

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  11/25/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47444</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 19) had informed consent (resident receives enough information regarding treatment risk and benefits to accept or reject treatment) forms for physician ordered psychotropic (drug that affects behavior, mood, thoughts or perception) medications. This failure had the potential for Resident 19 to be unable to make an informed decision regarding medications.</p> <p>Findings:</p> <p>During a review of Resident 19's Admission Record (AR), dated 11/21/24, the AR indicated Resident 19 was admitted to the facility on [DATE] with diagnoses including major depressive disorder (sad mood) and anxiety disorder (feelings of worry).</p> <p>During an interview on 11/18/24 at 8:25 a.m. with Resident 19, Resident 19 stated she had not been included in the decision making regarding the medications prescribed to her for anxiety and depression.</p> <p>During a review of Resident 19's Order Details (OD), dated 7/17/23, 7/18/23 and 1/31/24, the OD indicated Resident 19 was prescribed:</p> <p>7/17/23 Nortriptyline (medication used to treat depression) 50 mg (milligrams) for sad mood.</p> <p>7/18/23 Fluoxetine (medication used to treat depression) 20 mg for sad mood.</p> <p>1/31/24 Alprazolam (medication used to treat anxiety) 0.25 mg every 12 hours as needed for anxiety.</p> <p>During a concurrent interview and record review on 11/21/24 at 4:38 p.m. with Registered Nurse Consultant (RNC) 1, Resident 19's medical record (MR) was reviewed. The MR indicated there were no informed consents for Nortriptyline, Fluoxetine or Alprazolam. RNC 1 stated Resident 19 needed informed consents for each psychotropic medication. RNC 1 stated the informed consents needed to be completed when the medications were ordered.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0552</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, Psychoactive/Psychotropic Medication Use, (undated), the P&amp;P indicated, 3. Informed Consent a. Examination and Signatures: i. The resident or resident representative has the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. iii. Prior to administration of a Psychotropic medication, the prescribing clinician will obtain informed consent for the resident (or as appropriate the resident representative), and document the consent in the medical record.</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>50939</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 3), was treated with dignity while assisting with meals. This failure had the potential to negatively impact emotions, behavior and social needs for Resident 3.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 11/18/24 at 7:49 a.m. with Certified Nursing Assistant (CNA) 5 in Resident 3's room, Resident 3 was laying in bed in an upright position. CNA 5 was standing over Resident 3 while assisting Resident 3 with her meals. CNA 5 stated, I should not be standing over resident while assisting her [Resident 3] with feeding and I should have been at level of resident [3] by sitting down on a chair.</p> <p>During a review of Resident 3's Minimum Data Set (MDS-Assessment Tool), dated 10/18/24, the MDS indicated, Resident 3 required the assistance of one staff with meals.</p> <p>During a review of Resident 3's Care Plan (CP), dated 3/7/24, the CP indicated, ADL [Activities of Daily Living-basic tasks]/Mobility: Resident is at risk for ADL/mobility decline and requires assistance related to bed-bound status. Interventions: Eating: Assist of extensive.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Assistance with Meals, dated March 2022, the P&amp;P indicated, Residents Requiring Full Assistance: 2. Residents who cannot feed themselves will be fed with attention to safety, comfort, and dignity, for example: a. not standing over residents while assisting with meals.</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>50939</p> <p>Based on observation, interview, and record review, the facility failed to ensure call light were within reach for two of 48 sampled residents (Resident 186 and Resident 13). This failure had the potential for not meeting the psychosocial and physical needs of Resident 186 and Resident 13 .</p> <p>Findings:</p> <p>During an observation on 11/18/24 at 7:52 a.m. in Resident 186's room, Resident 186 was laying in bed. Resident 186's call light was clipped on the curtain. Resident 186 was unable to reach the call light.</p> <p>During an interview on 11/18/24 at 7:58 a.m. with Certified Nursing Assistant (CNA) 6, CNA 6 stated, Sorry the call light is clipped on resident's [186] curtain.</p> <p>During a review of Resident 186's Minimum Data Set (MDS-Assessment Tool), dated 9/1/24, the MDS indicated, Resident 186 required the assistance of one staff with toileting transfer and toileting hygiene.</p> <p>During a review of Resident 186's Care Plan (CP), dated 11/14/24, the CP indicated, ADL/Mobility: Resident is at risk for ADL/mobility decline and requires assistance related to generalized weakness, abnormal gait, requires supervision from staff with Activities of Daily Living [ADL-basic daily tasks]. Interventions: Encourage to use call light for assistance.</p> <p>51320</p> <p>During a concurrent observation and interview on 11/18/24 at 7:24 a.m. with Resident 13 in Resident 13's room, Resident 13's call light was on the left side of the bed touching the floor, and not within Resident 13's reach. Resident 13 stated, I do not know where it [call light] is.</p> <p>During an interview on 11/18/24 at 7:27 a.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated, No call light should be on the floor, it should be within reach for [Resident 13's] use.</p> <p>During a review of Resident 13's MDS, Section GG - Functional Abilities and Goals dated 10/27/24, the MDS indicated, Resident 13 required substantial/maximal assistance (helper provides more than half the effort) for toileting hygiene and required the assistance of 2 or more staff for chair/bed-to-chair transfer.</p> <p>During a review of Resident 13's MDS, section C - Cognitive Patterns dated 10/27/24, the MDS indicated, Resident 13's Brief Interview for Mental Status (BIMS) score was 00 (score of 0-7 cognitively impaired [problem with a person's ability to think, learn, remember, and make decisions], score of 8-12 means moderate cognitive impairment, score of 13-15 means cognition is intact).</p> <p>During a review of Resident 13's Care Plan (CP), dated 11/18/24, the CP indicated Resident 13 was encouraged to call for assistance with walking and call light within reach.</p> <p>(continued on next page)</p>		

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<p>F 0558</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, Answering the Call Light, dated October 2010, the P&amp;P indicated, When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.</p>

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>42344</p> <p>Based on interview and record review, the facility failed to follow their Advanced Directive (AD - legal document which indicates a person's wishes for medical treatment) policy and procedure (P&amp;P) for three of three sampled Residents (Resident 32, Resident 40, and Resident 28) to provide AD information and obtain a signed or declined AD. This failure had the potential for the facility to be unaware of Resident 32's, Resident 40's, and Resident 28's wishes for treatment.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 11/20/24 at 10:46 a.m. with Director of Admissions (DA), Resident 32's Advance Directive Acknowledgement (ADA), dated 9/9/24, was reviewed. The ADA indicated, I HAVE NOT executed an Advance Directive. DA stated they do not have any documentation that assistance to develop an AD was offered to the resident and declined or accepted. DA stated they don't have a process and their form does not have anywhere to indicate if assistance was offered, accepted or declined.</p> <p>During review of Resident 40's ADA, dated 1/31/24, the ADA indicated, I HAVE NOT executed an Advance Directive. The ADA does not indicate if assistance was offered, accepted, or declined.</p> <p>During review of Resident 28's ADA, dated 10/7/24, the ADA indicated, I HAVE NOT executed an Advance Directive. The ADA does not indicate if assistance was offered, accepted, or declined.</p> <p>During a review of the facility's P&amp;P titled, Advanced Directive (AD- legal document that tells the doctor a person's wishes about their health care when they can't make the decisions themselves), dated 2000, the P&amp;P indicated, If the resident or representative indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives. a. The resident or representative is given the option to accept or decline assistance, and care will not be contingent on either decision. b. Nursing staff will document in the medical record the offer to assist and the residents [sic] decision to accept or decline assistance.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>42744</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure (P&amp;P) titled, Personal Property, for one of six sampled residents (Resident 50) when Resident 50's belongings were not inventoried and documented on admission. This failure had the potential to result in lack of reimbursement for lost belongings.</p> <p>Findings:</p> <p>During an interview on 11/18/24 at 10:57 a.m. with Resident 50, Resident 50 stated he was missing a grey jacket, blue sweater, and black sweater.</p> <p>During a concurrent interview and record review on 11/20/24 at 1:50 p.m. with Social Services Director (SSD) 1, the facility's record of 2024's loss reports and Resident 50's Personal Belonging Inventory Checklist (PBIC), dated 2/2022 were reviewed. The facility's loss reports for 2024 indicated Resident 50 had not reported any missing clothing items. Resident 50's PBIC was blank. SSD 1 stated when an item of clothing was missing, the facility checked the resident's room, laundry, and surrounding rooms for the missing item. SSD 1 stated if the item was on the resident's inventory sheet, then the facility typically replaced or reimbursed the resident for the item. SSD 1 stated if the item was not on the inventory sheet, then the decision to replace or reimburse was referred to the administrator. SSD 1 stated Resident 50's most recent inventory sheet dated 2/2022 was blank and if he had belongings then it should not be blank.</p> <p>During a concurrent interview and record review on 11/20/24 at 2:15 p.m. with SSD 1, Resident 50's Progress Note (PN), dated 2/24/22 at 1:55 p.m. was reviewed. The PN indicated, Patient and significant other received their belonging and they verbalized they found their radio they were looking for. SSD 1 stated at that point Resident 50's belongings should have been inventoried and documented on the PBIC.</p> <p>During an interview on 11/20/24 at 2:37 p.m., SSD 1 stated no inventory sheet was found for Resident 50 in the medical records department.</p> <p>During a review of the facility's P&amp;P titled, Personal Property, dated 9/22, the P&amp;P indicated, 10. The resident's personal property and clothing are inventoried and documented upon admission and updated as necessary.</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>47444</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 66) change of condition assessment was completed and the physician was notified of Resident 66's significant weight loss. This failure resulted in Resident 66's physician was not notified of the change in condition and continued weight loss.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 11/21/24 at 3:35 p.m. with Registered Dietitian (RD), Resident 66's Weights and Vitals Summary (WVS), was reviewed. The WVS indicated, Resident 66's weights:</p> <p>5/6/24 139 lbs (pounds)</p> <p>6/5/24 134.6 lbs (down 4.4 lbs)</p> <p>7/2/24 129.6 lbs (down 5 lbs)</p> <p>8/5/24 129.8 lbs</p> <p>9/2/24 124.4 lbs (down 5.4 lbs)</p> <p>10/5/24 119.4 lbs (down 5 lbs)</p> <p>11/5/24 116.6 lbs (down 2.8 lbs)</p> <p>RD stated Resident 66's weight loss from 6/5/24 to 7/2/24 was 5% and considered significant weight loss. RD stated the three month lookback from 7/2/24 to 10/5/24 was 7.7% and considered significant weight loss. RD stated the six month lookback from 5/6/24 to 11/5/24 was 16% and considered significant weight loss.</p> <p>During a concurrent interview and record review on 11/21/24 at 4:37 p.m. with Registered Nurse Consultant (RNC) 1, Resident 66's medical record (MR) was reviewed. RNC 1 stated Resident 66 did not have any change of condition forms for weight loss or documentation that the physician was notified of Resident 66's significant weight loss.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Change in a Resident's Condition or Status, dated February 2021, the P&amp;P indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. 1. The nurse will notify the resident's attending physician or physician on call when there has been a(an): . d. significant change in the resident's physical/emotional/mental condition.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42744</b></p> <p>Based on interview and record review, the facility failed to ensure two of three sampled residents (Resident 10 and Resident 12) had a care plan for preferred activities and interests. These failures had the potential for unmet psychosocial needs when Resident 10 and Resident 12 were not be provided activities of their choice.</p> <p>Findings:</p> <p>During a review of Resident 10's Admission Record (AR), dated 11/21/24, the AR indicated Resident 10 was admitted to the facility on [DATE].</p> <p>During a concurrent interview and record review on 11/20/24 at 10:41 a.m. with Director of Activities (DOA), Resident 10's medical record (MR) was reviewed. DOA stated Resident 10 did not have an individualized activities care plan and needed one.</p> <p>During a review of Resident 12's AR, dated 11/21/24, the AR indicated Resident 12 was admitted to the facility on [DATE].</p> <p>During a concurrent interview and record review on 11/20/24 at 10:55 a.m. with DOA, Resident 12's MR was reviewed. DOA stated Resident 12 did not have an individualized activities care plan and needed one.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Activity Evaluation, dated February 2023, the P&amp;P indicated, 6. The activity evaluation is used to develop an individual activities care plan (separate from or as part of the comprehensive care plan) that will allow the resident to participate in activities of his/her choice and interest.</p>

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>42744</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure (P&amp;P) titled, Sensory Impairments- Clinical Protocol, for one of three sampled residents (Resident 50) when staff did not assist resident to obtain hearing aids. This failure resulted in unmet communication needs.</p> <p>Findings:</p> <p>During an interview on 11/18/24 at 11:03 a.m. with Resident 50 and Resident 52 (roommate/spouse), Resident 50 stated the facility had checked his hearing a long time ago. Resident 52 stated Resident 50 needed hearing aids.</p> <p>During a review of Resident 50's Pure Tone Audiogram (PTA- a hearing test that measures how well you can hear sounds at different frequencies and intensities), dated 3/25/24, the PTA indicated, The patient has hearing loss significant enough to qualify for hearing aids and is eligible for them under their Medicare Plan.</p> <p>During a review of Resident 50's Care Plan (CP), dated 5/3/22, the CP indicated, (Resident 50) looks for things to be offended by and people talking about him, but is hard of hearing and misses what is being said.</p> <p>During a review of Resident 50's CP, dated 10/28/24, the CP indicated Resident 50 was at risk for impaired communication related to being hard of hearing.</p> <p>During a concurrent interview and record review on 11/20/24 at 2:49 p.m. with Social Services Director (SSD) 1, Resident 50's Progress Note (PN), dated 11/20/24 at 1:46 p.m., was reviewed. The PN indicated Resident 50 had been seen by the audiology company used by the facility, but the company does not work with Resident 50's managed Medicare Plan for hearing aids. SSD 1 stated this should have been followed up sooner since Resident 50 was determined last March to need hearing aids.</p> <p>During an interview on 11/21/24 at 10:47 a.m. with Resident 50, Resident 50 stated when people talk to him, they have to repeat themselves several times and get close to his ear. Resident 50 stated he must have the TV on loud, which bothers his wife.</p> <p>During a review of the facility's P&amp;P titled, Sensory Impairments- Clinical Protocol, dated 2001, the P&amp;P indicated, Treatment/Management . 3. The staff and Physician will identify approaches to help the resident improve or compensate for sensory deficits. b. For a resident with impaired hearing, the staff should . help to individual to obtain a hearing evaluation, hearing aid .</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39356</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedures (P&amp;P) titled, Prevention of Pressure Injuries (localized damage to the skin and underlying soft tissue usually over a bony prominence), for one of three sampled residents (Resident 79) when staff did not evaluate, report and document potential changes in the skin. This failure resulted in Resident 79 developing a facility acquired right heel injury which progressed to a pressure ulcer (open sore caused by poor blood flow or pressure) causing pain to Resident 79.</p> <p>Findings:</p> <p>During a review of Resident 79's Admission Record (AR), dated 9/17/24, the AR indicated, Resident 79 was admitted on [DATE] with diagnoses of metabolic encephalopathy (brain dysfunction caused by chemical imbalance in the brain), type 2 diabetes mellitus (high blood sugar), end stage renal disease, (kidneys lose the inability to remove waste), dependence on renal dialysis (process of removing water, and toxins when kidneys no longer perform this function), neuromuscular dysfunction of bladder (when nerves and muscles don't work together properly), and hypertension (high blood pressure).</p> <p>During a review of Resident 79's Minimum Data Assessment (MDS - standardized resident screening tool), dated 10/10/24, the MDS, Section M - Skin Conditions indicated, Is the resident at risk for developing pressure ulcers - 1. Yes.</p> <p>During a review of Resident 79's Brief Interview for Mental Status (BIMS - assessment score of cognitive functioning), dated 10/3/24, the BIMS indicated, Resident 79's BIMS (score 0-7 means severe cognitive impairment, 8-12 means moderate cognitive impairment and 13-15 means cognition intact) was coded as severe cognitive impairment with a score of 7.</p> <p>During a review of Resident 79's Nursing/Readmission Evaluation/Assessment (NREA), dated 10/2/24, the NREA indicated, 1.c. Resident has wounds or skin integrity concerns present on admission. a. yes - . 1.e. Description: L/R [Left/Right] heel blisters.</p> <p>During a review of Resident 79's Treatment Administration Records (TAR) dated, 10/1/24 -10/30/24, and 11/1/24 - 11/30/24, the TAR indicated, the last date of treatment to Resident 79's bilateral feet blisters was 10/17/24 (35 days ago).</p> <p>During a review of Resident 79's Plan of Care (POC), dated 9/17/24, the POC indicated, Skin: Resident is at risk for skin breakdown related to fragile skin, old age, diabetes . Check skin during daily provisions. Notify physician of abnormal findings.</p> <p>During a concurrent observation and interview on 11/18/24 at 10:52 a.m. in the activities room, with Resident 79 and Infection Preventionist Nurse (IPN), Resident 79 was sitting in her wheelchair. Resident 79 had dressings on both feet with a date of 10/27. Resident 79 stated she has had problems with her feet for a while.</p> <p>During an interview on 11/21/24 at 10:04 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated treatment nurses take care of residents' wounds/dressings.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Bakersfield Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  6212 Tudor Way Bakersfield, CA 93306	
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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 11/21/24 at 10:08 a.m. in Resident 79's room, with Resident 79 and Treatment Nurse (TN) 1, TN 1 stated, There are no current orders for dressing changes to [Resident 79's] feet. Resident 79's dressings on bilateral (both sides) heels were removed by TN 1. Resident 79 stated, Duele [Spanish word for 'hurt'] while dressing was being removed. TN 1 stated the dressing had a date of 10/27 taped on the dressing which indicated her feet had not been assessed since 10/27. TN 1 stated Resident 79 had a possible UTD [unstageable deep tissue injury] on her right heel.</p> <p>During a concurrent observation and interview on 11/21/24 at 10:22 a.m. with Director of Nursing (DON) and TN 1, in Resident 79's room, DON stated Resident 79's feet had not been treated or assessed since 10/27/24.</p> <p>During a review of Resident 79's Medication Administration Record (MAR) dated 11/1/24 - 11/30/24, the MAR indicated, Resident 79 had pain and Norco Oral Tablet (pain medication) was administered for pain level of 5 on a scale of 1-10 (score of 0 means no pain, score of 1-3 mild pain, score of 4-5 means moderately strong pain and a 6-9 means severe pain, 10 is the worst pain you have experienced) on 11/5/24 at 12 a.m., 11/18/24 at 10:39 a.m., 11/20/24 at 6:49 a.m. and on 11/21/24 at 10:28 a.m.</p> <p>During an interview on 11/21/24 at 12:30 p.m. with TN 2, TN 2 stated she is the weekend treatment nurse. TN 2 stated TN 1 is responsible for taking pictures of wounds and documenting progression of wound healing. TN 2 stated she recalled changing the dressing for Resident 79's feet on 10/27/24 (25 days ago). TN 2 stated she did not check the physician's order before changing the dressing or document the dressing change to Resident 79. TN 2 stated she should have called the doctor and documented Resident 79's dressing change.</p> <p>During a concurrent interview and record review on 11/21/24 at 12:35 p.m. with TN 2, a photo of Resident 79's right heel wound dated 10/21/24 was reviewed. TN 2 stated, It looks like an unstageable pressure injury [type of bed sore that cannot be staged due to damaged tissue covering wound].</p> <p>During a concurrent interview and record review on 11/21/24 at 12:38 p.m. with Certified Nursing Assistant (CNA) 1, Resident 79's Resident Shower Log (RSL), dated 11/13/24, was reviewed. The RSL indicated no skin issues. CNA 1 stated the process was to note skin issues during bathing of the residents and to document. CNA 1 stated she remembered giving Resident 79 a bed bath and did not recall any skin issues.</p> <p>During a concurrent interview and record review on 11/21/24 at 2:10 p.m. with TN 1, Resident 79's medical record (MR) was reviewed. The MR did not indicate a phone call to the doctor or any documentation of skin wounds. TN 1 stated there was no documentation of a phone call to the doctor or of the wounds and both should have been done.</p> <p>During a concurrent interview and record review on 11/21/24 at 3:22 p.m. with DON, Resident 79's Nursing - Weekly Summary (NWS), dated 11/2/24, 11/9/24, 11/16/24, and 11/18/24 were reviewed. The NWSs indicated, C. Skin 4. No new skin issues this week. 5. Skin clear and intact. DON stated the expectation was for the nurse to do a complete head to toe skin assessment and for these assessments to be accurate and complete.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 79's SBAR [Situation, Background, Assessment, Recommendation - written communication tool helps provide concise information], dated 11/21/24 at 11 a.m., the SBAR indicated, pt [patient] with skin issue to right heel 2.6x2.5x0, 1 cm (centimeter) surrounded by 1 cm callus, site previously had dried blister upon admission. contacted wound provider dr. [sic] who gave an initial order md ordered treatment.</p> <p>During a review of Resident 79's Skin &amp; Wound Evaluation (SWE), dated 11/21/24 at 10:09 p.m., the SWE indicated the pressure injury was acquired in house on 11/21/24.</p> <p>During a review of Resident 79's Progress Note Details (PND), dated 11/24/24, the PND indicated, Associated Signs and Symptoms: complaints of increased Pain 11/21/24 . initial exam- pt [patient] wound consulted and tx [treatment] in place . 11/24/24 pt with stable wound with arterial doppler study with significant findings consult for vascular eval [evaluation] placed.</p> <p>During a review of the facility's P&amp;P titled, Prevention of Pressure Injuries dated April 2020, the P&amp;P indicated, Risk Assessment 1. Assess the resident on admission (within eight hours) for existing pressure injury risk factors. Repeat the risk assessment weekly and upon any changes in condition . Skin Assessment. 1. Conduct a comprehensive skin assessment upon (or soon after) admission, with each risk assessment, as indicated according to the resident's risk assessment, as indicated according to the resident's risk factors, and prior to discharge. 3. Inspect the skin on a daily basis when performing or assisting with personal care or ADLs. a. Identify any signs of developing pressure injuries (i.e., non blanchable erythema). B. Inspect pressure points (sacrum, heels, buttocks, coccyx, elbows, ischium, trochanter, etc.); d. Moisturize dry skin daily. Monitoring 1. Evaluate, report and document potential changes in the skin. 2. Review the interventions and strategies for effectiveness on an ongoing basis.</p> <p>During a review of the facility's P&amp;P titled, Pressure Injury Risk assessment dated [DATE], the P&amp;P indicated, Documentation The following information should be recorded in the resident's medical record utilizing facility forms: 1. The type of assessment (s) conducted. 2. The date and time of skin care provided, if appropriate. 3. The name and title (or initials) of the individual who conducted the assessment. 4. Any change in the resident's condition, if identified. 5. The condition of the resident's skin (i.e., the size and location of any red or tender areas), if identified. 6. How the resident tolerated the procedure or his/her ability to participate in the procedure. 7. Any problems or complaints made by the resident related to the procedure. 8. If the resident refused treatment, the reason for refusal and the resident's response to the explanation of the risks of refusing the procedure, the benefits of accepting and available alternative. Document family and physician notification of refusal. 10. The signature and title (or initials) of the person recording the data. 11. Initiation of a (pressure or non-pressure) form related to the type of alteration noted with change of plan of care, if indicated. 12. Documentation in medical record addressing MD notification if new skin alteration noted with change of plan of care, if indicated.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39356</p> <p>Based on observation, interview, and record review, the facility failed to ensure policy and procedure (P &amp; P) titled, Podiatry [treatment of the feet] Services were provided timely for one of three sampled residents (Resident 79) when Resident's 79's thicken toe nails were overgrown. This failure had the potential for Resident 79 to experience podiatric complications.</p> <p>Findings:</p> <p>During a review of Resident 79's Admission Record (AR), dated 9/17/24, the AR indicated, Resident 79 was admitted on [DATE] with diagnoses of metabolic encephalopathy (brain dysfunction caused by chemical imbalance in the brain), type 2 diabetes mellitus (high blood sugar), end stage renal disease, (kidneys lose the inability to remove waste), dependence on renal dialysis (process of removing water, and toxins when kidneys no longer perform this function), neuromuscular dysfunction of bladder (when nerves and muscles don't work together properly), and hypertension (high blood pressure).</p> <p>During a review of Resident 79's Order Summary Report (OSR) dated 11/21/24, the OSR indicated, Podiatry consult and treatment as needed Active 9/17/24.</p> <p>During a concurrent observation and interview on 11/21/24 at 10:08 a.m. with Treatment Nurse (TN) 1, in resident 79's room, TN 1 removed dressings from Resident 79's feet. TN 1 stated Resident 79's feet had long toenails and dry scaly skin.</p> <p>During a concurrent interview and record review on 11/21/24 at 12:38 p.m. with Certified Nursing Assistant (CNA) 1, a photo of Resident 79's feet dated 11/21/24 was reviewed. CNA 1 stated we do not trim any of the nails of diabetic patients. CNA 1 stated Resident 79's foot looked really bad, and the nails were long, thick and yellowing with very scaly skin and needed a lot of care.</p> <p>During an interview on 11/21/24 at 2:10 p.m. with Treatment Nurse (TN) 1, TN 1 stated CNAs should not cut Resident 79's nails as Resident 79 was a diabetic and needed a podiatrist for nail care.</p> <p>During an interview on 11/21/24 at 3:05 p.m. with Director of Nursing (DON), DON stated diabetic patients are referred to a Podiatrist. DON stated Resident 79 has an order for podiatry consult and would be seeing the podiatrist tomorrow, 11/22/24.</p> <p>During a review of the facility's P&amp;P titled, Podiatry Services undated, Policy: It is the policy of this facility to ensure residents receive proper treatment and care within professional standards of practice and state scope of practice, as applicable, to maintain mobility and good foot health. Policy Explanation and Compliance Guidelines: 1. Foot care that is provided in the facility, such as toenail clipping for residents without complicating disease processes, should be provided by staff who have received education and training to provide this service. 2. Residents requiring foot care who have complicated disease processes will be referred to qualified professionals such as a Podiatrist, Doctor of Medicine, and/or Doctor of Osteopathy. 4. Employees should refer any identified need for foot care to the social worker or designer [sic]. 5. The social worker or designer [sic] will assist residents in making appointments and arranging transportation to obtain needed services.</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>47444</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 19) was provided social services (SS) assistance with changing her Power of Attorney (POA - legal document that allows someone else to act on your behalf). This failure resulted in Resident 19 experiencing frustration and emotional distress related to lack of assistance from facility to change her POA.</p> <p>Findings:</p> <p>During an interview on 11/18/24 at 8:25 a.m. with Resident 19, Resident 19 stated she did not keep money at the facility, her brother was her POA and had control of her finances. Resident 19 stated she wished she had not given her brother POA. Resident 19 stated she cannot spend money without getting his approval and was not sure if she even had any money left. Resident 19 stated she was upset that her brother had so much control over her and her money.</p> <p>During a concurrent interview and record review on 11/21/24 at 12:22 p.m. with Social Services Assistant (SSA), Resident 19's IDT [interdisciplinary team - team of healthcare providers] Conference Summary (CS), dated 10/24/24 was reviewed. The CS indicated, Social Services Director (SSD) 2 and SSA were in attendance along with Resident 19. The CS indicated, Progress Notes. Resident [19] verbalized she does not want his [sic] brother in charge of her care and wants him taken off of POA on her profile and illegalized [sic] document. SSA will Follow up with resident [19]. SSA stated after the conference she and SSD 2 discussed the process for assisting Resident 19 with her request and she thought SSD 2 was going to assist Resident 19.</p> <p>During an interview on 11/21/24 at 12:28 p.m. with Director of Nursing (DON), DON stated she expected SSD 2 to address Resident 19's POA concerns immediately.</p> <p>During an interview on 11/21/24 at 12:35 p.m. with SSD 2, SSD 2 stated she had not addressed Resident 19's POA concerns.</p> <p>During a concurrent interview and record review on 11/25/24 at 8:17 a.m. with SSD 1, Resident 19's CS dated 2/8/24 and 7/9/24, were reviewed. The CS dated 2/8/24 indicated, Resident [19] verbalized that her brother has POA and she has not been able to get a copy of her card and her bank statements. SSD 1 stated this needed to be investigated and documented in SS progress notes and was not. The CS dated 7/9/24 indicated, Resident [19] verbalized she does not want his [sic] brother in charge of her care. SSD 1 stated this needed to be investigated and documented in SS progress notes and was not. SSD 1 stated Resident 19's brother needed to be removed from the contact sheet.</p> <p>Policy and procedure (P&amp;P) for social services process for POA was requested, none provided.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39356</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure (P &amp; P) titled, Controlled Medications to ensure controlled medications (drugs that are regulated by federal laws and have a high risk for dependence) for one of eight sampled residents (Resident 385) were accounted when one tablet of Hydrocodone (opioid pain medication) was missing. This failure had the potential for drug diversion.</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE] at 11:18 a.m. with the Director of Nursing (DON), in the DON's office, DON unlocked the file cabinet and pulled out the controlled medications to be destroyed. DON stated they account for all controlled medications in the facility before they disposed of. DON stated the nurses return the controlled medications to her once the residents had been discharged , a medication had expired, or the order was changed.</p> <p>During a concurrent interview and record review on [DATE] at 11:20 a.m. with DON, in DON's office, the facility's Controlled Medication Chain of Custody/Destruction log (CMDL), (undated) was reviewed. The CMDL indicated, 8 controlled medication bubble packs were returned to the DON. The CMDL did not indicate the DON received the bubble packs. DON stated the CMDL should indicate a signature of receipt by the DON to assure the correct reconciliation of the controlled medications.</p> <p>During a concurrent observation and interview on [DATE] at 11:20 a.m. with DON, Resident 385's bubble pack had one tablet of Hydrocodone missing. DON stated there was one tablet missing.</p> <p>During an interview on [DATE] at 1:25 p.m. with DON and Regional Nurse Consultant (RNC) 1, RNC 1 stated Resident 385's bubble pack with one tablet of Hydrocodone was confirmed missing.</p> <p>During a review of the facility P&amp;P titled, Controlled Medications, dated 2019, the P&amp;P indicated, Medications included in the Drug Enforcement Administration (DEA) classifications as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility, in accordance with federal and state laws and regulations. Procedures A. The Director of Nursing and the consultant pharmacist maintain the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing and pharmacy personnel have access to controlled medications. G. Discrepancies of controlled medication counts. Count discrepancies shall be reported to the Consultant Pharmacist, Medical Director, Administrator and Director of Nursing. Director of Nursing shall conduct a review and determine cause of the discrepancy and take appropriate actions per facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0755</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 P&amp;P titled Controlled Medication Storage dated 2019, the P&amp;P indicated, H. Controlled medications remaining in the facility after the order has been discontinued are retained in the facility in a securely locked area with restricted access until destroyed by the facility's Director of Nursing and consultant pharmacist. If there will be any delay in providing the discontinued controlled medication to the Director of Nursing, the controlled medication will remain secured on the cart in the appropriate locked area, and this supply shall be counted and reconciled on shift change until such time as it can be provided to the Director of Nursing.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39356</p> <p>Based on observation, interview, and record review, the facility failed to implement their policy and procedure (P&amp;P) titled, Medication Storage for one of three sampled residents (Resident 284) when two 50 ml (milliliters) of expired (less effective) IV (intravenous - in the vein) were not removed from medication storage. This failure had the potential for expired medication to be administered to Resident 284 resulting in a negative health outcome.</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE] at 9:50 a.m. with the Director of Nursing (DON), in the IV medication storage room, two 50 ml of Daptomycin (antibiotic) Intravenous Solution dated [DATE] and [DATE] were in the refrigerator. DON stated the expired Daptomycin should not be stored in the refrigerator. DON stated the expired medication should be in the medication dispensing bin. DON stated the nurses are to look at the expiration date prior to giving medications. DON stated they had no process of surveillance of outdated medications in the medication storage rooms.</p> <p>During a review of the facility's P&amp;P titled, Medication Storage dated 2019, the P&amp;P indicated, Policy . N. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal. P. Medication storage conditions are monitored on a monthly basis and corrective action taken if problems are identified.</p>

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>47444</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 66), was provided dental services in a timely manner when significant weight loss was identified. This failure had the potential for Resident 66 to have difficulty eating and continued weight loss due to ill fitting dentures.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 11/21/24 at 9:39 a.m. with Social Services Director (SSD) 1, Resident 66's medical record (MR) was reviewed. The MR indicated a SS note dated 7/3/24 for denture evaluation and treatment per RD. SSD 1 stated Resident 66 had a dental exam on 10/22/24 (three and a half months after referral was made). SSD 1 stated when a dental referral was made for resident weight loss the expectation would be to have the resident evaluated as soon as possible to help prevent further weight loss.</p> <p>During a concurrent interview and record review on 11/21/24 at 3:35 p.m. with Registered Dietitian (RD), Resident 66's Weights and Vitals Summary (WVS), was reviewed. The WVS indicated, Resident 66's weights were:</p> <p>5/6/24 139 lbs (pounds)</p> <p>6/5/24 134.6 lbs (down 4.4 lbs)</p> <p>7/2/24 129.6 lbs (down 5 lbs)</p> <p>RD stated the weight loss from 6/5/24 to 7/2/24 is considered significant weight loss of 5% indicating a need for an RD assessment. RD stated there was no progress note or RD assessment for the July weight loss.</p> <p>During a concurrent interview and record review on 11/21/24 at 12:04 p.m. with Director of Nursing (DON), Resident 66's medical record (MR) was reviewed. The MR indicated SS made a dental referral note for denture evaluation on 7/3/24. MR indicated Resident 66 was seen by dentist on 10/22/24. DON stated the expectation was Resident 66 to be seen as soon as possible when weight loss concerns were identified.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Dental Services, dated December 2016, the P&amp;P indicated, Routine and emergency dental services are available to meet the resident's oral health services in accordance with he residents assessment and plan of care. 6. Social services representatives will assist residents with appointments, transportation arrangements.</p>		

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>42744</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure (P&amp;P) titled Administering Medications, for one of three sampled residents (Resident 51) when topical medication was administered without a physician's order by unlicensed staff. This failure resulted in physician and licensed staff being unaware of Resident 51's skin condition which had the potential for an adverse health outcome.</p> <p>Findings:</p> <p>During an interview on 11/18/24 at 2:46 p.m. with Resident 51, Resident 51 stated Certified Nursing Assistants (CNAs) put ointments under his belly to help heal his wounds.</p> <p>During a concurrent interview and record review on 11/20/24 at 2:14 p.m. with Minimum Data Set Nurse (MDSN), Resident 51's medical record (MR) was reviewed. MDSN stated there was no documentation in the MR indicating Resident 51 had wounds under his abdominal folds and there was no order for any topical ointment. MDSN stated, We don't let CNAs put anything on the patient. Any kind of ointment is locked in the med cart.</p> <p>During an interview on 11/20/24 at 3:09 p.m. with CNA 3, CNA 3 stated Resident 51 did not currently have a rash under his abdominal folds, but he did about three weeks ago, and she applied ointment. CNA 3 stated, We are helping the treatment nurse do it.</p> <p>During an interview on 11/20/24 at 3:12 p.m. with CNA 4, CNA 4 stated sometimes Resident 51 has redness under his abdominal folds but no rash. CNA 4 stated Resident 51 asks her to apply a barrier cream. CNA 4 stated the treatment nurse has the barrier cream and we put it on him sometimes. CNA 4 stated, I have to ask the treatment nurse to give it to me.</p> <p>During a concurrent interview and record review with Treatment Nurse (TN) 1, Resident 51's treatment orders were reviewed. Resident 51's treatment orders indicated there were no orders for Thera Calazinc Body Shield (an over-the-counter skin protection ointment containing zinc and calamine) to be applied to Resident 51's abdominal folds. TN 1 stated Resident 51 currently had no rash to his abdominal folds. TN 1 stated CNAs are not allowed to administer medications. TN 1 stated Calazinc does require a physician's order.</p> <p>During a concurrent observation and interview on 11/20/24 at 3:42 p.m. with Resident 51 and TN 1 in Resident 51's room, six individual packets of Calazinc were in the bottom drawer of Resident 51's bedside table. Resident 51 stated CNAs get the Calazinc from the nurses.</p> <p>During an interview on 11/20/24 at 3:52 p.m. with Director of Nursing (DON), DON stated Calzinc is considered a medication. DON stated CNAs should not be applying Calzinc to residents.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Bakersfield Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  6212 Tudor Way Bakersfield, CA 93306	
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<p>F 0836</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 P&amp;P titled, Administering Medications, dated 2001, the P&amp;P indicated, 1. Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so. 4. Medications are administered in accordance with prescriber orders, including any required timeframe . 24. Topical Medications used in treatments are recorded on the resident's treatment record (TAR).</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>51320</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure (P&amp;P) titled, Administering Medication, to ensure one of 48 sampled residents (Resident 133) medication administration was documented. This failure resulted in Resident 133's medication administration record (MAR) being inaccurate and incomplete.</p> <p>Findings:</p> <p>During an observation on 11/18/24 at 8 a.m. in Resident 133's room, Resident 133 was sitting in her wheelchair with her intravenous (IV - in the vein) pole (a device that you hang IV medication on) behind her and a peripherally inserted central catheter (PICC - a thin flexible tube inserted into the vein) dressing to the upper right arm.</p> <p>During an interview on 11/18/24 at 8:05 a.m. with Infection Preventionist Nurse (IPN), IPN stated Resident 133 was diagnosed with Methicillin-Resistant Staphylococcus Aureus (MRSA - a germ that is resistant to some antibiotics).</p> <p>During a concurrent interview and record review on 11/21/24 at 9:24 a.m. with Director of Nursing (DON), Resident 133's MAR, dated November 2024 was reviewed. The MAR indicated, Cefepime (antibiotic) HCL [Hydrochloride] Solution 1 GM [gram]/50ML [milliliters] use 1 gram intravenously every 12 hours for wound Infection/MRSA for 4 weeks. The MAR indicated the following dates had no administration documented:</p> <p>11/9/24 at 9 a.m.</p> <p>11/10/24 at 9 a.m.</p> <p>11/17/24 at 9 a.m.</p> <p>11/18/24 at 9 p.m.</p> <p>DON stated the medication was not documented [11/9/24 at 9 am, 11/10/24 at 9 a.m., 11/17/24 at 9 a.m., and 11/18/24 at 9 p.m.].</p> <p>During a review of the facility's P&amp;P titled, Administering Medication, dated 2019, the P&amp;P indicated, The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50939</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were implemented when:</p> <ol style="list-style-type: none"> <li>1. The treatment nurse had long artificial nails.</li> <li>2. One of one linen cart cover was a mesh (uniform small openings) material, and the mesh cover was frayed in the center.</li> <li>3. Two of two housekeeping carts trash bins did not have lids.</li> <li>4. Three of four sample resident rooms (Resident 36, Resident 14 and Resident 133) who were on Enhanced Barrier Precaution (EBP-infection control strategy that uses PPE to reduce the spread infections) had no Personal Protective Equipment supplies (PPE-equipment worn to minimize exposure to a variety of hazards).</li> </ol> <p>These failures had the potential to spread infections to residents, staff, and visitors.</p> <p>Findings:</p> <p>1. During an observation on 11/18/24 at 11:45 a.m. in the hallway, Treatment Nurse (TN) 1 was going in resident's room to provide wound care. TN 1 had long, artificial nails.</p> <p>During an interview on 11/18/24 at 12:20 p.m. with Infection Preventionist Nurse (IPN), IPN stated staff providing direct resident care should not have long, artificial nails.</p> <p>According to the Center for Disease Control and Prevention (CDC) health personnel should not wear artificial nails. Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing. Clinical Safety: Hand Hygiene for Healthcare Workers   Clean Hands   CDC. Accessed 12.02.2024</p> <p>2. During an observation on 11/19/24 at 2:51 p.m. in the laundry room, a linen cart that contained clean linens and towels was cover with a mesh material and was frayed in the center. The mesh cover was not fully covering the clean linens and towels.</p> <p>During an interview on 11/18/24 at 2:51 p.m. with Housekeeping Manager (HKM), HKM stated the linen cart cover should be closed without holes. HKM stated the cover for the linen cart should be protecting clean linens from dirt.</p> <p>During an interview on 11/20/24 at 10:44 a.m. with IPN, IPN stated, The linen cart cover is protecting the linens from microorganisms [bacterium, virus, or fungus]. IPN stated, It [linen cart] is see through [not protecting from microorganisms].</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of the facility's policy and procedure (P&amp;P) titled, Departmental (Environmental Services)-Laundry and Linen, dated January 2014, the P&amp;P indicated, 7. Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination, such as covering clean linen carts.</p> <p>3. During a concurrent observation and interview on 11/20/24 at 10:36 a.m. with Housekeeper (HK) 1 in the hallway, housekeeping cart trash bin did not have a lid. HK 1 stated she covers the housekeeping cart bin with a towel and a caution sign.</p> <p>During an observation on 11/20/24 at 10:39 a.m. HK 2's cleaning cart had a trash bin covered with a towel and a yellow caution sign on top.</p> <p>During an interview on 11/20/24 at 10:39 a.m. with IPN, IPN stated the housekeeping carts trash bins did not have lids and should have.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Housekeeping and Janitorial Procedures, (undated), the P &amp; P indicated, It is the policy of this facility to provide a clean, safe, orderly, comfortable, and attractive environment for both residents and guest.</p> <p>4. During an observation on 11/18/24 at 8:13 a.m. in the hallway outside Resident 36's room an EBP sign was on the wall. Resident 36 did not have PPE supplies in the room.</p> <p>During an interview on 11/18/24 at 8:14 a.m. with IPN, IPN stated there were no PPE supplies in Resident 36's room and there should be.</p> <p>During a review of Resident 36's Physician's Order (PO), dated 3/28/24, the PO indicated, Enhanced Barrier Precautions: Requires use of gown and gloves during high contact resident care activities .</p> <p>During a review of Resident 36's Care Plan (CP), dated 7/17/24, the CP indicated, Isolation Precautions: Resident requires enhanced barrier precautions [EBP] due to Multi-drug resistant organism [MDRO-microorganism that is resistant to one or more classes of antibiotics or antifungals]. Interventions: Maintain isolation using enhanced barrier precautions (gloves and gown) during high contact resident care activities .</p> <p>During a review of the facility's P&amp;P titled, Enhanced Barrier Precautions, dated 11/24, the P&amp;P indicated, 12. PPE is available outside of the resident rooms.</p> <p>51320</p> <p>During a concurrent observation and interview on 11/18/24 at 8:05 a.m. with IPN outside Resident 14's room, Resident 14's name plate had a yellow smiley face sticker and no PPE inside Resident 14's room. IPN stated, the smiley face sticker indicated Resident 14 was on Enhanced Barrier Precaution (EBP).</p> <p>During a review of Resident 14's CP dated 10/24/24, the CP indicated, Enhanced Barrier Precaution: Requiring requires enhanced barrier precautions during high-contact resident care activities due to the presence of: Indwelling device.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a concurrent observation and interview on 11/18/24 at 8:05 a.m. with IPN in Resident 133's room, Resident 133's room number sign had a yellow smile face sticker next to Resident 133's name. IPN stated, Resident 133 is on Enhanced Barrier Precaution (EBP) for the right ankle. Resident 133's room had no PPE. IPN stated when a Resident is on EBP there should be PPE in the room and a EBP sign on the door.</p> <p>During a review of Resident 133's Admission Record (AR), dated 7/30/21, the AR indicated, Resident 133 had a diagnosis of Methicillin Resistant Staphylococcus Aureus (MRSA - a germ that is resistant to some antibiotics) Infection.</p> <p>During a review of Resident 133's Medication Administration Record (MAR), dated November 2024, the MAR indicated, Enhanced Barrier Precaution (infection control): Requiring use of gown and gloves during high contact resident care activities. (including dressing, bathing/showering, transferring, providing hygiene, changing linen, changing briefs, or assisting with toileting) three times a day for R/T IV ABT and Left Diabetic Ulcer.</p> <p>During a review of Resident 133's CP dated 10/24/24, the CP indicated, Resident 133 required EBP during high-contact resident care activities.</p> <p>During a review of the facility's P&amp;P titled, Enhanced Barrier Precautions (EBP), dated 2024, the P&amp;P indicated, Enhanced Barrier Precautions (EBPs) are utilized to reduce the transmission [to carry] of multi-drug resistant organisms [single cell life form] (MDROs) to resident.</p>		