

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  10/09/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>37697</p> <p>Based on interview and record review, the facility failed to notify Family Member (FM) 1 regarding a change in condition for one of three sampled residents (Resident 1). This failure resulted in FM 1 not being aware of a change in condition for Resident 1.</p> <p>Findings:</p> <p>During an interview on 10/9/24 at 8:50 a.m. with FM 1, FM 1 stated the facility had issues with notifying the family regarding Resident 1's change in condition. FM 1 stated when Resident 1 had a podiatry appointment (specific date not given), FM 1 noticed Resident 1 right heel was black with a possible skin injury. FM 1 stated she asked facility staff (not specific) what was going on with Resident 1's right heel and they (not specific) stated the heel had been like that for a while and FM 1 should had been informed about it.</p> <p>During an interview on 10/9/24 at 1:16 p.m. with Registered Nurse (RN) 1, RN 1 stated Resident 1's right heel had a dry callus (a thickened area of skin that forms when the skin is repeatedly irritated, rubbed, or pressed) with a black color. RN 1 stated a wound consultant had seen it (no date given) and podiatry will follow up with Resident 1 to see if it can be scraped off. RN 1 stated she was not sure how long Resident 1's heel had been discolored black. RN 1 stated she was not sure if FM 1 was contacted about this change in condition.</p> <p>During a concurrent interview and record review on 10/9/24 at 1:56 p.m. with Quality Assurance (QA), Resident 1's Medication Electronic Medical Record (EMR), was reviewed. QA reviewed the EMR and stated Resident 1's issue with his right heel was first noted on 8/28/24. QA stated there was nothing in the EMR indicating FM 1 was notified of a change in condition for Resident 1's right heel.</p> <p>During an interview on 10/22/24 at 2:25 p.m. with Risk and Regulatory Analyst (RRA), A request for the facility change of condition policy and procedure was made and no facility policy and procedure was provided.</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
---	-------	-----------

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  10/09/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>37697</p> <p>Based on interview and record review, the facility failed to follow their grievance policy and procedure for one of three sampled residents (Resident 1). This failure resulted in grievances regarding Resident 1's provision of care to not be addressed.</p> <p>Findings:</p> <p>During a review of Resident 1's CODING SUMMARY (CS), dated 11/14/23, the CS indicated, Resident 1 diagnosis including Quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), Chronic Obstructive Pulmonary Disease (COPD - a chronic lung disease causing difficulty in breathing), Acute (present) on chronic (persisting) respiratory failure (condition where it is difficult to breath on your own) with hypoxia (low oxygen), Tracheostomy (an incision in the windpipe made to relieve an obstruction to breathing).</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 10/10/24, the BIMS indicated, Resident 1 had a score of 15 (cognitively intact).</p> <p>During a review of Resident 1's MDS under the section GG (an assessment of the level a care a resident requires), dated 7/10/24, the GG indicated, Resident 1 was completely dependent on staff for oral hygiene, toileting, showering/bathing, upper/lower body dressing, personal hygiene, rolling left and right and sitting up/laying down in bed.</p> <p>During an interview on 10/9/24 at 8:50 a.m. with Family Member (FM) 1, FM 1 stated she verbally made a grievance to facility staff (not specific) for almost a year the resident (Resident 1) needed to see podiatry for his foot issues. FM 1 also stated she had a meeting on 10/4/24 with Registered Nurse (RN) 1, Social Services Director (SSD), an activities person (not specific), and a Respiratory Therapist (not specific) about issues with Resident 1's provision of care by staff causing foul odor to his hair/beard, pain to his face, redness and discharge to his eye, staff not getting him up out of bed and FM 1 not being notified when Resident refused care. FM 1 stated the issues with pain to Resident 1's face was brought up to staff (not specific) two months ago. FM 1 stated she had not receive a response to these grievances from the facility despite some of them being months old.</p> <p>During an observation on 10/9/24 at 12:49 p.m. in Resident 1's room, Resident 1 was observed sleeping in bed. Resident 1's hair and beard appeared greasy with thick discolored white waxy material noted to the ends of his hair strands.</p> <p>(continued on next page)</p>		

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  10/09/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/9/24 at 2:15 p.m. with SSD, SSD stated on 10/4/24 she participated in an IDT (Interdisciplinary Team - a group of various professionals that meet to discuss various resident issues) with FM 1. SSD stated FM 1 brought up during the meeting issues with Resident 1's eyes, sensitivity to his face, podiatry services, communication issues, issues with having his face cleaned and wanting to use a specific type of body wash. SSD stated the issues brought forth were not followed through as a grievance. SSD stated complaints submitted during an IDT meeting should have been made into grievance. SSD stated she was not sure if any of the complaints FM 1 stated during the IDT meeting were addressed or followed up on.</p> <p>During a review of the facility policy and procedure (P&amp;P) titled, FACILITY PROCEDURE: RESIDENT GRIEVANCE PROCEDURE IN THE (facility), dated 7/27/22, the P&amp;P indicated, Each resident is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal. Resident may present grievances on behalf of themselves or others to the facility staff, to public officials or to any person without fear of reprisal, any form, and to join with other residents within or outside the facility to work for improvements in patient care. Grievances must be reduced to writing and signed by the resident and or legal representative before submission to the Administrative Director of Long Term Care. Upon receipt of a written grievance, an impartial team to investigate the allegations set forth will be organized by the Administrative Director of Long Term Care. Should the report of the investigating team indicate that the allegations are groundless and recommend that the complaint be dropped, the Administrative Director of Long Term Care will meet with the resident or his/her legal representative and members of the Resident Council to discuss the allegations, the scope of the investigation, the findings, and the recommendations of the investigating team. In any case, the resident and/or legal representative will be informed of the result of the investigation, the recommendations made by the investigating team, and of the action(s) contemplated by the Administrative Director of Long Term Care. In absence of a residence council, the Social Worker and Activity Director will monitor residence on a regular basis to ensure no unmet needs or concerns exist. If a concern or grievance is identified a grievance/complaint reporting form will be provided to the individual and the social worker will assist the individual in completing the form. The social worker will ensure that the grievance/complaint is investigated and if possible corrected. Resolution of the complaint will be discussed with the reporting individual and a copy of the complaint report will be given to the resident. This procedure continues to support the rights of the individual to voice grievances and recommend changes in policies free from interferences, discrimination, or reprisal.</p>		

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  10/09/2024
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 0687</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>37697</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure podiatry (the medical field that specializes in the diagnosis, treatment, and study of disorders affecting the foot, ankle, and lower leg) care and treatment for one of three sampled residents (Resident 1). This failure resulted in Resident 1 requiring surgical intervention (a procedure performed on the body to treat a medical condition) and Intravenous (IV - given through the vein) antibiotics (medicines that treat bacterial infections [invasion and growth of germs in the body] by killing bacteria or preventing them from reproducing) for the infection to his left (first and second) foot and right (fourth) foot.</li> <li>2. Administer IV antibiotics as ordered by the physician for one of three sampled residents (Resident 1) infection to his left (first and second) foot and right (fourth) foot. This failure resulted in a delay in care and had the potential for continued skin breakdown and infection.</li> <li>3. Follow the physician order for podiatry consult for one of three sampled residents (Resident 2). This failure had potential to affect the resident's foot health and contribute to injury and/or infection.</li> </ol> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During an interview on 10/9/24 at 8:50 a.m. with Family Member (FM) 1, FM 1 stated she had been asking the facility for almost a year to get Resident 1 seen by a podiatrist due to issues (not specific) with his left and right toenails. FM 1 stated, I never got a response and Resident 1 was finally, seen by a podiatrist recently (9/25/24) and was diagnosed with three ingrown toenails (occurs when the toenail grows into the skin next to it. It's a problem that can cause pain, inflammation, and infection) (not specific on what foot the ingrown toenails were) that were infected and required IV antibiotics.</li> </ol> <p>During a review of Resident 1's CODING SUMMARY (CS), dated 11/14/23, the CS indicated, Resident 1 diagnosis including Quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord [bone structure that supports your body] injury), Chronic Obstructive Pulmonary Disease (COPD - a chronic lung disease causing difficulty in breathing). Tracheostomy (an incision in the windpipe made to relieve an obstruction to breathing), Diabetes Mellitus (DM - condition characterized by high blood sugar). Resident 1's annual 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 10/10/24, the BIMS indicated, Resident 1 had a score of 15 (cognition intact). The MDS under the section GG (an assessment of the level a care a resident requires), dated 7/10/24, the GG indicated, Resident 1 was dependent on staff for lower body dressing and taking off/putting on footwear.</p> <p>During a review of Resident 1's Physician Orders (PO), dated 10/1/23, the PO indicated, Resident 1 had an order for podiatry consult for foot care.</p> <p>(continued on next page)</p>

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  10/09/2024
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 0687</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's care plan for skin integrity (CPSI - skin integrity is the overall health and condition of your skin) dated 2/12/24, the CPSI indicated, Resident 1 had a, right 4th toe redness/ingrown (toenail). Interventions included, Skin Evaluation Scheduled with Care. There was no care plan noted for Resident 1 left (first and second) foot infection.</p> <p>During a review of Resident 1's Podiatry Note (PN), dated 9/25/24, the PN indicated, Resident 1 was seen by a podiatrist for complaint of painful nails (did not specify where). The PN indicated Resident 1 had infected ingrown toenails to both left and right foot. The PN indicated Resident 1 had mechanical debridement (the removal of damaged or infected tissue from the nail bed and surrounding areas) of the toenails to both left and right foot. The PN indicated the left first and second toe and the right fourth toe required partial avulsion (a surgical procedure that removes part or all the nail plate from the nail bed. Commonly used for ingrown toenails and nail infections). The PN indicated Resident 1 would start on IV antibiotics (9/25/24) for the infected toenails to the left and right foot.</p> <p>During a review of Resident 1's General Surgery Consultation (GSC), dated 10/2/24, the GSC indicated, Resident 1 was one-week post-(after) surgery for nail avulsion to the left hallux (big toe), left second toe and right fourth toe.</p> <p>During a concurrent interview and record review on 10/9/24 at 1:18 p.m. with Registered Nurse (RN 1), Resident 1's Podiatry Service Note (PSN), dated 2/23/24 was reviewed. The PSN indicated Resident 1 had Onychomycosis (a fungal infection of the nail that causes discoloration, thickening, and separation from the nail bed) to both left and right foot which gradually worsened. The PSN indicated, Resident 1 had long thick toenails to both left and right foot requiring care and Resident 1 was to return for further podiatry care in 9 weeks as needed. RN 1 stated Resident 1 was seen recently by a podiatrist in September 2024 (approximately 30 weeks) after his last appointment on 2/23/24.</p> <p>During an interview on 10/22/24 at 2:25 p.m. with Risk and Regulatory Analyst (RRA), RRA stated the facility did not have any documentation of any type regarding assessments or monitoring of Resident 1's left and right foot prior or after his podiatry appointment on 2/23/24.</p> <p>2. During a review of Resident 1's Prescription Order (RX), dated 9/25/24, the RX indicated, Resident 1 was to start Ancef (an antibiotic used to treat different types of bacterial infection including infections of the skin, bone, and joints [IV]) 500 mg (milligram - a unit of measurement) every eight hours.</p> <p>During a review of Resident 1's ORDER SHEET (OS), dated 9/28/24, the OS indicated, Resident 1 was started on Ancef 500 mg IV every 8 hours for infected toenails (left and right foot) on 9/28/24 (three days after order was made) for 7 days (end date 10/5/24). The Medication Administration Record dated 9/28/24 was reviewed and there was no documentation regarding the Ancef 500 mg IV every 8 hours for infected toenails (left and right foot) on 9/28/24.</p> <p>During an interview on 10/9/24 at 8:50 a.m. with FM 1, FM 1 stated she visited Resident 1 on 9/27/24 and noticed Resident 1 did not have IV access to provide the IV antibiotics for Resident 1's left and right foot infection. FM 1 stated she called the facility nurse (cannot recall name) to see if Resident 1 was getting his IV antibiotics and the nurse told FM 1 the IV antibiotics order was not carried out and Resident 1 had not been receiving the antibiotics as he should have.</p> <p>(continued on next page)</p>		

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  10/09/2024
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 0687</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/9/24 at 1:16 p.m. with Registered Nurse (RN) 1, RN 1 stated Resident 1's podiatrist ordered IV antibiotics after the procedure on 9/25/24. RN 1 stated the IV antibiotics was not started timely (not sure of exactly when it was started) due to the physician order being missed. RN 1 stated the expectation was for IV antibiotics to be started as soon as the order is received from the physician.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Physician Services - Physician Orders, dated 2/28/24, the P&amp;P indicated, This policy outlines the management of physician orders . 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.</p> <p>3. During a review of Resident 2's Physician Orders (PO), dated 10/1/23, the PO indicated, Resident 2 had an order for podiatry consult every two months for foot care. Resident 2's CPSI dated 10/7/23, the CPSI indicated, Skin Evaluation Scheduled with Care.</p> <p>During a review of Resident 2's CODING SUMMARY (CS), dated 11/21/23, the CS indicated, Resident 2 diagnosis including Diabetes Mellitus (DM - condition characterized by high blood sugar), and Bed confinement status. Resident 2's Quarterly MDS under the section BIMS, dated 6/28/24, the BIMS indicated, Resident 2 had a score of 14 (cognitively intact). The MDS under the section GG, indicated, Resident 2 was dependent on staff for lower body dressing and taking off/putting on footwear.</p> <p>During a concurrent observation and interview on 10/9/24 at 12:23 p.m. with Resident 2 in Resident 2's room, Resident 2 was in bed watching TV. Resident 2 stated she had been in the facility for a few years (not specific). Resident 2 stated she gets her toenails trimmed to both feet occasionally, but it had been almost a year since the last time they were trimmed. Resident 2's toenails on her left and right foot were overgrown approximately 1/8th of an inch (a unit of measurement) past the tips of the toes. The toenails to Resident 2's both feet appeared discolored, thick, and brittle with areas of jagged (rough) sharpness.</p> <p>During a concurrent interview and record review on 10/9/24 at 1:04 p.m. with Quality Assurance (QA), Resident 2's PSN, dated 2/23/24, was reviewed. QA stated the last time Resident 2 was seen by a podiatrist was on 2/23/24 with a note to see podiatrist again in nine weeks as needed. The PSN indicated Resident 2 had long thick toenails on both feet requiring care. The PSN indicated Resident 2 had a diagnosis of Onychomycosis to both feet in which the progress had worsened. QA stated Resident 2 had not been seen by the podiatrist since 2/23/24.</p> <p>During a concurrent observation and interview on 10/9/24 at 1:16 p.m. with RN 1, RN 1 stated the nurses know residents are to be referred to podiatry when there are noted issues with the</p> <p>feet which included long toenails. RN 1 observed Resident 2's toenails to both feet and stated Resident 2 needed to be referred to podiatry.</p> <p>During an interview on 10/22/24 at 2:25 p.m. with RRA, RRA stated the facility did not have any documentation of any type regarding assessments or monitoring of Resident 2's feet prior or after her podiatry appointment on 2/23/24. Requested for the facility podiatry policy and procedure and none was provided.</p>		