STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555256	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center of Bakersfield	2211 Mount Vernon Avenue Bakersfield, CA 93306

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 47153 Based on interview and record review, the facility failed to re-assess the pain and utilize pain medication according to physician's orders to treat breakthrough pain (a sudden increase in or exacerbation of pain that may occur in residents despite having a stable and well controlled chronic pain regimen) for one of four sampled residents (Resident 1). This failure resulted in unmanaged moderate to severe pain for a terminally ill (illness that cannot be cured and is expected to end in death) resident (Resident 1). Findings: During an interview on 2/26/24 at 10:18 a.m. with Resident 1, Resident 1 stated he had a lot of issues with pain, especially at night. Resident 1 stated he did not feel like his pain was being managed. During a review of Resident 1's Minimum data Set (MDS- comprehensive assessment tool) under Brief Interview for Mental Status (BIMS- an assessment used to determine the ability to think and remember), dated 12/18/23, the BIMS indicated, Resident 1 had a BIMS Summary Score of 10. BIMS of 8-12 indicates some cognitive impairment but still able to make needs known. During a review of Resident 1's Order Summary Report (OSR), dated 2/26/24, the OSR indicated, Diagnoses. IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY (damage of the peripheral [close to the edge or boundary] nerves where cause cannot be determined). PRIMARY OSTEOARTHRITIS [breakdown of the joints causing pain], LEFT ANKLE AND FOOT. UNILATERAL [on one side] OSTEOARTHRITIS, LEFT KNEE. DISPLACED FRACTURE [broken bone]. LEFT FEMUR [leg bone]. During a review of Resident 1's OSR, dated 2/26/24, the OSR indicated, Acetaminophen [medication also known as Tylenol, used to relieve mild to moderate pain] Extra Strength Oral Capsule 500 MG [milligrams] (Acetaminophen) Give 1 capsule by mouth three times a day for pain management. Acetaminophen. Give 2 tablet by mouth every 8 hours as needed for PAIN SCALE 1-4 [pain screening tool used to assess pain severity at that moment in time using a 0-10 scale, with zero meaning no pain and 10 meaning worst imaginable pain and where 1-3 indicates mild pain, 4-6 indicates moderate pain, and 7-10 indicates severe pain]. Morphine Sulfate [medication used to treat moderate to severe pain]. Give 0.25 ml [milliliters] by mouth every 1 hours as needed for pain or breathlessness. Morphine Sulfate Oral Tablet 15 MG. Give 1 tablet by mouth every 8 hours for pain. (continued on next page)

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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F 0697 Level of Harm - Actual harm Residents Affected - Few	During a concurrent interview and record review on 2/26/24 at 1:24 p.m. with Director of Nursing (DON), Resident 1's Weights and Vitals Summary (WVS), dated December 2023, January 2024 and February 2024 were reviewed. The WVS indicated, Resident 1 complained of pain using a pain scale on the following dates and times: December 2023 12/24/23 at 8:25 a.m. 5/10 12/24/23 at 1:23 p.m. 4/10 12/24/23 at 5:07 p.m. 8/10. Resident did not have pain re-assessed again until 12/25/23 at 9:35 a.m. 5/10. 12/26/23 at 9:02 a.m. 5/10 12/27/23 at 5:02 p.m. 7/10. Resident 1's pain did not get re-assessed until 12/28/23 at 8:42 a.m. January 2024 1/31/24 at 8:52 a.m. 6/10 1/30/24 at 9:13 a.m. 6/10 1/25/24 at 4:14 p.m. 4/10 1/24/24 at 5:48 p.m. 5/10 1/24/24 at 8:44 a.m. 6/10 1/19/24 at 7:56 a.m. 6/10 1/18/24 at 9:36 a.m. 6/10 1/13/24 at 8:53 a.m. 6/10 1/12/24 at 12:42 p.m. 5/10 1/12/24 at 8:36 a.m. 6/10 1/7/24 at 8:30 a.m. 6/10 1/7/24 at 12:49 p.m. 4/10 1/6/24 at 9:39 a.m. 5/10 1/1/24 at 4:43 p.m. 6/10 (continued on next page)

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F 0697 Level of Harm - Actual harm Residents Affected - Few	February 2024 2/23/24 at 8:40 a.m. 6/10 2/18/24 at 8:45 a.m. 6/10 2/17/24 at 4:19 p.m. 6/10 2/17/24 at 8:24 a.m. 6/10 2/14/24 at 9:08 a.m. 7/10 2/12/24 at 5:02 p.m. 4/10 2/11/24 at 12:35 p.m. 4/10 2/11/24 at 9:14 a.m. 6/10 2/6/24 at 9:02 a.m. 6/10 2/5/24 at 4:20 p.m. 4/10 2/5/24 at 8:46 a.m. 8/10 During a concurrent interview and record review on 2/26/24 at 1:41 p.m. with DON, Resident 1's Medication Administration Record (MAR), dated December 2023, January 2024 and February 2024 were reviewed. The MAR indicated, Acetaminophen (medication also known as Tylenol, used to relieve mild to moderate pain) . Give 2 tablet by mouth every 8 hours as needed for PAIN SCALE 1-4. Morphine Sulfate (medication used to treat moderate to severe pain) . Give 0.25 ml by mouth every 1 hours as needed for pain or breathlessness. DON stated Resident 1 should have been given something for breakthrough pain if routine pain medications were not effective. DON stated morphine or Tylenol was not administered anytime in December 2023, January 2024, or February 2024 when Resident 1 complained of pain. During a concurrent interview and record review on 2/26/24 at 1:58 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 1's MAR, dated December 2023, January 2024 and February 2024 were reviewed. The MAR indicated, Resident 1 had complained of moderate to severe pain on multiple occasions. LVN 2 stated Resident 1 has Tylenol and liquid morphine for breakthrough pain. LVN 2 stated Resident 1 should have gotten the liquid morphine if he was complaining of pain 6, 7, or 8 out of 10. During a concurrent interview and record review on 2/26/24 at 2:02 p.m. with LVN 2, Resident 1's clinical record (CR) was reviewed. LVN 2 was unable to locate any documentation or progress note indicating Resident 1's pain was addressed. LVN 2 stated there was no documentation in the clinical record that hospice [program that provides pain and symptom relief to people who are near the end of life] was notified, or a non-pharmacological [intervention that does not involve the use of medicine] was used to alleviate pain on the days Resident 1 complained of moderate to severe pain in December 2023, January 2024, or February 2024. (continued on next page)

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F 0697 Level of Harm - Actual harm Residents Affected - Few	During an interview on 2/26/24 at 2:07 p.m. with LVN 1, LVN 1 stated when she gives Resident 1 his routine Tylenol, the system triggers her to document the residents pain level. LVN 1 stated she is not required to re-assess pain level after administration of routine pain medication. LVN 1 stated she only goes back to re-assess pain level if the medication is given as needed (PRN) because only PRN orders trigger her to re-assess the pain level. During an interview on 2/28/24 at 2:08 p.m. with Registered Nurse Case Manager (RNCM), RNCM stated she works for the hospice company, she goes out to see Resident 1 about twice a week. RNCM stated Resident 1 was complaining of pain a lot more at night last September, so the physician increased his morphine from 2 times a day to 3 times a day. RNCM stated Resident 1 will sometimes complain of pain in his left arm even with the routine pain medications. RNCM stated Resident 1 would benefit from the PRN pain medications and she and the other hospice nurses had previously educated the facility licensed nurses about utilizing the morphine PRN. RNCM stated Resident 1 likes to take the liquid morphine with Pepsi because he does not like the taste. RNCM stated Resident 1 is alert and able to verbalize his needs. During a review of Resident 1's Nursing Summary Notes (Hospice NSN), dated 12/11/23, the NSN indicated, Education provided to Staff on giving the Morphine Sulfate PRN in between the routine one. Advice to mix it with soda, juice, or ice cream because the patient is complaining that the taste is so bad and that is the reasons why he doesn't want to take it. Staff verbalizes understanding. During a review of Resident 1's Notes on Pain (NOP), dated 12/20/23, the NOP indicated, Patient reporting pain to back, states it is all the time. [LVN 2] located and reports patient receives MSER [Morphine Sulfate Extended Release-medication designed to release an active ingredient over a period of time] TID [three times a day] and has not been using MSIR [Morphine Sulfate Instant Release-medication designed to release active ingredient instantly providing relief for a shorter period of time]. Advised to offer to patient. During a review of Resident 1's care plan (CP), dated 8/7/23, the CP indicated, Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. During a review of Resident 1's care plan (CP), dated 10/25/23, the CP indicated, Observe resident closely for signs of pain, administer pain medications as ordered, and notify physician immediately if there is breakthrough pain. (continued on next page)

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F 0697 Level of Harm - Actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, P-PA01 Pain Management, dated 05/25/23, the P&P indicated, 1. Pain Assessment a. A pain assessment will be completed for each resident upon admission, quarterly, when there is a new onset of pain, exacerbation of pain, or when there is a significant change in status. b. The Licensed Nurse will complete a Pain Assessment for residents identified as having pain. 2. Pain Management a. The Licensed Nurse will administer pain medication as ordered and document medication administered on the Medication Administration Record (MAR) b. After medications/interventions are implemented, the licensed nurse will re-evaluate theresident's [sic] level of pain within one hour. c. The Licensed Nurse will assess the resident for pain and document results on the MAR each shift d. If there is a new onset of pain, if the pain has changed in nature, or the pain has not been relieved with current medication, the Licensed Nurse will notify the Attending Physician. 4. Documentation a. Pain Assessments will be maintained in the resident's medical record. b. The Licensed Nurse will document resident's pain level and response to interventions in the medical record. c. The Licensed Nurse will update the Care Plan for pain management with any change in treatment and/or medication.