

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER THE REHABILITATION CENTER OF BAKERSFIELD		STREET ADDRESS, CITY, STATE, ZIP 2211 MOUNT VERNON AVENUE BAKERSFIELD, CA 93306	
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 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to follow its policy and procedure (P&P) on grievances and complaints, when one of three sampled residents (Resident 1) complaint was not investigated and/or resolved. This failure resulted in Resident 1's rights being violated. Findings: During an interview, on 2/20/20, at 2:05 PM, with Resident 1, Resident 1 stated, she spoke to the Administrator a few days ago about the delay in care on the evening and night shifts. She stated, she had not heard back about her complaint. During a concurrent interview and record review, on 3/4/20, at 11:20 AM, with Social Services Manager (SSM), the facilities monthly document for 2/20 titled, GRIEVANCE/COMPLAINT PT LOG (GCPL) was reviewed. The GCPL indicated, there were no complaints from Resident 1 in February. SSM verified the findings. SSM stated, Administrator's cell phone number is on the wall in every patient room, and he gets calls from residents every day. SSM stated, Administrator will let Social Services know if he thinks the complaint is urgent, otherwise, social services does not know about every complaint the Administrator receives. During an interview, on 3/5/20, at 10:15 AM, with the Administrator, the Administrator stated he only reports serious complaints, like abuse or theft to the social worker. During a review of the facility's policy and procedure (P & P) titled, Grievances and Complaints, dated 12/17, the P & P indicated, VII. Grievance Investigation: A. upon receiving a grievance/complaint, the Grievance Official or designee provides a copy of the grievance/complaint report to the appropriate department manager to begin the investigation, and subsequent resolution.VIII. Grievance Complaint Log: A. The disposition of all written grievances and/or complaints is recorded on the Resident Grievance/Complaint Log .B. Social services Department is responsible for recording and maintaining the log.		
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.