

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 05/15/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39763</p> <p>Based on interview and record review, the facility failed to ensure a bed hold (holding or reserving a resident's bed while the resident is absent from the facility for therapeutic leave or hospitalization) was offered to one of nine sampled residents (Resident 8). This failure had the potential for Resident 8 and Resident 8's Representative not to be informed of the rights and benefits of bed hold and return policy of the facility.</p> <p>Findings:</p> <p>During a review of Resident 8's SBAR (situation, background, appearance, and review) Communication Form, dated 5/8/24, the SBAR indicated Resident 8 was sent to the hospital for evaluation and treatment for abnormal laboratory results.</p> <p>During a review of Resident 8's Minimum Data Set, (MDS - an assessment tool) dated 3/11/24, the MDS indicated, Resident 3's BIMS (Brief Interview for Mental Status) score was 15 (13 to 15 points indicates cognitive intactness).</p> <p>During an interview on 5/15/24 at 12:38 p.m. with Resident 8, Resident 8 stated he was sent to the hospital on 5/8/24. Resident 8 stated he returned to the facility on [DATE]. When he returned to the facility, all his personal items and medically necessary equipment were moved from his room. Resident 8 stated he had to wait on a gurney with the paramedic, while his bed was made, and his oxygen concentrator was brought back to his room. Resident 8 stated he was not offered a bed hold notice.</p> <p>During a review of Resident 9's MDS, dated [DATE], the MDS indicated, Resident 9's BIMS score was 15.</p> <p>During an interview on 5/15/24 at 12:46 p.m. with Resident 9, Resident 9 stated the facility had placed Resident 10 in Resident 8's bed for one day (5/9/24).</p> <p>During a concurrent interview and record review on 5/15/24 at 2:10 p.m. with Director of Nursing (DON), the facility residents' census dated 5/9/24 was reviewed. Resident 8 had a bed hold in place on 5/8/24 to 5/10/24. DON confirmed Resident 10 was placed in Resident 8's bed on 5/9/24.</p> <p>During a concurrent interview and record review on 5/15/24 at 2:53 p.m. DON, DON reviewed Resident 8's medical record and was unable to provide evidence Resident 8 was given notice of bed hold.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Bed-Holds and Returns, revised October 2022, the P&P indicated, 1. All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: a. notice 1: well in advance of any transfer (. in the admissions packet); and b. notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours). 3. Multiple attempts to provide the resident representative with notice 2 should be documented in cases where staff were unable to reach and notify the representative timely.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39763</p> <p>Based on interview and record review, the facility failed to ensure three of nine sampled residents (Resident 3, Resident 7, and Resident 8) received the necessary care and assistances needed for showers/baths. This failure resulted in Resident 3, Resident 7, and Resident 8, not receiving appropriated care and services to maintain cleanliness and prevent infection.</p> <p>Findings:</p> <p>During an interview on 4/10/24 at 12:51 p.m. with Certified Nursing Assistant (CNA 2), CNA 2 stated short staffing happened four out of seven days. CNA 2 stated when she had 20 residents no one get a shower.</p> <p>During a review of Resident 3's Minimum Data Set, (MDS - an assessment tool) dated 4/9/24, the MDS indicated, Resident 3's BIMS (Brief Interview for Mental Status) score was 15 (13 to 15 points indicates cognitive intactness). The MDS indicated Resident 3 was dependent (helper does all of the effort) for shower/bathe self (The ability to bathe self, including washing, rinsing, and drying self).</p> <p>During a review of Resident 3's Activity's Assessment, (AA) dated 7/12/23, the AA indicated, being able to choose between a tub bath, shower, bed bath or a sponge bath was very important to Resident 3.</p> <p>During an interview on 5/2/24 at 1:12 p.m. with Resident 3, Resident 3 stated on days when the facility is short staffed, the facility would move her shower from morning to the evening without asking her. Resident 3 stated she talked to the Director of Staff Development (DSD) about her shower being moved. Resident 3 stated the facility will do really good for a few weeks, but it seems like every week is a battle.</p> <p>During an interview on 5/2/24 at 3:32 p.m. with CNA 3, CNA 3 stated when the facility is short staffed, she has about 16 residents. CNA 3 stated showers are given but they are given later that evening.</p> <p>During a review of Resident 7's MDS, dated [DATE], the MDS indicated, Resident 7's BIMS score was 15. The MDS indicated Resident 7 needed substantial/maximal assistance (helper does more than half the effort) for shower/ bathe self.</p> <p>During an interview on 5/2/24 at 3:51p.m. with Resident 7, Resident 7 stated he was at the facility for nine to eleven days before he was offered a shower or sponge bath, Resident 7 stated, I got a fungal infection (any disease you get from a fungus) on my front end it was a rash then a fungal infection.</p> <p>During an interview on 5/2/24 at 5:10 p.m. with CNA 4, CNA 4 stated the facility is short staffed on the weekends. CNA 4 stated It happens about twice a month. CNA 4 stated on days when the facility is short staffed, she would have 18 to 19 residents. CNA 4 stated she would not be able to provide showers and would encourage bed baths instead.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 8's MDS, dated [DATE], the MDS indicated, Resident 8's BIMS score was 15. The MDS indicated Resident 8 was dependent for shower/bathe self.</p> <p>During an interview on 5/15/24 at 12:38 p.m. with Resident 8, Resident 8 he was supposed to have a shower yesterday, but the CNAs asked if they could give a bed bad instead. Resident 8 stated There is no schedule they (CNAs) will come and tell me today is your shower day they (CNAs) will inform me they are super busy and asked If they can give a bed bath. Resident 8 stated he had gone several days without a shower.</p> <p>During a concurrent interview and record review on 5/18/24 at 1:54 p.m. with DSD, Resident 3, Resident 7, and Resident 8's Documentation Survey Report, (DSR) for the task of bathing for March, April, May 2024 was reviewed. Resident 3's DSR for task of bathing, dated April 2024 indicated Resident 3 received a bed bath once a week for three weeks during the month of April. The DSR indicated Resident 7 did not have documented evidence of a shower or bed bath for the first two weeks of admission (3/5/24 to 3/23/24) in the month of March. Resident 8's DSR dated April 2024 was reviewed. DSD confirmed the DSR indicated Resident 8 received three bed baths (no showers) during the month of April. Resident 8's DSR dated May 2024 indicated Resident 8 had one bed bath. DSD confirmed the findings.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Bath, Shower/Tub, revised February 2018, the P&P indicated, The purposes if this procedure are [sic] to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin.Documentation 1. The date and time the shower/tub bath was performed.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39763</p> <p>Based on interview and record review, the facility failed to provide sufficient staffing for eight of nine sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 7, Resident 8, and Resident 9) when call lights were not answered timely. This failure had the potential to result in the residents' needs not being met in a timely manner, and to result in physical and/or psychosocial harm.</p> <p>Findings:</p> <p>During a review of Resident 1's Minimum Data Set, (MDS - an assessment tool) dated 1/31/24, the MDS indicated, Resident 1's BIMS (Brief Interview for Mental Status) score was 15 (13 to 15 points indicates cognitive intactness). The MDS indicated Resident 1 needed setup and clean up assistance (helper sets up or cleans up; residents' complete activity, helper assists only prior to or following the activity) for eating, substantial/maximal assistance (helper does more than half the effort) for toileting hygiene (the ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement).</p> <p>During an interview on 4/10/24 at 10:58 a.m. with Resident 1, Resident 1 stated call lights on day shift can take twenty-five to thirty-five minutes and at night can take up to forty-five minutes to an hour. Resident 1 stated he looks at the clock on his wall to calculate for the waiting time. Resident 1 stated he pushed the call light button for brief change, fluids, and snacks. Resident 1 stated the call light waiting time in the facility is not acceptable. Resident 1 stated when the call light is on, staff just walk by they do not care.</p> <p>During an interview on 4/10/24 at 12:41 p.m. with Certified Nursing Assistant (CNA 1), CNA 1 stated staff would walk by call light without answering, and it happens often.</p> <p>During an interview on 4/10/24 at 12:51 p.m. with CNA 2, CNA 2 stated On bad days I have 13-20 residents. CNA 2 stated she works on day shift. CNA 2 stated short staffing happened four out of seven days. CNA 2 stated she had seen staff walk by call light multiple times without answering.</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated, Resident 2's BIMS score was 15. The MDS indicated Resident 2 needed supervision or touch assistance (helper provides verbal cues and or touching/steadying and or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) for eating, substantial/maximal assistance for toileting.</p> <p>During an interview on 4/16/24 at 7:44 a.m. with Resident 2, Resident 2 stated the call lights can take sixty to ninety minutes to get answered. Resident 2 stated, That's crazy what if someone falls, it happens all the time. Resident 2 stated they [staff] come when they want to come. Resident 2 stated, They don't care unless you [California Department of Public Health] are here. They were all sitting down and on their phone. Resident 2 stated he checked his clock to calculate for waiting time. Resident 2 stated, It bothers me. He stated, I don't even use it anymore it is a waste of time.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 3's MDS, dated [DATE], the MDS indicated, Resident 3's BIMS score was 15. The MDS indicated Resident 3 needed setup and clean up assistance for eating, substantial/maximal assistance for toileting hygiene, and Resident 3 was dependent (helper does all of the effort) for showers or bathing.</p> <p>During an interview on 5/2/24 at 1:12 p.m. with Resident 3, Resident 3 stated call lights can take up to thirty to forty-five minutes to get answered. Resident 3 stated on days when the facility is short staffed, the facility will move her shower from morning to the evening without asking her. Resident 3 stated she talked to the Director of Staff Development (DSD) about her shower being moved. Resident 3 stated the facility would do really good for a few weeks, but it seems like every week is a battle.</p> <p>During a review of Resident 4's MDS, dated ,d+[DATE], the MDS indicated, Resident 4's BIMS score was 15. The MDS indicated Resident 4 needed setup and clean up assistance for eating and substantial/maximal assistance for toileting hygiene.</p> <p>During an interview on 5/2/24 at 1:38 p.m. with Resident 4, Resident 4 stated she sometimes wait for an hour for the call lights to get answered. Resident 4 stated she usually pushed the call light button for brief change or something to eat or drink. Resident 4 stated she checked the clock to calculate for the waiting time. Resident 4 stated she feels like she does not get any help.</p> <p>During an interview on 5/2/24 at 3:32 p.m. with CNA 3, CNA 3 stated when the facility is short staffed, showers would be an issue. CNA 3 stated Shower are given but they are given later that evening.</p> <p>During a review of Resident 5's MDS, dated [DATE], the MDS indicated, Resident 5's BIMS score was 14. The MDS indicated Resident 5 needed setup and clean up assistance for eating, partial/moderate assistance (Helper does less than half of the effort. Helper lifts or holds trunk or limbs but provides less than half the effort) for toileting hygiene.</p> <p>During an interview on 5/2/24 at 3:42 p.m. with Resident 5, Resident 5 stated call lights can take up to two hours to get answered. Resident 5 stated she looks at the clock for waiting time. Resident 5 stated, Makes me want to kill every one of these people, I want to leave but I cannot.</p> <p>During a review of Resident 7's MDS, dated [DATE], the MDS indicated, Resident 7's BIMS score was 15. The MDS indicated Resident 7 needed supervision or touch for eating and substantial/maximal assistance for toileting.</p> <p>During an interview on 5/2/24 at 3:51 p.m. with Resident 7, Resident 7 stated the facility is shorthanded every weekend. Resident 7 stated call lights can take a couple of hours to get answered. Resident 7 stated he looks at the clock to calculate for waiting time. Resident 7 stated he usually pushed the call light button to get his brief change and to get coffee. Resident 7 stated, it makes me mad as hell, if we fall in here and no one answer the call light we have to crawl into the hallway for help.</p> <p>During a review of Resident 8's MDS, dated [DATE], the MDS indicated, Resident 8's BIMS score was 15. The MDS indicated Resident 8 needed setup and clean up assistance for eating, dependent for toileting hygiene, and showering and bathing.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/15/24 at 12:38 p.m. with Resident 8, Resident 8 stated call lights can take one hour to one hour and forty-five minutes to get answered. He stated it does not matter what time of the day. Resident 8 stated he usually pushed the call light button for brief change, to request food and water. Resident 8 stated, I have a pacemaker, what if I have a heart attack. Resident 8 stated, We [residents] have to take what we can get.</p> <p>During a review of Resident 9's MDS, dated [DATE], the MDS indicated, Resident 9's BIMS score was 15. The MDS indicated Resident 9 needed setup and clean up assistance for eating and dependent for toileting hygiene.</p> <p>During an interview on 5/15/24 at 12:46 p.m. with Resident 9, Resident 9 stated he talked to the Administrator last week about the call lights not being answered timely. Resident 9 stated the call lights waiting times were one hour to one hour and forty-five minutes. Resident 9 stated he usually pushed the call light button for brief change, water and food. Resident 9 stated he checked the clock on the wall to calculate for waiting time. Resident 9 stated the wait makes him feel worthless like we are trash!</p> <p>During a review of the facility's policy and procedure (P&P) titled, Staffing, Sufficient and Competent Nursing, revised 8/22, the P&P indicated, Our facility provides sufficient numbers of Nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and facility assessment. Sufficient Staff 1. Licensed nurses and certified nursing assistants are available 24 hours a day, seven (7) days a week to provide competent resident care services including: a. assuring resident safety; b. attaining or maintaining the highest practical physical, mental and psychosocial well-being of each resident; c. assessing, evaluating, planning and implementing resident care plans; and d. responding to resident needs. 6. Staffing numbers and skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care, the resident assessments and the facility assessment. 7. Factors considered in determining appropriate staffing ratios and skills include an evaluation of diseases, conditions, physical or cognitive limitations of the resident population, and acuity. 8. Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staffing.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rights, revised December 2016, the P&P indicated, 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity .</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to ensure three of three sampled Licensed Vocational Nurses (LVN 1, LVN 2, and LVN 3) were competent in the application and operation of a Bi-Level Positive Airway Pressure (BIPAP- a machine that helps you breathe). This failure resulted in incorrect application of the BIPAP machine on Resident 8.</p> <p>Findings:</p> <p>During a review of Resident 8's Minimum Data Set, (MDS - an assessment tool), dated 3/11/24, the MDS indicated, Resident 3's BIMS (Brief Interview for Mental Status) score was 15 (13 to 15 points indicates cognitive intactness).</p> <p>During an interview on 5/15/24 at 12:38 p.m. with Resident 8, Resident 8 stated some of the nurses were not trained on the application of the BIPAP machine. Resident 8 stated one nurse put the machine on its side and water got into the hose and I choked and coughed due to the water.</p> <p>During a review of Resident 8's Order Summary Report, (OSR) active orders as of 5/15/24, the ORS indicated, Bipap [sic] Nursing staff to assist patient with application of equipment at 11 pm and removal at 0700 [7 a.m.] Daily DX [diagnoses] COPD [Chronic obstructive pulmonary disease -a chronic inflammatory lung disease that causes obstructed airflow from the lungs] every day and night shift order date 04/16/2024 .</p> <p>During a concurrent interview and record review on 5/15/24 at 2:35 p.m. with Director of Nursing (DON), DON stated the facility has one resident with a BIPAP order. DON reviewed the competencies of LVN 1, LVN 2, and LVN 3. DON confirmed LVN 1, LVN 2, and LVN 3 did not have the competencies for the application or operation of BIPAP. Resident 8's Medication Administration Record, (MAR) dated 5/1/24 to 5/31/24 was reviewed. DON confirmed Resident 8's MAR indicated LVN 1, LVN 2, and LVN 3 were documenting application of the BIPAP machine to Resident 8.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Staffing, Sufficient and Competent Nursing, revised 8/22, the P&P indicated, Our facility provides sufficient numbers of Nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and facility assessment. Competent Staff 1. Competency is a measurable pattern of knowledge, skills, abilities behaviors, and other characteristics that an individual needs to preform work rolls or occupational functions successfully. 3. Staff must demonstrate the skills and techniques necessary to care for residents needs .</p>		