

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 02/04/2025
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>38993</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of six sampled residents (Resident 1) was provided a meal tray for lunch. This failure had the potential for Resident 1 to experience unmet nutritional needs.</p> <p>Findings:</p> <p>During an observation on 1/30/25 at 1 p.m., with Resident 1, in Resident 1's room, Resident 1's roommate (Resident 3) was provided his meal tray by Certified Nursing Assistant (CNA) 1. When this surveyor exited Resident 1's room approximately 34 minutes later, Resident 1 had not received a meal tray.</p> <p>During a concurrent observation and interview on 1/30/25 at 1:34 p.m., with Licensed Vocational Nurse (LVN) 1, in the hallway, there were no meal carts left in the hallway. LVN 1 stated all lunch trays were passed to the residents and then picked up and returned to the kitchen. LVN 1 stated after speaking with several staff, none of the CNAs had passed Resident 1 a meal tray.</p> <p>During an interview on 1/30/25 at 1:36 p.m., with CNA 2, CNA 2 stated she was assigned to Resident 1. CNA 2 stated she did not provide Resident 1 a meal tray.</p> <p>During an interview on 1/30/25 at 2:20 p.m. with CNA 1, CNA 1 stated she did not deliver Resident 1's meal tray.</p> <p>During an interview on 1/30/25 at 3:28 p.m. with Director of Nursing (DON), DON stated Resident 1 should have been provided a meal tray.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Menus dated 4/1/14, the P&P indicated, Purpose.To ensure that the facility provides meals to residents that meet the requirements of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.Daily menus will include planning for three meals and an evening snack.</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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