

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Delano District Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 1509 Tokay Street 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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>48756</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was treated with dignity and respect when Resident 1 was moved to the dining room to sleep for one night. This failure had the potential to result in psychological harm and Resident 1 experiencing fearfulness.</p> <p>Findings:</p> <p>During an interview on 2/29/24 at 5:04 p.m. with Registered Nurse (RN) 1, RN 1 stated, Yes, we had a resident [Resident 1] in the dining room last night [2/28/24]. It was late last night, we had a late admission that ended up testing positive for COVID after showing symptoms upon arrival to the facility. RN 1 stated the facility does not have any other rooms available (for the new admission), so Resident 1 ended up sleeping in the dining room.</p> <p>During an interview on 2/29/24 at 5:13 p.m. with the Administrator, the Administrator stated, This is not our normal process, we have never had to have a resident sleep in the dining room.</p> <p>During an interview on 2/29/24 at 5:15 p.m. with Director of Nursing (DON), DON stated, The family was called last night and informed that the only option was to move her [Resident1] temporarily in the dining room. That certainly is not our normal process to have residents sleep in the dining room.</p> <p>During an interview on 2/29/24 at 5:32 p.m., with Resident 1, Resident 1 stated, It was scary being moved [to the dining room] last night, they were rushing me in the bed to take me in there. I did not like that, it made me feel scared, it happened really fast.</p> <p>During an interview on 2/29/24 at 5:36 p.m. with Resident Representative (RP) 1, RP 1 stated, I received a call last night about the facility needing to make a room change. RP 1 stated, There was no consent, I was just verbally told that it was an emergency type of situation. RP 1 stated, I wanted my mom to be able to stay in her room, but the nurse told me it was the only room available RP 1 stated, I don't think it was right that the facility made my mom sleep in the dining room, that's humiliating.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Nurses Note (NN) dated 2/28/24, the NN indicated, Called residents daughter [RP 1] that we need permission to move resident [Resident 1] to dining area for tonight because roommate is on droplet isolation [precautions], and we don't want resident [Resident 1] exposed.</p> <p>During a review of Resident 1's Minimum Data Set (MDS-assessment tool), dated 1/16/2024, the MDS indicated, Resident 1 had a BIMS (Brief Interview for Mental Status Score) of 10 (score of 8-12 means moderate impairment).</p> <p>During a review of Resident 1's Interdisciplinary Team (IDT) meeting note, dated 2/29/24, the IDT note indicated, Resident 1 temporary moved to east wing dining room due to unexpected circumstances. Action: notified family [RP 1] on 2/28/24 regarding room changes.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rights, dated 6/22/09, the P&P indicated, The resident has the right to dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility must promote the rights of each resident and will inform the resident or responsible party of his/her rights upon admission to the facility.</p>		