STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555479	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delano District Skilled Nursing Facility	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 50939 Based on observation, interview, and record review, the facility failed to provide physical assistance and/or use of transfer device during ambulation (walking) to ensure safety for one of three sampled residents (Resident 1), when the Director of Rehabilitation (DOR), who was assisting Resident 1 while walking, did not provide a hand support to Resident 1 due to DOR was holding a cellphone on her left hand and holding a wheelchair on her right hand. This failure resulted in Resident 1 falling, sustaining a right shoulder tendon (connective tissue that connects the muscle to the bone) tear, suffering from severe pain, and going to the general acute care hospital. Findings: During a review of Resident 1's SBAR (Situation, Background, Assessment, and Recommendation) Communication and Progress Note (SBAR), dated 5/15/24 at 1:40 p.m., the SBAR indicated, Patient [Resident 1]was being ambulated with the use of FWW [Front-Wheeled Walker] under rehab [rehabilitation] supervision while reaching back to her wheelchair to sit [sic], patient [Resident 1] loss of balance [sic] was eased down to floor by rehab staff [Director of Rehabilitation/DOR]. During a concurrent observation and interview on 6/4/24 at 10:55 a.m. in Resident 1's room, with Resident 1, Resident 1 was lying in bed. Resident 1's facial expression was grimacing. Resident 1 stated she is having a right shoulder pain due to the fall incident. Resident 1 stated DOR was on Facetime (video call) on her cellphone while DOR was assisting Resident 1while walking on 5/15/24. Resident 1 stated DOR was holding a cellphone with her left hand and using her right hand to hold the wheelchair. Resident 1 stated she told DOR she was feeling really dizzy. Resident 1 stated she tried to sit back onto the wheelchair, but the wheelchair was too far back and not within reach when attempting to sit back. Resident 1 stated she fell forward, face down onto the floor. Resident 1 stated DOR did not apply a gait belt (transfer belt is a device applied on a resident's waist who has mobility issues, by a caregiver prior to moving or walking the resident for safety), before assisting Resident 1 to walk on 5/15/24. During an interview on 6/4/24 at 12:15 p.m. with DOR, DOR stated she was holding a cellphone with her left hand and pulling Resident 1's wheelchair with her right hand. DOR stated she grabbed and held Resident 1's upper body to ease Resident 1 to the ground. DOR stated she did not apply a gait belt on Resident 1 prior to the fall incident on 5/15/24. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	During a concurrent interview and record review on 6/26/24 at 10:10 a.m. with Physical Therapist (PT), Resident 1's Physical Therapy Progress Report (PTPR), dated 5/15/24 was reviewed. The PTPR indicated, Patient [Resident 1] ambulated [walked] 25 feet x [times] 2 with recovery between gait distances with FWW with CGA [Contact Guard Assist-level of assistance in physical therapy where a caregiver places one hand on resident's body to help with balance or body stabilization] and cues [signal] for FWW management, posture, step strength, foot clearance, safety, and BOS (Base of Support), 2 turns CGA. PT stated Resident 1's Physical Therapy order were steady assist and CGA. PT stated CGA means have one hand on the resident to keep resident steady. During a review of Resident 1's Minimum Data Set (MDS-Assessment Tool), dated 5/6/24, the MDS indicated, Resident 1 requires the assistance of one staff with walking. During a review of Resident 1's Admission Record (AR), dated 5/1/24, the AR indicated, Resident 1 had diagnoses of difficulty in walking, unsteadiness on feet, and muscle weakness. During a review of the Resident 1's Care Plan (CP), dated 5/13/24, the CP indicated, The resident [Resident 1] is high risk for falls related to fall risk score 13 [total score of 10 or above means high risk], weakness; psychotropic [medications that affect mental state] drug use. Goal: The resident [Resident 1] will be free of falls or falls will be minimized through the review date. Intervention: One-person assist with transfer. During an interview on 6/13/24 at 1:25 p.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated she assisted Resident 1 after the fall on 5/15/24. CNA 1 stated while assisting Resident 1 off the floor and back onto bed, she stated she did not see Resident 1 with a gait belt on. During a review of Resident 1's Charting-Falls (CF), dated 5/16/24 (after the fall), the CF indicated, rt [right] knee pain rt ankle swelling, pain level 8/10 [level of 8-10 means severe pain]. Resident 1's CF dated 5/17/24 indicated, right and left upper chest with swelling, right knee and right ankle with swelling, pain level 9/10. Resident 1's CF dated 5/17/24 indicated, Resident [Resident 1] is scheduled for X-rays [imaging creates pictures of the inside of the body] this am [morning] due to c/o [complained of] severe pain: right and left shoulder, back of neck, right and left upper chest with swelling, right knee and right ankle with swelling, left knee, right and left foot. Resident with c/o severe pain. During a review of Resident 1's Hospital Discharge Summary (HDS), dated 5/22/24, the HDS indicated, admitted : 5/18/24. Right shoulder MRI [Magnetic Resonance Imaging-medical imaging technique used to form pictures of the inside the body] evidence of a full-thickness tear [completely detached from the bone] of the supraspinatus tendon [back of the shoulder] measuring 2.8 cm [centimeter] x 2.0 cm in axial dimension [line tear]. During a review of the facility's policy and procedure (P&P) titled, Ambulation Program, dated April 9, 2014, the P&P indicated, Equipment. Gait Belt. D. Observe correct guarding or spotting. 2. Use your other hand to support his/her shoulder or hip if needed. During a review of the facility's policy and procedure (P&P) titled, Use of Gait Belt, dated February 23, 2010, the P&P indicated, A gait belt will be used when ambulating or transferring a resident. E. Hold on to the gait belt firmly with one or both hands.