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	09/19/2024

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 39763 Based on interview and record review the facility failed to ensure one of five sampled employees (Director of Nursing [DON]) had the required skills set necessary to ensure residents' safety. This failure had the potential for unqualified staff to supervise the facility ' s residents care. Findings: During a concurrent interview and record review on 9/19/24 at 10:16 a.m. with Administrator, Administrator stated the DON's application should include the education and previous work history with dates of employment and references. Administrator stated the criminal background checks, license checks, and references check were completed prior to the date of hire. The DON employee file was reviewed. The DON's application was noted to be incomplete. There was no education listed and no prior dates of employment or supervisors for previous employers listed. The Administrator confirmed the DON ' s application did not have education listed and no prior dates of employment or supervisors listed for DON ' s previous employers. Administrator stated she did not know if the DON went to an accredited school of nursing or had the required experience based on the DON ' s employee application. The DON ' s Previous/Current Employment Verification, was reviewed. Administrator stated the DON ' s date of hire was 9/3/24. The DON ' s Background Screening Report, was ordered on 9/5/24 and completed on 9/6/24. Administrator stated the DON ' s Background Screening should have been completed prior to the date of hire. Administrator stated normal routines for ensuring employees were qualified for the position were not followed. During a review of the facility ' s Employee Handbook section titled, Section 5-Safety Policies, (Section Policies) edition January 2017, the Section Policies indicated, Background Checks The Company requires a criminal check for all employees once a conditional offer of employment has been extended, in accordance with applicable law. This process is conducted to verify the accuracy of the information provided by the applicant. Employment is conditional upon successful completion of background check and verification of required credentials, including, licenses, certificates, registrations, and accreditations. During a review of the facility provided document titled, Director of Nursing Services Job Description, (DON Job Description) undated, the DON Job Description indicated, Qualifications A graduate from an accredited school of professional nursing. Experienced or trained in nursing service administration, rehabilitation psychiatric or geriatric nursing. One or more years of demonstrated ability in nursing administration and or supervision in a health facility. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility ' s policy and procedure (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: .B. The Facility conducts criminal background checks of applicants prior to hire. 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, .