| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056426 | A. Building<br>B. Wing | 01/08/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Adventist Health Delano | 1401 Garces Hwy<br>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) |
|---|---|
| F 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement policies and procedures to prevent abuse, neglect, and theft.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37697<br><br>Based on interview and record review, the facility failed to implement their policy and procedure for abuse for one of three sampled residents (Resident 1) when:<br><br>1. An allegation of abuse was not reported within twenty-four hours to the California Department of Public Health (CDPH).<br><br>2. The investigation for the allegation of abuse was not completed within five days.<br><br>3. Two Certified Nursing Assistants (CNA 1 and CNA 2) with an allegation of abuse were not removed from working in the facility immediately and/or monitored while the investigation for the allegation of abuse towards Resident 1 was still being conducted.<br><br>These failures had the potential for delayed investigation and continued abuse for Resident 1.<br><br>Findings:<br><br>1. 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 (cognition intact).<br><br>During an interview on 1/8/25 at 12:09 p.m. with Department Manager (DM), DM stated on 12/30/24 a care conference (a meeting to discuss a resident's plan of care) with Resident 1's family Member (FM 1) was conducted. DM stated during the care conference FM 1 stated Resident 1 had made an allegation of abuse regarding a staff taking away his call light (no name or specific date given). DM stated Resident 1 is unable to speak (uses a communication board [a visual tool with pictures, symbols and words that a person can indicate what they are saying by using their head in a yes or no manner] to indicate needs) or move and is dependent on staff for all aspects of care. DM 1 stated Resident 1 uses the call light by applying pressure with his head to call staff for assistance.<br><br>(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 |
|---|---|---|

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| F 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a concurrent interview and record review on 1/8/25 at 12:12 p.m. with DM, Resident 1's ABUSE REPORTING PACKAGE ([NAME]), dated 1/3/25 was reviewed. The [NAME] indicated, All suspected cases must be reported within . 24HOURS. The [NAME] indicated Resident 1 made an allegation of abuse regarding neglect (the act of not giving enough care or attention to someone or something). The [NAME] indicated a report to CDPH about the allegation of abuse was not made until 1/3/25 at 2:06 p.m. DM stated the facility had not followed their policy and procedure regarding reporting abuse. DM stated, We (facility) needed to report (allegation of abuse) within twenty four hours.<br><br>2. During an interview on 1/8/25 at 12:16 p.m. with DM, DM stated he was not sure who was the abuse coordinator in the facility for handling allegations of abuse. DM stated the facility was in the middle of their investigation in the allegation of abuse FM 1 made for Resident 1 on 12/30/24. DM stated the investigation should have been done by 1/4/25 (within five days) but was not completed.<br><br>During a review of the facility Investigation Report Summary (IRS), dated 1/9/25, the IRS indicated, the facility completed their investigation on 1/9/25 (10 days after the allegation of abuse was made).<br><br>3. During a concurrent interview and record review on 1/8/25 at 12:12 p.m. with DM, Resident 1's [NAME], dated 1/3/25 was reviewed. DM reviewed the [NAME] and stated Certified Nursing Assistant (CNA) 1 and CNA 2 had an allegation of abuse made towards them by FM 1 on 12/30/24. DM stated he had not read the [NAME] prior to this interview. DM stated CNA 1 and CNA 2 had been working in the facility since the allegation of abuse was made (12/30/24) despite the investigation not being completed. DM stated CNA 1 and CNA 2 were not being observed while working with the facility residents as the facility abuse policy and procedure indicated. DM stated CNA 1 and CNA 2 were not taken off the schedule until the investigation was completed as they should have been.<br><br>During a review of the facility timesheets (TS), dated 1/2025, the TS indicated:<br><br>a. CNA 1 worked in the facility after the allegation of abuse was made on 12/30/24 from 7 p.m. to 7:30 a.m. on 1/2/25, 1/3/25, 1/6/25, and 1/7/25.<br><br>b. CNA 2 worked after the allegation of abuse was made on 12/30/25 from 7 a.m. to 7:30 p.m. on 1/1/25, and 1/2/25.<br><br>(continued on next page) |

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| F 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of the facility's policy and procedure (P&P) titled, SUSPECTED CHILD, ADULT, DISABLED PERSON OR ELDERLY ABUSE/NEGLECT/EXPLOITATION, dated 9/28/20, the P&P indicated, Patients have the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation. It is the policy of this hospital to protect patients from real or perceived abuse, neglect or exploitation from anyone, including staff members, students, volunteers, other patients, visitors or family members. This hospital mandates that, under the guidance of applicable laws, any healthcare worker having reasonable cause to believe that any person is in the state of abuse, exploitation or neglect shall report the information to the appropriate regulatory agency. Cases of suspected sexual assault, physical abuse or neglect will be given priority and will be investigated thoroughly. All cases of suspected abuse/neglect must be reported to authorities. A person (including an employee, volunteer or other person) associated with the hospital, who reasonably believes or who knows of information that would reasonably cause a person to believe that the physical or mental health or welfare of a patient of the hospital, who is receiving medical services, has been, is or will be adversely affected by abuse or neglect by any person shall, as soon as possible, report the information supporting the belief to the Department of Health, or the appropriate healthcare regulatory agency, by telephone, in writing or by personal visit. A healthcare provider who fails to report shall be referred by the Department of Health to the individual's licensing board for appropriate disciplinary action. The department manager, or his/her designee, shall be notified prior to making a report. If allegations exist that the patient is experiencing abuse, neglect or exploitation caused by a staff member(s), that staff member will not be assigned to the involved patient. A thorough investigation will be conducted, during which time his or her immediate supervisor will monitor the staff member's performance until the allegations are proven or disproved. At no time will a staff member suspected of improper actions toward a patient be allowed to interact with any patient without a second staff member in attendance. The hospital must also protect other patients from the acts of the staff member should these acts prove true. Therefore, assignment of the involved staff member to non-patient care activities would be optimum. If circumstances do not allow for this option, the staff member's interaction with patients must be monitored at all times during the investigation. |