

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>09/23/2020</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 <b>F 0585</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</b></p> <p>Based on interview and record review, the facility failed to provide prompt efforts to resolve a lost denture grievance for one of three sampled residents (Resident 1) when a denture was reported missing. This failure had the potential to result in poor meal intake and weight loss. Findings: During an interview on 5/29/20, at 12:47 PM, with Family Member (FM) 1, FM 1 stated, Resident 1 was unable to eat due to denture was missing and facility did not replace the lost denture. FM 1 stated, she is concerned of Resident 1's well-being and weight loss. FM 1 stated if she did not notify the facility, the facility will not be able to identify Resident 1 was losing weight due to unable to eat without his dentures for nine days. During a review of Resident 1's Theft and Loss Report (TLR), dated 5/21/20, the TLR indicated, Description of missing item (s): Denture. During a review of Resident 1's Social Progress Notes (SPN), dated 5/21/20, the SPN indicated, SS (Social Service) got a call from (FM 1) stating Resident 1 did not have dentures. The SPN dated 5/26/20 (five days later) indicated, Nursing had already downgraded his (Resident 1's) diet to mechanical soft so that he can eat. During an interview on 5/29/20, at 1:51 PM, with Restorative Nursing Assistant (RNA), RNA stated, Resident 1's current weight is 136 lbs (pounds-weight measurement). Follow up interview on 9/10/20, at 10:31 AM, RNA stated, I noticed he lost weight and resident (1) stated he lost his dentures due to room changes. During a review of Resident 1's Nurse's Notes (NN), dated 5/26/20 (five days later), at 1:30 PM, the NN indicated, N.O. (new order) received to D/C (discontinue) regular diet and start mechanical soft diet with thin liquids due to no dentures at this time. Resident 1's Care Plan (CP), dated 5/26/20, indicated, Texture changed to mechanical soft (diet) r/t (related to) loss of dentures. During an interview on 8/6/20, at 11:17 AM, with Registered Dietician (RD), RD stated Resident 1's weight loss was likely due to lost dentures. RD stated, Due to temporary staff, the staff may have been unaware of the lost denture. The facility was in a black hole. During a review of Resident 1's Nutritional Assessment (NA), dated 6/12/20, the NA indicated, Resident 1 had a weight lost of seven lbs (4.9 % of weight loss) in 30 days. Resident 1's Vital Signs and Weight Record (VSWR), dated 2020, indicated, Resident 1's weight on 5/3/20 was 143 lbs and the weight on 6/2/30 was 136 lbs (143 lbs - 136 lbs = 7 lbs). During a review of the facility policy and procedure (P&amp;P) titled, Theft and Loss, dated 7/11/17, the P&amp;P indicated, C. When personal property is reported missing, the staff will immediately begin a search for the missing property. D. A Theft and Loss report is to be initiated. The forms are available at the nurse's station and in Social Services office. The completed Theft and Loss report should be given to Social Services Staff for further investigation and resolution.</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.