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| 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 07/31/2024 |
| 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) |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>50409</p> <p>Based on interview and record review, the facility failed to ensure a change in condition was communicated to the primary care physician for one of four sampled residents (Resident 1). This failure had the potential to result in Resident 1's overall condition to worsen due to delay of care.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission/Readmission Evaluation/Assessment (AREA), dated 7/15/24, the AREA indicated, Resident alert and oriented x 4 [alert and oriented to person, place, time and situation].</p> <p>During a review of Resident 1's Baseline Care Plan Person-Centered Care Planning (BCP), dated 7/15/25, the BCP indicated Resident 1 was alert and cognitively intact.</p> <p>During a review of Resident 1's PN, dated 7/18/24, the PN indicated, Resident is alert with some confusion noted. The PN indicated no documentation of the facility notifying the primary care physician about Resident 1's new onset of confusion.</p> <p>During a review of Resident 1's Minimum Data Set (MDS [an assessment tool]), dated 7/19/24, the MDS indicated Resident 1 had a BIMS (Brief Interview of Mental Status) of 6 (0-7 indicates severe cognitive impairment [problems with a person's ability to think, learn, remember, use judgment, and make decisions]).</p> <p>During a concurrent interview and record review on 7/31/24 at 3:25 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 1's Progress Notes (PN), dated 7/31/24 was reviewed. LVN 1 stated, They [staff] told me [Resident 1] was alert but then I introduced myself and she was not responding to me. She gave me a totally different date. Then the following day, she was more confused. The PN indicated no documentation of the facility notifying the primary care physician about Resident 1's new onset of confusion.</p> <p>During a review of Resident 1's PN, dated 7/21/24, the PN indicated, Resident [1] is being sent out to Memorial Hospital for AMS (Altered Mental Status [change in mental function]). Resident [1] per daughter's phone call with [Resident 1] is not herself and is not speaking like herself at this time.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 8/23/24 at 2:22 p.m. with LVN 2, LVN 2 stated, I don't know what her actual baseline [cognitive status] was. I was just at that cart [medication cart] that one day. The admission assessment says [Resident 1] was alert x4. That's why I sent [Resident 1] out.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Change in a Resident's Condition or Status, dated 2001, the P&P indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status.</p> | | |