

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 03/18/2020
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 0698 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Past noncompliance - remedy proposed **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assess two of three residents (Resident 1 and Resident 2) before and after [MEDICAL TREATMENT] (a process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally) treatment. This failure had the potential to negatively affect Resident 1 and Resident 2's well-being. Findings: During a concurrent interview and record review on 1/28/20, at 4:48 PM, with Quality Assurance Nurse (QAN), Resident 1 and Resident 2's PACS: PRE AND POST-[MEDICAL TREATMENT], COMMUNICATION FORMS (PAP-DCF), were reviewed. QAN stated residents who receive [MEDICAL TREATMENT] have their vital signs and access site ((AV)Arteriovenous fistula, a surgical connection between an artery and vein to allow blood to travel through soft tubes to the [MEDICAL TREATMENT] machine) assessed before and after [MEDICAL TREATMENT] treatment. QAN stated the information is documented on the PAP-DCF to monitor for complications. QAN confirmed the following findings: Resident 1 1/22/2020, post assessment not completed 1/6/2020, pre and post assessment not completed Resident 2 1/27/2020, pre and post assessment not completed 1/23/2020, pre and post assessment not completed 1/21/2020, pre and post assessment not completed 1/18/2020, post assessment not completed 1/16/2020, pre and post assessment not completed 1/14/2020, post assessment not completed 1/11/2020, pre and post assessment not completed 1/9/2020, pre and post assessment not completed 1/7/2020, pre and post assessment not completed [DATE], post assessment not completed 1/2/2020, post assessment not completed QAN stated the pre and post [MEDICAL TREATMENT] assessments should have been documented and (PAP-DCF) completed. During a review of the facility's policy and procedure (P&P) titled, [MEDICAL TREATMENT] Access Care, revised 9/10, the P&P indicated, Documentation The general medical nurse should document in the resident's medical record every shift as follows: 1. Location of catheter. 2. Condition of dressing (interventions if needed). 3. If [MEDICAL TREATMENT] was done during shift. 4. Any part of report from [MEDICAL TREATMENT] nurse post-[MEDICAL TREATMENT] being given. 5. Observations post - [MEDICAL TREATMENT].		

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.