

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  07/01/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>46958</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure titled Change of Condition Notification, when the facility did not notify the responsible party of a change of condition for one of three sampled residents (Resident 1). This failure had the potential to result in family not being involved in Resident 1 ' s care.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s eINTERACT Change in Condition Evaluation (COC), dated 6/7/24, the COC indicated Resident 1 was unable to be aroused (awaken), lethargic (lack of energy). Resident 1 was sent to hospital for further evaluation.</p> <p>During a concurrent interview and record review on 7/1/24 at p.m. with Licensed Vocational Nurse (LVN) 1, Nursing Progress Note (NPN), dated 6/7/2024 was reviewed. The NPN indicated, Late entry: Attempted to contact family multiple times with no response. LVN 1 stated, I called the daughter [Family Member/FM], she didn ' t answer and then my shift ended, and I left and never endorsed to next shift. Family was not informed.</p> <p>During an interview on 7/1/24 at 11 a.m. with FM, FM stated, I never received a call that my dad [Resident 1] was transferred to the hospital.</p> <p>During a review of Resident 1 ' s History and Physical Examination (H&amp;P), dated March 2024, the H&amp;P indicated, Does not have the capacity to understand choices and make health care decisions.</p> <p>During a review of the facility ' s P&amp;P titled, Change of Condition Notification, dated 2015, the P&amp;P indicated, To ensure residents, family, legal representatives, and physicians are informed of changes in the resident ' s condition in a timely manner.III. A Licensed Nurse will notify the resident ' s Attending Physician and legal representative or an appropriate family member when there is an: G. A decision to transfer or discharge the resident from the Facility.</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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