

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER THE REHABILITATION CENTER OF BAKERSFIELD		STREET ADDRESS, CITY, STATE, ZIP 2211 MOUNT VERNON AVENUE BAKERSFIELD, CA 93306	
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 0685 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure transportation for a scheduled procedure was arranged for one of three sampled residents (Resident 1). This failure resulted in delay of treatment. Findings: During a review of Resident 1's, History and Physical (H&P), dated 5/28/2020. The H&P indicated Resident 1 was diagnosed with [REDACTED]. During a review of Resident 1's Medical Records (MR), the MR indicated, Resident 1 was scheduled for a Pars Plana Vitrectomy with Endolaser for Tractional Retinal Detachment (PPVTRD - a procedure to repair TRD) to his left eye on 6/2/2020 and was postponed three times on 6/9/2020, 6/16/2020, and 7/14/2020. During a concurrent interview and record review on 7/22/2020, at 2:35 PM, with Social Service (SS), Transportation Log was reviewed. A request form for 6/1/2020 was noted. SS stated, I arrange transportation for long-term residents. The nurses gives me the appointment and then I arrange the transportation. SS confirmed there were no requests for transportation for 6/2/2020, 6/16/2020 and 7/14/2020 procedures for Resident 1. During a concurrent interview and record review on 7/22/2020, at 3:10 PM, with Registered Nurse Case Manager (RNCM), Resident 1's MR was reviewed. RNCM stated, It looks like his appointment was canceled three times. Transportation was also an issue. (Resident 1) never got the surgery. He was transferred to the hospital on [DATE]. RNCM was unable to find documented evidence that the nursing staff coordinated transportation with SS. During an interview on 7/22/2020, at 3:43 PM, with the Director of Nursing (DON), DON stated it is the facility's responsibility to arrange transportation for all residents. During a review of the facility's policy & procedure (P&P) titled, Referrals to Outside Services, dated 12/1/13. The P&P indicated, The Director of Social Services coordinates the referral of residents to outside agencies/programs to fulfill resident needs for services not offered by the facility. III. The Director of Social Services or his or her designee will coordinate with Nursing Staff to ensure that the Attending physician's orders [REDACTED].		

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.