

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 10/20/2020
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 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on interview and record review, the facility failed to provide and document surgical wound (sacroccocyx area) treatment for one of three sampled residents (Resident 1). This failure had the potential for non-healing or worsening of Resident 1's wounds. Findings: During an interview on 8/11/2020, at 2 PM, with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, When I did the treatment at a later day, the resident (Resident 1) told me she did not get treated for two days. No nurse went to do her wound treatment. During a review of Resident 1's Treatment Administration Record (TAR), dated 7/2020, the TAR indicated the following: Iodosorb Gel 0.9% (Cadexomer Iodine) (skin healing ointment) Apply to sacrum topically every other day for surgical wound for 21 days. Irrigate surgical wound to sacrum with 50 ml (milliliter-unit of measurement) Acetic Acid 0.25% (a liquid solution use to wash wounds). Pat all areas of sacral wound dry. Apply Iodosorb (gel to treat wound) to 2 sheets of calcium alginate (wound ointment). Lightly pack wound bed secure foam dressing and secure with fix tape every other day x 21 days then re-eval. It was noted here was no treatment done on 7/13/2020. Calcium Alginate-Silver Pad 4. Apply to sacrum topically every other day for surgical wound healing for 21 days. Irrigate surgical wound to sacrum with 50 ml Acetic Acid 0.25%. Pat all areas of sacral wound dry pack wound bed lightly with 2 sheets of Silver Alginate secure foam dressing and secure with fix tape every other day then re-eval (re-evaluation). It was noted there were no wound treatment done on 7/14/2020 and 7/18/2020. During a concurrent interview and record review on 8/19/2020, at 11:54 AM, with Director of Nursing (DON), Resident 1's TAR dated 7/2020 was reviewed. The TAR indicated there were no wound treatments done on 7/13/2020, 7/14/2020, and 7/18/2020. DON verified the finding. During an interview on 10/13/2020, at 11:12 AM, with Resident 1, Resident 1 stated, They do my (wound) treatment irregularly. Sometimes they don't come. I get my wound treatment when they show up. They (staff) are not diligent sometimes. My wounds still are not healed. During an interview on 10/15/2020, at 9:34 AM, with LVN 2, LVN 2 stated she was hired on 7/16/2020 and LVN 1 was the treatment nurse who oriented her. LVN 2 stated, Resident (1's) wounds had stalled (not healing). During a review of the facility policy and procedure (P&P) titled, Wound Care, dated 10/10, the P&P indicated, The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Preparation: 2. Review the resident's care plan to assess for any special needs of the resident. Documentation: The following should be recorded in the resident's medical record: 2. The date and time the wound care was given. 4. The name and title of the individual performing the wound care.		
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.