

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 05/07/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to implement their policy and procedure (P&P) titled, Abuse, Neglect & Exploitation Policy, when:</p> <p>1. The allegation of psychological/mental abuse was not reported timely to the California Department of Public Health (CDPH the state survey and certification agency) and local ombudsman (representatives assist residents in long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences) for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 not to be protected from further abuse.</p> <p>2. A 5-day investigation report (written report of the results of abuse investigation) was not sent to CDPH or local ombudsman within 5-days of the incident for one of three sampled residents (Resident 1). This failure had the potential for an incomplete investigation for Resident 1.</p> <p>Findings:</p> <p>1. During a review of Resident 1 ' s Report of Suspected Dependent Adult/Elder Abuse, (SOC - a written report of suspected of abuse or neglect of elders or dependent adults) dated 4/25/25, the SOC indicated Resident 1 was the alleged victim of psychological/mental abuse.</p> <p>During a concurrent interview and record review, on 5/14/25 at 1:35 p.m. with the Administrator, Resident 1 ' s SOC, dated 4/25/25 was reviewed. The Administrator stated the SOC was not sent to CDPH or the local ombudsman within 24 hours.</p> <p>2. During an interview on 5/14/25 at 1:35 p.m. with the Administrator, the Administrator stated she did not send the 5-day investigation report to CDPH or the local ombudsman within 5-days.</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 0607</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&P titled, Abuse, Neglect & Exploitation Policy, revised 10/22, the P&P indicated, Brookdale is committed to maintaining a safe environment for residents, . Instances or allegations of abuse . should be treated seriously and reported to the administrator the supervisor on duty for investigation and appropriate follow-up. 7. As required, the Administrator should provide a written report of the results of abuse investigations, and appropriate action taken to the state survey and certification agency, the local police department, the ombudsman, and others as may be required by state or local laws, within five (5) working days of reported incident. G. External Reporting 1. Alleged violations involving abuse . should be reported: . b. No later than 24 hours if the events that caused the allegations do not involve abuse and do not result in serious bodily injury.</p> <p>During a review of the facility provided document titled, Report of Suspected Dependent Adult/Elder Abuse, revised 2/2024, the document indicated, Report Of Suspected Dependent Adult/Elder Abuse General Instructions Purpose of Form This form, as adopted by California Department of Social Services . is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse or neglect of an elder or dependent adult. Dependent Adult means any person residing in this state, . between the ages of 18 and 59, who is admitted as an inpatient to a 24-hour health facility . Reporting Responsibilities And Time Frames: . In all other instances of abuse that occurred in a Long-Term Care (LTC) facility . Send the written report to local law enforcement agency, the local Long-Term Care Ombudsman Program (LTCOP), and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health . within twenty-four (24) hours of observing, obtaining knowledge of or suspecting physical abuse.</p>		