

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 06/28/2024
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>50939</p> <p>Based on observation, interview, and record review, the facility failed to monitor and document behavioral episodes for one of three sampled residents (Resident 1). This failure had the potential for untreated Resident 1's worsening behavior.</p> <p>Findings:</p> <p>During an observation on 6/28/2024 at 10:10 a.m., outside of conference room, Resident 1 was sitting in his wheelchair. Resident 1 was agitated (restless) and upset.</p> <p>During a review of Resident 1 ' s Care Plan (CP), dated 6/20/2024, the CP indicated, Psychosocial behavior: exhibits or is at risk for behavioral symptoms (i.e., striking out, grabbing others, combative, verbally, or physically abusive, inappropriate disrobing, smears/throws food/feces/objects due to bipolar disorder [mood disorder]. Goal: will accept supportive strategies and demonstrate adequate control of emotions which will not result in injury to self or others. Interventions/Tasks: Document and record behavioral episodes.</p> <p>During a concurrent interview and record review 7/25/2024 at 3:13 p.m. with Director of Nursing (DON), DON reviewed Resident 1's CP and was unable to find documentation of behavioral monitoring. DON stated the CP interventions/tasks for documentation and record behavioral episodes was never done.</p> <p>During a review of the facility ' s policy and procedure titled, Care Plans, Comprehensive Person-Centered, dated March 2022, the P&P indicated, 6. The comprehensive, person-centered care plan should: B. Describe the services that are to be furnished in an attempt to assist the resident attain or maintain that level of physical, mental, and psychosocial wellbeing that the resident desires or that is possible, including services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights (including the right to refuse treatments).</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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