

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 10/17/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>51320</p> <p>Based on interview and record review, the facility failed to follow the physician's order for one of four sample residents (Resident 1) to provide treatment for Resident 1's right lower extremities (RLE) cellulitis [infected/swollen inflamed area of skin]. This failure had the potential to result in Resident 1's worsening of skin condition.</p> <p>Findings:</p> <p>During an interview on 10/17/24 at 12:36 a.m. with Resident 1, Resident 1 stated, There was no one to take care of my treatment for five days in September.</p> <p>During a review of Resident 1's Treatment Administration Record (TAR), dated September 2024, the TAR indicated, To RLE cellulitis cleanse with house wound cleanser pat dry and apply diphenhydramine HCL [medication cream for irritated skin] and zinc acetate ointment [prevents skin infection] and wrap with kerlix [gauze bandage roll] every day shift for 14 Days. The TAR indicated there were no documentations of treatments provided on 9/11/24, 9/12/24, 9/14/24, and 9/15/24.</p> <p>During a review of Resident 1's TAR, dated September 2024, the TAR indicated, Methol-Zinc Oxide External Ointment [prevents skin irritation] Apply to affected areas topically two times a day for skin barrier. The TAR indicated there were no documentations of treatments provided on 9/11/24, 9/14/24 and 9/15/24.</p> <p>During a concurrent interview and record review on 10/17/24 at 2:50 p.m. with Director of Nursing (DON), Resident 1 ' s TAR dated September 2024 was reviewed. DON stated, They [treatment] were not done those days.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Medication Orders, dated November 2014, the P&P indicated, The purpose of this procedure is to establish uniform guidelines in receiving and recording of medication orders. 6. Treatment Orders- When recording treatment orders, specify the treatment, frequency and duration of the treatment.</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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