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	08/30/2024

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 39763 Based on interview and record review, the facility failed to follow its own policy and procedure (P&P) titled, Abuse-Prevention, Screening, & Training Program, when reference checks were not completed for one of five sampled employees (Licensed Vocational Nurse [LVN] 4). This failure had the potential for the facility ' s residents to be exposed to possible abuse. Findings: During a concurrent interview and record review on 8/30/24 at 11:26 a.m. with Payroll/Accounts Payable (PAP), LVN 4 ' s Employment Application, dated 3/5/24 was reviewed. PAP confirmed LVN 4 had two previous employers and three personal references. LVN 4 ' s Previous/Current Employment Verification, dated 4/12/24, was reviewed. PAP confirmed only one reference check was completed. During a review of the facility ' s P&P titled, Abuse-Prevention, Screening, & Training Program, revised July 2018, the P&P indicated, To address the health, safety, welfare, dignity, and respect of residents by preventing abuse . I. Screening employees: . D. The Facility obtains at least two (2) reference checks from previous or current employers of applicants prior to hire. If this is the applicant ' s first job, the Facility obtains references from schools, religious institutions, locations where the applicant may have volunteered, .

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
	555256	A. Building B. Wing	08/30/2024

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 39763 Based on interview and record review, the facility failed to follow their policy and procedure (P&P) titled, Abuse Reporting, for one of three sampled residents (Resident 3). This failure resulted in a delay in reporting and had the potential to place all residents at risk for abuse. Findings: During a review of Resident 3 ' s Resident Grievance/Complaint Investigation Report, (RGCIP) dated 8/29/24, the RGCIP indicated, On August 29, 2024 (Resident 3) informed State during an interview that CNA (Certified Nursing Assistant 1) pulled a handful of her pubic hairs . Began investigation and (CNA 1) suspended pending investigation. During an interview on 9/5/24 at 12:29 p.m. with Regional Quality Assurances Consultant (RQAC), RQAC confirmed Resident 3 ' s allegations were not reported timely to California Department of Public Health. RQAC stated the facility should report according to the State and Federal regulations. During a review of the facility ' s P&P titled, Abuse Reporting, revised 1/8/14, the P&P indicated, To ensure compliance with federal and state laws, and regulations regarding reporting of incidents and suspected incidents of abuse, neglect and mistreatment of resident. Reporting Requirements A. The facility will report known or suspected instances of physical abuse to the proper authorities by telephone or through a confidential internet reporting tools required by state and federal regulations. ii. If the reportable event does not result in serious bodily injury, the Administrator, or his/her designee, will make a telephone report to the local law enforcement agency within twenty-four (24) hours of the observation, knowledge, or suspicion of physical abuse. In addition, a written report shall be made to the local Ombudsman, the California Department of Public Health, and local law enforcement agency within twenty-four (24) hours of the observation, knowledge, or suspicion of physical abuse.

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	08/30/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 39763 Based on observation, interview, and record review, the facility failed to ensure medication carts were secured and accessible to only licensed nursing staff for one of six sampled medication carts. This failure had the potential for unauthorized staff, residents, and visitors, to gain access to medications which had the potential for adverse outcomes. Findings: During an observation on 8/15/24 at 10:40 a.m. at the nurses' station, a medication cart was noted with red lock showing (unlocked). There was no licensed nurse within the line of sight of the cart. Resident 4 was in a wheelchair directly in front of the unlocked medication cart. During a review of Resident 4' s Minimum Data Set, (MDS - an assessment tool) dated 5/3/24, the MDS indicated, Resident 4' s BIMS (Brief Interview for Mental Status) score was 3 (a score of 0-7 indicates the resident is severely impaired cognition). During a concurrent observation and interview on 8/15/24 at 10:43 a.m. with Infection Preventionist (IP), Infront of the medication cart. IP identified the medication cart as medication cart 4. PI confirmed the medication cart 4 was unlock and Resident 4 was in close proximity. During a review of the facility ' s policy and procedure (P&P) titled, Medication Storage In The Facility, undated, the P&P indicated, Medications and biologicals are stored safely, securely, and properly, following manufacturer ' s recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.

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	08/30/2024

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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. 39763 Based on interview and record review, the facility failed to follow its own policy and procedure (P&P) titled, Medication-Administration, when: 1. Medications were not administered as ordered for one of three sampled residents (Resident 1). 2. Medications were not administered timely for one of three sampled residents (Resident 1). These failures resulted a delay in care and unnecessary nerve pain for Resident 1. Findings: 1. During an interview on 8/15/24 at 10:52 a.m. with Resident 1, Resident 1 stated on 7/24/24 she had an appointment and was looking for the nurse so she could get her morning medications. Resident 1 stated she was unable to find the nurse. Resident 1 stated, I skipped all my morning medications and I have neuropathy (nerve pain shooting, stabbing, or burning sensation), and it took 24 hours for my nerves to calmed down. During a review of Resident 1's Minimum Data Set, (MDS - an assessment tool) dated 6/25/24, the MDS indicated Resident 1's BIMS (Brief Interview for Mental Status) score was a 15 (a score of 13 to 15 points indicates the resident is cognitively intact). During an interview on 8/15/24 at 2:46 p.m. with Licensed Vocational Nurse (LVN) 3, LVN 3 stated, That day (7/24/24) I was doing my rounds, (Resident 1) approached me around 1:30 p.m. or 12:30 p.m. she stated her morning medications were not given and when I looked in her MAR (Medication Administration Record) it was still red (Resident 1) asked me if I could give her, her afternoon medication. During a review of Resident 1 ' s Alert Note, (AN) dated 7/24/24, the AN indicated, On this day in the morning (Resident 1) was not administered morning medications. (Resident 1 ' s) nurse was informed that (Resident 1) was looking for her to get her medications but at 12:30 (p.m.) this writer was informed that the nurse did not come to administer any morning meds (medications). During a review of Resident 1 ' s MAR, dated July 2024, and Resident 1 ' s Orders-Administration Note (nurse's note), dated 7/24/24, the MAR and nurse ' s note indicated: Calcium (a mineral your body needs to build and maintain strong bones and to carry out many important functions) Oral Tablet 500 MG (milligram-unit of measure) give one table by mouth two times a day for supplement -Start Date- 11/21/2023 1700 (5 p.m.). On 7/24/24 at 8 a.m. Resident 1 ' s Calcium was not documented as administered, 9 (see nurses notes) was documented, the nurse ' s note indicated, medications not given MD (medical doctor) aware. (continued on next page)

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	08/30/2024

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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Duloxetine (medication used to treat neuropathy) .Oral Capsule Delayed Release Particles 30 MG . Give 1 capsule by mouth two times a day . neuropathic pain (nerve pain caused by a malfunction or damage to the nervous system) -Start Date- 06/13/2024 1700. On 7/24/24 for the 8 a.m. administration time, Resident 1 ' s Duloxetine was not documented as administered, 9 was documented, the nurse ' s note indicated, medications not given MD aware. Claritin (medication used to treat seasonal allergies) Oral Tablet 10MG .Give 1 tablet by mouth one time a day for allergies -Start Date- 07/1/2023 0800 (8 a.m.). On 7/24/24 for the 8 a.m. administration time, Resident 1 ' s Claritin was not documented as administered, 9 was documented, the nurse ' s note indicated, medications not given MD aware. Folic Acid (B-9 vitamin) Oral Tablet 1 MG .give 2 tablets by mouth one time a day for folate deficiency (when the body does not get enough folate [B-9 vitamin]) -Start Date- 01/15/2023 0900 (9 a.m.). On 7/24/24 for the 9 a.m. administration time, Resident 1 ' s Folic Acid was not documented as administered, 9 was documented, the nurse ' s note indicated, medications not given MD aware. Topamax (medication used to prevent headaches) Oral Tablet 25 MG .Give 1 tablet by mouth one time a day for headache -Start Date- 11/22/2023 0800. On 7/24/24 for the 8 a.m. administration time, Resident 1 ' s Topamax was not documented as administered, 9 was documented, the nurse ' s note indicated, medications not given MD aware. Vitamin B6 (a supplement [a manufactured product intended to enhance a person's diet by taking a pill, capsule, tablet, powder, or liquid] important for keeping the nervous system and immune system healthy) Oral Tablet 50 MG .Give one time a day for supplement -Start Date- 05/04/2023 0900. On 7/24/24 for the 9 a.m. administration time, Resident 1 ' s Vitamin B6 was not documented as administered, 9 was documented, the nurse ' s note indicated, medications not given MD aware. Vitamin D (essential vitamin for the bones and teeth, the immune system, brain health, and for regulating inflammation) Oral Capsule 125 MCG (microgram- unit of measure) .Give 1 capsule by mouth one time a day for supplement -Start Date- 08/30/2023 0900. On 7/24/24 for the 9 a.m. administration time, Resident 1 ' s Vitamin D was not documented as administered, 9 was documented, the nurse ' s note indicated, medications not given MD aware. Lyrica (medication used to treat nerve pain) Oral Capsule 200 MG .Give 1 capsule by mouth two times a day for neuropathy -Start Date- 08/22/2023 1700. On 7/24/24 for the 8 a.m. administration time, Resident 1 ' s Lyrica was not documented as administered, 9 was documented, the nurse ' s note indicated, medications not given MD aware. Vitamin D3 Oral Capsule 10 MCG .Give 1 capsule by mouth one time a day for supplement . -Start Date- 11/22/2023 1700. (continued on next page)

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	08/30/2024

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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/24/24 for the 8 a.m. administration time, Resident 1 ' s Vitamin D3 was not documented as administered, 9 was documented, the nurse ' s note indicated, medications not given MD aware. Cyclobenzaprine (medication used to treat pain and stiffness caused by muscle spasms) . ,Oral Tablet 10 MG .Give 1 tablet by mouth three times a day for muscle spasms r/t (related to) Neuropathy -Start Date- 04/23/2024 1200 (12 p.m.) On 7/24/24 for the 8 a.m. administration time, Resident 1 ' s Cyclobenzaprine was not documented as administered, 9 was documented, the nurse ' s note indicated, medications not given MD aware. 2. During an interview on 8/15/24 at 10:52 a.m. with Resident 1, Resident 1 stated medications were not given timely, it happens more on day shift. During an interview on 8/15/24 at 11:44 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated routine medications are to be administered one hour before and up to one hour after scheduled time. LVN 1 stated if the medication was given outside of the schedule time frame the box would turn red in point click care (PCC). She stated she then had to notify the medical doctor. LVN 1 stated she would document the MD notification in a progress note. During a review of Resident 1 ' s MAR dated July 2024 the MAR indicated: Lidocan (medication use to treat pain) External Patch .Apply to lower back topically every 12 hours for pain -Start Date- 04/26/2024 0600 (6 a.m.) On 7/1/24 for the 6 p.m. administration time, Resident 1 ' s Lidocan was documented as administered at 7:50 p.m. (1 hour and 50 minutes after scheduled time). On 7/11/24 for the 6 p.m. administration time, Resident 1 ' s Lidocan was documented as administered at 10:33 p.m. (4 hour and 33 minutes after scheduled time). On 7/15/24 for the 6 p.m. administration time, Resident 1 ' s Lidocan was documented as administered at 10:50 p.m. (4 hour and 50 minutes after scheduled time). On 7/18/24 for the 6 p.m. administration time, Resident 1 ' s Lidocan was documented as administered at 9:44 p.m. (3 hour and 44 minutes after scheduled time). On 7/20/24 for the 6 p.m. administration time, Resident 1 ' s Lidocan was documented as administered at 7:50 p.m. (1 hour and 50 minutes after scheduled time). On 7/24/24 for the 6 p.m. administration time, Resident 1 ' s Lidocan was documented as administered at 11:12 p.m. (5 hour and 12 minutes after scheduled time). On 7/25/24 for the 6 p.m. administration time, Resident 1 ' s Lidocan was documented as administered at 7:50 p.m. (1 hour and 50 minutes after scheduled time). On 7/26/24 for the 6 p.m. administration time, Resident 1 ' s Lidocan was documented as administered at 10:11 p.m. (4 hour and 11 minutes after scheduled time). (continued on next page)

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	08/30/2024

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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/30/24 for the 6 p.m. administration time, Resident 1 ' s Lidocan was documented as administered at 10:50 p.m. (4 hour and 50 minutes after scheduled time). During a concurrent interview and record review on 8/15/24 at 1:41 p.m. with Director of Nursing (DON), Resident 1 ' s MAR dated July 2024 was reviewed. DON confirmed multiple Lidocan patches were administered late. DON stated some nurses like to document later. DON confirmed medications should be document right after it was given. During a review of the facility ' s P&P titled, Medication-Administration, revised 1/1/12, the P&P indicated, To ensure the accurate administration of medications for residents in the Facility. I. Administration Of Medications . ii. Medications and treatments will be administered as prescribed to ensure compliance with dose guidelines. B. The Licensed Nurse will prepare medications within one hour of administration. i. Medications may be administered one hour before or after the scheduled medication administration time. VI. Medication Rights A. Nursing Staff will keep in mind the seven rights of medication when administering medication. iv. The right time. IX. Documentation A. The time and dose of the drug or treatment administered to the patient will be recorded in the patient ' s individual medication record by the person who administered the drug or treatment.