

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 10/21/2024
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>50409</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure (P&P) on abuse prevention and management when one of five sampled residents (Resident 1) was not assessed for signs of emotional distress after a reported abuse incident. This failure had the potential to result in Resident 1 suffering from psychosocial harm due to lack of assessment for emotional distress.</p> <p>Findings:</p> <p>During a review of SOC 341 (Report of Suspected Dependent Adult/Elder Abuse), dated 10/8/24, the SOC 341 indicated, (Resident 1) sent her daughter to pull some money out and her balance was zero. Per resident, the daughter had the bank pull up a camera to see who had used her mothers account and it was (Family Member [FM] 1). She stated (FM 1) was not accepting her phone calls but he finally answered and he confessed to taking her money and apologized.</p> <p>During an interview on 10/21/24 at 2:55 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was not aware of any monitoring for emotional distress done for Resident 1.</p> <p>During an interview on 10/21/24 at 3:36 p.m. with Social Services Director (SSD), SSD stated, (Resident 1) doesn't want us to contact him (FM 1). She (Resident 1) was upset obviously.</p> <p>During a concurrent interview and record review on 10/21/24 at 3:40 p.m. with SSD, Resident 1's medical records (MR), undated, was reviewed. MR indicated no documentation of SSD assessing Resident 1 for signs of emotional distress after the reported abuse incident. SSD stated there was no monitoring for emotional distress and stated there should have been documentation from her.</p> <p>During a concurrent interview and record review on 10/21/24 at 3:57 p.m. with Acting Director of Nursing (ADON), Resident 1's MR, undated, was reviewed. MR indicated no documentation of licensed nurses assessing Resident 1 for signs of emotional distress after the reported abuse incident. DON stated there was no documentation and expects Resident 1 to have monitoring for emotional distress.</p> <p>During a review of Resident 1's Care Plan (CP), dated 10/8/24, the CP indicated, (Resident 1) is at risk for psychosocial distress related to alleged financial abuse. Interventions. Notify MD (Medical Director) of s/s (signs and symptoms) emotional distress. SS (Social Services) to monitor for s/s emotional distress daily x (for) 3 days.</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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NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center of Bakersfield		STREET ADDRESS, CITY, STATE, ZIP CODE 2211 Mount Vernon Avenue Bakersfield, CA 93306	
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s P&P titled, Abuse Prevention and Management, dated 6/12/24, the P&P indicated, The resident will be assessed by the licensed nurse for any physical injuries or emotional distress. Notify the physician and provide treatment as ordered, if applicable. Notify the responsible party of the incident and results of assessment findings.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>50409</p> <p>Based on interview and record review, the facility failed to complete an investigation of an abuse incident within five working days for one of five sampled residents (Resident 1). This failure had the potential to put Resident 1 at risk for suffering continual abuse.</p> <p>Findings:</p> <p>During a review of SOC 341 (Report of Suspected Dependent Adult/Elder Abuse), dated 10/8/24, the SOC 341 indicated, (Resident 1) sent her daughter to pull some money out and her balance was zero. Per resident, the daughter had the bank pull up a camera to see who had used her mothers account and it was (Family Member [FM] 1). She stated (FM 1) was not accepting her phone calls but he finally answered and he confessed to taking her money and apologized.</p> <p>During an interview on 10/21/24 at 3:21 p.m. with Administrator, Administrator stated, I have not followed up. I don ' t know what the conclusion was (of the reported abuse incident's investigation). Normally within five days we have investigation concluded. Administrator stated she was waiting for Social Services Director (SSD) to tell her what the conclusion was and stated she expected the facility to send the summary of abuse investigation to California Department of Public Health (CDPH) within five days of the reported incident.</p> <p>During an interview on 10/21/24 at 4:26 p.m. with SSD, SSD stated she was not aware she had to complete the five-day summary of abuse investigation. SSD stated, This is something that should ' ve been followed up by the administrator.</p> <p>During a concurrent interview and record review on 10/21/24 at 4:37 p.m. with Administrator, the facility ' s 5 Day investigation summary: Financial Abuse incident involving (Resident 1) vs (FM 1) (FDIS), undated, was reviewed. Administrator stated, I just completed it (FDIS) today (nine days overdue). Administrator stated the FDIS should have been done within five days.</p> <p>During a review of the facility ' s P&P titled, Abuse Prevention and Management, dated 6/12/24, the P&P indicated, The Administrator will provide a written report of the results of all abuse investigations and appropriate action taken, to the California Department of Public Health Licensing and Certification and others that may be required by state or local laws, within five (5) working days of the reported allegation.</p>		