

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056294</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAN JOAQUIN NURSING CENTER AND REHABILITATION CENT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3601 SAN DIMAS BAKERSFIELD, CA 93301</b>	
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 0636  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</b></p> <p>Based on interview and record review, the facility failed to ensure weekly skin assessments were completed timely for one of three sampled residents (Resident 1). This failure had the potential for skin care needs to go undetected. Findings: During a review of Resident 1's admitting Nursing Body Assessment/Observation (NBAO), dated 10/5/19, the NBAO indicated, Resident 1 had a pressure ulcer (injury to the skin and underlying tissue resulting from prolong pressure on the skin) to his left buttock, and both heels. The next wound assessment for Resident 1 was noted on the Nursing-Weekly Wound Evaluation (NWE), dated 10/15/19 (10 days after the initial assessment). During a concurrent interview and record review, on 3/12/20, at 2 PM, with Licensed Vocational Nurse 1 (LVN 1), Resident 1's NWE, dated 10/15/19 was reviewed. LVN 1 stated the assessment should have been completed 7 days after the initial admitting assessment. During a review of the facility's policy and procedure (P &amp; P) titled, Pressure Ulcer/Injury Risk Assessment, dated 7/17, the P &amp; P indicated Identification of residents at risk for developing pressure ulcers/injuries .5. The risk assessment should be conducted as soon as possible after admission, but no later than eight hours after admission is completed. 6. Repeat the risk assessment weekly for the first four weeks, if there is a significant change in condition, or as often as is required based on the resident's condition.</p>		
F 0655  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure a baseline Nursing Care Plan (NCP, a plan developed by nursing to direct the care given to the resident, to ensure the best possible outcome for the resident) was developed for one of one sampled resident (Resident 1). This failure had the potential to resulted in unmet care needs. Findings: During a review of Resident 1's Admission Assessment (AA), dated 10/5/19, the AA indicated, Resident 1 was admitted to the facility on [DATE] with a cast on his right leg. Resident 1's NCP for the right leg cast was dated 10/11/19 (7 days after the admitting assessment). During an interview on 3/12/20, at 2 PM, with License Vocational Nurse 1 (LVN 1), LVN 1 verified Resident 1's NCP titled Pressure Ulcer Actual or at Risk, assesment was not completed until 10/11/19. During a review of the facility's policy and procedure (P &amp; P) titled Pressure Ulcer/Injury Risk Assessment, dated 7/17, the P &amp; P indicated Identification of residents at risk for developing pressure ulcers/injuries .5. The risk assessment should be conducted as soon as possible after admission, but no later than eight hours after admission is completed. During a review of the facility's policy and procedure (P &amp; P) titled Care Plans, Comprehensive Person-Centered, dated 12/16, the P &amp; P indicated 7. The care planning process will: a. Facilitate resident and/or representative involvement; b. Include an assessment of the resident's strengths and needs.</p>		
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.