

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/29/2026
NAME OF PROVIDER OR SUPPLIER Bayshire Riverwalk Post-Acute		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)		
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record the facility failed to respond to resident call lights (primary purpose is to allow patients to request immediate assistance from nursing or care staff. It serves as a vital safety tool used for pain medication requests, toileting assistance, personal help, or alerting staff to medical emergencies) in a timely manner for 11 of 11 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, and Resident 11). This failure had the potential for care needs to not be met, injuries to occur, and other negative outcomes. Findings: During a review of Resident 1's Minimum Data Set (MDS) Assessment (a standardized assessment to evaluate a resident's functional abilities and healthcare needs), dated 5/2/26, under the section titled, Brief Interview for Mental Status (BIMS - an assessment of cognition [how well a person thinks, remembers, and learns]), the BIMS score was 14 (cognition intact). During an interview on 7/29/26 at 10:24 a.m. with Resident 1, Resident 1 stated, (Call light) Response time is terrible. Resident 1 stated response times to the call light can be anywhere from 45 minutes to an hour or more. During a review of Resident 2's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 13 (cognition intact). During an interview on 7/29/26 at 10:53 a.m. with Resident 2, Resident 2 stated she uses her call light when she needs assistance with care, assistance with going to the restroom, and with needing pain medication since she had a recent hip surgery procedure. Resident 2 stated the response time for when she uses the call light is typically long. Resident 2 stated the response time is typically 30 to 45 minutes. During a review of Resident 3's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 15 (cognition intact). During an interview on 7/29/26 at 11:06 a.m. with Resident 3, Resident 3 stated she uses the call light for when she needs assistance with care. Resident 3 stated at times the call light response can take longer than 30 minutes. During a review of Resident 4's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 15. During an interview on 7/29/26 at 11:24 a.m. with Resident 4, Resident 4 stated that waiting for a response to the call light can be frustrating. Resident 4 stated she uses her call light for assistance to the restroom and if it is not answered timely, she will have to go in her brief. Resident 4 stated the call light response is typically 20 to 45 minutes. During a review of Resident 5's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 15. During a review of Resident 6's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 11 (moderate cognitive impairment). During a review of Resident 7's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 15. During a review of Resident 8's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 15. During a review of Resident 9's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 13 (cognition intact). During a review of Resident 10's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 15. During a review of Resident 11's MDS, dated [DATE], under the section titled, BIMS, the BIMS score was 10 (moderate cognitive impairment). (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
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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	impairment).During a review of Resident 1's MONTHLY GRIEVANCE LOG (MGL - a standardized tracking system used to document and monitor resident or family complaints. It records the date, the issue reported, the investigation, and the final resolution to ensure facilities maintain compliance with federal and state patient rights regulations), dated June 2026 and July 2026, the MGL indicated:On 6/4/26 - Resident 9 had called for assistance, but no staff had responded. Resident 9 was later sent to the Emergency Department where he was found to have bowel movement up to his back and front causing a strong odor in the Emergency Department. The facility documented response to the grievance was to have staff re-educated regarding the concerns brought forth.On 6/8/26 - Resident 8 reported waiting for a call light response for one hour and 10 minutes. The facility documented response to the grievance was the Director of Staff Development (DSD) would provide re-education to staff about call light response.On 6/10/26 - Resident 10 reported being left in wet clothes all night and no response given when calling for assistance. The facility documented response was the DSD would provide re-education on call light response.On 6/10/26 - Resident 11 reported staff are not answering the call lights. The facility documented response was the DSD would provide re-education on call light response.On 6/30/26 - Resident 4 stated on 6/29/26 her call light was not answered for two hours. The facility documented response was the DSD would provide re-education on call light response.On 7/7/26 - Resident 7 stated no one is answering the call lights and he has fallen on the floor multiple times but gotten himself up. The facility documented response was the DSD would provide re-education on call light responseOn 7/12/26 - Resident 5 stated he waited more than two hours to get assistance. The facility documented response was the DSD would provide re-education on call light response.On 7/13/26 - Resident 6 stated call lights take up to 45 minutes to be answered. The facility documented response was the DSD would provide re-education on call light response.During a review of the facility Resident Council Minutes (RCM), the RCM indicated:On 4/8/26 - Resident council stated there are concerns with call light response/wait time as well as the call light being turned off without addressing the concern. The RMC indicated nursing in-services were given.On 5/13/26 - Resident council stated the call light waiting times are excessive.On 6/10/26 - Resident council stated the call light waiting time is excessive.On 7/8/26 - Resident council stated the call light waiting time is excessive. The RCM indicated ongoing nursing in-services were being done.During an interview on 7/29/26 at 1:07 p.m. with DSD, DSD stated, the most common complaints she receives from residents and family members are regarding call lights taking too long to be answered. DSD stated she responds to these complaints by conduction ongoing in-services. DSD stated she did not have any documented evidence of observations, interactions with residents/family, or any other method that would indicate her in-services for call light response had been effective.During an interview on 7/29/26 at 1:33 p.m. with Director of Nursing (DON), DON stated her expectation is for the resident call lights to be answered within 10 minutes at the most. DON stated her expectation for the DSD is to observe staff response to call lights after an in-service to ensure the in-service was effective.During a review of the facility's policy and procedure (P&P) titled, Answering the Call Light, dated 9/2022, the P&P indicated, Purpose . The purpose of this procedure is to ensure timely responses to the resident's requests and needs. Steps in the Procedure . Answer the resident call system timely. If the resident needs assistance, indicate the approximate time it will take for you to respond. If the resident's request is something you can fulfill, complete the task as soon as practicably possible.		