

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 08/01/2025
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was served food at a palatable temperature. This failure had the potential for Resident 1 to not eat, lose weight, and not meet his nutritional needs. Findings: During a concurrent observation and interview on 8/1/25 at 1:24 p.m. with the Dietary Supervisor (DS), in Resident 1's room, Resident 1 was about to eat his lunch. DS checked the meat's temperature in Resident 1's the meal tray. DS stated the temperature was 100 (Fahrenheit-temperature measurement). During a concurrent observation and interview on 8/1/25 at 1:30 p.m. with DS, at the nurses' station, DS checked the temperature of the green beans and the salad in the test tray (a sample meal tray used to assess the quality and accuracy of food service, ensuring it aligns with dietary requirements and standards). DT stated the green beans were at 100 and the salad was at 50 . During a concurrent observation and interview on 8/1/25 at 1:38 p.m. with Resident 1 in his room, Resident 1 had his meal tray on the tray table, Resident 1 stated his food was not hot enough to his liking. During a review of Resident 1's Outcomes Summary Report (OSR), dated 5/2/25, the OSR indicated, Resident 1's BIMS (Brief Interview for Mental Status - cognition assessment tool, 15-point scale: 0-7 severe impairment, 8-12 moderate impairment, 13-15 cognitively intact) score was 12. During a review of the facility's policy and procedure (P&P) titled, Food Temperatures, dated 10/10/23, the P&P indicated, 4. Acceptable Serving Temperature: .Meat, entrees &gt; [greater than] 140 . Hazardous salads, desserts &lt; [less than] 41 .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555256
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