

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 01/28/2025
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 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>34510</p> <p>Based on interview and record review, the facility failed to ensure the facility controlled medication (medications that have the potential for abuse and addiction and are therefore regulated by the government) drug record was accurate for one of three sampled residents (Resident 1). This failure had the potential for unaccounted for and/or diversion of controlled medications.</p> <p>Findings:</p> <p>During a review of Resident 1's, Physician Order Report (POR), the POR dated 1/12/25, indicated, Resident 1 had an order for Percocet (strong pain medication) oral tablet 5-325 MG (milligram) (Oxycodone w/ Acetaminophen) give one tablet by mouth every six hours as needed for moderate to severe pain 4-10/10 (pain level 0-10 when 10 is the worst). Acetaminophen NTE (not to exceed) 3gms (grams)/24 hours.</p> <p>During a review of the facility's Summary of Incident (SI) , dated 2/3/25, the SI indicated, . she [Resident 1] received an extra Percocet at the end of the previous week [1/23/25] . made a medication error and gave [Resident 1] a PRN [as needed] Percocet and did not document.</p> <p>During an interview on 2/7/25 at 3:11 p.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated when she was counting the Percocet, it was 30 instead of 31.</p> <p>During a review of Resident 1's Controlled or Antibiotic Drug Record (CADR), (undated), the CADR indicated, Oxycodone-Acet 5/325 mg [Percocet]. The tablet number 33 was removed from the medication card on 1/24/25 at 1:30 a.m.</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated January 2025, the MAR indicated there was no Percocet administered on 1/24/25 at 1:30 a.m.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Controlled Substances Policy dated 9/17, the P&P indicated, Determine whether medication was given or not charted.</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