

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 08/02/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) grievances were addressed and resolved. This failure resulted in violation of resident's rights to have Resident 1 grievance addressed.</p> <p>Findings:</p> <p>During an interview on 8/2/24 at 2:27 p.m. with Social Service Director (SSD), SSD stated whenever the resident or family member had concerns or grievances, the social services would give them the Grievances Interview Record (GIR) to fill out or social services would fill the GIR out for the resident or family member. SSD will then give the GIR to the department responsible for the grievance. The facility would try to resolve the grievance within five days. SSD will contact the resident or family member to inform them of the resolution or SSD will set up a care conference depending on the situation.</p> <p>During a review of Resident 1's GIR, dated 8/25/23, the GIR indicated, (Resident 1) was told by CNA (Certified Nursing Assistant) when asking for help to the bathroom you show [sic] know better then [sic] to call us during shift change. (Resident 1) was helped to the bathroom and left there with the call light on for 1 1/2 hrs (hours).</p> <p>During a concurrent interview and record review on 8/2/24 at 2:45 p.m. with Assistant Director of Nursing (ADON), Resident 1's GTR, dated 8/25/23, was reviewed, ADON confirmed the grievance with call light was not addressed or resolved.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Concern/Grievance Program, updated 12/17/06, the P&P indicated, The Resident Concern/ Grievance Program is intended to reflect the facility policy which acknowledges the right of residents to voice concerns and expectation of prompt effects by the facility to resolve them. 1.) The Social Service Director (SSD) is designated for collecting, reviewing, and communicating concerns or grievances to the Administrator. These shall be completed within one business day. Responses and results will be completed within five business days. 2.) Concerns or grievances shall be communicated in writing. 3.) The facility Concern Report includes the following components: . d.) nature of the concern or grievance . e.) investigation findings, f.) follow-up to concerns . 5.) The SSD will complete a follow-up interview within 7-10 days to ensure that the approach taken by the facility has resolved the concern.</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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