STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555053	A. Building B. Wing	02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Care Center	729 Browning Road 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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview and record review, the facility failed to implement their policy and procedure on Drug Diversion, for three of four sampled residents (Resident 2, Resident 3, Resident 4) to ensure secure storage, accurate documentation, proper administration, monitoring, and accountability of all narcotic controlled substances (a powerful, prescription-only drug used to treat moderate to severe pain). This failure resulted in narcotic diversion (the illegal transfer, theft, or misuse of prescription drugs from their intended medical path) and had the potential to cause pain induced harm to residents.Findings:During an interview and record review on 2/11/26 at 3:05 p.m. with Administrator, Resident 2's, Resident 3's, and Resident 4's narcotic log (NL), electronic medical record (EMR), and the facility five-day report (F5R) were reviewed. Administrator stated on 2/3/26 at approximately 2:30 p.m. Licensed Vocational Nurse (LVN) 1 was starting his evening shift (2 p.m. to 10:30 p.m.) when he noticed Resident 2's hydrocodone (narcotic pain medication) 10/325 milligrams (mg - a unit of measurement) bubble-pack (a, clear plastic, organized card that holds pills in individual, sealed compartments labeled by day and time) with 28 pills was missing along with the inventory sheet (a sheet that describes the amount of product was released to the facility). Administrator stated LVN 1 knew Resident 2's hydrocodone was missing because he had provided Resident 2's hydrocodone from the bubble-pack on 2/1/26. Administrator stated the facility expanded their search to other residents to see if they had missing narcotics. Administrator stated Resident 3 and Resident 4 had one bubble-pack of hydrocodone 5/325 mg which contained 28 pills missing each (56 narcotic pills total plus the 28 for Resident 1) along with their inventory sheets. Administrator stated they looked further back into Resident 2's medication and found three more hydrocodone 10/325 mg bubble-packs missing with their inventory sheets. Administrator stated the inventory sheets missing were the main reason the hydrocodone was not noticed to be gone for Resident 2, Resident 3, and Resident 4 due to the narcotic count appearing to be correct. Administrator stated copies of the inventory sheet for resident narcotics are not taken to keep track when they were delivered. Administrator stated the F5R indicated a total of 164 hydrocodone pills were diverted.During an interview on 2/11/26, at 4 p.m. with LVN 1, LVN 1 stated on 2/3/26 he had come in to work his evening shift (2 p.m. to 10:30 p.m.) and conducted his resident narcotic count with LVN 2. LVN 1 stated the narcotic count was correct but knew Resident 2's Hydrocodone bubble-pack was missing because he had seen it on 2/1/26 during his shift. LVN 1 stated he also noticed the inventory sheet was missing for Resident 2's Hydrocodone which had led staff to think the narcotic count was correct.During a review of the facility's policy and procedure (P&P) titled, Drug Diversion, undated, the P&P indicated, It is the policy of this Skilled Nursing Facility to ensure the secure storage, accurate documentation, proper administration, monitoring, and accountability of all narcotic controlled substances. The facility maintains zero tolerance for narcotic drug diversion and will take immediate action to investigate, report, and mitigate any suspected or confirmed diversion to protect resident safety and comply with all federal and state regulations. All narcotic administrations must be documented immediately in . Electronic or paper Medication Administration Record (MAR) . Controlled Substance Record .

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement their policy and procedure on Use of Psychotropic Medication(s) (medication that affects brain activity, resulting in changes in mood, behavior, thoughts, and perception) for one of four sampled residents (Resident 1). This failure resulted in Resident 1 to be on psychotropic medication without IDT (Interdisciplinary team- a collaborative group of healthcare professionals, including nurses, doctors, therapists, social workers, and the resident/family, who work together to create and implement personalized care plans) approval, and to be without behavioral monitoring to see if the medication was effective. Findings:During an review of Resident 1's admission RECORD (AR), dated 2/11/26, the AR indicated, Resident 1 was admitted to the facility on [DATE] with a diagnoses including major depressive disorder (a common, serious mental health condition characterized by persistent, intense feelings of sadness, hopelessness, and a loss of interest in activities), history of falling, shortness of breath, and muscle weakness.During a review of Resident 1's physician order sheet (POS), dated 1/29/26, the POS indicated, Resident 1 was to start on Depakote (medication used for depression) 250 milligrams (mg - a unit of dosage) by mouth two times a day for mixed mania (a severe state where symptoms of mania [high energy, racing thoughts] and depression [sadness, hopelessness] occur simultaneously or in rapid succession) and bipolar due to aggressive behaviors.During a review of Resident 1's MEDICATION ADMINISTRATION RECORD (MAR), dated 1/2026, the MAR indicated, Resident 1 had started Depakote 250 mg on 1/29/26 at 6 p.m. and continued to take Depakote 250 mg the rest of the month at 8 a.m. and 6 p.m. The MAR indicated Resident 1 was not on behavior monitoring for his Depakote usage.During a review of Resident 1's MAR, dated 2/2026, the MAR indicated, Resident 1 had taken Depakote 250 mg twice a day at 8 a.m. and 6 p.m. from 2/1/26 until 2/28/26. The MAR indicated the facility did not start behavior monitoring for Resident 1 Depakote usage until 2/11/26.During a concurrent interview and record review on 2/11/26 at 11:04 a.m. with Social Services Director (SSD), Resident 1's electronic medical chart (EMR) was reviewed. SSD stated Resident 1 was started on Depakote 250 mg twice daily on 1/29/26. SSD stated there has not been an IDT conducted to determine if it was appropriate to start Resident 1 on Depakote 250 mg for twice a day for his depression. SSD stated facility staff are supposed to be monitoring Resident 1's behavior while on Depakote but that was not being done. SSD stated the purpose of monitoring behaviors is to determine if the medication and/or its dosage was appropriate for use. SSD stated an IDT, and behavioral monitoring should have been initiated once Resident 1 had the order for Depakote 250 mg for depression but was not done.During a review of the facility's policy and procedure (P&P) titled, Use of Psychotropic Medications, dated 2025, the P&P indicated, It is the intent of this policy to ensure that residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Additionally, these medications should only be used to treat the resident's medical symptoms and not used for discipline or staff convenience, which would deem it a chemical restraint. ?Adequate indications for use' refers to the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and after any other treatments have been deemed clinically contraindicated. For psychotropic medications, without documentation in the record explaining that the practitioner has determined that other treatments have been deemed clinically contraindicated, the indication for use is inadequate. Also, adequate indication for use means that the medication administered is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies or evidence based review of articles that are published in medical and/or pharmacy journals. A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. The indications for initiating, (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	maintaining, or discontinuing medications(s), as well as the use of nonpharmacological approaches, will be determined by evaluating the resident's physical, behavioral, mental, and psychosocial signs and symptoms in order to identify and rule out any underlying medical conditions, including the assessment of relative benefits and risks, and the preferences and goals for treatment. The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deems to use . The resident's response to the medication(s), including progress towards goals and presence/absence of adverse consequences, shall be documented in the resident's medical record.During a review of the facility P&P titled, The Psychotropic Drug Committee (PDC), undated, the P&P indicated, The objectives of the Psychotropic Committee are . To utilize an IDT framework with additional disciplines to develop multidisciplinary non-drug interventions and strategies to address mood and behavioral issues of long term care residents . To utilize different disciplines, expertise and experience to recommend the least restrictive and most beneficial psychotropic drugs to the primary physician . To ensure that the facility is in compliance with the regulatory guidelines . The committee shall thoroughly review the [NAME] owing areas for each resident who is on psychoactive medications . appropriate diagnosis for the medication used . accurate and appropriate target behaviors for treatment being provided .

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F 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. Based on interview and record review, the facility failed to follow its policy and procedure on Background Investigations, for one of three licensed vocational nurses (LVN 2). This failure had the potential to expose residents to abuse, neglect, and mistreatment.Findings:During an interview and record review on 2/12/26 at 3:52 p.m. with Administrator, LVN 2's employee file (EF), was reviewed. The EF indicated LVN 2's reference check was not completed. According to the EF, LVN 2 had been working for the facility since 2/13/24. Administrator stated LVN 2's reference check should have been done prior to her working at the facility per policy and procedure.During a review of the facility's policy and procedure (P&P) titled, Background Investigations, undated, the P&P indicated, Job reference checks, drug screenings, licensure verifications and criminal conviction record checks are conducted on all personnel making application for employment with this company. Driving record checks are conducted when the job in question requires the employee to drive as part of their assigned duties. Persons applying for employment and current employees will be informed of this policy. The company will not conduct a background investigation without an applicant's or employee's advance consent. Applicants or employees who do not consent to a background investigation will, however, not be considered for positions that the company has determined to require the completion of a background investigation.