

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  06/28/2024
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 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>48901</p> <p>Based on observation, interview, and record review, the facility failed to ensure comprehensive care plan for one of three sampled residents (Resident 1) impaired skin integrity were developed and implemented. This failure had the potential for worsening of Resident 1's impaired skin integrity.</p> <p>Findings:</p> <p>During an observation on 6/28/24 at 9:31a.m. in Resident 1's room, Resident 1 was lying on his right side.</p> <p>During a review of Resident 1's TAR, dated March 2024, the TAR indicated, Skin care: Right hip - Cleanse, pat dry, &amp; apply foam dressing Q [every] 7 days &amp; PRN [as needed] to maintain skin integrity. Skin care: Cleanse redness on scrotum with soap and water pat dry BID [twice a day] and apply house supply skin protectant cream. Skin care: Right elbow - Cleanse, pat dry, &amp; apply foam dressing Q7 days &amp; PRN to maintain skin integrity.</p> <p>During a concurrent interview and record review on 7/8/24 at 12:25 p.m. with Director of Nursing (DON), Resident 1's nursing care plans for March 2024, April 2024, and May 2024 were reviewed. DON stated, I don't not know why there are no care plans for Resident 1's right elbow, right hip, and scrotum. DON stated there should had been care plans developed for Resident 1's potential or actual skin impairments listed in the TAR.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Comprehensive Care Plan, dated November 2017, the P&amp;P indicated, Policy Detail.A. A person centered, comprehensive care plan will be developed and implemented in accordance with the following: 1. The Comprehensive Care Plan will describe treatments and services to assist the resident to attain or maintain the highest level of physical, mental, and psychosocial wellbeing. 4. Each resident's comprehensive care plan will describe: a. Resident goals for care and desired outcomes.b. Identified resident issues, conditions, risk factors and safety issues.j. Will aid in preventing or reducing declines in the resident's function status or functional levels.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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>48901</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure (P&amp;P) titled, Routine Clinical Documentation for one of three sampled residents (Resident 1). This failure had the potential not to meet the resident needs.</p> <p>Findings:</p> <p>During an observation on 6/28/24 at 9:31a.m. in Resident 1's room, Resident 1 was lying on his right side.</p> <p>During a review of Resident 1's BD Braden Scale [BDBS - assesses the risk for pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) development], dated 5/22/24, the BDBS indicated, Score: 13 [Moderate risk: 13 to 14].</p> <p>During a concurrent interview and record review on 7/8/24 at 11:03 a.m. with Director of Nursing (DON), Resident 1's Documentation Survey Report [DSR], dated June 2024 was reviewed. The DSR indicated, Turned and Repositioned - Starting at midnight turn patient to right side. 2:00am turn resident to back, 4:00am turn resident on back, 6am turn resident to right side, 8am turn resident to back, 10am turn resident to right, 12pm turn to back, 2pm turn to right, 4pm turn resident to back, 6pm turn resident to right, 8pm turn resident to back, 10pm turn resident to right. The DSR indicated there no documented turns and repositions on:</p> <p>a) 6/12/24 at 2 p.m., 4 p.m., 6 p.m. and 8 p.m.</p> <p>b) 6/14/24 at 10 p.m.</p> <p>c) 6/15/24 at 12 a.m., 2 a.m. and 4 a.m.</p> <p>d) 6/16/24 at 6 a.m.</p> <p>e) 6/20/24 at 8 a.m., 10 a.m. and 12 p.m.</p> <p>f) 6/22/24 at 4 p.m., 6 p.m. and 8 p.m.</p> <p>DON stated there could have been a number of reasons why it was probably not documented but staff should complete the documentation.</p> <p>During a review of the facility's P&amp;P titled, Routine Clinical Documentation, dated February 2006, the P&amp;P indicated, Policy Overview.After admission, all services routinely provided to the resident will be documented in the resident's medical record.Policy Detail.A. Certified Nursing Assistant (CNA): 1. Daily: Activities of Daily Living.</p>		