

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 03/16/2026
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of two Hoyer lift (equipment used to safely lift a person with limited mobility) battery chargers were working correctly affecting two of five sampled residents (Resident 1 and Resident 2) safety using the Hoyer lift when:1. One of two Hoyer lift battery chargers was not charging the Hoyer lift batteries2. Maintenance logs and records were not being kept for the maintenance of the Hoyer lifts and Hoyer lift batteries These failures had the potential to result in the Hoyer lift batteries not working and placing residents at risk for injuries and accidents.Findings:1. During an interview on [DATE] at 1:27 p.m. with Resident 1, Resident 1 stated in the past (date unknown) while she was in bed in a full body sling (a medical transfer device that attaches to a Hoyer lift and supports the entire body when lifting or moving a person with limited body movement), the Hoyer lift had gone dead (battery died) with her in it several times.During a review of Resident 1's Minimum Data Set (MDS - comprehensive assessment tool), dated [DATE], the MDS indicated Resident 1 had a Brief interview for Mental Status (BIMS - Cognitive assessment) score of 15 (score of 13 to 15 indicates cognitively intact). During a concurrent observation and interview on [DATE] at 2:01 p.m. with Maintenance Supervisor (MS), in the Hoyer lift charging station, one of two Hoyer lift chargers was not charging the Hoyer lift battery. MS stated power was going to the charging port (battery charger) but was not charging the battery.During an interview on [DATE] at 3:16 p.m. with Resident 2, Resident 2 stated in the past (date unknown) while he was sitting in his wheelchair in a full body sling, the Hoyer lift had stopped working because it had no power, the battery went out.During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had a BIMS Score of 15. During an interview on [DATE] at 3:46 p.m. with Administrator, the Administrator stated he did not know if they had an official policy and procedure (P&P) for the Hoyer lift and did not have an owner's manual for the Hoyer lift batteries.During a review of the facility's P&P titled, Lifting Machine, Using a Mechanical dated [DATE], the P&P indicated, Steps in the Procedure. 5. Make sure the battery is charged.During a review of the facility's P&P titled, Maintenance Service dated [DATE], the P&P indicated, Policy Interpretation and Implementation. 1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.2. During an interview on [DATE] at 1:46 p.m. with MS, MS stated no log is kept for the maintenance of the Hoyer lifts and work orders are not being submitted for the Hoyer lifts.During an interview on [DATE] at 3:46 p.m. with Administrator, the Administrator stated he was not aware of maintenance logs.During a review of the facility's P&P titled, Maintenance Service dated [DATE], the P&P indicated, Policy Interpretation and Implementation. 3. The maintenance director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner.</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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