

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 06/05/2024
NAME OF PROVIDER OR SUPPLIER Brookdale Riverwalk Snf (CA)		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>50409</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure (P&P) on weight management guidelines when one of four sampled residents (Resident 1's) weight was not monitored weekly as ordered. This failure had the potential for Resident 1 to continue losing weight due to weight changes not being monitored and addressed in a timely manner.</p> <p>Findings:</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 5/11/24, the OSR indicated Resident 1 had an order of Weekly wts [weights] x [for] 1 month.</p> <p>During a review of Resident 1's Weights and Vitals Summary (WVS), dated 6/5/24, the WVS indicated the following weight summary:</p> <ul style="list-style-type: none"> a. 4/29/24 - 138.4 lbs. (pounds/unit of measuring weight) b. 5/5/24 -129 lbs. (Resident 1 lost 9.4 lbs. in 6 days.) c. 5/6/24 - 128.8 lbs. d. 5/12/24 - 126.2 lbs. <p>There were no weights checked on 5/19/24 and 5/26/24 as indicated in the OSR to complete the weekly weights.</p> <ul style="list-style-type: none"> e. 6/2/24 - 126.6 lbs. (Resident 1 lost 11.8 lbs. in 30 days from 4/29/24 to 6/2/24) <p>During a review of Resident 1's Weight Change Note (WCN), dated 5/8/24, the WCN indicated, RD [Registered Dietitian] f/u [follow-up]: Wt [weight] 128.8# [lbs], down 9.6#/6.9% x 1 wk [week] (significant loss). Undesirable wt loss. Plan: monitor wts.</p> <p>During a review of Resident 1's Collaborative Care Review (CCR), dated 6/3/24, the CCR indicated, Wt 128.8#, down 9.6#/6.9% x 1 wk (significant loss). Plan: monitor wts. weekly wts x 1 mo [month].</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/10/24 at 11:27 a.m. with Director of Nursing (DON), DON stated the weekly weights order was not carried out. She stated the weekly weights order should have been implemented. She stated, I'm not sure what happened.</p> <p>During an interview on 6/10/24 at 1:55 p.m. with RD, RD stated, He [Resident 1] could potentially lose more [if his weights were not monitored weekly].</p> <p>During a review of the facility's P&P titled, Weight Management Guidelines, dated 2021, the P&P indicated, The Nursing Department should provide the Food and Nutrition Services Department with the monthly and weekly weights of each resident. Residents with significant weight variance should be identified and appropriate intervention implemented.</p>