

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  12/31/2024
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)
<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>39763</p> <p>Based on observation, interview, and record review, the facility failed to ensure care plans were consistently implemented for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to experience accidents and injuries.</p> <p>Findings:</p> <p>During a review of Resident 1's care plan with the focus on Resident 1 is at risk for falls ., revised 12/2/24 the care plan indicated red star program (an intervention put in place when a resident has two or more falls within 30 days, red stars should be placed on name plate outside the resident's room).</p> <p>During a concurrent observation, interview, and record review, on 12/31/24 at 11:20 a.m. outside of Resident 1's room, with Director of Nursing (DON). DON confirmed Resident 1 was attempting to get out of bed unassisted. Resident 1's care plan with the focus on risk for falls (12/2/24) was reviewed. DON confirmed Resident 1 was care planned for the red star program. DON confirmed Resident 1 did not have a red star on her name plate and stated Resident 1 should have a red star.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Falls and Fall Risk, Managing, revised March 2018, the P&amp;P indicated, Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Resident-Centered Approaches to Managing Falls and Fall Risk 1. The staff, with the input of the attending physician, will implement a resident -centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls.</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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