

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER KINGSTON HEALTHCARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 329 REAL ROAD BAKERSFIELD, CA 93309	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to administer medication for one of three sampled residents (Resident 1) as per physician's order. This failure had the potential for Resident 1 experience adverse health outcomes. Findings: During an interview on 5/11/20, at 3:14 PM, with Family Member (FM) 1, FM 1 stated Resident 1 had a physician's order to take a lifetime medication [MEDICATION NAME] (used as an anti-[MEDICAL CONDITION] agent) because Resident 1 had a kidney transplant (a surgical transplant procedure wherein a healthy donor's kidney is implanted into the body of a kidney failure patient). He stated Resident 1 should never stop taking the [MEDICATION NAME]. During a review of Resident 1's Physician Orders (PO), dated 5/20, the PO indicated, [MEDICATION NAME] 2.5 mg by mouth daily (for inflammation). Dx (Diagnosis): Kidney Transplant Status. During a review of Resident 1's Medication Administration Record [REDACTED]. The MAR indicated [REDACTED]. During an interview on 7/28/20, at 1:26 PM, with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, she was the LVN who was supposed to give Resident 1's medication on 4/9/20, 4/12/20, 4/13/20, 4/16/20, 4/17/20, 4/18/20, and 4/19/20. LVN 1 stated she circled her initials because the medication was unavailable and was not administered per physician's order. LVN 1 stated she did not call the pharmacy, the physician and the family, and she did not document the reason for not giving the medication to Resident 1. During a review of the facility policy and procedure (P&P) titled, Medication Administration, dated 1/1/12, the P&P indicated, III. Holding medications: [REDACTED]. B. The License Nurse will document on the back of the MAR, noting the time and reason the medication was held. VIII. Refusing Medication: A. If resident is refusing medication, time of refusal must be circled in the Medication Administration Record [REDACTED].D. and document in the medical record.		

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.