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 09/04/2024

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37697 Based on interview and record review, the facility failed to ensure four of four sampled residents (Resident 1, Resident 2, Resident 3, Resident 4) complaints were processed according to their policy and procedure. This failure had the potential to jeopardize the health and safety of the residents. Findings: During a review of Resident 2's Minimum Data Set (MDS- an assessment tool) under the section BIMS (Brief Interview for Mental Status - an assessment of cognition [mental processes including perception, memory, and thought]), dated 7/10/24, the BIMS indicated, Resident 2 had a score of 15 (cognitively intact). During an interview on 8/28/24 at 10:53 a.m. with Resident 2, Resident 2 stated there were issues with the Registry Nurses (RNN - licensed nurses who receives compensation from a third party to work at a nursing facility as needed) (not identified) not passing the medications on time during the night shifts. During a review of Resident 3's MDS- under the section BIMS, dated 7/8/24, the BIMS indicated, Resident 3 had a score of 15 (cognitively intact). During an interview on 8/28/24 at 11:37 a.m. with Resident 3, Resident 3 stated the RNN's (not identified) at night are not giving him all his medications. Resident 3 stated the last time this occurred was approximately a week ago. Resident 3 was not sure which of his medications were not given. Resident 3 stated licensed nurses were aware of his medication not given (unable to remember the name of nurses). During a review of Resident 1's MDS- under the section BIMS, dated 8/2/24, the BIMS indicated, Resident 1 had a score of 13 (cognitively intact). During an interview on 8/28/24 at 11:56 a.m. with Resident 1, Resident 1 stated nurses (not identified) at night are forgetful with his medications but was not sure which medications or when was the last time it happened. (continued on next page)

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

Printed: 12/04/2024
Form Approved OMB
No. 0938-0391

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/28/24 at 1:09 p.m. with Facility Scheduler (FS), FS stated the facility uses two to three registry nurses every day. FS stated she received complaints from residents (not identified) about RNN's (not identified) not giving medications. FS stated, When I get a complaint, I called the registry and ask that they do not send the RNN back. FS stated the last complaint about an RNN was in the beginning of 8/24, when RNN 1 had signed she had passed medications but supposedly did not. FS stated she reported this issue to the DON and to the Director of Staff Development (DSD). FS stated when she receives a new RNN to work in the facility she does not check if they have a competency (a method of ensuring someone is competent for a specific task) done for medication pass. FS stated she believed she had asked for three RNNs (not identified) to not come back due to issues (not disclosed) last month (7/24) and one this month (8/24). FS stated some of those RNNs were asked not to return had issues with passing medications. FS was not sure who the RNNs were or what residents were affected. During an interview on 8/30/24 at 9:31 a.m. with LVN 3, LVN 3 stated Resident 3 had complained to her about not getting all his medications but could not remember the date. LVN 3 stated she also noticed at one time Resident 4 was not given her medications, but documents were signed off as if they were given by an RNN (not identified) but could not recall when it happened. During an interview on 9/4/24 at 10:43 a.m. with DSD, DSD stated RNN 1 was asked not to return to the facility due to medication errors/not passing medications. DSD stated the affected residents have not been identified. During a review of Resident 4 ' s MDS- under the section BIMS, dated 7/12/24, the BIMS indicated, Resident 4 had a score of 14 (cognitively intact). During an interview on 9/4/24 at 11:16 a.m. with Resident 4, Resident 4 stated she knows the shape and color of her medications. Resident 4 stated she knows when RNN's (not identified) do not give her all her medications, or they give them wrongly. Resident 4 stated the last time this occurred was last week with an unknown RNN who forgot to give her heart medication. Resident 4 stated she felt the RNN's do not know what they are doing. During an interview on 9/4/24 at 11:57 a.m. with DON, DON stated RNN 1 was confirmed to have made some type of medication error but was not sure how it was discovered, what medication was in error, what residents were affected and what was done when the medication error was discovered. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility policy and procedure (P&P) titled, Resident Grievance/Complaint, dated 4/3/19, the P&P indicated, PURPOSE: To provide a process by which residents, family, and/or staff may file a complaint, or grievance on behalf of the resident. Any resident, his or her representative, family member, or advocate may file a grievance or complaint concerning his or her treatment, medical care, staff members, theft of property, etc., without fear of threat or reprisal in any form. Attempts will be made to resolve the grievance in a timely manner at the lowest level possible. A grievance/complaint shall be considered a grievance if provided in writing, including email, or verbalization from the resident or family member that they would like to file a formal complaint or grievance to the Administrator or to any staff member at any time. All staff members are responsible for ensuring that residents' complaints are processed according to this policy. The Director of Social Services (SSD) will maintain a log and function as the advocate for this process. All department heads and supervisors are responsible for forwarding a filed grievance to the SSD. SSD shall complete the grievance process in the required time frame of 5 business days, unless the resident or initiating party agrees to an extension. Grievance/Complaint forms shall be provided upon admission and may be discussed at each care conference as needed. When a resident or family member provides a written concern or complaint, and/or verbalizes that they want to file a formal grievance/complaint, the following shall occur . The initiating party shall complete Section I of the Resident Grievance/Complaint Form indicating their concerns and complaints (refer to Attachment A). The form shall be forwarded to the Director of Social Services or designee. An investigation of the complaint shall be identified, and a record of the findings and recommendations shall be noted. After Section II has been completed, the form shall then be forwarded to the Administrator. The Administrator shall review the grievance in its entirety and make a decision as to the complaints listed on the grievance. The facility will make efforts to correct the complaint that was made. The Administrator shall determine if changes [NAME] processes are warranted and make such changes toward corrective action by completing Section III.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 37697 Based on interview and record review, the facility failed to ensure a Licensed Vocational Nurse (LVN) 2 was competent to pass medications to one of four sampled residents (Resident 1). This failure had the potential for adverse health outcomes. Findings: During an interview on 8/28/24 at 11:02 a.m. with LVN 1, LVN 1 stated approximately one week ago (not sure of the exact date), she noticed at the beginning of her shift (morning) that Resident 1 ' s tube feeding (an open system used for nutrition provided to a resident via a tube inserted through the stomach) bag had an abnormal color and appeared to have medication floating in it. LVN 1 stated LVN 2 had worked the prior shift (night shift) before she came in and noticed the issue with Resident 1 ' s tube feeding bag. During a review of Resident 1 ' s Minimum Data Set (MDS- an assessment tool) under the section BIMS (Brief Interview for Mental Status - an assessment of cognition [mental processes including perception, memory, and thought]), dated 8/2/24, the BIMS indicated, Resident 1 had a score of 13 (cognitively intact). During an interview on 8/28/24 at 11:56 a.m. with Resident 1, Resident 1 stated the nurses at night can be forgetful with his medications but was not sure when was the last time it occurred or what medications were not given. During an interview on 8/28/24 at 12:47 p.m. with Director of Nursing (DON), DON stated she was not aware of any occurrence of LVN 2 placing medications into Resident 1 ' s tube feeding bag. DON stated medications should not be placed into a resident ' s tube feeding bag. DON stated placing medications into a tube feeding bag is a medication error. During an interview on 9/4/24 at 9:45 a.m. with DON, DON stated LVN 2 had been passing medications to residents since 7/25/24. DON stated nurses show competency when they were observed passing medications by pharmacy, who will then sign off on a medication competency form, showing the nurse was competent to pass medications. DON stated, For new nurses and prior to being observed by the pharmacy are observed by other staff nurses to ensure they are competent to pass medication. DON stated LVN 2 had not been observed by pharmacy to indicate he was competent with passing medications nor was there any documentation indicated he was observed by staff nurses. DON stated she spoke to LVN 2 and he stated he had poured milk of magnesia (medication for constipation) and other unidentified medications into Resident 1 ' s tube feeding bag (not sure of the exact date). During an interview on 9/4/24 at 3:44 p.m. with LVN 2, LVN 2 stated he was a new nurse and started to work at the facility on 7/8/24. LVN 2 stated he still needed to pass medications with pharmacy to pass competency. LVN 2 stated he had been passing medications in the facility since 7/25/24, and he works the night shift which is from 10:30 p.m. to 7 a.m. and is typically assigned 37 to 38 residents. LVN 2 stated he was assigned to Resident 1, and had poured two types of medications (not identified) into his tube feeding bag (not sure of the exact date). (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility ' s policy and procedure (P&P) titled, Competency Evaluation, dated 11/1/22, the P&P indicated, All staff members who provide patient care, treatment, or services are competent to perform their job duties and responsibilities. PURPOSE . To establish a standardized process for assessing and documenting staff competency at established times and intervals to minimize risk of harm to patients, maintain a consistently high quality of care, and to comply with laws and regulations. Applies to all staff members who provide care, treatment, or services in the organization. Does not apply to staff members contracted to provide care, treatment, or services on behalf of the organization. Qualification verification for contracted employees is addressed in the contracted services policy. DEFINITION . Competency-The demonstrated knowledge and skill necessary to perform a task or job safely, successfully, and efficiently. Leadership is responsible for the following . Maintaining and implementing this policy . The staff is evaluated on their ability to use and integrate the knowledge and skills learned from the in-service trainings through competency evaluation.`