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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>555260 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>01/23/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bakersfield Post Acute |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6212 Tudor Way<br>Bakersfield, CA 93306 |  |

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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>39763</p> <p>Based on interview and record review, the facility failed to ensure professional standards were followed when medications and treatments were not administered according to physicians' orders for two of four sampled residents (Resident 4 and Resident 5). These failures had the potential for worsening skin breakdown and infection to Resident 4 and Resident 5.</p> <p>Findings:</p> <p>During a concurrent interview and record review, on 1/23/25 at 3:49 p.m. with Director of Nursing (DON), DON stated medications and treatment should be administered per physician's orders. DON stated the expectation is the medications and treatment should be documented in the medical record once administered. Resident 4 and Resident 5's Treatment Administration Record, (TAR) for January 2025 were reviewed. DON confirmed the following:</p> <p>Resident 4's TAR, dated January 2025, the TAR indicated,</p> <p>MASD (moisture-associated skin damage- is the general term for inflammation or skin caused by prolonged exposure to a source of moisture such as urine, stool, sweat) to coccyx (tailbone) area, cleanse with NS (normal saline), pat dry, apply barrier cream (cream used to soothe and shield delicate skin from chafing, rubbing, and sore spots caused by incontinence) every shift for 14 days -Start Date- 12/27/2024 2300 (11 p. m.)</p> <p>The TAR indicated, on 1/1/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/1/25 for the night administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/2/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/6/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/7/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The TAR indicated, on 1/8/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/9/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/10/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>MASD to peri area (the area of skin between the anus and the genitals), cleanse with NS pat dry and apply barrier cream every shift for 14 days -Start Date- 12/27/2024 2300 .</p> <p>The TAR indicated, on 1/1/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/1/25 for the night administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/2/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/6/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/7/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/8/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/9/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>The TAR indicated, on 1/10/25 for the evening administration time, no documentation Resident 4's treatment was administered (blank).</p> <p>Resident 5's TAR, dated January 2025, the TAR indicated,</p> <p>Nystatin Powder (used to treat fungal or yeast infections of the skin) . Apply to abdominal folds &amp; scrotum topically two times a day for itching; Rash -Start Date- 06/15/2024 .</p> <p>The TAR indicated, on 1/1/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/2/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>(continued on next page)</p> |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The TAR indicated, on 1/5/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/6/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/7/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/8/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/9/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/10/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/12/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/13/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/14/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/15/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/16/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/17/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>The TAR indicated, on 1/19/25 for the 5 p.m. administration time, no documentation Resident 5's Nystatin was administered (blank).</p> <p>DON confirmed the missing documentations.</p> <p>(continued on next page)</p> |

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| <p>F 0658</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&amp;P) titled, Administering Medications, revised April 2019, the P&amp;P indicated, Medications are administered in a safe and timely manner, and as prescribed. 21. If a drug is withheld, reused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose. 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones. 23. As required or indicated for a medication, the individual administering the medication records in the resident's medical record: a. the date and time the medication was administered; . g. the signature and title of the person administering the drug. 24. Topical medications used in treatments are recorded on the resident's treatment record (TAR).</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39763</p> <p>Based on interview and record review, the facility failed to provide sufficient staffing for three of five sampled residents (Resident 1, Resident 2, and Resident 3), when call lights were not answered timely. This failure resulted in residents' increased wait times for basic needs to be met and had the potential for emergent needs not attended.</p> <p>Findings:</p> <p>During a concurrent observation and interview, on 1/8/25 at 1:52 p.m. with Resident 1 Resident 1 stated call lights take longer at night to be answered. Resident 1 stated she calculates the wait time by looking at the clock observed across from Resident 1's bed. Resident 1 stated she usually call the staff to change her adult briefs (when soiled) and request for pain medications. Resident 1 stated the wait time is 30 to 45 minutes but worst wait time was two hours. Resident 1 stated the long wait time happens two to three nights a week. Resident 1 stated, Makes me feel very disrespected #1, very unsafe #2, and not being treated like I am human, not shown compassion or empathy that to me is inhuman.</p> <p>During a review of Resident 1's Minimum Data Set, (MDS - an assessment tool) dated 12/12/24, the MDS indicated, Resident 1's BIMS (Brief Interview for Mental Status with a range of 0-15) score was 15 (a score of 13 to 15 suggests the resident is cognitively intact). The MDS indicated Resident 1 needed 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), and Resident 1 was dependent (helper does all the effort) for chair/bed to chair transfers (the ability to transfer to and from bed to a chair or wheelchair).</p> <p>During a review of Resident 1's care plan with the focus on activities of daily living (ADL- activities related to personal care) initiated 10/28/24. The care plan indicated a few of the interventions were Resident 1 needed assistance with the following, Toileting: 1 person; extensive. Transfer: 2 person; extensive.</p> <p>During an interview on 1/8/24 at 2:27 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she works 2 p.m. to 10:30 p.m. CNA 1 stated she cares for 11 residents when fully staffed and approximately 16 residents when not fully staffed. CNA 1 stated she has approximately 16 residents one to two times a week. CNA 1 stated she feels rushed and hurried during resident care. CNA 1 stated she does not always take her last break, due to providing necessary resident care.</p> <p>During a concurrent observation and interview, on 1/8/25 at 2:38 p.m. with Resident 2, Resident 2 stated call lights at night take one- and one-half hours to 2 hours to be answered. Resident 2 stated he looks at the clock observed across from his bed to calculate the wait time. Resident 2 stated he usually call the staff to change his adult briefs. Resident 2 stated the wait time makes him feel, Like they forgot about me.</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 2's MDS, dated [DATE] the MDS indicated, Resident 2's BIMS score was 15. The MDS indicated Resident 2 needed substantial/maximal assistance for toileting hygiene and Resident 2 was for dependent for chair/bed to chair transfers.</p> <p>During a review of Resident 2's care plan with the focus on ADL, initiated 6/29/23. The care plan indicated a few of the interventions were Resident 2 needed assistance with the following, Toileting: 2 person; extensive. Transfer: 2 person total with mechanical lift .</p> <p>During a concurrent observation and interview on 1/8/25 at 3:03 p.m. Resident 3, Resident 3 stated on the graveyard shift she waits 25 to 30 minutes for her call light to be answered; Resident 3 stated It happens a couple times a week. Resident 3 stated she use her call light to be changed. Resident 3 stated she calculates the wait time by looking at the clock observed across from her bed. Resident 3 stated, It is annoying because I have to set in urine for 30 minutes and I have really dry skin and it irritated my skin.</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 substantial/maximal assistance for toileting hygiene and toilet transfer (the ability to get on and off the toilet or commode).</p> <p>During a review of Resident 3's care plan with the focus on ADL, initiated 9/11/24. The care plan indicated a one of the interventions were to, Encourage to use call light for assistance.</p> <p>During an interview on 1/8/25 at 3:21 p.m. CNA 2, CNA 2 stated she will care for 16 residents when the facility has staff call outs. CNA 2 stated the call outs happen about two times a week. CNA 2 stated when she had 16 residents she feels rushed and hurried and often has to skip her breaks to meet residents' needs.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Staffing And Sufficient Nursing, revised August 2022, the P&amp;P indicated Our facility provides sufficient numbers of nursing staff with the appropriate skills necessary to provide nursing and related care and services for all residents in accordance with resident care plans and facility assessment.</p> |  |  |