

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER VALLEY CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 1205 8TH STREET BAKERSFIELD, CA 93304	
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 0552 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure orientation and explanation of procedures during care were done for two of four visually impaired sampled residents (Resident 1 and Resident 2). This failure had the potential for harm and emotional distress. Findings: 1. During a review of the clinical record of Resident 1, the Admission Record indicated, Resident 1 was admitted at the facility on 1/27/20, with a [DIAGNOSES REDACTED]. During a concurrent observation and interview on 6/25/20, at 2:11 PM, in Resident 1's room, with Certified Nurse Assistant (CNA 1), CNA 1 did not introduce self and others in the room, explained the procedure, and informed Resident 1 that she was leaving the room. CNA 1 stated she should have introduced herself and explained the procedure to Resident 1. During an interview on 6/25/20, at 2:25 PM, with Resident 1, Resident 1 stated, I like for them to tell me who they are and what they're doing. and when they leave. During a concurrent interview and record review, on 6/25/20, at 4:20 PM, with Minimum Data Set Coordinator (MDSC), Resident 1's care plan was reviewed. Resident 1's care plan interventions indicated, Describe programs. Introduce self and others and orient. Describe location and surroundings. MDSC stated, They should introduce themselves and explain to the residents what they're going to do. 2. During a review of the clinical record of Resident 2, the Admission Record indicated, Resident 2 was admitted at the facility on 5/14/18, with a [DIAGNOSES REDACTED]. Some of them introduce themselves and explain things to (Resident 2), but most of the time they don't. They just come in and start working with her. During a concurrent observation and interview on 6/25/20, at 2:44 PM, in Resident 2's room, CNA 2 entered the room and did not introduce self or explained what she was going to do for Resident 2. CNA 2 stated, I should introduce myself to the resident and explain what I'm doing. During a concurrent interview and record review, on 6/25/20, at 4:20 PM, with MDSC, Resident 2's care plans was reviewed. Resident 2's care plan interventions indicated, Guide and describe programs and orient to surrounding by introducing self and describing location and surroundings. MDSC stated, They should introduce themselves and explain to the residents what they're going to do. During a review of the facility's policy and procedure (P&P) titled, Care of the Visually Impaired Resident, dated 2001, the P&P indicated, Review the resident's care plan to assess for any special needs of the resident. Use the resident's name when speaking to him/her so he/she will know you are speaking to him/her. Introduce anyone else who may be with you. Let the resident know when you leave the room.		
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.