

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555902	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/17/2024
NAME OF PROVIDER OR SUPPLIER  Height Street Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1611 Height Street Bakersfield, CA 93305	

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>34510</p> <p>Based on interview and record review, the facility failed to develop a plan of care for refusal of care for one of four sampled resident (Resident 1) when Resident 1 refused care for multiple times. This failure had the potential for the facility staff not addressing Resident 1 ' s needs and potential to result in adverse health outcomes.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Resident Daily Care Flowsheet (RDCF), the following were reviewed:</p> <ul style="list-style-type: none"> <li>a. On 3/7/23, the RDCF indicated, Refused to be change brief.</li> <li>b. On 3/16/23, the RDCF indicated, Resident [1] refused to changed.</li> <li>c. On 3/17/23, the RDCF indicated, Resident [1] refused to be brief change.</li> <li>d. On 3/21/23, the RDCF indicated, The resident [1] refused to be changed the diaper.</li> <li>e. On 3/23/23, the RDCF indicated, The resident [1] refused to take shower or bed bath.</li> <li>f. On 3/23/23, the RDCF indicated, The resident [1] refused to diaper change.</li> <li>g. On 4/09/23, the RDCF indicated, Resident [1] refused to change.</li> <li>h. On 4/10/23, the RDCF indicated, Resident [1] refused to be changed.</li> <li>i. On 4/13/23, the RDCF indicated, Resident [1] refused shower and bed bath. Her [sic] also refused to change.</li> <li>j. On 4/18/23, the RDCF indicated, The resident [1] refused her shower.</li> </ul> <p>During a concurrent interview and record review on 9/19/24 at 8:35am with Director of Nursing (DON), DON reviewed Resident 1 ' s clinical record and was unable to find documentation of care plan for refusal of care. DON stated, I could not find one [care plan for refusal of care].</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 0656</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 policy and procedure (P&amp;P) titled, Refusal of Treatment, dated May 1, 2023, the P&amp;P indicated The Interdisciplinary team will assess the resident ' s needs and offer the resident alternative treatments while continuing to provide other services in the Care Plan.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>34510</p> <p>Based on record review, the facility failed to address a change in condition for one of four sampled residents (Resident 1) when Resident 1 had a foul-smelling discharge and there was no documentation of change in condition, notification to physician of abnormal findings, and no documentation was provided by nurse. This failure had the potential for the facility staff not addressing Resident 1 ' s health care needs and potential to result in adverse health outcomes.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Resident Daily Care Flowsheet (RDCF), dated February 12, 2023, the RDCF indicated Resident [1] had foul smelling discharge from the front to the back of perineal [area between the vagina and anus in females] area.</p> <p>During a concurrent interview and record review on 9/19/24 at 8:35am with DON, DON reviewed Resident 1 ' s clinical record and was unable to find documentation or notification of the physician of Resident 1 ' s change in condition. DON stated, There is no document or progress/nursing notes on 2/12/23. I am not sure what happened on that day with the resident [1].</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Change of Condition, dated October 15, 2015, the P&amp;P indicated All changes in the resident ' s medical condition must be properly recorded in the resident ' s medical records in accordance with established charting and documentation policies and procedures. All notification must be made as soon as practical, but in no case shall such notification exceed twenty-four hours (24 hours).</p>		