

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  07/09/2024
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 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>46958</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1)'s call light was within easy reach. This failure had the potential for Resident 1's activities of daily living need not being met.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/24/24 at 2:30 p.m. with Certified Nursing Assistant (CNA) 1, in Resident 1's room, Resident 1's call light button was on the floor and was not in Resident 1's reach. CNA 1 stated, Call light is on the floor, and it should be in Resident 1's reach.</p> <p>During a concurrent observation and interview on 6/24/24 at 3 p.m. with Licensed Vocational Nurse (LVN) 1, in Resident 1's room, Resident 1's call light button was on the floor and was not in Resident 1's reach. LVN 1 stated, Call light was not in Resident 1's reach, and it should be clipped to sheet or to resident's clothes so it can be in reach.</p> <p>During a review of Resident 1's Care Plan (CP) , dated 2024, the CP indicated, ADL [Activity of Daily Living]/Mobility: [Resident 1] has actual ADL/mobility decline and requires assistance related to behavioral symptoms, cognitive impairment, non-ambulatory [unable to walk], pain, recent hospitalization , weakness.</p> <p>During a review of Resident 1's Minimum Data Set (MDS) section Brief Interview for Mental Status (BIMS) dated November 2024, the BIMS indicated, Resident 1 had a score of 6 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment 13-15 cognitive is intact). The MDS section GG-Functional Abilities and Goals, dated June 2024, the MDS indicated, Putting on/taking off footwear code is 01 [01 means Dependent-Helper does all the effort]. Toileting hygiene code is 01, Shower/Bathe self-code is 01, Sit to lying is code 01, Chair/bed-to-chair transfer is code 01, Toilet transfer code is 01.</p> <p>During a review of facility's policy and procedure (P&amp;P) titled, Answering the Call Light dated 2024, the P&amp;P indicated, The purpose of this procedure is to respond to the resident's requests and needs. 5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.</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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