

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 07/16/2024
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 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>34401</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure titled Care Plans, Comprehensive Person-Centered, for one of two sampled residents (Resident 1). This failure has the potential for accidents and injuries.</p> <p>Findings:</p> <p>During a review of Resident 1's SBAR (situation, background, assessment, and recommendation) Communication Form dated 6/8/24 at 10 p.m., the SBAR indicated Resident 1 had an unwitnessed fall. slid off bed. found lying supine (face up) on the floor by right side of bed. Resident 1's post Fall Risk Observation/Assessment indicated Resident 1 was a high risk for fall. Resident 1's fall care plan was not updated after the fall incident on 6/8/24.</p> <p>During a concurrent interview and record review on 7/16/24 at 12:35 p.m. with Assistant Director of Nurses (ADON), ADON reviewed Resident 1's SBAR dated 6/8/24 at 10 p.m. and ADON confirmed Resident had an unwitnessed fall incident on 6/8/24. ADON was unable to find an updated fall care plan for Resident 1. ADON stated Resident 1's care plan should have been updated after the fall incident on 6/8/24.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated 3/2022, the P&P indicated, 8. The interdisciplinary team should review and updates the care plan: a. When there has been a significant change in the resident's condition: .</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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