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| 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 02/10/2026 |
| 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) | | |
| F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 2) received all their personal belongings upon discharge. This failure had the potential for Resident 2 to have missing items upon discharge. Findings: During a review of Resident 2's admission Record, (AR) the AR indicated, Resident 2 was admitted on [DATE] and discharged on 12/1/25. During a review of Resident 2's Inventory List, (IL) dated 11/6/2, the IL indicated Resident 2 had two grey t-shirts and one white sheet upon admission. During a concurrent interview and record review on 1/12/26 at 3:38 p.m. with Director of Nursing (DON), Resident 2's IL, dated 11/6/25 was reviewed. DON stated there was no evidence that Resident 2 received his belongings upon discharge on [DATE]. During a review of the facility's policy and procedure (P&P) titled, Theft Prevention, revised 11/1/17, the P&P indicated, The facility is committed to preventing the misappropriation of resident property. The facility will exercise reasonable care for the protection of resident's property from theft and loss. II. Measures to secure Personal Property A. At the time of admission and discharge, Facility staff complete . Resident Inventory. i. Upon admission and upon request thereafter, the Facility provides the resident and/or his/her representative with a copy of the Resident Inventory. G. Upon the discharge . the facility provides the resident or his/her representative with a copy of the Resident Inventory and the resident's property and obtains a signed receipt from the recipient. | | |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: 555902 | Facility ID: 555902 If continuation sheet Page 1 of 2 |

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| <p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on interview and record review, the facility failed to provide a home medication list for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 not to understand how and when to take his needed home medications. Findings: During an interview on 1/12/26 at 3:17 with Licensed Vocational Nurse (LVN) 1, LVN 1 stated upon discharge residents were provided with their medications, with a list of home medications with instruction on how to take the medication. LVN 1 stated the nurses educated the resident on the home medication list and instructions, once the education is completed, she has the resident sign the home medication list to prove the education was completed. During a concurrent interview and record review on 1/12/26 at 3:38 p.m. with Director of Nursing (DON), Resident 1's Discharge Instruction Form, (DIF) dated 12/8/25, was reviewed. The DIF, indicated, Resident 1's medications were provided at discharge, none were listed on Resident 1's DIF. The DIF, indicated See Attachment. DON confirmed no evidence Resident 1 received home medications list upon discharge. The facility's policy and procedure were requested on 1/27/26, 1/28/26 and 2/3/26 but none were received.</p> | | |