

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 06/12/2025
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 observation, interview, and record review, the facility failed to ensure call light was answered timely for one of 32 sampled residents (Resident 134). This failure resulted in Resident 134 waiting for two hours with soiled brief which had the potential for skin breakdown and left Resident 134 feeling frustrated and depressed.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/9/25 at 9:34 a.m. in Resident 134's room, with Resident 134, Resident 134 was lying in her bed with head of bed elevated. Resident 134 was alert and oriented. Resident 134 stated her call light was not answered and she had number two (pooped) waited two hours to be changed sometime last week in the night shift. Resident 134 stated she felt frustrated and depressed. Resident 134 stated she looked at her cell phone for time of how long her call light was not answered.</p> <p>During a review of Resident 134's Minimum Data Set (MDS-comprehensive assessment tool), dated 5/22/25, the MDS indicated Resident 134 was dependent (Helper does all of the effort) on toileting hygiene. The MDS indicated Resident 134 had a BIMS (Brief Interview for Mental Status) score of 15 (score of 13-15 means cognitively intact).</p> <p>During an interview on 6/12/15 at 2:57 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she worked in the night shift with Resident 134 and had no issues with staffing. CNA 1 stated she had 12-14 residents to take care of. CNA 1 stated call lights may have not been answered timely.</p> <p>During a review of facility policy and procedure (P&P) titled, Communication-Call System, dated 10/24/22, the P&P indicated, Nursing staff will answer call bells promptly, in courteous manner.</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
---	-------	-----------

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 06/12/2025
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>Based on interview, and record review, the facility failed to follow their Policy and Procedure (P&P) titled, Room or Roommate Change for one of one sampled resident (Resident 56) when Resident 56 was not notified before he was moved to a different room. This failure resulted in disruption, confusion and making Resident 56 upset.</p> <p>Findings:</p> <p>During an interview on 6/11/25 at 3:56 p.m. with Resident 56, Resident 56 stated when he was admitted to the facility, he was put in a private room. Resident 56 stated a week later when he returned from a shower, staff were collecting his belongings and told him, We [staff] are moving you [Resident 56] to another room. Resident 56 stated he was not notified prior to this decision and didn't sign any type of acknowledgement. Resident 56 stated this (room change) made him upset.</p> <p>During a concurrent interview and record review on 6/12/25 at 8:58 a.m. with Social Services Director (SSD), SSD reviewed Resident 56's clinical record. SSD was unable to find documentation of Resident 56 was notified in writing of a room change. SSD stated he should have received a written notice, and a reason of the room change.</p> <p>During a review of facility's P&P titled, Room or Roommate Change, dated 6/1/21, the P&P indicated, To ensure that a resident is able to exercise their right to change rooms or roommates. II. When making a change in room or roommate assignment, the resident's needs and preferences are considered and will be accommodated to the extent practical. A. The resident may refuse transfer if the transfer is purely for the convenience of staff. III. Prior to changing a room or roommate assignment, the resident, the resident's representative (if applicable), the resident's new roommate, and the resident's current roommate will be given timely advance notice of such change. A. The notice of a change in room or roommate assignment will be in writing and will include the reasons for such change. B. The facility may use Notification of Room Change to notify the resident of the room change. IV. A. the resident's representative is notified in a timely manner of room changes in an emergency situation. VI. Information regarding room transfers will be documented in the resident's medical record.</p>		

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 06/12/2025
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on interview and record review, the facility failed to ensure the Advanced Beneficiary Notice of Non-coverage (ABN - a form that provides information to the beneficiary so that he/she can decide whether or not to get the care that may not be paid for by the Medicare and assume financial responsibility) was completed for two of three sampled residents (Resident 66 and Resident 183). This failure had the potential to negatively affect Resident 66 and Resident 183's finances.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 6/11/25 at 12:18 p.m. with Business Office Manager (BOM), Resident 66's ABN, dated 4/22/25 was reviewed. The ABN indicated, Options: Check only one box. Option 1, Option 2, Option 3 the boxes were left blank. BOM stated the ABN was incomplete.</p> <p>During a concurrent interview and record review on 6/11/25 at 12:20 p.m. with BOM, Resident 183's ABN, dated 3/26/25 was reviewed. The ABN indicated, Options: Check only one box. Option 1, Option 2, Option 3 the boxes were left blank. BOM stated the ABN was incomplete.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medicare Denial Process, dated 10/24/22, the P&P indicated, Medicare beneficiaries will be properly notified when it is determined that they do not meet the requirements for covered skilled services under the Medicare program.</p>

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 06/12/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure:</p> <ol style="list-style-type: none"> Three of three resident rooms (room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]) were clean and sanitary. This failure had the potential to spread infectious diseases to residents, staff, and visitors. Environment had comfortable noise levels for two of two sampled residents (Resident 134 and Resident 31). This failure resulted in residents not getting rest and sleep. One of 44 sampled resident (Resident 81) personal property was protected from theft and loss. This failure resulted in Resident 81's personal property not to be accounted for. <p>Findings:</p> <ol style="list-style-type: none"> During an observation on [DATE] at 9:08 a.m. in room [ROOM NUMBER], the floor under the beds had thick debris and dusts like white particles. The room was occupied by two residents. Resident 24 was lying in bed with thick debris under his bed on the floor. The sliding door frame had thick dark colored debris. <p>During an interview on [DATE] at 9:09 a.m. with Housekeeping/Laundry Supervisor (HLS), HLS stated, Under the bed is dusty. HLS looked at the sliding door frame and stated, Not good.</p> <p>During an interview on [DATE] at 9:13 a.m., with Housekeeper (HSK), HSK stated, There's a build up of dusts, if it cleaned yesterday, it should not be there [dusts].</p> <p>During a concurrent observation and interview on [DATE] at 9:18 a.m. in room [ROOM NUMBER], with Resident 87, there were debris, carton of drink, chips, and a plastic bag were on the floor. Resident 87 stated, The dirt has been there for days. The chips, carton of drink and a plastic bag. There are dusts under my bed for several days.</p> <p>During a review of Resident 87's Minimum Data Set (MDS-comprehensive assessment tool), dated [DATE], the MDS indicated Resident 87 had a BIMS (Brief Interview for Mental Status) score of 15 (score of 13-15 means cognitively intact, score of 8-12 means moderately impaired, and 0-7 means severely impaired).</p> <p>During a concurrent observation and interview on [DATE] at 9:34 a.m. in room [ROOM NUMBER], with Resident 134, there were white particles and debris on the floor. Resident 134 stated, The room is always dirty.</p> <p>During a review of facility policy and procedure (P&P) titled, Housekeeping-General dated [DATE], the P&P indicated, The housekeeping Staff's general duties are to: Sweep and mop, or vacuum, all floors.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During an interview on [DATE] at 9:34 a.m. with Resident 134, Resident 134 stated, The other room had a TV too loud, I can't get sleep at night.</p> <p>During a review of Resident 134's MDS, dated [DATE], the MDS indicated Resident 134 had a BIMS of 15 (.</p> <p>During a review of resident 134's Grievance/Complaint Report (GCR), dated [DATE], the GCR indicated, This is now the 3rd day of resident across the hall, who is deaf, who keeps the volume of his TV at the highest. It is disturbing. I got a headache for 2 days straight and had to take Advil [medication for pain]. I did not get any sleep the first night, was sick in the morning and had to take Zofran [medication for nausea] when I have to take medication because of a resident's TV is unacceptable. The volume was allowed even at night, overnight, all hours. Why are his rights higher than mine?</p> <p>During a concurrent observation and interview on [DATE] at 9:46 a.m. in Resident 31's room, with Resident 31, Resident 31's room mate (Resident 135) TV was on with moderate volume. Resident 31 stated he was not getting sleep due to room mate's TV was too loud at night for several nights.</p> <p>During a review of Resident 31's MDS, dated [DATE], the MDS indicated, Resident 31 had a BIMS of 15.</p> <p>During an interview on [DATE] at 10:33 a.m. with Social Services Director (SSD), SSD stated Resident 135 has hearing impairment and Resident 134's grievance was forwarded and will look into it. SSD stated the issue has not been resolved.</p> <p>During an interview on [DATE] at 4 p.m. with Administrator, Administrator stated he was aware of the complaint of Resident 134 about the TV of Resident 135 which gets too loud at night.</p> <p>During a review of facility policy and procedure (P&P) titled, Resident Rooms and Environment dated 1/2017, the P&P indicated, Facility staff aim to create personalize, homelike atmosphere, paying close attention to the following: Comfortable noise levels.</p> <p>3. During an interview on [DATE] at 12:53 p.m. with Family Member (FM) 1, FM 1 stated the facility failed to protect resident property after Resident 81's death. FM 1 stated when she went to the facility to pick up Resident 81's personal property, they were unable to account for clothing and \$620 in wallet.</p> <p>During a review of Resident 81's Health Status Note (HSN), dated [DATE], the HSN indicated Resident 81 expired at 7:45 p.m. and Resident 81's FM 1 picked up Resident 81's property at 8:30 p.m.</p> <p>During a review of Resident 81's Inventory List, dated [DATE], the Inventory List indicated Resident 81 had one belt, one shirt, one hat, a jacket, one pair of pants, one pair of socks, one undershirt, one watch, one wallet, \$620, and upper denture. The Inventory list was signed by Resident 81 and facility staff upon admission.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on [DATE] at 2:31 p.m. with Director of Nursing (DON), DON stated on admission resident personal property is inventoried on the inventory list by staff and resident or FM sign the form in agreement, on discharge the resident or FM goes through the resident property and inventory list to ensure all property was accounted for then each signs the inventory sheet indicating all property list on admission was received. Resident 81's discharged inventory list was reviewed. DON stated Resident 81's inventory list was not completed or signed by staff and FM 1.</p> <p>During a review of the facility's P&P titled, Theft Prevention, dated [DATE], 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 the resident's property from theft or 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 or death of the resident, 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.</p>		

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 06/12/2025
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>Based on interview, and record review, the facility failed to implement their policy and procedure (P & P) titled, Discharge Against Medical Advice (AMA), for one of one sampled resident (Resident 79). This failure had the potential to result in being discharged to unsafe conditions.</p> <p>Findings:</p> <p>During a review of Resident 79's Discharge Summary, (DS) dated 3/17/25, the DS indicated, Resident 79 was discharged AMA the next day.</p> <p>During an interview on 6/12/25 at 10:23 a.m. with Licensed Vocational Nurse (LVN 9), LVN 9 stated he had just given Resident 79 her medication when he last seen her at the facility. LVN 9 stated when he was done with the medication pass, he had noticed Resident 79 was not in her room. LVN 9 stated when he asked a staff member if they had seen her, the staff member stated she was in the lobby and had walked out the facility. LVN 9 stated Resident 79 did not inform him that she was unhappy with the care and did not mention anything about leaving the facility.</p> <p>During an interview on 6/12/25 at 11:06 a.m. with Director of Nursing (DON), the DON stated there was no AMA form in Resident 79's chart, no attempts to talk to Resident 79, and no documentation that she was safe.</p> <p>During a review of the facility's P&P titled, Discharge Against Medical Advice, dated February 1, 2022, the P&P indicated, 1. Attempts will be made to enlist patient for voluntary admission for continued treatment. 4. A form titled, Against Medical Advice will be reviewed and signed by the resident upon discharge.</p>		

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 06/12/2025
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 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 notify the Ombudsman (advocate for the rights and well-being of residents in long-term care facilities) of transfer to hospital for one of one sampled residents (Resident 7). This failure had the potential for unsafe resident transfer and discharge.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 6/11/25 at 9:42 a.m. with Director of Nursing (DON), Resident 7's Discharge Summary dated 2/26/25 and 7/31/24, were reviewed. The Discharge Summary indicated Resident 7 was transferred to the hospital on 2/26/25 and 7/31/24. DON stated there is no fax confirmation to prove that ombudsman notifications were completed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Transfer and Discharge, dated 9/1/23, the P&P indicated, A temporary transfer to an acute care facility is considered a Facility-initiated discharge and notice must be provided to the resident/resident representative as soon as practicable before the transfer. The Ombudsman must also be notified as soon as practicable.</p>		

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 06/12/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview, and record review, the facility failed to ensure care plan was implemented for one of three sampled residents (Resident 29). This failure had a potential for unintended weight loss for Resident 29.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/9/25 at 10:18 a.m. with Resident 29 in Resident 29's room, Resident 29 stated all of his teeth were recently been extracted and was waiting for dentures. Resident 29 stated he had no teeth and was concerned about his weight loss.</p> <p>During a review of Resident 29's Minimum Data Set (MD'S-comprehensive assessment tool), dated 4/2/25, the MD'S indicated Resident 29's Brief Interview for Mental Status (BIMS - cognition assessment tool, 15-point scale: 13-15 cognitively intact) score was 13.</p> <p>During an interview on 6/11/25 at 3:47 p.m. with Licensed Vocational Nurse (LVN) 9, LVN 9 stated Resident 29 is not on the weekly weights for month of May or June, and his meal percentage is between the 50-75%. Resident 29 has lost one pound since the care plan was revised with no goal weight to see if he is really meeting his goals.</p> <p>During an interview on 6/12/25 at 11:01 a.m. with Resident 29, Resident 29 stated he gets the same foods all the time and is unaware of what else there is that he can eat. Resident 29 stated he always gets sandwiches or chicken soup, and it is hard to eat a lot of things that is on his plate.</p> <p>During a review of Resident 29's Care Plan Report (CP), dated 5/10/25, the CP indicated, Interventions - Honor food choices, Monitor food intake, Offer substitutes for foods refused, and Update food preferences: Resident would like vegetable stew and chili beans for lunch most days.</p> <p>During a review of Resident 29's Meal Ticket (MT), undated, the MT indicated, Resident 29 had a regular diet, dislikes: pasta, no hamburger and ham.</p> <p>During a review of Resident 29's Monthly Weight Report, undated, the Weights indicated, May weight was 155 and June weight was 154.</p> <p>During a review of Resident 29's Documentation Survey Report (DSR), dated 5/2025 and 6/2025, the DSR incated, Nutrition-Amount eaten, Resident 29 had been eating less than 75% for the months of May and June of 2025.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Planning, dated 10/24/22, the P&P indicated, Services or treatments to be administered.</p>		

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 06/12/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to provide oral care to one of six sampled residents (Resident 28). This failure had the potential to result in oral and dental issues.</p> <p>Findings:</p> <p>During an observation on 6/9/25 at 2:40 p.m. in Resident 28's room, Resident 28 was in bed smiling. Resident 28 had food particles in between teeth, teeth had brownish discoloration, and had few missing teeth.</p> <p>During an interview on 6/9/25 at 2:45 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated, It [Resident 28's teeth] looks like her teeth was not brushed for days. Resident 28 had contractures (hardening of joints and has limited movement) on both of her hands.</p> <p>During a review of Resident 28's Care Plan (CP) dated 1/29/25, the CP indicated, Oral Care: Provide setup with oral care and assist as indicated.</p> <p>During an interview on 6/12/25 at 10:32 a.m. with CNA 3, CNA 3 stated Resident 28 was sleeping and so teeth was not brushed. CNA stated, I did not go back to brush her teeth.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Grooming dated 6/1/17, the P&P indicated, Oral Care: Residents who have teeth should brush them twice a day.</p>

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 06/12/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on interview, and record review facility failed to implement their policy and procedure (P&P) titled, Pressure Ulcer Prevention, to prevent a pressure injury (skin damage that result of prolonged pressure or friction such as hips, buttocks, and heels) from occurring for one of five sampled residents (Resident 7). This failure resulted in Resident 7 developing a pressure injury on coccyx area (buttocks).</p> <p>Findings:</p> <p>During a concurrent interview and record review on 6/11/25 at 10:11 a.m. with Director of Nursing (DON), Weekly Summary (WS), dated 2/21/25 was reviewed. The WS indicated skin assessment section was blank. DON stated the WS had no skin assessment completed. DON stated skin assessment should be completed when weekly summary is being done. DON stated Resident 7 should be repositioned every two hours when resident is at risk for developing pressure wound.</p> <p>During an interview on 6/11/25 at 2:29 p.m. with Resident 7, Resident 7 stated, I went to the hospital because of the pressure sore in February 2025. Resident 7 stated she is not aware how pressure injuries occur.</p> <p>During a concurrent interview and record review on 6/11/25 at 2:44 p.m. with Licensed Vocational Nurse (LVN) 4, Resident 7's Clinical Record (CR), was reviewed. LVN 4 stated skin assessment section in WS, dated 2/21/25 was not performed. LVN 4 stated there was no skin assessment performed on the Shower sheet, dated 2/21/25, 2/24/25 by the Certified Nursing Assistants (CNA). LVN 4 stated Progress Note (PN), dated 2/26/25 at 10:20 a.m. indicated, assesses the skin, notice with open wound left buttocks and right buttocks. LVN 4 stated once the open wound was discovered there was not a wound assessment completed.</p> <p>During a concurrent interview and record review on 6/11/25 at 3:25 p.m. with LVN 5, Resident 7's CR was reviewed. LVN 5 stated Discharge Summary dated 2/26/25, indicated no skin assessment was completed. LVN 5 stated CNAs should document skin assessment on the shower sheet. LVN 5 stated weekly summary should be completed with full skin assessment. LVN 5 stated there was no documentation in the skin integrity care plan that indicated teaching was provided to resident on causative factors and measures to prevent skin injury.</p> <p>During an interview on 6/12/25 at 8:31 a.m. with DON, DON stated on 2/26/25 wound was not measured and there was no wound monitoring record completed. DON stated there was no treatment order initiated. DON stated there was no assessment of the pressure injury completed. DON stated there was no documentation that skin assessment was completed from 2/16/25-2/22/25.</p> <p>During an interview on 6/12/25 at 12:01 p.m. with LVN 5, LVN 5 stated if resident is at risk for pressure injury, resident should be repositioned every two hours. LVN 5 stated there was no intervention implemented for repositioning. LVN 5 stated facilities normal protocol is turning and repositioning. LVN 5 stated when he examined Resident 7's coccyx area on 2/26/25 there was some kind of skin erosion and there was no skin flap and skin was open.</p> <p>During a review of Shower Sheet, dated 2/10/25, the Shower Sheet indicated, Bottom Rash.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the PN dated 1/17/25, the PN indicated, Moisture: very moist. Activity: Chairfast. Resident is slightly Limited. Braden score: 17 (17 indicate moderate risk for developing a pressure injury).</p> <p>During a review of Resident 7's Braden Scale - for Predicting Pressure Ulcer Risk Evaluation (BSPPURE) dated 1/17/25, the BSPPURE indicated, 3. Moisture (degree to which skin is exposed to moisture) b. very moist: skin is often but not always moist. Linen must be changed at least once a shift. 4. Activity (degree of physical activity) b. Chairfast: ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair. 5. Mobility (ability to change and control body position) c. Slightly limited: Makes frequent though slight changes in body or extremity position independently.</p> <p>During a review of PN dated 2/1/25, at 3:23 p.m., the PN indicated Late entry for 1/29/2025 @ [at] 10 am received new treatment orders from MD to resolve MASD [Moisture Associated Skin Damaged] to left and right buttock. Skin intact, and no s/s [sign and symptoms] of infection noted.</p> <p>During a review of Resident 7's Minimum Data Set (MDS) Section GG -Functional Abilities dated 1/17/2025, the MDS indicated Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. Code is 03 [3. Means partial/moderate assistance - helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort]. A. Roll left and right: The ability to roll from lying on back to left and right side and return to lying on back on the bed code is 03. F. Toilet transfer: the ability to get on and off a toilet to commode code is 04 [Supervision or touching assistance - helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity]. Is this resident at risk of developing pressure ulcers/injuries? Code is 1 [yes].</p> <p>During a review of hospital's Wound Care Note, dated 3/4/25, the Wound Care Note indicated, Patient [Resident 7] is admitted with a 6.0 x 11.0 CM [centimeter] unstageable (full thickness skin and tissue loss) pressure injury. Wound bed is 90% well adhered slough [slough consists of dead cells] and 10% red tissue.</p> <p>During a review of the facility's P&P titled, Pressure Ulcer Prevention, dated 6/1/2017, the P&P indicated, To identifying residents at risk for skin breakdown, implement measures to prevent and/or manage pressure ulcers and minimize complications. B. The Licensed Nurse will conduct a skin assessment for a resident upon admission, readmission, weekly, and as needed. Results of the weekly skin assessment will be documented in the medical record. b. If the resident is identified as having a wound at any time other than admission, the Wound Monitoring Record will be implemented. C. A Wound Monitoring Record will be implemented for each identified wound. II. Plan of Care: A. The Licensed Nurse will develop a Care Plan specific to the resident's risk factors such as moisture control, pressure reduction, positioning, mobility, and nutrition n consultation with the following: I. Attending Physician ii. Interdisciplinary Team (IDT)-Skin Committee iii. Registered Dietician iv. Director of Rehabilitation Services B. Nursing Staff will monitor interventions for effectiveness and resident tolerance. C. The Care Plan will be revised as indicated. III. Ongoing Monitoring: A. CNAs will inspect the resident's skin during ADL care and report unusual findings to the Licensed Nurse. B. CNAs will complete body check on resident's shower days and report unusual findings to the Licensed Nurse.</p>		

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 06/12/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow the physician's order to provide RNA (Restorative Nursing Assistant program-provide specialized care that helps residents regain or maintain their physical abilities and independence) program to one of six sampled residents (Resident 28). This failure had the potential for Resident 28 experiencing worsening immobility.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/9/25 at 2:55 p.m. in Resident 28's room, Resident 28 was in bed, her both hands had contractures (hardening of joints, limited mobility). Resident 28 stated she has not been getting exercises and not has been out of bed in a while.</p> <p>During a review of resident 28's Order Summary Report (OSR), dated 5/12/25, the OSR indicated, RNA to perform AAROM [Active Assisted Range of Motion - type of exercise where a person moves a joint with the help of another person or a device, helps to build strength and flexibility in a recovering body part] Gentle exercises to BLE [bilateral lower extremities - both legs] 3x [times] / [per] week as tolerated, one time a day.</p> <p>During a concurrent interview and record review on 6/11/25 at 12:09 p.m. with RNA 1, Resident 28's Restorative Nursing Assessment Log (RNAL), dated June 2025, was reviewed. The RNAL indicated there was no RNA program provided for Resident 28 from 6/1/25 to 6/11/25. RNA 1 stated she has not provided RNA exercises for Resident 28. RNA 1 stated, I can't access the PCC [point click care-a cloud-based healthcare software platform, specifically designed for the long-term care], we use the log, they [staff] print for us, this was since they change the computer system. I have been telling them [about PCC]. RNA 1 reviewed the RNA binder log dated June 2025. RNA 1 stated, [Resident 28] is not in the log, I have not been doing her RNA [services], missed for the month of June [2025].</p> <p>During an interview on 6/11/25 at 3:01 p.m. with Director of Staff Development (DSD), DSD stated, The PCC was changed to [NAME] [another computer software] in April [2025] and it has changed, there was no RNA access. The PT [Physical Therapy] write the order then they should print. We use paper for now until we figure it out. DSD stated Resident 28's RNA log was not printed and was missed.</p> <p>During a review of facility's policy and procedure (P&P) titled, Restorative Nursing program Guidelines, dated 6/1/17, the P&P indicated, The Restorative Nurse's Aide (RNA) carries out the restorative nursing program according to the Care Plan and documents daily.</p>		

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 06/12/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure safety for one of eight sampled residents (Resident 338) when smoking articles were left with the Resident 338 unattended. This failure had the potential to cause injury to residents residing in the facility.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/10/25 at 9:18 a.m. with Certified Nursing Assistant (CNA) 12, a pack of cigarettes and a lighter were on Resident 338's bedside table. CNA 12 stated these smoking items are supposed to be locked up at the nurses' station and residents should not have access to them.</p> <p>During an interview on 6/10/25 at 9:30 a.m. with Director of Nursing (DON) and Resident 338, Resident 338 stated her cigarettes and lighter were in the purse sitting in her lap. DON stated to Resident 338 our policy that smoking articles are supposed to be locked up.</p> <p>During a review of Resident 338's Smoking Assessment (SA), dated 5/27/25, the SA indicated, Resident is a smoker and requires supervision.</p> <p>During a review of policy and procedure (P&P) titled, Smoking, dated 3/24/23, the P&P indicated, To respect resident/employee choice to smoke and to maintain a safe healthy environment for both smokers and non-smokers. I. Smoking is not allowed anywhere inside the facility. X. All smoking materials will be stored in a secure area to ensure they are kept safe. Based on the individual resident's Smoking Assessment, Facility Staff determine the most appropriate method of secure storage.</p>		

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 06/12/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a nephrostomy catheter (a tube placed through the skin into the kidney to drain urine when there's a blockage or other problem preventing normal drainage) collection bag was placed below the bladder for one of one sampled resident (Resident 28). This failure had the potential for bladder infection or leakage of the catheter bag.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/9/25 at 3 p.m. in Resident 28's room, with Licensed Vocational Nurse (LVN) 7, Resident 28 was lying in bed on an upright position. Resident 28 had a nephrostomy catheter collection bag on the bed. The catheter bag had yellowish urine like liquid, placed beside her head, and higher than the level of her bladder. Resident 28 had contractures (hardening and deformity of joints, unable to move) on both of her hands, unable to lift or move objects. LVN 7 stated the catheter bag should be placed lower than the bladder.</p> <p>During a review of Resident's Care Plan (CP), dated 5/5/25, the CP indicated, [Resident 28] has nephrostomy drain to right flank [side of the rib]. Monitor site and drainage.</p> <p>During a review of facility's policy and procedure (P&P) titled, Catheter-Care of, dated 6/1/17, the P&P indicated, Collection bags should always be kept below the level of the bladder, including during transport.</p>

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 06/12/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on observation, interview, and record review, the facility failed to follow the physician's order to ensure one of five sampled resident's (Resident 337) pain medications were given according to the pain rate parameter. This failure had the potential for Resident 337 experiencing unrelieved pain.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/11/25 at 8:30 a.m. with Resident 337 and Licensed Vocational Nurse (LVN) 6, in Resident 337's room. Resident 337 was moaning and stated she is having a pain rate of over 10 (pain rate of 10 means the worst possible pain). LVN 6 stated Resident 337 has an order for Tramadol (pain medication) for pain rate of 4-6 (for moderate pain). LVN 6 stated she will give the Tramadol.</p> <p>During a review of Resident 337's Medication Administration Record (MAR), dated June 2025, the MAR indicated, Tramadol Oral tablet 50 mg (milligram) Give 1 tablet by mouth every 12 hours as needed for pain - moderate (4-6). The MAR indicated Resident 337 was given Tramadol:</p> <p>a) On 6/5/25, with a pain rate of 7 (rate of 7-9 means severe pain).</p> <p>b) On 6/7/25, with a pain rate of 8.</p> <p>The MAR indicated, Acetaminophen [pain medication] Oral Tablet 325 mg. Give 2 tablet by mouth every 4 hours as needed for pain -Mild (pain rate 1-3). The MAR indicated Resident 337 was given Acetaminophen on 6/2/25 with a pain rate of 4.</p> <p>During an interview on 6/11/25 at 11:38 a.m. with Resident 337, Resident 337 stated the Tramadol will work a bit but the pain comes back. Resident 337 stated, It's [pain] coming back now. Resident 337 stated Tramadol was not effective.</p> <p>During a review of Resident 337's Minimum Data Set (MDS-comprehensive assessment tool), dated 6/4/25, the MDS indicated Resident 337 had a BIMS (Brief Interview of Mental Status) score of 15 (score of 13-15 means cognitively intact).</p> <p>During a review of facility policy and procedure (P&P) titled, Pain Management, dated 6/1/17, the P&P indicated, The License Nurse will administer pain medication as ordered.</p>		

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 06/12/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure safe administration of medication for six of 16 sampled residents (Resident 46, Resident 183, Resident 23, Resident 47, Resident 7, and Resident 282) when medications were found at resident's bed side table. This failure had the potential for medications to be accessed by unauthorized staff and residents.</p> <p>Findings:</p> <p>a) During a concurrent observation and interview on 6/9/25 at 8:43 a.m. with Licensed Vocational Nurse (LVN) 4 in Resident 46's room, Resident 46 had zinc oxide (ointment used to treat and prevent diaper rash) 1 pouch of 8 ounces (oz) on bedside table. LVN 4 stated medication should not be left at bedside table.</p> <p>During a concurrent interview and record review on 6/10/25 at 2:38 p.m. with Registered Nurse (RN) 1, Resident 46's Self-Medication Administration Form (SMAF), dated 5/7/25 was reviewed. The SMAF indicated, Did the resident requested to self administer medication? indicated No Comments indicated Resident did not request to self administer her medication. She is dependent on care staff to assist with administering her medication. RN 1 stated Resident 46 is not capable to administer her own medications and Resident 46 cannot store her medications at bedside.</p> <p>b) During a concurrent observation and interview on 6/9/25 at 8:50 a.m. with LVN 4 in Resident 183's room, Resident 183 had a medication cup with apple sauce and one pill in the cup on the bed side table. Resident 183 stated the pill is my potassium (supplement) tablet. Resident 183's bed sidetable had 2 pouches of zinc oxide. LVN 4 stated the medications should not be left at bedside table.</p> <p>During a review of Resident 183's Order Review History Report (ORHR), dated 1/20/25, the ORHR indicated, Potassium Chloride ER [Extended Release] tablet Extended Release 20 MEQ [milliequivalent] Give1 tablet by mouth two times a day.</p> <p>During a concurrent interview and record review on 6/10/25 at 2:41 p.m. with RN 1, Resident 183's Self-Administration of Medication (SAM), dated 3/14/25 was reviewed. The SAM indicated, Capable of storing medications in a secure location indicated Not Capable Capable of administering oral medications indicated Not capable. RN 1 stated Resident 183 is not capable to administer her own medications and Resident 183 cannot store her medications at bedside.</p> <p>c) During a concurrent observation and interview on 6/9/25 at 11:42 a.m. with LVN 4 in Resident 23's room, Resident 23 had albuterol inhaler (used to treat and prevent difficulty breathing) at bedside table. Resident 23 had Potassium Gluconate tablet bottle (used as mineral supplement) 595 mg (milligram) at bedside table. LVN 4 stated medications should not be left at bedside table.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 6/10/25 at 2:52 p.m. with RN 1 in Resident 23's room, Resident 23 had AZO (generic brand-used to relieve pain or burning during urination) 27 tablets, Enalax (used to regulate bowel movement) 12 pills, another Albuterol inhaler, Benadryl (treating or preventing allergy symptoms) 95 pills, Driminate (to prevent and treat nausea and vomiting) 100 tablets and [NAME] (treatment for the mouth and gums to provide pain relief) on the bedside table. RN 1 stated medication should not be left at bedside table.</p> <p>During a review of Resident 23's SMAF, dated 5/13/25, the SMAF indicated, Did the resident requested to self administer medication? indicated No.</p> <p>d) During a concurrent observation and interview on 6/9/25 at 9:23 a.m. with LVN 4 in Resident 47's room, Resident 47 had Diclofenac Sodium (ointment used to treat joint pain) 1 tube at bedside table. Resident 47 had Biofreeze (used as pain) ointment at bedside table. LVN 4 stated medications should not be left at bedside table.</p> <p>During a concurrent interview and record review on 6/10/25 at 2:46 p.m. with RN 1, Resident 47's SAM, dated 4/23/25 was reviewed. The SAM indicated, Capable of storing medications in a secure location indicated Not Capable Capable of administering oral medications indicated Not capable. RN 1 stated Resident 47 is not capable to administer her own medications and Resident 47 cannot store her medications at bedside.</p> <p>e) During a concurrent observation and interview on 6/9/25 at 9:54 a.m. with LVN 4 in Resident 7's room, Resident 7 had a Nasal spray (used to relieve congestion and allergies) 1 bottle, Fluticasone (used to treat sneezing, itchy or runny nose) 1 bottle, 2 Zinc oxide pouches, Tolnafatate powder (treat skin infection). LVN 4 stated medication should not be left at bedside table.</p> <p>During a concurrent interview and record review on 6/10/25 at 2:49 p.m. with RN 1, Resident 7's SAM, dated 4/18/25 was reviewed. The SAM indicated, Capable of storing medications in a secure location indicated Not Capable Capable of administering oral medications indicated Not capable. RN 1 stated Resident 7 is not capable to administer her own medications and Resident 7 cannot store her medications at bedside.</p> <p>f) During a concurrent observation and interview on 6/9/25 at 9:02 a.m. with LVN 8 in Resident 282's room, there was a paper cup with medication on Resident 282's bedside table. LVN 8 stated the medication in the cup were as followed; multivitamin, vitamin C 500 mg (vitamin), Zinc Sulfate 220 mg (mineral), Senosides-Docusate Sodium Tablet 8.6-50mg (laxative), Ferrous Sulfate 325mg (Iron), Apixaban 2.5mg (blood thinner) and methadone 10 mg (pain medication). LVN 8 stated the medication should not have been left at bedside and she should have watch him take them.</p> <p>During an interview on 6/10/25 at 1:40 p.m. with LVN 8, LVN 8 stated that those medications were in the cup on Resident 282's bedside and Resident 282 did not have an order for self-administration.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Drug Storage and Labeling, [undated], the P&P indicated Drugs and biologicals will be stored in a safe, secure and orderly fashion, and will be accessible only to licensed nursing or pharmacy personnel.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medication - Administration, dated 6/1/22, the P&P indicated, VIII. Medication will not be left at the bedside.</p>		

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 06/12/2025
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure of one of 26 sampled milk glasses were at appropriate temperature. This failure had the potential to result in the residents having foodborne illness.</p> <p>Findings:</p> <p>During an observation on 6/11/25 at 11:15 a.m. in the kitchen, the milk temperature was at 46 degrees.</p> <p>During a concurrent observation and interview on 6/11/24 at 12:43 p.m. with Dietary Manager (DM) in the conference room, the test tray was delivered. DM tested the milk temperature and stated the milk was at 46 degrees. DM stated milk temperature should be below 41 degrees.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Food Temperatures, dated 1/31/19, the P&P indicated, Acceptable Serving Temperatures Food Item Milk, juice &lt; [less than] 41 [degree].</p> <p>During a review of the facility's P&P titled, Food & Nutrition Services Policy and Procedure, Dated 12/1/21, the P&P indicated, 4. Milk may be poured into glass from the original container, covered, and returned to refrigeration. 5. Milk will not remain out of the refrigeration during meal service if proper temperature of 41-degree F or below cannot be maintained. Milk will be placed in an ice bath in order to maintain the proper temperature and/or only the amount that is needed will be removed from refrigeration. 8. For cold items - temperatures shall be checked and recorded on the food temperature log. a If the temperature of the cold food item is not 41 degrees F or below then the HACCP policy will be implemented in order to bring the temperature into the appropriate range.</p>		

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 06/12/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure (P&P) titled Dish Machine Temperature Recording, when dish machine's wash water was not at required temperature. This failure had the potential to result in unsanitary conditions of food utensils for foodservice safety and potential to place residents at risk for food borne illness.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/11/24 at 8:33 a.m. with Dietary Aid (DA) 1 in the kitchen, the dishwasher was in use with dishes currently in the rack. The dishwasher already had a few cycles when the temperature of the dishwasher was reviewed. DA 1 stated the temperature was at 110 degrees.</p> <p>During a concurrent observation and interview on 6/11/24 at 11:31 a.m. with DA 2 in the kitchen, the dishwasher was in use with dishes currently on the rack. DA 2 stated the temperature was at 110 degrees.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Dish Machine Temperature Recording, dated 6/1/17, the P&P indicated, Procedure II. Allow the dish machine to run through several cycles in order to bring the water temperature up to the proper level by sending several empty racks through the machine. Read temperature gauges on the machine while racks are in the machine. Low Temperature Dish Machine wash temperature 120 -150 degree.</p>		

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 06/12/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review the facility failed to ensure that discharge summary was completed for one of one sampled resident (Resident 7) when a discharge summary was missing skin assessment. This failure resulted in Resident 7's discharge summary incomplete documentation.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 6/11/25 at 3:25 p.m. with Licensed Vocational Nurse (LVN) 5, Resident 7's Discharge Summary (DS), dated 2/26/25, was reviewed. The DS indicated skin assessment was blank. LVN 5 stated no skin assessment was completed on discharge summary.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Transfer and Discharge, dated 9/1/23, the P&P indicated, Prior to discharging the resident, the Facility will prepare a Discharge Summary and will document the summary in the resident's medical record. At a minimum, the Discharge Summary will contain a summary of the resident's status, including a description of the resident's: i. Medically defined condition(s) and prior medical history.</p>

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 06/12/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to follow infection control standards of practice for one of 20 sampled residents (Resident 72) when staff didn't wear the proper Personal Protective Equipment (PPE-specialized equipment worn by staff to minimize exposure to infections or illness) when providing care. This failure had the potential to spread infectious diseases.</p> <p>Findings:</p> <p>During an observation and interview on 6/10/25 at 9:38 a.m. with Licensed Vocational Nurse (LVN) 5 in Resident 72's room, LVN 5 was providing wound care to Resident 72. LVN 5 did not wear a gown during the wound care. Resident 72 had signage above his bed indicating Enhanced Barrier Precautions- must wear a gown and gloves during any wound care requiring a dressing. LVN 5 stated, I realized it right afterwards, that I should had a gown on.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Personal Protective Equipment, dated 7/1/23, the P&P indicated, I. Facility staff required to perform tasks that may involve exposure to blood/body fluids are provided with appropriate protective clothing and equipment. III. A. Gowns i. Facility staff wear a gown whenever performing a task that are likely to soil the staff clothing with blood, body fluids, secretions, or excretions.</p> <p>During a review of the facility's P&P titled, Standard and Enhanced Precautions, dated 7/1/24, the P&P indicated, Purpose to ensure the use of appropriate personal protective equipment to improve infection control as required in the care of residents. Enhanced Barrier Precautions refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs target gown and glove use during high contact resident care activities that are associated with associated with a high rise of MDRO colonization when contact precautions do not otherwise apply and/or transmission such as presence of indwelling devices and wounds or presence of unhealed pressure ulcers.</p>		

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 06/12/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three residents' rooms (Resident 24)'s was in good repair. This failure had the potential for affecting residents quality of life.</p> <p>Findings:</p> <p>During an observation on 6/9/25 at 9:08 a.m. in Resident 24's room, Resident 24 was lying in bed. There were three deep scrapes on the wall by the head of the bed. The scrapes were approximately 14 inches in diameter and half inch deep, 10 inches in diameter half inch deep scrape, and eight inches in diameter half inch deep scrape. There were thick debris on the floor.</p> <p>During an interview on 6/9/25 at 9:10 a.m. with Maintenance Supervisor (MS), MS stated the bed was hitting the wall. MS stated he was aware of the scrapes. MS stated, We do not fix it until there is penetration, meaning a hole to the next room.</p> <p>During a review of the facility's list of Maintenance Concerns (MC), dated 4/1/25 to 6/11/25, the MC indicated there was no report and no repair done on the scraped walls.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Maintenance Services, dated 6/1/17, the P&P indicated, Functions of the Maintenance Department may include, but are not limited to: Providing routinely scheduled maintenance service to all areas.</p>		