

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2024
NAME OF PROVIDER OR SUPPLIER  Adventist Health Delano		STREET ADDRESS, CITY, STATE, ZIP CODE  1401 Garces Hwy Delano, CA 93215	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37697</b></p> <p>Based on interview and record review, the facility failed to implement the Medical Doctor (MD) orders for one of six sampled residents (Resident 1). This failure had the potential for negative health outcomes.</p> <p>Findings:</p> <p>During a review of Resident 1's History and Physical (H&amp;P), dated [DATE], the H&amp;P indicated diagnoses including Cardiac arrest (heart stopped pumping) Anoxic brain injury (lack of oxygen to the brain causing brain death) Acute (sudden) on chronic (persistent) respiratory failure (lack of oxygen in the body).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- an assessment tool) under the section BIMS (Brief Interview for Mental Status - an assessment of cognition [mental processes including perception, memory, and thought], dated [DATE], the BIMS indicated, Resident 1 was unable to be assessed due to persistent vegetative state (absence of responsiveness and awareness due to overwhelming dysfunction of the brain).</p> <p>During a review of Resident 1's MDS under the section GG (an assessment of a resident's physical capability), dated [DATE], section GG indicated Resident 1 was completely dependent on staff for all aspects of care and activities of daily living.</p> <p>During an interview on [DATE] at 4 p.m. with Registered Nurse (RN) 1, RN 1 stated during oral care by Certified Nursing Assistant (not identified) on [DATE], Resident 1 was noted with maggots (soft bodied legless [NAME] of a fly after hatching from eggs) in his mouth (no amount counted).</p> <p>During a review of Resident 1's Clinical Note Nursing (CNN), dated [DATE], the CNN indicated during provision of oral care maggots were found in Resident 1's mouth. The CNN indicated Resident 1 is NPO (unable to eat or drink anything by mouth) and is unable to close his mouth completely due to his medical condition. The CNN indicated Resident 1's MD ordered via phone (on [DATE] at 5:33 p.m.) for oral care to be increased from twice a day to every 6 hours.</p> <p>During a review of Resident 1's Flowsheet Print Request (FPR), dated [DATE] to [DATE], the FPR indicated Resident 1's MD order for oral care every six hours was not inputted for staff to follow. The FPR indicated Resident 1 was getting oral care twice a day at 8 a.m. and 8 p.m.</p> <p>(continued on next page)</p>

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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 4:05 p.m. with Regulatory Analyst (RA), RA stated the MD order given to the nurses (not identified) to increase oral care from twice a day to every six hours was not done.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, PHYSICIAN SERVICES - PHYSICIAN ORDERS, dated [DATE], the P&amp;P indicated, All orders must be recorded on the patient's Physician Order Sheet and/or electronic medical record, a Registered Nurse or Licensed Vocational Nurse must complete physician verbal/telephone. Telephone or verbal orders must be countersigned by the prescribing physician within 5 days issuing the order. All orders will be double-checked by the night nurse every 24 hours to be sure they have been carried out or reviewed. 24-hour Chart Checks are documented in the resident's electronic medical record. All orders for treatment will be in the resident's electronic medical record. Verbal orders can be accepted by the RN or LVN. Records should indicate the name of the physician dictating the order and the name of the nurse recording the order. Orders must be co-signed by physician within 5 days. Medical records personnel will be accountable for the process to obtain the physicians signature, date and timed. Telephone orders shall be recorded by the RN or LVN. Records should indicate the name of the physician dictating the order and the name of the nurse recording the order. Telephone orders shall be signed by the responsible physician within 5 days. Such orders shall be accepted by staff legally authorized to dispense or administer medication or treatment. Registered nurse, licensed vocational nurse, respiratory therapist, OT/PT, [occupational/physical] speech therapy, nutritionist, and pharmacist.</p>		