

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 03/10/2025
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>37697</p> <p>Based on observation, interview, and record review, the facility failed to follow the care plan to ensure call lights was within reach for one of three sampled residents (Resident 1) with a cognitive communication deficit (someone who has trouble communicating because of difficulties with thinking processes), when Resident 1 was left in the facility dining/activity room by herself without supervision and without the ability to call staff for help/assistance. This failure resulted in Resident 1 ' s injury to her left eye due to unknown causes and had the potential for negative health outcomes.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s ADMISSION RECORD (AR), dated 3/7/25, the AR indicated, Resident 1 had a diagnoses including chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing), muscle wasting/atrophy (weakening, shrinking, and loss of muscle), cognitive communication deficit lack of coordination, muscle weakness, osteoarthritis (The cartilage [strong tissue that protects joints [the point where two things come together] and bones], which acts like a shock absorber and allows smooth movement, starts to break down and thin out), and reduced mobility.</p> <p>During a review of Resident 1 ' s admission Minimum Data Set (MDS- an assessment tool) under the section Brief Interview for Mental Status (BIMS- an assessment of cognition [how well a person thinks, remembers, and learns]), dated 1/23/25, the BIMS indicated, Resident 1 had a score of 8 (moderate cognitive impairment).</p> <p>During a review of Resident 1 ' s Progress Notes (PN), dated March 2025, the PN indicated, on 3/7/25 Resident 1 was observed at approximately 7:30 a.m. to have, bruising on left side of face. The PN indicated Resident 1 stated a white man (not identified) had struck her in the left eye but was not able to give any further details. The PN indicated Resident 1 complained of pain 4/10 (moderate pain) to her left eye. The PN indicated on 3/17/25 the facility IDT (interdisciplinary team - a group of professionals from different disciplines who collaborate to provide comprehensive care for residents) met to discuss Resident 1 ' s injury to her left eye. The IDT stated on 3/7/25 at approximately 7:30 a.m. Resident 1 was found with discoloration, swelling and pain 4/10 to her left eye. The IDT indicated Resident 1 stated a white man had struck her in the left eye but could not determine who it was.</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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(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>During a concurrent observation and interview on 3/10/25 at 12:53 p.m. with Resident 1 in the dining/activities room, Resident 1 had an approximate two to three inch (a unit of measurement) circular discoloration to her left eye. The discoloration was purple, blue, and yellow which extended out to her left cheekbone and out to the left side of her head. Resident 1 stated a few days ago a male had struck her in the eye but was not able to provide a description or a name. Resident 1 stated she was in pain after being struck in the eye and it had caused her to have headaches.</p> <p>During an interview on 3/12/25, at 2:54 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 was not able to communicate well.</p> <p>During an interview on 3/12/25 at 3:14 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she was assigned to Resident 1 on 3/7/25. CNA 1 stated at approximately 7:30 a.m. on 3/7/25, she was called by CNA 2 to see Resident 1. CNA 1 stated Resident 1 had been taken to the facility dining area by LVN 2. CNA 1 stated she entered the dining/activity room to find Resident 1 sitting by herself with a swollen large purple and red left eye. CNA 1 stated Resident 1 was crying and stated she did not know what happened but her left eye hurt. CNA 1 stated Resident 1 was not supposed to be left alone in the dining/activity room. CNA 1 stated, We (staff) are not supposed to leave residents by themselves in the dining area/activity room (reason why not given).</p> <p>During an interview on 3/12/25 at 3:39 p.m. with LVN 2, LVN 2 stated he was assigned to Resident 1 on 3/7/25 when the injury to her left eye was discovered. LVN 2 stated he had seen Resident 1 at approximately 7:05 a.m. on 3/7/25, and she had been requesting to go to the dining/activity room. LVN 2 stated he took Resident 1 to the dining/activity room, turned on the television for her, and left her there without supervision. LVN 2 stated approximately 15 minutes later he was called by CNA 1 to come look at Resident 1. LVN 2 stated when he entered the dining/activity room he immediately noticed Resident 1 had a swollen reddened bruise to her left eye that was not there 15 minutes prior. LVN 2 stated he asked Resident 1 what happened, and she responded a white man hit her but was not able to give any further information. LVN 2 stated Resident 1 was complaining of pain (no scale given) and requested pain medication. LVN 2 stated he gave Resident 1 Norco (a narcotic pain medication) 5/325 mg (milligram - a unit of measurement) for her complaint of pain. LVN 2 stated staff are not supposed to leave residents in the dining/activity room by themselves, but he had done this for Resident 1 on 3/7/25.</p> <p>During an interview on 3/13/25 at 1:55 p.m. with CNA 2, CNA 2 stated she had gone into the dining/activity room to get the breakfast trays for her residents at approximately 7:30 a.m. on 3/7/25 when she noticed Resident 1 sitting in her wheelchair by herself with a bump to her left eye. CNA 2 stated Resident 1 had told her a guy hit her in the eye. CNA 2 stated she then went to get Resident 1 ' s CNA (CNA 1) to inform her of what occurred.</p> <p>During an interview on 3/17/25 at 10:21 p.m. with Director of Nursing (DON), DON stated residents who have trouble communicating should not be left in the dining/activity room alone because there are no call lights in that room to inform staff that a resident needs them and because it increases the chance of an injury and/or fall occurring.</p> <p>During a review of Resident 1 ' s Care Plan Report (CP), the CP dated 12/7/24 indicated, Resident 1 ' s had weakness and osteoarthritis. Interventions including ensure call light is within reach, Resident 1 needs prompt response to all request for assistance, and providing a safe environment.</p>		