

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  03/04/2026
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse for one of four sampled residents (Resident 1) within 24 hours. This failure resulted in delayed investigation of abuse and had the potential to place Resident 1 at risk for further abuse. Findings: During a review of Resident 1's admission Record (AR), dated 3/4/26, the AR indicated, DIAGNOSIS. UNSPECIFIED DEMENTIA (decline in mental ability such as memory, thinking or behavior that are severe enough to interfere with daily life) . ANXIETY (feeling of fear, dread, and uneasiness) . ALZHEIMER'S DISEASE (progressive, irreversible brain disorder that slowly destroy memory, thinking skills, and eventually the ability to perform simple tasks) . DEPRESSION (persistent feeling of sadness and loss of interest in activities) . COGNITIVE COMMUNICATION DEFICIT (difficulty with speaking, listening, reading, or writing caused by disrupted thinking skills) . NEED FOR ASSISTANCE WITH PERSONAL CARE. During a review of Resident 1's Minimum Data Set (MDS - an assessment tool), dated 12/4/25, the MDS indicated in Section C, Resident 1 was rarely/never understood, had a memory problem, and her cognitive skills for daily decision making was severely impaired (never/rarely made decisions). The MDS indicated in Section GG, Resident 1 required substantial/maximal assistance (helper does more than half the effort) with eating. During a review of Resident 1's Change in Condition Evaluation (CCE), dated 2/26/26, the CCE indicated, CNA (Certified Nursing Assistant 1) reported witnessing resident's (Resident 1) sister (Family Member [FM] 1) slap resident (1) on her right side of face. Upon evaluation, resident (1) noted with green/yellow discoloration to right facial cheek. During a review of the facility's 5-Day Investigation Summary (FDIS) dated 2/26/26, the FDIS indicated, On 02/26/2026, CNA (1) reported that approximately three weeks prior (2/1/26) (CNA 1) allegedly observed (FM 1) strike the resident (1) during a feeding interaction. The CNA (1) acknowledged that (CNA 1) did not report the alleged (physical abuse) incident to administration at the time it occurred (2/1/26) . Investigation identified delayed reporting by CNA (1). During an interview on 3/4/26 at 10:43 a.m. with Administrator, Administrator stated CNA 1 reported the alleged physical abuse incident (FM 1 slapping Resident 1 on the face on 2/1/26) to the administration on 2/26/26. Administrator stated, Yes, we have a delay in reporting (alleged physical abuse incident [FM 1 slapping Resident 1 on the face on 2/1/26]) by the CNA (1), she (CNA 1) should have reported right away (2/1/26). During an interview on 3/6/26 at 1:48 p.m. with CNA 1, CNA 1 stated when she went to Resident 1's room to drop off linen on 2/1/26, CNA 1 saw FM 1 grab Resident 1's hair and slap Resident 1 back and forth on the face. CNA 1 stated CNA 1 reported the alleged physical abuse incident (FM 1 slapping Resident 1 on the face on 2/1/26) to Licensed Vocational Nurse (LVN) 1 immediately and LVN 1 told CNA 1 to shut up, to not say anything, and to mind our own business. During an interview on 3/6/26 at 2 p.m. with LVN 1, LVN 1 stated he did not remember what date it was when CNA 1 approached him, and CNA 1 told him Resident 1 was being aggressive. LVN 1 stated CNA 1 did not report to him the alleged physical abuse incident (FM 1 slapping Resident 1 on the face on 2/1/26). During a review of the facility's policy and procedure (P&amp;P) titled, Abuse Prevention and Prohibition Program, dated 6/25/25, the P&amp;P indicated, Facility owners, operators, employees, managers, agents, and contractors are obligated by the Elder Justice Act and the California Elder Abuse and Dependent Adult Civil Protection Act to (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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>report known or suspected instances of abuse of elder or dependent adults. The facility will report allegations of abuse, neglect, mistreatment, injuries of unknown source, misappropriation of resident property, or other incidents that qualify as a crime. i. Immediately, by phone, but no later than 2 hours after forming the suspicion - if the alleged violation involves abuse or results in serious bodily injury to the state survey agency, adult protective services, law enforcement, and the Ombudsman. ii. No later than 24 hours after forming the suspicion - if the alleged violation does not involve abuse and does not result in serious bodily injury. ii. Reporting requirements are based on real (clock) time, not business hours.</p>		