

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 02/11/2026
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)
<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>Based on interview and record review, the facility failed to ensure two of three sampled residents (Resident 2 and Resident 3) were able to receive phone calls and outside confidential communication from services outside of the facility. This failure had the potential to violate Resident 2 and Resident 3's rights. Findings: During an interview on 12/18/25 at 3:45 p.m. with the Long-Term Care Ombudsman (LTCO), LTCO stated he has a hard time contacting residents at the facility by phone. LTCO stated at times the calls go unanswered and other times they will be sent to voicemail, he stated he cannot leave voicemail due to the nature of his work, he must keep communication confidential. LTCO stated on 10/31/25 he called the facility; the receptionist answered the call and then transferred the call to the nurses' station; the call went unanswered at the nurses' station and was delivered to voicemail. LTCO stated on 11/17/25 he called the facility three times, each time the receptionist would answer the call and then transferred the call to the nurses' station, the calls went unanswered at the nurses' station and were then delivered to voicemail. LTCO stated on 11/19/25 he called the facility three times, the calls were answered by the receptionist and then transferred to the nurses' station, the calls went unanswered at the nurses' station and were then delivered to voicemail. LTCO stated the residents' rights to have private and confidential communications are being violated. During a review of Resident 2's Minimum Data Set, (MDS - an assessment tool) dated 11/19/25, the MDS indicated, Resident 2's BIMS (Brief Interview for Mental Status- standardized assessment tool used to evaluate the mental processes that allow individuals to think, learn, and remember) score was 14 (13 to 15 points indicates the resident has cognitive intactness). During an interview on 12/19/25 at 12:12 p.m. with Resident 2, Resident 2 stated he does not have a cell phone and receive calls via the facility phone. He stated he had been told by others that they had called him at the facility, but the calls do not get put through to him. During an interview on 1/26/26 at 10:58 a.m. Family Member (FM) 1, FM 1 stated during the hours of 8 a.m. to 4 p.m. she can get in contact with Resident 3 on the phone but after the receptionist goes home it is a nightmare, she stated she cannot get anyone on the phone. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, revised 10/1/17, the P&P indicated, All residents have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility including those specified in this policy. The Facility will ensure that the resident can exercise his or her rights without interference. Employees are to treat all residents with kindness, respect, and dignity and honor the exercise of residents' rights. E. Privacy and confidentiality including the right to privacy in his/her specific oral, written, and electronic communications; . L. Use a telephone in privacy .</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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