

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 09/03/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50939</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of four sampled residents ' (Resident 2 and Resident 4) call lights were answered timely. This failure had the potential for residents not being assisted with their activities of daily living (ADL).</p> <p>Findings:</p> <p>During a concurrent observation and interview on 9/3/2024 at 1:16 p.m. with Resident 2 in Resident 2 ' s room, Resident 2 was lying in bed with covers on. Resident 2 stated his call light was being answered by staff up to an hour.</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS-assessment tool), dated June 5, 2024, the MDS indicated Resident requires the assistance of one staff with transfer from bed to a wheelchair and with toileting. The MDS indicated Resident 2 had a BIMS (Brief Interview for Mental Status) score of 15 (score of 13-15 means cognitively intact).</p> <p>During a concurrent observation and interview on 9/3/2024 at 3:39 p.m., with Resident 4 in Resident 4 ' s room, Resident 4 was sitting in her wheelchair next to bed. Resident 4 stated it takes a while for staff to answer her call lights and the longest she ' s waited for her call light to be answered was up to an hour.</p> <p>During a review of Resident 4 ' s MDS, dated [DATE], the MDS indicated Resident 4 had a BIMS score of 15.</p> <p>During a review of Resident 4 ' s Care Plan (CP), dated August 14, 2022, the CP indicated, Focus: [NAME] has an ADL Self Care Performance Deficit r/t impaired balance, pain, and impaired mobility. Resident 4 uses assistive device (Specify bed rails, to reposition CNA and turn in bed). Transfer: Resident 4 requires extensive physical assistance with transferring with one person.</p> <p>During a review of the facility ' s Resident Council Department Response (RCDR-organized group of residents who meet regularly to discuss and address concerns about rights, quality of care, and quality of life), dated July 30, 2024, the RCDR indicated, On going issues with the delay answering residents call lights and most of the concern was for the night shift.</p> <p>During a review of the facility ' s RCDR, dated August 28, 2024, the RCDR indicated, Resident concern about the delay answering call lights specially at nights.</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 0558</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, Answering the Call Light, dated October 2010, the P & P indicated, 8. Answer the resident ' s call as soon as possible.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>50939</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an effective implementation of pest control when there were cockroaches found in the facility ' s staff break room. This failure had the potential for placing residents at risk for infectious disease and foodborne illnesses.</p> <p>Findings:</p> <p>During an observation on 9/3/24 at 12:35 p.m. in the staff break room, one cockroach approximately 0.5 inches in size was crawling on the wall, one cockroach approximately 0.5 inches in size was crawling on the countertop, one dead cockroach approximately one inch in size was inside the cabinet under the sink, and one cockroach approximately 0.5 inches was crawling inside the cabinet under the sink.</p> <p>During an interview on 9/3/24 at 1:37 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, I saw one cockroach by the microwave and one cockroach crawling on the table. LVN 1 stated, I told [Registered Nurse Supervisor] verbally on Sunday [there were cockroaches in the break room].</p> <p>During an interview on 9/3/24 at 1:45 p.m., with Certified Nurse Assistant (CNA) 1, CNA 1 stated a week ago, she has seen cockroaches in the break room.</p> <p>During an interview on 9/3/24 at 1:49 p.m., with Housekeeper (HK) 1, HK 1 stated, I see them [cockroaches] every day in the break room.</p> <p>During an interview on 9/3/24 at 1:55 p.m., with Activity Assistant (AA) 1, AA 1 stated, Sometimes I see roaches.</p> <p>During an interview on 9/3/24 at 2:34 p.m., with Director of Nursing (DON) 1, DON 1 stated, there are roaches in the breakroom by the nurse ' s station. DON stated the last time she saw roaches was yesterday. DON stated she reported to the Director of Maintenance (DOM).</p> <p>During a review of the facility ' s Pest Control Service Slip/Invoices (PCSSI), dated June 5, 2024, the PCSSI indicated, Interior, common areas only, exterior and webs. There was no documentation of inspection of the break room for cockroaches.</p> <p>During a review of the facility ' s PCSSI, dated July 8, 2024, the PCSSI indicated, Interior, common areas only, exterior and webs. There was no documentation of inspection of the break room for cockroaches.</p> <p>During a review of the facility ' s PCSSI, dated August 2024, the PCSSI indicated, Regular Pest Service. There was no documentation of inspection of the break room for cockroaches.</p> <p>During an interview on 9/20/2024 at 3:09 p.m., with DOM 1, DOM 1 stated, I don ' t know about problems if problems are not being reported to me.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Pest Control, undated, the P&P indicated, Our facility shall maintain an effective pest control program.</p>