain tissue due to lack of blood supply] affecting left non-dominant side.During an interview on 2/11/26 at 11:15 a.m. with Director of Nursing (DON), DON stated that when residents need assistance, the staff should help the residents right away.During a concurrent interview and record review on 2/11/26 at 11:02 a.m. with Assistant Minimum Data Set (resident assessment tool) Coordinator (AMDSC), Resident 53's Care Plan, dated 3/19/25, was reviewed. The Care Plan indicated, Focus: The resident has an ADL self-care performance deficit r/t [related to HEMIPLEGIA AND HEMIPARESIS. Goal: The resident will maintain current level of function through the review date. Intervention . TOILET USE; The resident requires substantial/maximal assistance by 1 staff for toileting. Resident 53's MDS Section H - Bladder and Bowel, dated 1/16/26, indicated, H0400 Bowel Continence 1. Occasionally incontinent (one episode of bowel incontinence [during a seven-day look back]). Resident 53's Bowel elimination Task documentation indicated Resident 53 was incontinent on:November 2025: 11/3/25 day shift, 11/1/25 afternoon shift, 11/7/25 day shift, 11/7/25 afternoon shift, 11/22/25 night shift, and 11/26/25 night shiftDecember 2025: 12/4/25 day shiftJanuary 2026: 1/13/26 day shiftFebruary 2026: 2/5/26 afternoon shift, 2/6/26 afternoon shift, 2/7/26 day shift, and 2/8/26 afternoon shift.During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADL), Supporting, dated 2001, the P&P indicated, Residents are provided with care, treatment, and service as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs) . 1. Residents are provided with care, treatment, and services to ensure their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate diminishing ADLs are unavoidable . 5. Appropriate care and services are provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with . c. elimination (toileting).During a review of the facility's P&P titled, Resident Rights Guidelines for All Nursing Procedures, dated 2010, the P&P indicated, Purpose: To provide general guidelines for resident rights while caring for the resident. Preparation: 1. Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on resident rights, including . b. Resident dignity and respect.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to ensure assistance with Activities of Daily Living (ADLs- routine daily self-care tasks to maintain basic physical health, hygiene, and independence) was provided to one of two sampled dependent residents (Resident 53). This failure had the potential for Resident 53's current level of bowel continence to decrease.Findings:During a concurrent observation and interview on 2/9/26 at 2:58 p.m. with Resident 53, in her room, Resident 53 sat in her wheelchair. Resident 53 stated could not use the left side of her body because she had a stroke (lack of blood flow to the brain leading to sudden loss of function). Resident 53 stated she can still feel the sensation of having to have a bowel movement (BM), but she needed assistance from the staff to get into the bathroom. Resident 53 stated if the staff do not respond to her call for assistance, she will have to have a BM in her brief. Resident 53 stated yesterday she pressed her call light for assistance to go to the bathroom to have a BM, a staff member answered the call light and asked what she needed. Resident 53 stated when she told the staff member she needed help with going to the bathroom, the staff member said she would be right back but never returned. Resident 53 stated she ended up having a BM in her brief. Resident 53 stated she was embarrassed when she had a BM in her brief because it made her room smell and then the staff had to clean her.During a review of Resident 53's admission Record (AR), the AR indicated a diagnosis of hemiplegia [paralysis of one side of the body] and hemiparesis [reduced voluntary muscle control affecting one entire side of the body] following cerebral infarction [death of brain tissue due to lack of blood supply] affecting left non-dominant [indicated resident was right-handed] side.During an interview on 2/11/26 at 11:15 a.m. with Director of Nursing (DON), DON stated that when residents need assistance, the staff should help the residents right away.During a concurrent interview and record review on 2/11/26 at 11:02 a.m. with Assistant Minimum Data Set (resident assessment tool) Coordinator (AMDSC), Resident 53's Care Plan, dated 3/19/25, was reviewed. The Care Plan indicated, Focus: The resident has an ADL self-care performance deficit r/t [related to HEMIPLEGIA AND HEMIPARESIS. Goal: The resident will maintain current level of function through the review date. Intervention . TOILET USE; The resident requires substantial/maximal assistance by 1 staff for toileting. Resident 53's MDS Section H - Bladder and Bowel, dated 1/16/26, indicated, H0400 Bowel Continence 1. Occasionally incontinent (one episode of bowel incontinence [during a seven-day look back]). Resident 53's Bowel elimination Task documentation indicated Resident 53 was incontinent on:November 2025: 11/3/25 day shift, 11/1/25 afternoon shift, 11/7/25 day shift, 11/7/25 afternoon shift, 11/22/25 night shift, and 11/26/25 night shiftDecember 2025: 12/4/25 day shiftJanuary 2026: 1/13/26 day shiftFebruary 2026: 2/5/26 afternoon shift, 2/6/26 afternoon shift, 2/7/26 day shift, and 2/8/26 afternoon shift. During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADL), Supporting, dated 2001, the P&P indicated, Residents are provided with care, treatment, and service as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs) . 1. Residents are provided with care, treatment, and services to ensure their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate diminishing ADLs are unavoidable . 5. Appropriate care and services are provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with . c. elimination (toileting).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555116	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Health Facility	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)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on interview and record review, the facility's Quality Assurance and Performance Improvement (QAPI - a program that monitors quality of care at the facility and addresses system deficits) committee failed to monitor and evaluate infection prevention and control performance data for two of 12 months (August and September) in 2025. This failure placed facility residents at risk for infectious diseases. Findings: During a concurrent interview and record review on 2/12/26 at 11 a.m. with Administrator, the facility's QAPI records were reviewed. Administrator stated the QAPI committee met quarterly and in 2025 met on 1/31/25, 4/23/25, 7/30/25, and 10/17/25. Administrator stated each QAPI meeting reviewed quality indicators (measures of facility performance) data going back three months. Administrator stated the 10/17/25 meeting reviewed quality indicators data from August, September and October 2025. Administrator provided the records of the 10/17/25 meeting which included the Infection Control Rounds (ICR) spreadsheet for August, September and October 2025. The ICR spreadsheet contained data for ten infection prevention and control quality indicators such as staff compliance with handwashing, putting on and removing personal protective equipment (gloves, gowns, masks, face shields, etc.), linen storage and other infection prevention and control indicators. There was no data for the infection prevention and control performance indicators in the ICR spreadsheets for August and September 2025. All the fields were blank. Administrator reviewed the QAPI records and did not find the infection prevention and control performance data for August and September 2025. Administrator stated she she would ask the Infection Preventionist (IP). During an interview on 2/12/26 at 11:33 a.m. with Administrator and IP, IP stated the infection prevention and control performance data for August and September 2025 had not been tallied. During a review of the facility's policy and procedure (P&P) titled, Health Center Quality Assurance and Performance Improvement Plan, updated 11/22, the P&P indicated, This Quality Assurance and Performance Improvement (QAPI) program has been developed to help us continually improve the way we care for and engage with our residents, team members, service partners, and the families of residents . This QAPI plan provides a framework by which organizational processes and outcomes are continuously accessed and improved through a systematic, comprehensive, data driven, and proactive approach to performance improvement .