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	04/29/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, the facility failed to notify the family and physician of a change in condition for one of two sampled residents (Resident 1). This failure had the potential for delay in care, untreated, and worsening of skin condition. Findings:During a concurrent interview and record review on 4/29/26 at 4:04 p.m. with Director of Nursing (DON), DON reviewed Resident 1's SBAR (Situation, Background, Appearance, Review and Notify) Communication Form, dated 2/24/26, the SBAR indicated, Resident [1] was noted in the AM [morning] with small raised bumps on scalp close to ear on both sides of head. Pink/red, small lump under skin, pea size, slightly tender when pushed on.During a review of Resident 1's Progress Notes (PN), dated 2/27/26, the PN indicated, Resident [1] on to continue monitoring for red bumps, to head, does not seem in pain, no face grimacing noted, no moaning of pain noted. Red bumps still present.During an interview on 4/29/26 at 4:04 p.m. with DON, DON stated she was unable to find documentation of physician was notified of the continuous red bumps still present. DON stated, It (red bumps) should have been followed up with MD [Medical Doctor/Physician].During a review of the facility's policy and procedure (P&P) titled, Change in a Resident's Condition or Status, dated November 2015, the P&P indicated, 1. The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call physician when there has been: d. A significant change in resident's physical/mental condition. 2. A significant change of condition is a decline or improvement in the resident's status that: a. Will not normally resolve without intervention by staff or by implementing standard disease-related clinical interventions (not self-limiting).

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to implement a care plan for one of two sampled residents (Resident 1). This failure resulted in Resident 1 not receiving treatment and potential for worsening skin condition.Findings:During a review of Resident 1's SBAR (Situation, Background, Appearance, Review, and Notify) Communication Form, dated 2/24/26, the SBAR indicated, Resident [1] was noted in AM [morning] with small, raised bumps on scalp close to ear on both sides of head. Pink/red, small lump under the skin, pea size, slightly tender when pushed on.During a review of Resident 1's Treatment Administration Record (TAR), dated February and March 2026, the TAR indicated there was no documentation of treatment for Resident 1's red bumps on scalp. During a concurrent interview and record review on 4/29/26 at 4:04 p.m. with Director of Nursing (DON), DON reviewed Resident 1's Care Plan (CP), dated 2/24/26, the CP indicated, [Resident 1] has small, raised bumps to scalp close to ears and is at risk for infection, worsening, and pain or discomfort. Intervention: Moisturize dry and flaky skin to rehydrate skin. DON stated there was no documentation of moisturizing of Resident 1's dry and flaky skin. DON stated the care plan was not followed/implemented.During a review of the facility's policy and procedure (P&P) titled, Care Plans-Comprehensive, dated September 2010, the P&P indicated, Care plan interventions are designed after careful consideration of the relationship between the resident's problem areas and their causes. When possible, interventions address the underlying source(s) of the problem area(s), rather than addressing only symptoms or triggers.