

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  03/27/2025
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 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>51320</p> <p>Based on interview and record review the facility failed to complete an elopement risk evaluation to identify risk for elopement for one of three sampled residents (Resident 1). This failure resulted in Resident 1 eloping and potential for sustaining injuries.</p> <p>Findings:</p> <p>During a review of Resident 1's SBAR (Situation, Background, Assessment, and Recommendations - incident report), dated 3/24/25, the SBAR indicated, [at 1:50 p.m.] Resident [1] was found across the street from facility. Resident [1] repeatedly keeps stating, I need to get home.</p> <p>During a review of Resident 1's Elopement Evaluation (EE - elopement risk evaluation), dated 2/27/25, the EE indicated, 4. Has the Resident [1] verbally expressed the desire to go home, packed belongings to go home or stayed near an exit door was not marked with yes or no. The EE was incomplete and there was no indication of level of elopement risk of Resident 1.</p> <p>During a concurrent interview and record review on 3/27/25 at 3:51 p.m. with Registered Nurse (RN) 1, Resident 1's EE dated 2/27/25 was reviewed. Resident 1's EE indicated the question number four was not completed. RN 1 stated all the questions should have been answered.</p> <p>During an interview on 3/27/25 at 4:39 p.m. with Director of Nursing (DON), DON stated she expects the nurses to complete the entire EE form.</p> <p>During a review of Resident 1's Minimum Data Set (MDS-assessment tool), dated 3/1/25, the MDS indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 0 (score of 0-7 means severe cognitive impairment). Resident 1's MDS indicated Resident 1's Functional Abilities: uses walker.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Elopement Risk Reduction Approaches, dated June 2017, the P&amp;P indicated, Promote identification of resident who are at risk of elopement.</p> <p>During a review of the facility's P&amp;P titled, Wandering &amp; Elopement, dated June 2017, the P&amp;P indicated, The licensed Nurse, in collaboration with the interdisciplinary Team (IDT), will assess residents upon admission according to the RAI guidelines to determine their risk of wandering/elopement.</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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