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	11/19/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 39763 Based on interview and record review, the facility failed to ensure an injury of unknown origin was reported and investigated for one of three sampled residents (Resident 1). This failure had the potential to negatively affect Resident 1's health and safety. Findings: During a review of Resident 1 ' s SBAR (Situation, Background, Appearance, Review and Notify-communication tool), dated 10/9/24, the SBAR indicated, discoloration/swelling to right eye. During an interview on 10/22/24 at 1:30 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 was noted with a discoloration on his right eye a few weeks ago (10/9/24). During an interview on 10/22/24 at 1:44 p.m. with Licensed Vocational Nurse (LVN), LVN 1 stated she was reporting the injury of unknown origin to the Director of Nursing (DON) and Administrator. During an interview on 10/22/24 at 2:02 p.m. with LVN 2, LVN 2 stated Bruising or redness cannot be explained must be investigated. LVN 2 stated, We don ' t know if it is abuse. During a concurrent interview and record review on 10/22/24 at 2:16 p.m. with Director of Staff Development (DSD), DSD stated for injury of unknown origin she would go to the nurse and resident to inquire how the resident received the injury, she would look back in medical record (MR) to see if there was documentation or anything that could explain the injury. Resident 1 ' s SBAR, dated 10/9/24 was reviewed. DSD confirmed Resident 1 had a right eye discoloration and swelling. Resident 1's MR was reviewed. DSD was unable to provide documentation indicating how Resident 1's sustained the right eye discoloration and swelling. During an interview on 10/22/24 at 2:41 p.m.with Administrator, Administrator stated Resident 1 ' s eye discoloration and swelling was not reported to her. Administrator stated if the Resident 1 ' s eye discoloration and swelling would have reported she would have done an investigation. (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
	555256	A. Building B. Wing	11/19/2024

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 0610 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, Injury Unknown Origin, undated, the P&P indicated, To protect the health and safety of residents by ensuring that all unexplained injuries are promptly and thoroughly investigated and addressed. An injury of unknown source is defined as an injury that meets both of the following conditions: 1. The source of the injury was not observed by any person or source of the injury could not be explained by the resident; and 2. The injury is suspicious because of: the extent of the injury; the location of the injury (. the injury is located in an area not generally vulnerable to trauma .) Unexplained injuries are promptly and thoroughly investigated by the Director of Nursing Services and/or other staff person appointed by the Administrator, to ensure that resident safety is not compromised and action is taken whenever possible, to avoid future occurrences.

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	11/19/2024

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39763 Based on interview and record review, the facility failed to follow their policy and procedure (P&P) titled, Fall Management Program, for one of three sampled residents (Resident 1). This failure had the potential for accidents and injury. Findings: During a review of Resident 1's Minimum Data Set, (MDS - an assessment tool) dated 7/13/23, the MDS indicated, Resident 1's BIMS (Brief Interview for Mental Status) score was 99 (a score of 99 indicates the resident was unable to complete the interview). The MDS indicated Resident 1 had short-term and long-term memory problems. The MDS indicated Resident 1 ' s cognitive skills for daily decision making were severely impaired (never/rarely made decisions). Resident 1 needed substantial /maximal assistance (helper does more than half the effort) with roll left and right (the ability to roll from lying on back to left and right side, and return to lying on back on the bed), Resident 1 was dependent (helper does all the effort) for sit to lying (the ability to move from sitting on side of bed to lying flat on the bed), lying to sitting on side of bed (the ability to move from a lying flat on the back to sitting on the side of the bed and with no back support), sit to stand (the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed), and chair/bed to chair transfers (the ability to transfer to and from bed to a chair or wheelchair). During an interview on 10/22/24 at 1:44 p.m. with Licensed Vocational Nurse (LVN), LVN stated if the fall was unwitnessed, she would initiate neurological checks (assessment of sensory and motor responses, especially reflexes, to determine whether the nervous system is impaired) and would complete a Change of Condition, Fall Risk Assessment, Post Fall assessment. LVN 1 stated she would investigate the reason for fall, and care plan new interventions. During a concurrent interview and record review on 10/22/24 at 2:16 p.m. with Director of Staff Development (DSD), DSD stated a fall defined as going from one level to a lower level assisted or unassisted and coming in contact with the ground. During a review of Resident 1 ' s SBAR (Situation, Background, Appearance, Review and Notify- communication tool), dated 10/11/24, the SBAR indicated, Situation . crawling on floor . Summarize your observation and evaluation: (Resident 1) was observed on the floor bedside on right side by cna (certified nursing assistant) When questioned by cna speaking his language (Resident 1) stated i was crawling to you . [NAME] [sic] falling. DSD confirmed the above incident was a fall and was not treated as a fall. Resident 1's medical record was reviewed. DSD confirmed the fall protocol was not implemented because there was no neurological checks, no fall risk assessment, no post fall assessment completed and Resident 1's fall care plan was not updated. (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	11/19/2024

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility ' s P&P titled, Fall Management Program, revised 3/13/21, the P&P indicated, To provide residents a safe environment that minimizes complications associated with falls .Post-Fall Response A. following every resident fall, the licensed nurse will perform a post fall evaluation and update, initiate or revise the Resident ' s care plan as necessary B. For an unwitnessed fall or a fall with suspected or known head injury, the licensed nurse will complete neurological checks for 72 hours following the fall incident: i. Perform neurological checks at the ordered frequency or as the list below equaling 72 hours a. Every 15 minutes X 1 hour, then b. Every 30 minutes X 1 hour, then c. Every hour X 4 hours, then d. Every 4 hours X 66 hours OR until the physician stated it is no longer necessary OR after 72 hours if Resident ' s condition is stable and NOT showing signs or symptoms of neurological injury . D. The licensed nurse will notify the Director of Nursing (DON) and/ or Administrator regarding the fall incident as soon as possible E. The licensed nurse will notify the Resident ' s attending physician and the Resident ' s responsible party of the fall incident Post-Fall Huddle A. Within15-20 minutes after a fall, licensed nurse will initiate a Post-Fall Huddle . B. Participants in the Post=Fall Huddle will include all staff and any others who are able to provide information related to the fall . D. Once the Post-Fall Huddle is completed the licensed nurse will immediately update the care plan with recommendations E. The Post-Fall Huddle form and documentation of the post-fall investigation will go to the IDT meeting for review Fall investigation, Reporting and Documentation A. Following a resident fall, the licensed nurse with the most knowledge of the incident will complete an incident and Accident Report . C. The IDT will investigate the fall including a review of the Resident ' s medical record, post-fall huddle and review of the incident and Accident Reports D. The IDT will review the circumstances surrounding the fall them summarize their conclusions on an IDT note. In an effort to prevent more falls, the IDT will review and revised the care plan as necessary.

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	11/19/2024

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39763 Based on interview and record review, the facility failed to follow its policy and procedure (P&P) titled, Fall Management Program, for one of three sampled resident (Resident 2) when the facility failed to: 1. Complete the Post Fall Evaluation (PEE- document to help identify possible causes of a fall and prevent future falls). 2. Develop a care plan (personalized plan of care outlining a person ' s needs and how they will be addressed) to prevent future falls for Resident 2. These failures resulted in Resident 2 falling multiple times in five months and sustaining left intertrochanteric (are bony protrusions on the thighbone) femoral (thigh bone) fracture (broken bone) requiring surgical operation. Findings: 1. During a review of Resident 2 ' s Admission Record, (AR) the AR indicated, Resident 2 was admitted on [DATE], diagnoses included Dementia (a decline in mental ability that affects a person's daily life; characterized by a loss of cognitive functioning such as thinking, remembering, and reasoning, that worsens over time), Bipolar disorder (a serious mental illness that causes extreme shifts in mood, energy, thinking, behavior, and sleep). During a review of Resident 2's annual Minimum Data Set, (MDS - an assessment tool) dated 7/30/24, the MDS indicated, Resident 2's BIMS (Brief Interview for Mental Status) score was 3 (a score of 0-7 suggests the resident has severely impaired cognition). The MDS indicated Resident 2 need supervision or touch assistance (helper provides verbal cues and/or touching/steading and/or contact guard (staff provides a light touch to help a resident with balance while resident perform a task) assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) for sit to stand (the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed) chair/bed-to-chair transfer (the ability to get to and from a bed to a chair (or wheelchair), and walk 50 feet (once standing the ability to walk at least 50 feet and make two turns). During a review of Resident 2 ' s Change of Condition, (COC) dated 6/20/24, the COC indicated Resident 2 had an unwitnessed fall (fall not observed by staff) in his room. Resident 2 ' s Post Fall Evaluation, (PEE) dated 6/20/24, was reviewed. The PEE under the Care Planning and Clinical Suggestions section were not completed (blank). (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	11/19/2024

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 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 2 ' s COC, dated 7/25/24, the COC indicated Resident 2 had an unwitnessed fall. The COC indicated, Received report from PM staff (Resident 2) sustained a fall. Upon walking into room resident lying in bed resting. Upon assessing (Resident 2), noticed small amount of blood to back of the head. Small laceration (cut or tear in the skin) noted.Recommendation of Primary Clinicians . Send to ER (emergency room) for further Eval (evaluation). Resident 2 ' s PEE dated 7/25/24, was reviewed. The PEE under Fall Details, Contributing Factors, Medication Changes, Physical Findings, MDS, Care Planning, and Clinical Suggestions sections were not completed (blank). During a review of Resident 2 ' s COC, dated 9/1/24, the COC indicated Resident 2 had an unwitnessed fall exiting the restroom. The COC indicated, (Resident 2) was observed with blood on face and floor, . Ambulance called and sent to (acute hospital) for further evaluation. Resident 2 ' s PEE dated 9/1/24, was reviewed. The PEE under Fall Details was noted as incomplete. The PEE under Contributing Factors, Medication Changes, Physical Findings, MDS, Care Planning, and Clinical Suggestions sections were not completed (blank). During a review of Resident 2 ' s COC, dated 9/16/24, the COC indicated Resident 2 had an unwitnessed fall on the right side of Resident 2 ' s bed. Resident 2 ' s PEE dated 9/16/24, was reviewed. The PEE under Fall Details, Contributing Factors, Medication Changes, and Physical Findings were noted as incomplete. The PEE under Care Planning, and Clinical Suggestions sections were not completed (blank). During a review of Resident 2 ' s COC, dated 10/13/24, the COC indicated Resident 2 had an unwitnessed fall in the facility hallway. Resident 2 ' s Change of Condition Follow-Up Note, (COCFUN) dated 10/13/24, indicated, (Resident 2) had complaints of pain (pain scale not indicated) to left leg. (Resident 2) was transferred to (acute hospital) for further evaluation and treatment. Resident 2 ' s PEE dated 10/13/24, was reviewed. The PEE under Fall Details were noted as incomplete. The PEE under Contributing Factors, Medication Changes, Physical Findings, MDS, Care Planning, and Clinical Suggestions sections were not completed (blank). During a review of Resident 2 ' s hospital record, dated 10/13/24, the record indicated Resident 2 sustained an acute (sudden in onset) mildly displaced (out of alignment) left intertrochanteric femoral fracture. The record indicated Resident 2 had surgical repair of left intertrochanteric femoral fracture on 10/14/24. During an interview on 10/22/24 at 1:44 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Post evaluations (PEE) are completed to find the reason for fall, so the resident ' s care plan can be updated to prevent future falls. During a concurrent interview and record review on 11/19/24 at 12:19 p.m. with Director of Nursing (DON), Resident 2 ' s PEE dated 6/20/24, 7/25/24, 9/1/24, 9/16/24, and 10/13/24, were reviewed. DON confirmed the post falls evaluations (PEE) were not completed for the above fall incidents. DON stated, Post fall evaluations (PEE) information was used to develop care plans to prevent future falls. (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	11/19/2024

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 0689 Level of Harm - Actual harm Residents Affected - Few	2. During a concurrent interview and record review on 11/19/24 at 12:19 p.m. with DON, Resident 2 ' s COC, dated 6/20/24, 7/25/24, 9/1/24, 9/16/24, and 10/13/24 were reviewed. DON stated Resident 2 had multiple falls. Resident 2 ' s care plan with the focus on (Resident 2) is at high risk for falls related to Dementia, Gait instability (an abnormal, uncoordinated, or unsteady walking pattern) and history of recurrent falls, date initiated 10/31/23 was reviewed. There were no care plans developed for the fall incidents on 6/20/24, 7/25/24 and 9/1/24. DON confirmed care plans were not developed after Resident 2 ' s fall incidents on 6/20/24, 7/25/24, and 9/1/24. During a review of the facility ' s P&P titled, Fall Management Program, revised 3/13/21, the P&P indicated, To provide residents a safe environment that minimizes complications associated with falls .Post-Fall Response A. following every resident fall, the licensed nurse will perform a post fall evaluation and update, initiate, or revise the Resident ' s care plan as necessary .D. Once the Post-Fall Huddle is completed the licensed nurse will immediately update the care plan with recommendations E. The Post-Fall Huddle form and documentation of the post-fall investigation will go to the IDT (Interdisciplinary Team - group of professionals who assess, coordinate, and manage each resident ' s comprehensive needs) meeting for review Fall investigation, Reporting and Documentation A. Following a resident fall, the licensed nurse with the most knowledge of the incident will complete an incident and Accident Report . C. The IDT will investigate the fall including a review of the Resident ' s medical record, post-fall huddle and review of the incident and Accident Reports D. The IDT will review the circumstances surrounding the fall them summarize their conclusions on an IDT note . prevent more falls, the IDT will review and revised the care plan as necessary.