

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 12/05/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating, when suspicion of financial abuse was not reported to the attending physician (AP) for one of three sampled residents (Resident 1). This failure had the potential for Resident 1's AP not to be aware of the suspicion and the potential for emotional distress for Resident 1.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 12/5/24 at 12:22 p.m. with Director of Nursing (DON) and Administrator. Administrator stated she took Resident 1 to the bank on 11/25/24, Resident 1 discovered there was money missing from his account. Resident 1's medical record was reviewed and there was no evidence the AP was notified of the suspicion of financial abuse. DON confirmed Resident 1's AP was not notified of the suspicion of financial abuse. Administrator stated No, I did not do that (report to Resident 1's AP).</p> <p>During a review of the facility's P&P titled, Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating, revised September 2022, the P&P indicated, 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: . f. The resident's attending physician .</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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