

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Valley View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the annual performance evaluation (A written demonstration of nursing staff's knowledge, skills, and techniques necessary to care for residents' needs safely and effectively) was up to date for one of five sampled staff (Certified Nursing Assistant [CNA]). This failure had the potential to result in CNA providing care that does not meet the residents' needs. Findings: During a concurrent interview and record review on 3/20/26 at 11:04 a.m. with Director of Staff Development (DSD), CNA personnel file (PF), dated 8/10/20, was reviewed. The PF indicated CNA the annual performance review was last conducted on 12/28/24. DSD stated an annual performance evaluation was not done for 2025. During a review of the facility's policy and procedures (P&P) titled, Performance Evaluations, undated, the P&P indicated, Policy Statement, The job performance of each employee shall be reviewed and evaluated at least annually. 9. The completed performance evaluation will be sent by the director or supervisor to the HR Director to be placed in the employee's personnel record.</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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