

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 11/20/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>37697</p> <p>Based on observation, interview, and record review, the facility failed to implement their policy and procedure for Neurological Assessment (a series of tests and questions that assess the function of the brain, spinal cord, and nerves also known as neuro checks) for one of five sampled residents (Resident 1). This failure had the potential for adverse health outcomes.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 11/20/24 at 12:15 p.m. with Director of Nursing (DON), Resident 1's Electronic Medical Record (EMR) dated 11/9/24 was reviewed. The EMR indicated Resident 1 was involved in a physical altercation with Resident 2. DON stated Resident 2 struck Resident 1 on her head resulting in Resident 1 obtaining a swollen lip and discoloration to the left side of her face from the head injury. DON reviewed the EMR for Resident 1 and stated neuro checks were not done. DON stated, Yes we missed that one (neuro checks for Resident 1).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- an assessment tool) under the section BIMS (Brief Interview for Mental Status - an assessment of cognition [mental processes including perception, memory, and thought]), dated 7/8/24, the BIMS indicated, Resident 1 had a score of 15 (cognition intact).</p> <p>During a concurrent observation and interview on 11/20/24 at 1:22 p.m. with Resident 1 in Resident 1's room, Resident 1 was observed to have grayish to yellowish discoloration to the left side of her face and lip. Resident 1 stated she was in an altercation with Resident 2 on 11/9/24. Resident 1 stated, (Resident 2) Beat my face. She (Resident 2) hit my (left) eye, my lip, and the top of my head. Resident 1 stated when she was struck in the lip it caused it to swell. Resident 1 stated Resident 2 hit her with a closed fist, and it caused pain to her lip and head.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Neurological Assessment (Neuro-Check), dated 10/14/15, the P&P indicated, It is the policy of this facility to conduct a neurological assessment for any resident incurring an incident (including unobserved fall) and/or injury involving the head. A resident having an incident and/or injury involving the head shall have neuro checks done by the licensed nurse.</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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