

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 03/09/2026
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure:1. The licensed nurses notified the physician in a timely manner when one of four sampled residents (Resident 1) had a change of condition.2. The licensed nurses failed to administer a medication as ordered by the physician for one of four sampled residents (Resident 1).These failures resulted in Resident 1 having abdominal pain and going to the hospital due to delay in care.Findings:During a review of Resident 1's Minimum Data Set (MDS - an assessment tool), dated 2/11/26, the MDS indicated, Resident 1 had a BIMS (Brief Interview for Mental Status) score of 8 (score of 8-12 means moderately impaired cognition).During a review of Resident 1's Change in Condition Evaluation (CCE), dated 2/21/26, the CCE indicated, CNA (Certified Nursing Assistant) informed CN (charge nurse) resident (1) has had 3 BMs (bowel movements) with diarrhea (passing loose, watery, or unformed stool three or more times in a single day) . Date and time of clinician notification: 02/21/2026 08:10. Recommendation of Primary Clinician(s): loperamide (medication used to treat diarrhea) 2mg (milligrams - unit of mass) Q8 (every eight hours) PRN (as needed).During a review of Resident 1's Alert Note (AN), dated 2/22/26, the AN indicated, Resident (1) requested to be sent out to (acute hospital) due to diarrhea and abdominal pain, informed NP (Nurse Practitioner), gave order to send resident (1) out.During a review of Resident 1's POC (Point of Care - CNA documentation) Response History (POCRH), dated February 2026, the POCRH indicated, on 2/9/26, Resident 1 had two episodes of loose stools at 5:50 a.m. and 1:30 p.m., on 2/10/26, Resident 1 had two episodes of loose stools at 5:18 a.m. and 1:59 p.m., on 2/11/26, Resident 1 had two episodes of loose stools at 5:55 a.m. and 9:34 p.m., on 2/12/26, Resident 1 had two episodes of loose stools at 4:44 a.m. and 9:06 p.m., on 2/13/26, Resident 1 had one episode of loose stool at 9:55 a.m., on 2/14/26, Resident 1 had two episodes of loose stools at 5:53 a.m., and 9:55 a.m., on 2/15/26, Resident 1 had one episode of loose stool at 5:36 a.m., on 2/16/26, Resident 1 had three episodes of loose stools at 12:11 a.m., 5:04 a.m., and 9:22 p.m., on 2/17/26, Resident 1 had one episode of loose stool at 5:59 a.m., on 2/18/26, Resident 1 had two episodes of loose stools at 9:59 a.m. and 9:37 p.m., on 2/19/26, Resident 1 had three episodes of loose stools at 1:13 a.m., 5:59 a.m., and 10:32 a.m., on 2/20/26, Resident 1 had four episodes of loose stools at 12:06 a.m., 5:24 a.m., 4:24 a.m., and 9:30 a.m., on 2/21/26, Resident 1 had one episode of loose stool at 1:41 p.m., and on 2/22/26, Resident 1 had one episode of loose stool at 5:27 a.m.During an interview on 3/9/26 at 3:05 p.m. with Director of Nursing (DON), DON stated it was considered a change of condition when Resident 1 had three episodes of loose stools within 24 hours.During a concurrent interview and record review on 3/9/26 at 3:15 p.m. with DON, Resident 1's Order Summary Report (OSR), dated 3/9/26, was reviewed. The OSR indicated, Loperamide HCl Oral Tablet Give 2 mg by mouth every 8 hours as needed for diarrhea. hold when no loose stool. Order Date. 02/21/2026. DON stated on 2/21/26, the licensed nurse notified the physician about Resident 1 having diarrhea and the physician ordered loperamide.During a concurrent interview and record review on 3/9/26 at 3:15 p.m. with DON, Resident 1's Medication Administration Record (MAR), dated February 2026, was reviewed. The MAR indicated, there was no loperamide administered for Resident 1 on 2/21/26 and 2/22/26. DON stated, the loperamide should have been administered for Resident 1 on 2/21/26 and 2/22/26 because Resident 1 continued to have loose stools on 2/21/26 and 2/22/26.During a concurrent interview and (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555902	Facility ID: 555902

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>record review on 3/11/26 at 3:05 p.m. with DON, the facility's policy and procedure (P&P) titled, Change of Condition Notification, dated 6/1/17, was reviewed. The P&P indicated, The Licensed Nurse will notify the resident's Attending Physician when there is a need to alter treatment. due to change of condition. The Attending Physician will be notified timely with a resident's change in condition. DON stated on 2/9/26 at 5:50 a.m., when Resident 1 started to have episodes of loose stools that continued on 2/10/26 at 5:18 a.m. (three episodes of loose stools within 24 hours), the physician should have been notified on 2/10/26 because this was a change of condition. DON stated the physician was notified of Resident 1's change of condition on 2/21/26 (11 days after Resident 1's change of condition on 2/10/26). DON stated there was a delay in treatment due to poor communication between the nursing staff.</p>		