

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555912	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Kern River Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5151 Knudsen Drive Bakersfield, CA 93308	

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>38993</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure when medications were not documented immediately after being administered for two of three sampled residents (Resident 1 and Resident 2). This failure resulted in inaccurate medical records.</p> <p>Findings:</p> <p>During a review of Resident 1's Medication Admin (administration) Audit Report (MAAR) dated 6/26/24, the MAAR indicated, Resident 1 was to receive Atorvastatin Calcium (medication used to treat high cholesterol) . Schedule Date.6/9/24 2100 (9 p.m.).Administered 6/9/24 2258 (10:58 p.m.).Doxycycline Hyclate (antibiotic used to treat infection).Schedule Date.6/9/2024 2100 (9 p.m.).Administration Time 6/9/24 2258 (10:58 p.m.). Humalog (medication used to treat high blood sugar).Administration Time 6/9/24 2100.Administered 6/10/24 2:10 a.m.</p> <p>During a review of Resident 2's MAAR dated 6/26/24, the MAAR indicated, Resident 2 was to receive Empagliflozin (medication to treat high blood sugar).Schedule Date.6/24/24 9:00 a.m.Administration Time. 18:35 (6:35 p.m.).Empagliflozin.Schedule Date.6/25/24 9:00 a.m. Administered.6/25/24 12:23 p.m.Losartan Potassium (medication used to treat high blood pressure).Schedule Date.6/25/24 9:00 a.m.Administration Date 6/25/24 12:23 p.m.</p> <p>During a concurrent interview and record review, on 7/25/24 at 4:07 p.m. with Assistant Director of Nursing (ADON), ADON reviewed the MAAR's for Resident 1 and Resident 2. There were several medications that were not administered timely. ADON stated during the investigation of the late administration times, it was discovered the staff were administering the medications timely but were not documenting it immediately. ADON stated the nurses should have documented immediately after the medication was administered.</p> <p>During an interview on 7/25/24 at 6:52 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated when medication was administered it should have been documented right away.</p> <p>During an interview on 7/25/24 at 7:21 a.m. with LVN 2, LVN 2 stated at times the medications were administered on time but were documented late. LVN 2 stated medications should be documented immediately after being administered.</p> <p>(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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled Documentation of Medication Administration dated 11/22, the P&P indicated, Administration of medication is documented immediately after it is given.</p>