

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056294</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAN JOAQUIN NURSING CENTER AND REHABILITATION CENT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3601 SAN DIMAS BAKERSFIELD, CA 93301</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 0690  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to follow the physician's order for one of three sampled residents (Resident 1) when: 1. Resident 1's suprapubic (catheter inserted above the pubic bone due to problems urinating because of a medical condition or surgery) catheter was not irrigated for 42 days. 2. Resident 1's suprapubic catheter site was not cleansed every night for 41 days. 3. Resident 1's suprapubic catheter was not flushed with 50 ml (milliliter-unit of measurement) normal saline (NS-water with salt solution) for 22 times in the months of 6/20 and 7/20. These failures had the potential to place Resident 1 at risk for infection and skin breakdown. Findings: 1. During a review of Resident 1's Physician's Order (PO), dated 2/12/20, the PO indicated, Acetic Acid Solution 0.25 %. Use 60 cc (ml) via irrigation every night shift, every Mon, Wed, Fri for contamination prevention. During a review of Resident 1's Treatment Administration Record (TAR), dated 6/20, the TAR indicated, Acetic Acid Solution 0.25 %. Use 60 ml via irrigation every night shift, every Mon, Wed, Fri for contamination prevention. No documentation of irrigation from 6/1/20 until 6/30/20. Resident 1's TAR dated 7/20, indicated, no documentation of irrigation on 7/3/20, 7/6/20, 7/8/20, 7/10/20, 7/15/20, 7/17/20, and 7/22/20. During an interview on 7/24/20, at 3:44 PM, with Director of Nursing (DON), DON stated, I reviewed and saw the issue. I know it's concerning. I talked to the NOC (night) shift nurses and they did not irrigate. DON verified the finding. During a review of Resident 1's Care Plan (CP), dated 6/2/17, the CP indicated, Irrigate suprapubic catheter BID (2 times a day) with sterile NS, then aspirate urine. 2. During a review of Resident 1's Physician's Order (PO), dated 7/29/20, the PO indicated, Clean suprapubic stoma site with NS and apply dry dressing QD (daily) for [MEDICAL CONDITION] Bladder (bladder dysfunction) every night shift. During a review of Resident 1's Treatment Administration Record (TAR), dated 6/1/20 until 7/26/20, the TAR indicated, Clean suprapubic stoma site with NS and apply dry dressing QD for [MEDICAL CONDITION] bladder every night shift. No documentation of dressing change for 41 days on 6/1/20 until 7/26/20. During an interview on 7/24/20, at 3:44 PM, with DON, DON stated, I reviewed and saw the issue. I know it's concerning. I talked to the NOC shift nurses and they did not do the treatments because treatments are only done on daytime. DON verified the finding. 3. During a review of Resident 1's Physician's Order (PO), dated 7/29/20, the PO indicated, Flush catheter daily with 50 ml NS and PRN (as needed) every night shift, every Tuesday, Thursday, Saturday and Sunday. During a review of Resident 1's Treatment Administration Record (TAR), dated 6/20 and 7/20, the TAR indicated, Flush catheter with 50 ml NS and PRN every night shift every Tuesday, Thursday, Saturday and Sunday. No documentation of flushing 22 times in the month of 6/20 and 7/20. During an interview on 7/24/20, at 3:44 PM, with the DON, DON stated, I reviewed and saw the issue. DON verified the finding. During a review of Resident 1's Nurses Notes (NN), dated 6/30/20, at 10:13 PM, the NN indicated, Resident (1) sent to (hospital) for evaluation due to abdominal pain to LLQ (left lower quadrant- left lower abdomen). The NN dated 6/30/20, at 11:10 PM, indicated, Returned with orders for Keflex (antibiotic) 500 mg (milligram-unit of measurement) po (orally) q (every) 8 (hours) x (for) 10 days r/t (related to) Dx (diagnosis) of UTI (Urinary Tract Infection- bladder infection). During a review of Resident 1's Emergency Documentation Hospital Record (EDHR), dated 6/30/20, the EDHR indicated, Impression and Plan: UTI and lower abdominal pain. During a review of the facility policy and procedure (P&amp;P) titled, Catheter Care, Urinary, dated 9/14, the P&amp;P indicated, The purpose of this procedure is to prevent catheter-associated urinary tract infections. Review the resident's care plan to assess for any special needs of the resident. Managing Obstruction: Catheter irrigation may be ordered to prevent obstruction in residents at risk for obstruction.</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.