STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555902	A. Building B. Wing	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Height Street Skilled Care	1611 Height Street Bakersfield, CA 93305

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 0740 Level of Harm - Actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555902	A. Building B. Wing	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Height Street Skilled Care	1611 Height Street Bakersfield, CA 93305

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 0740 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow the policy and procedure (P&P) on Psychotherapeutic Drug (medication used to treat mental health disorders) Management for one of ten sampled residents (Resident 1) when Resident 1:1. Was not provided non-pharmacological (without using medications) interventions when Resident 1 verbalized increased sadness.2. Was not monitored every shift for 72 hours after his Lexapro (antidepressant [medication that treat depression [persistent feeling of sadness and loss of interest]-Lexapro black box warning, which is the U.S. [United States] Food and Drug Administration [FDA] most serious warning for prescription drugs. The warning states that anti-depressants can increase the risk of suicidal thoughts [thoughts of ending one's own life] .) dosage was increased.These failures resulted in Resident 1 being found with several layers of clear tape (plastic) over his mouth, cloth (cotton fabric) around his neck and ankles, hands were tied together, a white string (multiple strands twisted together) was tied from his hands to his feet, and with no signs of life.Findings:During a review of Resident 1's admission Record (AR), dated 9/4/25, the AR indicated, Resident 1 was admitted to the facility on [DATE]. The AR indicated, DIAGNOSIS. PARAPLEGIA, INCOMPLETE (partial loss of function on the lower body) . MAJOR DEPRESSIVE DISORDER (mood disorder [mental health condition that primarily affects a person's emotional state] that causes a persistent feeling of sadness and loss of interest).During a review of Resident 1's Quarterly Minimum Data Set (MDS - an assessment tool), dated 8/21/25, the MDS indicated on section C (Brief Interview for Mental Status), Resident 1 had a score of 15 (cognitively intact [has sufficient mental capacity to think, learn, reason, and solve problems effectively]). The MDS indicated on section D (Mood), Resident 1 had no thoughts he would be better off dead, or of hurting himself in some way. The MDS indicated on section GG (Functional Abilities - capacity of an individual to perform tasks), Resident 1 had functional limitation in range of motion (limited ability to move a joint [part of the body where two or more bones meet to allow movement] that interferes with daily functioning) on both of his legs and was wheelchair bound (person requiring a wheelchair to get around). The MDS indicated, Resident 1 required set up or clean-up (resident completes the activity and staff assists only prior to or following the activity) assistance with lying to sitting on side of the bed, and chair or bed to chair transfer. The MDS indicated, Resident 1 required supervision or touching assistance with rolling left and right on bed and sitting to lying on the bed. The MDS indicated, Resident 1 was unable to stand and walk.During a review of Resident 1's Documentation Survey Report (DSR - ADL [Activities of Daily Living - basic self-care tasks needed to live independently] flowsheet), dated September 2025, the DSR indicated, on 9/1/25 night shift, CNA 1 documented Resident did not require assistance with lying to sitting on side of the bed, rolling left and right on bed, and sitting to lying on bed.During a review of Resident 1's Care Plan (CP - personalized, written document that outlines an individual's specific health conditions, needs, goals, and preferences), initiated and revised on 5/4/22, the CP indicated, Problem. (Resident 1) prefers to get up late and stay in bed. Interventions (any treatment or action that staff perform to enhance resident outcomes) . Check with resident for concerns and needs during rounds, med (medication) pass, activities, room visit. The CP indicated, Problem. (Resident 1) has history of unwanted sexual behaviors towards specific staff by exposing himself and touching himself in the presence of female staff. Interventions. Safety check during care (visualizing residents), rounds, med pass, room visit, activities. The CP indicated, Problem. (Resident 1) has a DX (diagnosis) of Major Depressive Disorder m/b (manifested by) verbalized increased sadness on 8/28/2025. Interventions. Lexapro. Monitor AD (Antidepressant): SIDE EFFECTS. Suicidal Ideations (thoughts of ending one's own life) . Monitor behavior m/b verbalization of sadness due to health related issues QS (every shift). During a review of Resident 1's Order Summary Report (OSR), dated 9/4/25, the OSR indicated, Lexapro Oral Tablet 20 mg (milligrams - unit of measurement) . Give 1 tablet by mouth one time a day for M/B verbalization of sadness due to health-related issues related to MAJOR DEPRESSIVE DISORDER. Order Date. 08/28/2025. Start Date. 08/29/2025.During a review of Resident 1's Medication Administration Record (MAR), dated August 2025, the MAR indicated, Resident 1 was administered Lexapro 15 mg once daily until 8/28/25 and was administered Lexapro 20 mg once daily starting on 8/29/25. The MAR indicated, Resident 1 was monitored for side effects of Lexapro (Dystonia [movement disorder causing the muscles to contract]: torticollis [stiffness of neck], Anti-cholinergic symptoms [dry mouth, blurred vision, constipation, urinary retention] Hypotension [low blood pressure], Sedation or drowsiness, Increased falls or dizziness [feeling