

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR POST-ACUTE CENTER OF BAKERSFIELD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6212 TUDOR WAY BAKERSFIELD, CA 93306</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 0919  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Make sure that a working call system is available in each resident's bathroom and bathing area.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the call light for one of four sampled residents (Resident 1, Resident 2, Resident 3, and Resident 4) was functional. This failure resulted in Resident 2 not receiving prompt assistance when needed. Findings: During a concurrent observation and interview, on 9/1/20, at 2:50 PM, with Resident 2, in room [ROOM NUMBER], Resident 2 was sitting on her wheelchair by the door entrance to her room. Resident 2 stated, I had been waiting for someone to come help me go to the bathroom but no one was coming. So I wheeled myself to the door hoping I could see someone to help me. I had pushed my call light for about 30 minutes to one hour now. During a concurrent observation and interview, on 9/1/20, at 2:55 PM, with the Licensed Vocational Nurse (LVN) 1, LVN 1 pressed the call light twice to check if it was working, but there was no display of light outside the door, to alert the staff Resident 2 was calling for assistance. LVN 1 pressed the call light button again, but the call light was not working. LVN 1 stated that's unusual for anyone to not come help the resident. We did not hear the call light. LVN 1 acknowledged the call light was not working. During a review of the facility's policy and procedure (P&P) titled, Call Light, Answering, dated 11/12, the P&P indicated, It is the policy of Windsor Healthcare that each resident call light will be answered in a reasonable and timely manner to meet the needs of the residents.14. Routine calls: Routine calls will be accompanied by an audible signal and a light outside the resident's room door will go on. Routine calls should be answered within three to five minutes.		
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.