

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KINGSTON HEALTHCARE CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>329 REAL ROAD BAKERSFIELD, CA 93309</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 0690  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</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 provide appropriate treatment and services for one of three sampled residents (Resident 1). This failure had the potential to result in skin breakdown and possible infection for Resident 1. Findings: During a review of the clinical record for Resident 1, the Admission Record, indicated Resident 1 was admitted to the facility on [DATE], with a [DIAGNOSES REDACTED]. The Change of Condition, dated 5/8/20, indicated Resident 1 had a urinary tract infection (UTI - bladder infection). During a concurrent interview and record review, on 8/19/20, at 2:55 PM, with the Assistant Director of Nursing (ADON), the ADL Flowsheet for Resident 1's B&amp;B for 4/20, was reviewed and noted the following: On 4/4/20, there was no documentation of B&amp;B on NOC (8 hours) shift. On 4/5/20, there was no documentation for B&amp;B for NOC shift. On 4/6/20, there was no documentation for B&amp;B for NOC shift. On 4/10/20, there was no documentation for B&amp;B for NOC shift. On 4/11/20, there was no documentation for B&amp;B for NOC shift. On 4/15/20, there was no documentation for B&amp;B for NOC shift. On 4/22/20, there was no documentation for B&amp;B for NOC shift. On 4/23/20, there was no documentation for B&amp;B for AM (8 hours) shift. On 4/24/20, there was no documentation for B&amp;B for NOC shift. On 4/25/20, there was no documentation for B&amp;B for PM (8 hours) shift. On 4/26/20, there was no documentation for B&amp;B for AM and PM shift (16 hours). On 4/27/20, there was no documentation for B&amp;B for AM and NOC shift. On 4/28/20, there was no documentation for B&amp;B for AM and NOC shift. On 4/29/20, there was no documentation for B&amp;B for PM and NOC shift. On 4/30/20, there was no documentation for B&amp;B for AM, PM, and NOC shift (24 hours). The ADON stated her expectation is for the nursing staff to document all services provided to the residents. She stated if it is not documented it is not done. During a review of the facility's policy and procedure (P&amp;P) titled CORPORATE COMPLIANCE PROGRAM QUALITY OF CARE COMPLIANCE REQUIREMENTS POLICY AND PROCEDURE revised 6/16, the P&amp;P indicated, 2. Appropriate Treatment and Services: . d. Bladder .</p> <p>ii. Residents that have bladder incontinence unresolved by a program of bladder training and scheduled toileting are appropriately monitored to reduce risk of skin irritation, breakdown and avoidable urinary tract infections [MEDICAL CONDITION].</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.