

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  12/23/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>50409</p> <p>Based on observation, interview, and record review, the facility failed to ensure menus were followed for two of four sampled residents (Resident 1 and Resident 2) when Resident 1 and Resident 2 received smaller portion sizes. This failure had the potential to result in Resident 1 and Resident 2 experiencing weight loss due to receiving smaller portion sizes.</p> <p>Findings:</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 12/23/24, the OSR indicated, Regular-large portion diet. requesting to have large portion of all meals.</p> <p>During a review of the facility's Winter Menus (WM), dated 12/23/24, the WM indicated residents on large portions diet receive four ounces of blended juice, one cup of grits hot cereal, two fried eggs, two slices of wheat toast, two teaspoons of margarine, a parsley sprig, and eight ounces of milk for breakfast.</p> <p>During an interview on 12/23/24 at 11:16 a.m. with Resident 1, Resident 1 stated, I only got one egg and one piece of bread for breakfast this morning. That's very limited. It's not enough. I used to get three eggs scrambled, 1 hashbrown, and two pieces of bacon. Resident 1 stated, Just breakfast, I'm getting smaller portions. They make me starve.</p> <p>During an interview on 12/23/24 at 11:39 a.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated, This morning (Resident 1) got one toast, one egg, two pieces of bacon, and a cereal.</p> <p>During an interview on 12/23/24 at 11:56 a.m. with [NAME] 1, [NAME] 1 stated for breakfast (12/23/24), residents on large portions diet should have received four ounces of blended juice, one cup of hot cereal, two fried eggs, and two wheat toast.</p> <p>During an observation of the lunch meal service on 12/23/24 at 12:01 p.m. in the kitchen, the steam table had a #12 scoop (1/3 cup) for cilantro lime rice, a #12 scoop for black beans, and a #12 scoop for corn.</p> <p>During an interview on 12/23/24 at 12:02 p.m. with [NAME] 1, [NAME] 1 stated there should have been a #16 scoop (1/4 cup) and a #8 scoop (1/2 cup) on the steam table. [NAME] 1 stated, We should have different scoops so we can follow the spreadsheet (facility menus).</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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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 12/23/24 at 12:20 p.m. in the kitchen, [NAME] 1 used a #12 scoop to serve corn for Resident 2.</p> <p>During a review of Resident 2's Lunch Meal Ticket (LMT), dated 12/23/24, the LMT indicated Resident 2 is on a renal diet.</p> <p>During a review of the facility's WM, dated 12/23/24, the WM indicated residents on renal diet receive #8 scoop of corn.</p> <p>During an interview on 12/23/24 at 12:21 p.m. with [NAME] 1, [NAME] 1 stated she served less corn for Resident 2, and she was supposed to use a #8 scoop to serve corn for Resident 2.</p> <p>During an interview on 12/23/24 at 12:36 p.m. with the Registered Dietitian (RD), the RD stated, They (kitchen staff) should follow the spreadsheet.</p> <p>During an interview on 12/31/24 at 2:03 p.m. with the Certified Dietary Manager (CDM), the CDM stated, We should follow the spreadsheet. The whole nutrients for the residents for that day are calculated in the spreadsheet.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Menus, dated 4/1/14, the P&amp;P indicated, Purpose To ensure that the Facility provides meals to residents that meet the requirements of the Food and Nutrition Board. Food served should adhere to the written menu.</p>		