

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 01/29/2025
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>50409</p> <p>Based on observation, interview, and record review, the facility failed to follow its policy and procedure (P&P) on restraint management for one of six sampled residents (Resident 1) when Resident 1's restraint was not monitored every two hours and the order for restraint was not renewed every three days. These failures had the potential to result in Resident 1 developing injuries and adverse health outcomes.</p> <p>Findings:</p> <p>During a review of Resident 1's Order Sheet (OS), dated 10/26/24, the OS indicated, Restraint Monitor. Right hand mitten to prevent pulling medical devices. Monitor every 2 hours and release for 15 minutes and check for circulation and skin integrity.</p> <p>During an observation on 1/29/25 at 1:48 p.m. in Resident 1's room. Resident 1 was wearing mittens on his right hand.</p> <p>During an interview on 1/29/25 at 2:56 p.m. with Licensed Vocational Nurse (LVN) 1, LVN1 stated Resident 1 was wearing mittens on his right hand because he had a behavior of pulling medical devices like GT (Gastrostomy tube - feeding tube that is surgically inserted through the abdomen and into the stomach). LVN 1 stated Resident 1 was being monitored every two hours for his restraints to check for skin and circulation.</p> <p>During a concurrent interview and record review on 1/29/25 at 3:42 p.m. with Risk and Regulatory Analyst (RRA), Resident 1's Flowsheet Print Request (FPR [Restraint flowsheet]), the FPR indicated missing documentation of restraint monitoring on: a. 1/20/25 at 2 a.m., 4 a.m., and 6 a.m. b. 1/20/25 at 10 p.m. c. 1/24/25 at 4 a.m. and 6 a.m. d. 1/27/25 at 12 p.m., 2 p.m., 4 p.m., and 6 p.m. RRA stated there were missing documentation on the FPR.</p> <p>During a concurrent interview and record review on 1/29/25 at 3:42 p.m. with RRA, the facility's P&P titled, Restraint Management (Mechanical, Chemical, Seclusion), dated 1/20/21 was reviewed. The P&P indicated, To outline an organizational approach to restraints that protects the patient's health and safety and preserves their dignity, rights and well-being. Assessment and monitoring will be conducted at minimum, every 2 hours. RRA stated the P&P to monitor was not followed.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/31/25 at 2:09 p.m. with Manager for the Special Care Unit Manager (MSCU), MSCU stated, We document every two hours (monitoring of restraints). Documentation is supposed to be done timely. If the documentation is not done, we're not justifying why the person is on restraints.</p> <p>During a concurrent interview and record review on 1/31/25 at 2:17 p.m. with Registered Nurse (RN) 1, Resident 1's Orders, dated 1/31/25 was reviewed. The Orders indicated Resident 1's restraint was ordered by the physician on 10/26/24. RN 1 stated, It (Resident 1's order for restraint) has not been renewed every three days. The facility's P&P titled, Restraint Management (Mechanical, Chemical, Seclusion), dated 1/20/21 was reviewed. The P&P indicated, Orders will be renewed every 3 days if continued restraint(s) are needed. RN 1 stated the P&P was not followed.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50409</p> <p>Based on observation, interview, and record review, the facility failed to ensure four of six sampled residents (Resident 1, Resident 2, Resident 3, and Resident 4) were provided nail care. This failure had the potential for Resident 1, Resident 2, Resident 3, and Resident 4 to develop an infection and skin breakdown.</p> <p>Findings:</p> <p>During a review of Resident 1's Minimum Data Set (MDS - an assessment tool), dated 1/29/25, the MDS Section GG (functional abilities and goals) indicated Resident 1 required total assist with maintaining personal hygiene.</p> <p>During a review of Resident 1's Care Plan (CP), dated 10/26/24, the CP indicated, Total dependent in all ADL (Activities of Daily Living - basic personal tasks performed daily) needs due to immobility. Interventions. Provide Assistance to Support Level of Need.</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS Section GG indicated Resident 2 required total assist with maintaining personal hygiene.</p> <p>During a review of Resident 2's CP, dated 8/6/24, the CP indicated, ADL Function. Interventions. Provide Assistance to Support Level of Need.</p> <p>During a review of Resident 3's MDS, dated [DATE], the MDS Section GG indicated Resident 3 required total assist with maintaining personal hygiene.</p> <p>During a review of Resident 3's CP, dated 11/12/24, the CP indicated, ADL Function. Interventions. Provide Assistance to Support Level of Need.</p> <p>During a review of Resident 4's MDS, dated [DATE], the MDS Section GG indicated Resident 4 required total assist with maintaining personal hygiene.</p> <p>During a review of Resident 4's CP, dated 10/8/23, the CP indicated, ADL Function. Interventions. Provide Assistance to Support Level of Need.</p> <p>During a concurrent observation and interview on 1/29/25 at 1:55 p.m. with Infection Preventionist (IP) in Resident 1's room. Resident 1 had long fingernails with dark gray debris on both hands. IP stated Resident 1 was at risk for developing infection because he also had a behavior of digging or putting his hand in his briefs. IP stated Resident 1's fingernails should have been trimmed.</p> <p>During an interview on 1/29/25 at 2:56 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated the LVNs were assigned to trim the residents' fingernails. LVN 1 stated, It (Resident 1's fingernails) should've been done (trimmed).</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 1/29/25 at 3:04 p.m. with LVN 2 in Resident 2's room, Resident 2 had long fingernails with dark gray debris on both hands. LVN 2 stated Resident 2 needed assistance with trimming his fingernails. LVN 2 stated he should have trimmed Resident 2's fingernails.</p> <p>During a concurrent observation and interview on 1/29/25 at 3:15 p.m. with IP in Resident 3 and Resident 4's room, Resident 3 had long fingernails with dark gray debris on both hands. IP stated Resident 3's fingernails should have been trimmed. Resident 4's both hands were contracted (tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff) and had long fingernails with dark gray debris touching his palms. IP stated Resident 4 was at risk for skin breakdown because of his long fingernails and contracted hands. IP stated Resident 4's fingernails should have been trimmed.</p> <p>During a concurrent interview and record review on 1/29/25 at 3:42 p.m. with Risk and Regulatory Analyst (RRA), the facility's P&P titled, Facility Procedure: Resident Care Management, dated 12/5/23 was reviewed. The P&P indicated, The resident care management is designed to assure a systematic comprehensive approach by assessing, planning for, and meeting residents' needs. The team will develop and implement a comprehensive, individualized plan of care. RRA stated the P&P was not followed.</p>