STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555771	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookdale Riverwalk Snf (CA)	350 Calloway Drive, Building C Bakersfield, CA 93312

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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 47095 Based on observation, interview, and record review, the facility failed to ensure its policy and procedure (P&P) titled, Resident Call System and Door Alarm Response- EME-1 was followed for one of two sampled residents (Resident 2). This failure resulted in Resident 2 to have a delay in positioning of his therapeutic knee pillow. Findings: During a concurrent observation and interview on 2/13/24 at 1:18 p.m. with Resident 2, in Resident 2's room, Resident 2 was in a side-lying position in bed with his knees bent, and a wall clock was noted across from his bed. Resident 2 stated he had contractures (the shortening or tightening of tissues that reduces movement affecting skin, muscles and often causes pain in addition to decreased range of motion) to his legs/knees and required positioning assistance with the use of a therapeutic knee pillow placed in between his knees to help with his painful contractures. Resident 2 stated on 2/6/24, he waited for A really long time felt like hours and expected his call light to be answered approximately within a few minutes. Resident 2 stated positioning of his therapeutic knee pillow in between his knees required more than one person for his knee pillow placement, and the facility should have a better plan when responding to his call light. During a review of Resident 2 ' s Medical Record (MR), Resident 2 ' s, Minimum Data Set (MDS- A long-term resident assessment tool) dated 11/22/23, indicated, Section C- Cognitive Patterns. C0500. BIMS [Brief Intermittent Mental Status- An assessment tool to determine cognitive mental functioning in long-term care; score 15 is cognitively intact] Summary Score 15. During an interview on 2/13/24 at 4:40 p.m. with Certified Nursing Assistant (CNA), CNA stated Resident 2 required assistance with the positioning of his therapeutic knee pillow from staff. CNA stated on 2/6/24, Resident 2's call light was on for a while and Resident 2 ' s therapeutic knee pillow placement and positioning can require three of us [staff]. CNA stated the facility process is to answer the residents call light as soon as possible approximately within minutes. During a review of Resident 2's, Call light communication log, dated, 2/5/24 (4:16 a.m.) to 2/7/24 (12:04 p.m.), Resident 2's, Call light communication log, indicated, Event Time. 2/6/24 3:10. Clear Time. 2/6/24 3:48. Response Time. 0:38:01. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookdale Riverwalk Snf (CA)	350 Calloway Drive, Building C Bakersfield, CA 93312

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/22/24 at 9:36 a.m. with Licensed Vocational Nurse (LVN), LVN stated the call light response time should be sooner than later. LVN stated on 2/6/24, Resident 2 should not have waited thirty-eight minutes for a staff member to respond. LVN stated, both CNA and nurses as well anyone on the shift and on the floor were responsible to answer the residents call lights. During an interview on 2/22/24 at 3:10 p.m. with Director of Clinical Services (DCS), DCS stated the expected resident call light response time is to answer call light quickly. DCS stated a call light response time of thirty-eight minutes is not within the facility expectation and should be a faster response. During a review of the facility's P&P titled, Resident Call System and Door Alarm Response- EME-1, dated 10/2022, indicated, Associates should respond to a resident call system alert and door alarms in a reasonable and timely manner. B. Responding to resident call system alerts. 1. Follow these directions for responding to resident call system alerts: a) When an associate receives a resident call system alert, he or she should respond within a timely manner.

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NAME OF PROVIDER OR SUPPLIER Brookdale Riverwalk Snf (CA)		STREET ADDRESS, CITY, STATE, ZIP CODE 350 Calloway Drive, Building C Bakersfield, CA 93312	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47095 Based on interview and record review, the facility failed to ensure pain medications were administered as ordered for one of two sampled residents (Resident 1). This failure resulted in Resident 1 ' s delay in receiving his pain medication. Findings: During an interview on 2/13/24 at 12:55 p.m. with Resident 1, in Resident 1's room. Resident 1 stated on 2/6/24, he had back pain and was admitted to the facility from the hospital after he received an epidural (an injection in the back for pain relief) to help with his back pain. Resident 1 stated he did not receive his pain medications Dilaudid (Schedule II- controlled narcotic medication for the treatment of pain) and Morphine Sulfate (Schedule II- controlled narcotic medication for the treatment of pain) until 2/7/24 and was offered non-pharmacological care interventions which included repositioning. During a review of Resident 1's Medical Record (MR), Resident 1's Minimum Data Set (MDS) dated [DATE], indicated, Section C- Cognitive Patterns. C0500. BIMS [Brief Intermittent Mental Status- An assessment tool to determine cognitive mental functioning in long-term care; score 15 is cognitively intact] Summary Score 15. During a review of Resident 1 ' s Medication Administration Record (MAR), dated 2/7/24, indicated, Schedule for [DATE]. Dilaudid Oral Tablet. Give 2 mg [milligram-measurement of amount] by mouth every 4 hours as needed for Moderate Pain; Severe Pain. Start Date 02/06/2024 1945[7:45 p.m.] . Wed 7[Feb] Pain Level 8 [medication administration] 0342 [3:42 a.m.]. Resident 1 received his Dilaudid pain medication 2 hours and 12 minutes after requesting pain medication for pain rated 8/10. During a review of Resident 1's MAR, dated 2/7/24, indicated, Schedule for [DATE]. Morphine Sulfate ER [Extended Release] 15 mg. Give 1 tablet by mouth every 8 hours for pain. Start Date 02/06/24 2200 [10 p.m.] . Wed 7 [Feb]Pain Level 4[medication administration] 0600 [6 a.m.]. Resident 1 received his Morphine Sulfate pain medication 8 hours after the ordered start date and time. During an interview on 2/22/24 at 9:08 a.m. with Licensed Vocational Nurse (LVN), LVN stated Resident 1 ' s pain medications included Dilaudid and Morphine Sulfate. LVN stated on 2/7/24, at approximately 1:30 a.m. Resident 1 requested pain medication and Resident 1 should have received his pain medications Morphine Sulfate on 2/6/24 at 10 p.m. and Dilaudid on 2/7/24 at 1:30 a.m. as requested for pain 8/10. LVN stated he administered Resident 1 ' s pain medication Dilaudid at 3:40 a.m. on 2/7/24 and Morphine Sulfate at 6 a.m. on 2/7/24, which were not available and offered non-pharmacological pain management interventions that included repositioning Resident 1. LVN stated, I gave Dilaudid around 3:40 a.m. [2/7/24] that was his first pain pill and then gave Morphine around 6 a.m. [2/7/24] to Resident 1. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Brookdale Riverwalk Snf (CA)		STREET ADDRESS, CITY, STATE, ZIP CODE 350 Calloway Drive, Building C Bakersfield, CA 93312	

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's MR, Resident 1's Progress Note (PN) dated 2/7/24, at 1:30 a.m., writer LVN, indicated, Resident c/o pain in lower back and requesting pain pill, called pharmacy to acquire code. prn hydromorphone [Dilaudid]. Pharmacy states that they did not receive the original hardcopy yet and would instead have to contact an on calldoctor [sic]. resident offered to be repositioned. I reassured the resident that I would continue to keep him updated and would deliver the pain med as soon as it was available. During a review of the facility ' s policy and procedure (P&P titled), Pain Management- CS-70-1 dated 10/22, indicated, The purpose of the policy is to identify, treat and manage the resident ' s pain levels. Pain Management. b) Pharmacological Medications. prescribed to manage pain. f) Implement the medication regimen as ordered. 6. Collaborate with resident. During a review of the facility's P&P titled, Medication Administration, dated 4/2019, indicated, Policy Statement Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation. 4. Medications are administered in accordance with prescriber orders, including any required time frame. 5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: a. enhancing optimal therapeutic effect of the medication. c. honoring resident choices and preferences. 7. Medications are administered within one (1) hour of their prescribed time.