

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Parkview Julian Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 Julian Avenue 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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its policy and procedure (P&P) titled, Documentation - Nursing, for one of three sampled residents (Resident 1) when Resident 1's Nurse Advance Skilled Evaluation ([NAME]) documentation was inaccurate. This failure had the potential for Resident 1 to receive inappropriate care. Findings: During a concurrent interview and record review on 1/5/26 at 1:01 p.m. with Registered Nurse (RN), Resident 1's [NAME], dated 11/24/25 at 3:34 p.m. was reviewed. The [NAME] indicated, Respiratory: Difficulty breathing noted. Resident [1] reported respirations shallow. Nurse observed sternal retractions [a visible sign of respiratory distress] present. Shortness of breath noted. Resident [1] reported Shortness of breath (while lying flat). Nurse observed Shortness of breath (while lying flat). RN stated she documented in error. RN stated the documentation was for another resident (unknown). During an interview on 1/20/26 at 12:20 p.m. with Director of Nursing (DON), DON stated nurses should document accurately. During a review of the facility's P&P titled, Documentation - Nursing, dated 11/1/17, the P&P indicated, Purpose To provide documentation of resident status and care by nursing staff. Policy Nursing documentation will be concise, clear, pertinent, and accurate.		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE