

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  02/20/2025
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 - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>34510</p> <p>Based on interview and record review the facility failed to follow their policy and procedure (P&amp;P) titled, Change in Condition or Status when facility did not complete assessments for three of four sampled residents (Resident 2, Resident 3, and Resident 4) after a verbal altercation incident. This failure had the potential for residents not being assessed and monitored for psychosocial distress.</p> <p>Findings:</p> <p>During a review of Resident 1's Progress Notes (PN), dated 2/13/25 at 12:15 a.m. the PN indicated, [Resident 1] heard [Resident 2] tell her to go to bed. [Resident 1] entered [Resident 2]'s room and told him [Resident 2] to Get out of bed and say that to my face, I'll kick your ass. Resident 1's PN dated 2/13/25 at 1:05 a.m. indicated, [Resident 1] had a verbal altercation with another female resident [Resident 3] regarding waiting for her turn for call light to be answered which escalated to [Resident 1] allegedly threatening the other female resident [Resident 3]. [Resident 1] also allegedly threatened 2 other male residents [Resident 2 and Resident 4] on the night of 2/12/2025. There were no documentation of assessments for Resident 2, Resident 3, and Resident 4.</p> <p>During a concurrent interview and record review on 2/20/25 at 2:47 p.m. with Director of Nursing (DON), DON reviewed Resident 2, Resident 3, and Resident 4 's PN. DON stated she was aware the Licensed Vocational Nurse (LVN) 1 had not documented initial assessments for the verbal altercations for Resident 2, Resident 3, and Resident 4 after the incident on 2/12/2025. DON stated, I noticed he [LVN 1] didn't chart [on Resident 2, Resident 3, and Resident 4's PN].</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Change in Resident's Condition or Status, dated February 2021, the P&amp;P indicated, 7. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</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
---	-------	-----------