

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>37697</p> <p>Based on interview and record review, the facility failed to provide a care plan meeting in a timely manner for one of three sampled residents (Resident 1). This failure had the potential to delay or impede aspects of care that Resident 1 required and has the potential to affect Resident 1 ' s ability to safely discharge.</p> <p>Findings:</p> <p>During a review of the facility Resident Grievance/Complaint Investigation Report (RGCIR), dated 4/18/24, the RGCIR indicated, Complainant filed a grievance regarding attempting multiple times to have a care plan meeting with physician present to discuss Resident 1 ' s rights. The RGCIR indicated the following:</p> <ul style="list-style-type: none"> a. Complainant attempted to have care plan meeting with facility on 2/26/24, but the meeting was canceled by the facility without notification. b. Attempts were made multiple times (no indication on amount) to schedule a care plan meeting with the facility without success. c. A care plan meeting was set by the facility to be conducted on 4/11/24. d. The meeting on 4/11/24 did not have a physician present and therefore was canceled. e. A care plan meeting was set for 4/17/24 by the facility. f. The care plan meeting on 4/17/24 did not have a physician present and therefore was canceled. <p>During an interview on 4/24/24 at 3 p.m. with Administrator, Administrator stated she was aware of Complainants attempt to schedule a care plan meeting with the facility.</p> <p>During an interview on 4/24/24 at 3:24 p.m. with Resident 1 ' s Family Member (FM), FM stated the facility has not provided a physician during the last two attempts at a care plan meeting on 4/11/24 and 4/17/24. FM stated, I feel that they [facility] lie[s] and I don ' t know what is going on with [Resident 1].</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/24/24 at 4:34 PM with Director of Nursing (DON), DON stated Complainant had been trying to have a care plan meeting with the facility since February 2024. DON stated multiple attempts at previous care plan meetings for Resident 1 have not worked out due to miscommunication. DON stated he can understand why Complainant would be frustrated.</p> <p>During an interview on 4/24/24 at 4:41 p.m. with Administrator, Administrator stated she was not aware of the scheduled care plan meeting for Resident 1 in February 2024. Administrator stated her expectation is when requested a care plan meeting is to be conducted within that same week if possible or at least within 14 days of the request.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Comprehensive Person-Centered Care Planning, dated 11/2018, the P&P indicated, It is the policy of this Facility to provide person-centered, comprehensive and interdisciplinary care that reflects best practice standards for meeting health, safety, psychosocial, behavioral, and environmental needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well being. The Facility must provide the resident and representative, if applicable, reasonable notice of care planning conferences to enable resident and representative participation. Participation in care planning for both parties, if applicable, can be done via conference call, video-conferencing, etc. The Facility will notify the resident and his or her representative, as applicable, of the care planning meetings and use its best efforts to schedule care planning meetings at times convenient for the resident and representative.</p>		