

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KINGSTON HEALTHCARE CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>329 REAL ROAD BAKERSFIELD, CA 93309</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 0580  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b>  Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), Responsible Party (RP) was notified when there was a change in condition. This failure resulted in the RP not being notified that the resident tested positive for COVID-19 (a respiratory illness that can spread from person to person). Findings: During a review of the clinical record for Resident 1, the CORE ANALYTICS dated 4/30/20, indicated the resident was tested positive for COVID-19. There was no documented evidence the RP was notified regarding the resident COVID-19 positive result. During an interview on 5/2/20, at 12:30 PM, with the Regional Quality Registered Nurse (RN) and acting Director of Nursing (DON) 1, DON 1 stated they were extremely short staffed. DON 1 stated she did not have the staff to make calls to families or RP about the COVID-19 testing and results. During an interview on 6/26/20, at 12:50 PM, with the Infection Preventionist (IP), the IP was unable to locate documentation in the chart the RP was notified of the resident's positive COVID-19 test results. During a concurrent interview and record review, on 6/26/20, at 1:10 PM, with DON 2, the nurses' notes for Resident 1 were reviewed. DON 2 stated she could not locate any documentation the facility notified the resident's RP of the positive COVID-19 test results. During a review of the facility's policy and procedure (P&P) titled, Change of Condition Notification, dated 4/15, indicated, The facility will promptly inform the resident, consult with the resident's Attending Physician, and notify the resident's legal representative or an interested family member, if known, when the resident endures a significant change in their condition.		
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.