

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 02/25/2026
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 - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure three of three sampled residents (Resident 1, Resident 2, and Resident 3) call lights were answered timely. This failure resulted in a negative psychosocial effect for Resident 1, Resident 2, and Resident 3. Findings: During a review of Resident 1's Minimum Data Set, (MDS - an assessment tool) dated 2/1/26, the MDS indicated, Resident 1's BIMS (Brief Interview for Mental Status- standardized assessment tool used to evaluate the mental processes that allow individuals to think, learn, and remember) score was 15 (13 to 15 points indicates the resident has cognitive intactness). Resident 1 was dependent (helper does all the effort) sit to stand (the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed) and for chair/bed to chair transfers (the ability to transfer to and from bed to chair or wheelchair). During a review of Resident 1's care plan with the focus on ADL (activities of daily living- bathing, dressing, toileting, transferring/mobility, and feeding)/Mobility: Resident is at risk for ADL/mobility decline and requires assistance initiated 3/1/23. The care plan indicated a few of the interventions were Dressing: Assist of extensive (requires hands on assistance more than half the time while performing part of an activity) . Toileting: Assist of extensive. Transfer: Assist of extensive; 2 person with hooyer [sic] (device used to safely move patients with limited mobility between beds, wheelchairs, and toilets) lift. During an observation and interview on 2/25/26 at 2:09 p.m. with Resident 1, in Resident 1's room. Resident 1 stated he was using his call light to have his urinal emptied and to get into and out of bed. Resident 1 stated call lights can take 30 minutes to one and half hours to be answered. Resident 1 stated he likes to get up at 6 a.m. but sometimes the staff will not get him out of bed until 8 a.m. Resident 1 stated he looks at the clock observed across from Resident 1's bed to calculate the wait time. Resident 1 stated it makes him feel terrible and shaky because I want to get up. During a review of Resident 2's MDS, dated 1/29/26, the MDS indicated, Resident 2's BIMS score was 15. During an observation and interview on 2/25/26 at 2:34 p.m. with Resident 2 in Resident 2's room. Resident 2 stated he was using the call light to call for breathing treatment. Resident 2 stated he will wait for about 20-30 minutes after pressing the call light for staff to respond. Resident 2 stated if the staff do not respond after 20 to 30 minutes, he will go to the nurse's station to get help. Resident 2 stated he looks at the clock observed on the wall in his room and on his cell phone to calculate the wait time. Resident 2 stated when he goes to the nurses' station, the nurses and certified nursing assistant (CNA) were just sitting at the nurses' station. Resident 2 stated the wait time makes him feel angry. During a review of Resident 3's MDS, dated 1/1/26, the MDS indicated, Resident 3's BIMS score was 15. The MDS indicated Resident 3 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 for chair/bed to chair transfers (the ability to transfer to and from bed to a chair or wheelchair). During a review of Resident 3's care plan with the focus on ADL/Mobility: Resident is at risk for ADL/mobility decline and requires assistance related to chronic disease progression, initiated 6/29/23. The care plan indicated a few of the interventions were Toileting: 2 person; extensive . Transfer; 2 person total with mechanical lift. During a review of Resident 3's care plan with the focus on Bladder Incontinence, initiated on 9/21/25. The care plan (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 - Some</p>	<p>indicated Offer toileting on rounds, upon request, and as needed. During an observation and interview on 2/25/26 at 3:11 p.m. with Resident 3, in Resident 3's room. Resident 3 stated he was using his call light to request for ice and to be changed. Resident 3 stated the worst wait time is up to an hour. Resident 3 stated he looks at his clock observed on the wall across from his bed. Resident 3 stated when he waits an hour for a call light to be answered it made him feel frustrated. During an interview on 4/2/26 at 2:22 p.m. with CNA 1, CNA 1 stated she works from 10 p.m. to 6:30 a.m. CNA 1 stated she feels rushed and hurried when she had 15-17 residents to care for, especially when the facility was short staffed. During an interview on 4/2/26 at 2:37 p.m. with CNA 2, CNA 2 stated she worked from 10 p.m. to 6:30 a.m. CNA 2 stated she would be assigned 18-23 residents when the facility was short staffed. CNA 2 stated she does feel rushed and hurried depending on the assigned floor. CNA 2 stated she does not take her ten-minute breaks. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, revised August 2009, the P&P indicated, Employees shall treat all residents with kindness, respect, and dignity. 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: 3. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.</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>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure medications were:1) Administered timely for one of three sampled residents (Resident 1).2) Medications were administered per physicians' orders for one of three sampled residents (Resident 2).These failures had the potential for Resident 1 and Resident 2 to suffer adverse outcomes. Findings:1.During a review of Resident 1's Minimum Data Set, (MDS - an assessment tool) dated 2/1/26, the MDS indicated, Resident 1's BIMS (Brief Interview for Mental Status- standardized assessment tool used to evaluate the mental processes that allow individuals to think, learn, and remember) score was 15 (13 to 15 points indicates the resident has cognitive intactness).During an observation and interview on 2/25/26 at 2:09 p.m. with Resident 1, Resident 1 stated medications vary sometimes he get them timely and sometimes he does not. Resident 1 stated he has pain in his arm and leg. Resident 1 stated when he must wait for medications it is terrible, he stated it makes his pain worst.During a review of Resident 1's Physicians Orders, (PO) dated 7/5/24, the PO indicated, Diclofenac Sodium External Gel 1% (medication used to treat pain) . Apply to shoulders topically (on the skin) two times a day for Chronic Pain (pain lasting longer that three months, beyond normal healing times).During a concurrent interview and record review, on 4/2/26 at 10:56 a.m. with Director of Nursing (DON), Resident 1's Medication Administration Record, (MAR) dated 2/2026 was reviewed. DON confirmed on 2/11/26 Diclofenac Sodium External Gel 1% 5 p.m. dose was documented as administered at 8:17 p.m. (3 hours and 17 minutes after schedule administration time). 2.During a review of Resident 2's MDS, dated 1/29/26, the MDS indicated, Resident 2's BIMS score was 15.During an interview on 2/25/26 at 2:34 p.m. with Resident 2, Resident 2 stated he was using the call light to request for his breathing treatment. He stated he would just go to the nurse's station after he had waited for 20-30 minutes. Resident 2 stated he had a medication ordered for his stomach; he stated he did not get the medication for his stomach a week ago; he stated he informed the nurse but still did not receive the medication.During a concurrent interview and record review, on 4/6/26 at 2:29 p.m. with DON, Resident 2's MAR, dated 2/2026 was reviewed DON confirmed the following: lpratropium-/albuterol (medication used to help control the symptoms of lung diseases) . 3 ml inhale (breath in) orally four times a day for SOB (shortness of breath) or wheezing (high-pitched whistling sound caused by narrowed or obstructed airway) nebulizer (a medical device that converts liquid medication into a fine mist for inhalation into the lungs)-Start Date- 07/26/2025 .Resident 2's MAR, indicated on 2/18/26 at 6 a.m. administration time, Resident 2's lpratropium-/albuterol was not documented as administered (blank). Pantoprazole (medication used to treat certain conditions in which there is too much acid in the stomach) . Tablet delayed Release 40 MG . Give 1 tablet by mouth one time a day for esophagitis -Start Date- 01/24/2026 0600 (6 a.m.)Resident 2's MAR, indicated on 2/18/26 at 6 a.m. administration time, Resident 2's pantoprazole albuterol was not documented as administered (blank).During a review of the facility's policy and procedure (P&P) titled, Administering Medications, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. 4. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified. 12. 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; .</p>		