STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056294	A. BUILDING _____ B. WING _____	**04/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SAN JOAQUIN NURSING CENTER AND REHABILITATION CENT	**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 0624 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Prepare residents for a safe transfer or discharge from the nursing home.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement their policy and procedure for discharge planning for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to have an unsafe discharge and unmet care needs. Findings: During an interview on 2/12/20, at 8:44 AM, with Complainant, Complainant stated, the facility sent Resident 1 to the hospital on [DATE] for a surgical procedure on a wound to her buttock area. The Complainant stated the facility informed the hospital that Resident 1 would be going home with her family after the procedure was completed. Complainant stated she called Resident 1's family member (FM), and FM told her that they had no intention of taking her home. During a review of the facility's Discharge List (DL), dated 2/4/20, the DL indicated, Resident 1 was discharged on [DATE] at 10:46 AM. During a concurrent interview and record review, on 2/12/20, at 3:30 PM, with Social Services Director (SSD), Resident 1's discharge information was reviewed. SSD acknowledged there was no physician order for [REDACTED]. SSD stated, she spoke with Resident 1's insurance, and they (insurance) were arranging Resident 1's discharge plan after the surgical procedure at the hospital on [DATE]. SSD stated she was not sure who she spoke with at the insurance company. SSD stated she also spoke with Resident 1's Family Member (FM) and FM agreed to take Resident 1 home after she was discharged from the hospital. SSD reviewed Resident 1's record and acknowledged there was no documentation indicating discussion with FM that Resident 1 would go home after the surgical procedure. SSD acknowledged there was no documentation indicating discharge planning after the surgical procedure would be arranged by the insurance company. During an interview on 2/12/20, at 3:46 PM, with Resident 1, Resident 1 stated, she had gone to the hospital on [DATE] for a surgical procedure. Resident 1 stated the plan was always for her to return to the facility. Resident 1 stated she had never planned to go home. Resident 1 stated I don't know where that thought came from, that I would be going home. During an interview on 2/12/20, at 3:50 PM, with Assistant Director of Nursing (ADON), ADON stated, some of the services Resident 1 would need if she was discharged home include home health nursing, a low air loss mattress (prevents wounds from occurring due to pressure), wound care, and education on how to care for her buttock wound. ADON confirmed no home services were arranged by the facility prior to sending Resident 1 to the acute care hospital. During an interview on 2/12/20, at 4:03 PM with FM, FM stated there was no discharge plan for Resident 1 to go home after the surgical procedure. During a review of the facility's P&P titled, Discharge Summary and Plan, dated 12/2016, the P&P indicated, When a resident's discharge is anticipated, a discharge summary and post-discharge plan will be developed to assist the resident to adjust to his/her new living environment. When the facility anticipates a resident's discharge to a private residence . a discharge summary and a post-discharge plan will be developed which will assist the resident to adjust to his or her new living environment. The discharge summary will include a recapitulation of the resident's stay at this facility and a final summary of the resident's status at the time of the discharge in accordance with established regulations governing release of the resident information and as permitted by the resident. every resident will be evaluated for his or her discharge needs and will have an individualized post-discharge plan.The post-discharge plan will be developed by the Care Planning/Interdisciplinary Team with assistance of the resident and his or her family. The resident/representative will be involved in the post-discharge planning process and informed of the final post-discharge plan. A member of the IDT will review the final post-discharge plan with the resident and family at least twenty-four (24) hours before the discharge is to take place.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE