

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Bakersfield Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6212 Tudor Way 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 - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to ensure four of five sampled employees' (Certified Nursing Assistant [CNA 2], CNA 3, Licensed Vocational Nurse [LVN 1], and LVN 2) had the required screening prior to their date of hire. This failure had the potential to expose the facilities resident to abuse.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 5/2/24 at 4:20 p.m. with Minimum Data Set Nurse (MDSN), CNA 2's employee file was reviewed. CNA 2 was hired on 1/19/23. MDSN confirmed CNA 2 did not have a criminal background check prior to the date of hire. CNA 3's employee file was reviewed. CNA 3's date of hire was 1/19/23. MDSN reviewed CNA 3's criminal background check ordered 3/1/23 (approximately 6 weeks after hire date). LVN 1's employee file was reviewed. LVN 1's date of hire was 4/2/24. LVN 1's reference checks was not completed before the date of hire. LVN 2's employee file was reviewed. LVN 2's date of hire was 5/10/23. MDSN confirmed LVN 2 reference checks was not completed before the date of hire. MDSN stated the required screening should be conducted prior to the date of hire.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised 2021, the P&P indicated, The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and allocation to support the following objectives:1. Protect residents from abuse . 4. Conduct employee background checks .</p> <p>During a review of the facility provided document titled, Personal Reference Checks, dated 8/2013, the document indicated, Instructions: State law, Federal law and [facility name] Policy require a minimum of 2 reference checks for each new hire.</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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