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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056294 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/15/2020 |
| NAME OF PROVIDER OF SUPPLIER SAN JOAQUIN NURSING CENTER AND REHABILITATION CENT | | STREET ADDRESS, CITY, STATE, ZIP 3601 SAN DIMAS BAKERSFIELD, CA 93301 | |
| 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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide assistance with activities of daily living (ADL-bed mobility, transfer, walk in room, walk in corridor, locomotion, dressing, eating, toilet use, and personal hygiene) for one of three sampled residents (Resident 1) when Resident 1 required supervision and limited assistance with his ADL. This failure had the potential for Resident 1 feeling neglected affecting his quality of life. Findings: During an interview on 8/13/2020, at 10:35 AM, with Family Member (FM), FM stated Resident 1 reported to her the night shift staff denied him of help. During a review of Resident 1's Minimum Data Set (MDS), dated [DATE], the MDS indicated, Resident 1 required limited assistance with bed mobility, transfer, dressing toilet use and personal hygiene. Resident 1's MDS, dated [DATE], indicated, Resident 1 required supervision with locomotion and eating. Resident 1's Documentation Survey Report (DSR), dated 6/2020, the DSR indicated, there was no documentation of assisting Resident 1 with ADL (bed mobility, dressing, locomotion-resident movement, personal hygiene, toilet use, transferring, walk in corridor, walk in room, bladder continence, bowel continence, fluid intake, and nourishments/snack) care provided during the night shift (10:30 PM - 6:30 AM) on 6/5/2020, 6/6/2020, 6/9/2020, 6/17/2020, 6/18/2020, 6/19/2020, 6/20/2020, 6/22/2020, 6/23/2020, 6/24/2020, 6/26/2020, and 6/27/2020. Resident 1's DSR, dated 7/2020, indicated, there was no documentation of ADL care provided during the night shift on 7/1/2020, 7/2/2020, 7/3/2020, 7/4/2020, 7/5/2020, 7/6/2020, 7/8/2020, 7/9/2020, 7/11/2020, 7/12/2020, 7/13/2020, and 7/14/20. During a concurrent interview and review of Resident 1's DSR on 10/1/2020, at 3:38 PM, with the Director of Nursing (DON), it was noted the DSR was not completed. DON verified the finding. During a review of the facility policy and procedure (P&P) titled, Activities of Daily Living (ADLs), Supporting, dated 3/18, the P&P indicated, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. 5. b. Supervision - Oversight, encouragement or cueing provided 3 or more times during the last 7 days. c. Limited Assistance - Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight bearing assistance 3 or more times during the last 7 days. | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE (X6) DATE | |

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.