STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056426	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adventist Health Delano	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review the facility failed to conduct pre-hire reference checks on Certified Nursing Assistant (CNA) 1 who was providing care for one of three sampled residents (Resident 1). This failure had the potential to expose vulnerable residents to abuse and/or other negative effects.Findings:During an interview on 6/3/26 at 10:14 a.m. with Quality Assurance (QA), QA stated on 5/24/26 Resident 1 had reported an allegation of abuse to his daughter that an unidentified male worker had struck him on the head. The daughter reported the allegation the same day (5/4/26). QA stated the facility identified two male workers that had recently worked with Resident 1. One of the workers was CNA 1.During a concurrent interview and record review on 6/3/26 at 11:23 a.m. with Human Resources (HR), CNA 1's employee file (EF) was reviewed. The EF indicated CNA 1 was hired on 9/30/24. The EF indicated no reference checks were conducted for CNA 1. HR stated the facility had stopped conducting reference checks in August of 2023 (specific date not indicated). HR stated a reference check for CNA 1 was not done.During a review of the facility's policy and procedure (P&P) titled, RECRUITMENT AND HIRING PROCESSPOLICY, dated 8/28/24, the P&P indicated, (The facility) will recruit and hire qualified candidates for available positions. (The facility) is committed to providing an inclusive and welcoming environment for all members of our communities and to ensuring that employment decisions are based on individuals' abilities and qualifications. Inquiries into the background of employees, volunteers and prospective employees are intended to comply with federal and state laws and are required as per the (facility) corporate compliance plan.

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