STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555912	A. Building B. Wing	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kern River Transitional Care	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure vital documents were provided in primary language for one of three sampled residents (Resident 2). This failure had the potential for Resident 2 to not understand the provided vital information.Findings:During a review of Resident 2's admission Record, (AR) the AR indicated, Resident 2's primary language was Spanish. During a review of Resident 2's Social History Assessment, ([NAME]) dated 4/27/25, the [NAME] indicated Resident 2's preferred language was Spanish. During a concurrent interview and record review, on 7/16/25 at 4:17 p.m. with Admissions Coordinator (AC), AC stated the facility does not have an Admissions Agreement in Spanish. Resident 2's Admissions Agreement, dated 5/6/25 was reviewed. AC confirmed Resident 2's Admissions Agreement was in English. During a concurrent interview and record review, on 728/25 at 10:22 a.m. with Director of Nursing (DON), Resident 2's [NAME] and Hospital Record, (HR) dated 6/5/25, was reviewed. The HR indicated Resident 2's primary language was Spanish and required an interpreter. DON stated the vital documents should have been provided in Resident 2's primary language which is Spanish.During a review of the facility's policy and procedure (P&P) titled, Translation and/or Interpretation of Facility Services, revised November 2020, the P&P indicated, This facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility. 1. In general, the types of language access services provided by this facility shall be determined by the following factors: . c. The nature and/or importance of the information or service that needs to be conveyed; and . 4. All LEP persons shall receive a written notice in their primary language of their rights to obtain competent oral translation services free of charge. If written notice is not possible, such notice shall be given orally. 7. Written translation of vital information is available in the following languages at this time: . 8. Vital information includes the following: a. Eligibility for services or benefits (including language access); b. admission information (including financial responsibility); c. Advance directives; d. Resident rights; e. Authorization for use or disclosure of protected health information; f. Consent for treatment g. Denial, loss, or decreases in Medicaid or Medicare benefits; h. Social services information; and i. Notice of pending discharge and discharge instructions. 10. When written translation of vital information is unavailable, or impractical (i.e., an infrequently encountered language), the facility shall attempt to provide oral translation of vital documents. 13. Family members and friends shall not be relied upon to provide interpretation services for the resident, unless explicitly requested by the resident. 14. It is understood that providing meaningful access to services provided by this facility requires also that the LEP resident's needs and questions are accurately communicated to the staff. Oral interpretation services therefore include interpretation from the LEP resident's primary language back to English.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and record review, the facility failed to ensure physician's orders were followed when:1. Oxygen was not administered as prescribed by the physician for one of three sampled residents (Resident 1).2. Medications were not administered timely for one of three sampled residents (Resident 4). 3. Medications were not administered for one of three sampled residents (Resident 4).These failures had the potential for Resident 1 and Resident 4 to suffer adverse outcomes.Findings:1. During a concurrent observation and interview, on 7/16/25 at 11:43 a.m. in Resident 1's room, Resident 1 was observed wearing a nasal canula and her oxygen was set at 4 liters per minute. During a review of Resident 1 O2 (oxygen) @ (at) 3 LPM (liters per minute) Via Nasal Cannula (thin flexible tube that gives additional oxygen through the nose) Per Concentrator Continuous every Shift . Order Date 07/07/2025 Start Date 07/07/2025During a concurrent observation, interview, and record review, on 7/16/25 at 11:57 a.m. in Resident 1's room, with Licensed Vocational Nurse (LVN) LVN 1, stated he was checking resident on continuous oxygen once a shift to ensure they were at the correct setting. LVN 1 confirmed Resident 1's oxygen was set at 4 liters per minute. Resident 1's physician's orders were reviewed. LVN 1 confirmed Resident 1's oxygen order was for 3 liters per minute.During an interview on 7/16/25 at 4:30 p.m. with Director of Nursing (DON), DON stated the nurse is the person who can initiate oxygen. DON stated the nurses were supposed to do walking rounds and check the flow rate was at the prescribed level. During a review of the facility's policy and procedure (P&P) titled, Oxygen Administration, the P&P indicated, The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation 1. Verify that there is a physician's order for this procedure. Review the physician's order .1. Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered.2. During a concurrent interview and record review on 7/28/25 at 2:54 p.m. with DON, Resident 4's Medication Administration Record, (MAR) dated July 2025 was reviewed. DON confirmed the following:Insulin Glargine Solution (long-acting medication used to treat high blood sugar) 100 UNIT/ML (milliliter- unit of measure) inject10 units subcutaneously (the passage of medications beneath the skin) at bedtime for type 2 DM (diabetes mellitus- a long-term condition in which the body has trouble controlling blood sugar and using it for energy) -Start Date-5/31/2025 2100 (9 p.m.) -D/C (discontinue) Date- 07/25/2025 2055 (8:55 p.m.)The MAR indicated, on 7/1/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 12:46 a.m. on 7/2/25 (3 hours and 46 minutes late).The MAR indicated, on 7/5/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 12:18 a.m. on 7/6/25 (3 hours and 46 minutes late).The MAR indicated, on 7/6/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 11:14 p.m. (2 hours and 14 minutes late).The MAR indicated, on 7/7/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 11:25 p.m. (2 hours and 25 minutes late).The MAR indicated, on 7/8/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 12:47 a.m. on 7/9/25 (3 hours and 47 minutes late).The MAR indicated, on 7/11/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 10:45 p.m. (1 hour and 45 minutes late).The MAR indicated, on 7/14/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 2:23 a.m. on 7/15/25 (5 hours and 23 minutes late).The MAR indicated, on 7/15/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 1:31 a.m. on 7/16/25 (4 hours and 31 minutes late).The MAR indicated, on 7/21/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 11:22 p.m. (2 hours and 22 minutes late).The MAR indicated, on 7/22/25 for the 9 p.m. administration time, Resident 4's insulin was administered at 1:56 a.m. on 7/23/25 (4 hours and 56 minutes late). Diclofenac (medication used to treat pain) . Gel 1% . Apply to Left Knee topically (on top of the skin) three times a day for Chronic (long term) left knee pain -Start Date-06/09/2025 2200 (10 p.m.) -D/C Date- 07/252025 2055The MAR indicated, on 7/5/25 for the 2 p.m. administration time, Resident 4's Diclofenac was administered at 8:50 a.m. (4 hours and 10 minutes early). The MAR indicated, on 7/5/25 for the 10 p.m. administration time, Resident 4's Diclofenac was administered at 12:18 a.m. on 7/6/25 (2 hours and 18 minutes late).The MAR indicated, on 7/7/25 for the 10 p.m. administration time, Resident 4's Diclofenac was administered at 11:26 p.m. (1 hour and 26 minutes late). The MAR indicated, on 7/12/25 for the 10 p.m. administration time, Resident 4's Diclofenac was administered at 12:40 a.m. on 7/13/25 (2 hours and 40 minutes late).The MAR indicated, on 7/18/25 for the 10 p.m. administration time, Resident 4's Diclofenac was administered at 11:28 p.m. (1 hour and 28 minutes late). Diclofenac . Gel 1% . Apply to Right Knee topically three times a day for Chronic left knee pain -Start

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on interview and record review, the facility failed to follow their policy and procedure (P&P) titled, Bowel Management Protocol, for one of six sampled residents (Resident 3) when Resident 3 was not administered needed medication. This failure had the potential for Resident 3 to experience pain and constipation.Findings:During a review of Resident 3's Task: Bowel Continence, (TBC) dated 6/22/25 to 7/20/25, the TBC indicated Resident 3 did not have a bowel movement (BM) from 6/24/25 to 6/30/25 (six days).During a concurrent interview and record review on 7/16/25 at 4:12 p.m. with the Director of Nursing (DON), Resident 3's TBC was reviewed. DON stated Resident 3 did not have a BM for six days. Resident 3's Medication Administration Record, (MAR) dated June 2025 was reviewed. DON stated bowel protocol was not initiated (a series of medications used to treat and prevent constipation). DON stated no medications were given to Resident 3. DON stated bowel protocol should have been initiated.During a review of the facility P&P titled, Bowel Management Protocol, undated, the P&P indicated, It is the policy of this facility to ensure that residents are free from complications secondary to constipation. This will be accomplished through adequate assessment, tracking and treatment as indicated. Definition Normal bowel pattern is once every day up to once every three (3) days. Constipation results from factors such as immobility, decreased activity, and as a side effect of numerous medications. Procedure . 5. The 3-11 House Supervisor (or charge nurse in the event of no HS) will review the resident flow record daily and compose a list of those residents not having had a BM in three (3) days and record it on the appropriate bowel care list. 6. The 3-11 nurse will provide medications as order by the physician or obtain a physician's order, to the residents on the bowel care list. The medication given should be recorded on the MAR and the bowel care list. The medication could consist of: a. Suppository b. MOM 30-60 cc (cubic centimeters-unit of measure) . 7. The 11-7 nurse is to follow up on those residents on the bowel care list for results. The nurse will document results on the bowel care list and on the MAR.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to ensure three of three sampled License Vocational Nurses (LVN) (LVN 1, LVN 2, and LVN 3) had competencies for continuous positive airway pressure, (CPAP- is a common treatment for sleep apnea, a condition where breathing repeatedly stops and starts during sleep) and bilevel positive airway pressure (BIPAP is a type of non-invasive ventilation that provides breathing support by delivering air at two different pressure levels, one for inhalation and another for exhalation). This failure had the potential for the facility's residents who require the use of CPAP or BIPAP to have improper application.Findings:During an interview on 7/16/25 at 11:43 a.m. with Resident 1, Resident 1 stated when her BIPAP mask is applied by the LVN it depends on who applies the mask if there is a good seal or not.During a concurrent interview and record review on 7/28/25 at 3:36 p.m. with Staffing Coordinator (SC), LVN 1, LVN 2, and LVN 3's training files were reviewed. SC stated there were no skills training for CPAP or BIPAP for the LVN 1, LVN 2, and LVN 3.During an interview on 7/28/25 at 3:49 p.m. with Director of Nursing (DON), DON stated the facility had seven residents with physician orders for CPAP and BIPAP. DON stated based on the facility's population the facility should have training for CPAP and BIPAP because if not performed properly there is no benefit and could make it uncomfortable for the residents.During a review of the facility's policy and procedure (P&P) titled, Staffing, Sufficient and Competent Nursing, revised August 2022, the P&P indicated, Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and facility assessment. Competent Staff 1. Competency is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. 3. Staff must demonstrate the skills and techniques necessary to care for resident needs .5. Competency requirements and training for nursing staff are established and monitored by nursing leadership with input from the medical director to ensure that: . c. education topics and skills needed are determined based on the resident population .