

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2020
NAME OF PROVIDER OF SUPPLIER SAN JOAQUIN NURSING CENTER AND REHABILITATION CENT		STREET ADDRESS, CITY, STATE, ZIP 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 0692 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure weights were monitored for one of three sampled [MEDICAL TREATMENT]' (clinical purification of blood by [MEDICAL TREATMENT], as a substitute for the normal function of the kidney) residents (Resident 1). This failure resulted in staff being unaware of Resident 1's significant weight loss.</p> <p>Findings: During a review of Resident 1's Care Plan (CP), dated 6/13/19, the CP indicated (Resident 1) has nutritional problem or potential nutritional problem .Interventions .Obtain weight weekly and then monthly as ordered .RD to evaluate and make diet change recommendations PRN (as needed) . During a review of Resident 1's Order Summary Report (OSR), dated 3/5/20, the OSR indicated, Weekly weights x4 (for 4 weeks), D/C (discontinue) if stable, then do monthly. . During a review of Resident 1's Weights and Vitals Summary (WVS), dated 3/5/20, the WVS indicated, Resident 1 weighed 166.4 pounds (lbs) post [MEDICAL TREATMENT] on 10/3/19 and 144 lbs. post [MEDICAL TREATMENT] on 2/3/20, a significant loss of 22 lbs or 10% over 180 days. There were no documented weights between October and February noted in the WVS for Resident 1. . During an interview with the Registered Dietitian (RD), on 3/18/20, at 1:57 PM, RD stated, [MEDICAL TREATMENT] provides Resident 1's post weight with each treatment and it is the responsibility of nursing to enter the weight into the electronic medical record (EMR). RD stated, when there is a significant weight loss the EMR triggers a weight loss review. RD stated, Resident 1 had a significant weight loss between October and February that the facility was unaware of and it should have been assessed. . During an interview with the Assistant Director of Nursing (ADON), on 3/19/20, at 11:20 AM, ADON stated, it was the responsibility of the nurses to enter the post [MEDICAL TREATMENT] weights and they were not entered between October and February. ADON stated Resident 1 was gradually losing weight and the facility should have been aware of the weight loss. . During a review of the facility's policy and procedure (P&P), titled Weight Assessment and Intervention, dated 9/08, the P&P indicated, The nursing staff will measure resident weights on admission, the next day, and weekly for two weeks thereafter. If no weight concerns are noted at this point, weights will be monitored monthly thereafter .Weights will be recorded in each .individual's medical record .Any weight change of 5% or more since the last weight assessment .nursing will immediately notify the dietitian .the Dietitian will respond within 24 hours .The threshold for significant unplanned and undesired weight loss will be based on the following criteria .a. 1 month-5% weight loss is significant;greater than 5% is severe. b. 3 months-7.5% weight loss is significant;greater than 7.5% is severe. c. 6 months-10% weight loss is significant;greater than 10 % is severe .Care Planning for weight loss or impaired nutrition will be a multidisciplinary effort .Individualized care plans shall address .q. the identified causes of weight loss; r. goals and benchmarks for improvement; and s. time frames and parameters for monitoring and reassessment.</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.