

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  07/18/2024
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 - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>50409</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure (P&amp;P) on Abuse, Neglect, Exploitation and Misappropriation Prevention Program for one of four sampled residents (Resident 1) when an alleged abuse incident was not investigated within five working days. This failure had the potential for Resident 1 to suffer further physical and psychosocial harm.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 7/18/24 at 1:29 p.m. with Resident 1 in Resident 1's room, Resident 1 had a dime-sized purple discoloration on his left upper arm. Resident 1 stated Caregiver (CG) 1 grabbed his left arm and caused the discoloration.</p> <p>During an interview on 7/18/24 at 1:38 p.m. with CG 2, CG 2 stated Resident 1 said, [CG 1] grabbed me on my arm.</p> <p>During a review of Resident 1's SBAR (Situation, Background, Assessment, Recommendation), dated 7/6/24, the SBAR indicated, [Resident 1] was grabbed by the arm and woken up during the night by [CG 1].</p> <p>During an interview on 7/18/24 at 3:54 p.m. with DON, DON stated she is the abuse coordinator covering for the administrator while the administrator is on vacation. DON stated there was no documentation of the summary of abuse investigation within five working days.</p> <p>During a concurrent interview and record review on 7/18/24 at 4:01 p.m. (nine working days later after the allegation of abuse incident happened on 7/6/24) with SSD 1, SSD 1 stated there was no documentation of the summary of abuse investigation within five working days.</p> <p>During a review of the facility's P&amp;P titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated April 2021, the P&amp;P indicated, Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. Investigate and report any allegations within timeframes required by federal requirements.</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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