

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1205 8th Street Bakersfield, CA 93304	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>37697</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure (P&P) titled Discharge Against Medical Advice, on contacting Adult Protective Services (APS - a program that promotes the safety, independence, and quality-of-life for vulnerable adults) when one of three sampled residents (Resident 1) left the facility against medical advice (AMA - leaving a facility prior to a doctor recommends discharge). This had the potential for adverse health outcomes.</p> <p>Findings:</p> <p>During a review of Residents 1's AMA Form [AMAF], dated 5/1/24, the AMAF indicated Resident 1 signed himself out of the facility AMA on 5/1/24.</p> <p>During an interview on 5/6/24 at 2:18 p.m. with Administrator, Administrator stated Resident 1 is his own responsible party (RP - the person responsible for making decisions). Administrator stated Resident 1 signed himself out AMA from the facility on 5/1/24.</p> <p>During a review of Resident 1's ADMISSION RECORD (AR), dated 5/6/24, the AR indicated, Resident 1 was not his own RP. The AR indicated Resident 1 Family Member (FM) 1 is his responsible party and emergency contact. The AR indicated Resident 1 had a diagnosis of metabolic encephalopathy (problem in the brain caused by chemical imbalance in the blood), muscle weakness, alcohol abuse and withdrawal, need for assistance with personal care, hemiparesis/hemiplegia (inability to move one side of the body) to the right side, noncompliance with medication and end stage renal disease (point to where the kidneys no longer function on their own).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - an assessment tool) under the section Brief Interview for Mental Status (BIMS - an assessment tool for cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses), dated 4/24/24, the BIMS indicated, Resident 1 had a score of 10 (moderate cognitive impairment).</p> <p>During a review of Resident 1's History and Physical Examination (H&P), dated 4/22/24, the H&P indicated, Resident 1's Medical Doctor (MD) stated he was alert and oriented times (x) 2 (knows who they are and where they are, but not what time it is or what is happening to them) and he had periods of confusion.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/6/24 at 3:08 p.m. with Social Services Director (SSD), SSD stated Resident 1 was on dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly) three times a week and arrangements were not made for Resident 1 to continue dialysis since he left AMA. SSD stated Resident 1 was homeless prior to admitting into the facility. SSD stated attempts to contact FM 1 were unsuccessful. SSD stated APS was not notified of Resident 1 leaving the facility AMA.</p> <p>During a review of the facility's P&P titled, Discharge Against Medical Advice, dated 6/1/21, the P&P indicated, A resident may discharge his/herself from the Facility against the advice of his/her physician. If the resident demonstrates impaired cognition or is at risk of harm to self or others, Adult Protective Services will also be notified.</p>