

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 08/28/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on interview and record review, the facility failed to answer the call light timely for two of three sampled residents (Resident 1 and Resident 2). This failure had the potential for delay in care and needs not addressed promptly. Findings: During a review of Resident 1's Order Summary Report (OSR), dated 8/29/25, the OSR indicated Resident 1 had diagnoses of Hemiplegia and Hemiparesis (complete loss of muscle function) affecting left non-dominant side (weaker side of the body), Muscle Weakness, other abnormalities of gait (manner of walking) and mobility. During an interview on 8/28/25 at 1:20 p.m. with Resident 1, Resident 1 stated the night nurses were not supportive, they (night staff) didn't answer the call light. Resident 1 stated he felt ridiculed and helpless because the nurse had taken hours to answer his call light. Resident 1 stated he wanted his brief to be changed. During a review of Resident 1's BIMS (Brief Interview for Mental Status- cognitive assessment tool used to evaluate a resident's mental status), dated 7/25/25, the BIMS indicated Summary Score of 15 (score of 13-15 means cognitively intact). During a review of Resident 1's Care Plan (CP), dated 8/6/28, the CP indicated Resident 1 had functional bowel and bladder incontinence [inability to control bladder and rectum] related to current medical diagnoses. Clean peri-area with each continence episode. The CP indicated, ADL (Activities of Daily Living such as bathing, toileting) self-care performance deficit (a person's inability to perform basic self-care tasks) related to Activity intolerance, Hemiplegia, Impaired balance, Limited Mobility. During an interview on 8/28/25 at 1:31 p.m. with Resident 2, Resident 2 stated it took a long time for staff to answer the call light. Resident 2 stated it would take 45 minutes at night when she asked for water. During a review of Resident 2's BIMS dated 8/27/25, the BIMS indicated Summary Score of 15. During an interview on 9/17/25 at 2:58 p.m. with Director of Nursing (DON), DON stated a 45-minute, or an hour wait was not an acceptable waiting time for a call light to be answered when residents were needing a change of briefs or when asking for water. During a review of the facility's P&P titled, Communication - Call System, dated 10/24/22, the P&P indicated, Nursing staff will answer call bells promptly, in a courteous manner. When answering a request, nursing staff will return to resident with the item or reply promptly.</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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