

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 09/19/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>50939</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of four sampled residents (Resident 1 and Resident 3) who are high risk for falls were near the nurse's station according to the plan of care. This failure had the potential to result in Resident 1 and Resident 3 falling repeatedly and sustaining injury.</p> <p>Findings:</p> <p>During an observation on 9/18/24 at 9:54 a.m. in Resident 1's room, Resident 1's bed is by the window. There were two rooms, one supply room down the hallway, and around the corner between Resident 1's room and the nurse's station.</p> <p>During a review of Resident 1's Care Plan (CP), dated 3/13/24, the CP indicated, Resident [1] with actual unwitnessed fall on 3/13/24. Interventions: Keep resident [1] close to [nursing] station for closer monitoring. The CP dated 6/18/24 indicated, Resident with actual fall on 6/18/24. Interventions: Keep resident close to station for closer monitoring.</p> <p>During a review of Resident 1's SBAR (Situation, Background, Assessment, and Recommendation) Communication and Progress Note (SBAR), dated 9/15/24 at 12:16 p.m., the SBAR indicated, Status post [after] fall on 9/14/24 at 6:05 a.m. Resident [1] sent out to [hospital] for evaluation for left hip fracture [broken bone].</p> <p>During a review of Resident 1's Admission Record (AR), dated 2/8/24, the AR indicated, Resident 1 had diagnoses of fracture of right femur (thigh bone), dementia (loss of memory), muscle weakness, osteoporosis (weak bones), repeated falls, and difficulty walking.</p> <p>During an interview on 9/18/24 at 12:50 p.m. with Director of Nursing (DON), DON stated Resident 1 has fallen five times since the beginning of 2024 and she (Resident 1) is not near the nurse's station.</p> <p>During an interview on 9/20/24 at 2:09 p.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated around 6 a. m., she heard the resident ' s (1) bed alarm go off, she was at the nurse ' s station at that time. CNA 1 stated, The resident ' s room [1] is far from the nurse ' s station. CNA 1 stated she had to run from the nurse ' s station down the hallway to resident ' s (1) room.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/20/24 at 2:09 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, To be honest, the resident ' s room [1] is not close enough to the nurse's station.</p> <p>During a review of Resident 1's Fall Risk Assessment (FAR-determine how likely a person is to fall), dated 8/15/24, the FAR indicated, Score of 16 [total score of 10 or above represents high risk].</p> <p>During an observation on 9/18/2024 at 10:35 a.m. in Resident 3's room, Resident 3's bed was by the entrance door. There were two rooms, one supply room down the hallway, and around the corner between Resident 3's room and the nurse ' s station. Resident 3 was in her room, sitting in her wheelchair, and watching television.</p> <p>During a review of Resident 3's CP dated 1/16/24, the CP indicated, Resident [3] with actual fall on 1/16/24. Interventions: keep resident [3] close to the station for closer monitoring.</p> <p>During a review of Resident 3's Admission Record, dated 11/8/24, the AR indicated, Resident 3 had diagnoses of muscle weakness, difficulty in walking, and unsteadiness on feet.</p> <p>During a review of Resident 3's SBAR dated 8/31/24 at 5:54 p.m., the SBAR indicated, Resident [3] with unwitnessed fall. Staff attended to resident's [3] wheelchair alarm and found resident [3] laying on her right side in front of her wheelchair. Resident [3] stated she was trying to get up and lost her balance.</p> <p>During a review of Resident 3's FAR dated 8/24/24, the FAR indicated, Score of 17.</p> <p>During a review of the facility's policy and procedure titled, Resident Fall, dated April 29, 2014, the P&P indicated, Purpose: To investigate causal factors for falls, and provide prompt intervention to assess for injury, and to restore and maintain safety for residents after a fall. Policy Statement(s): It is the policy of [facility] to promptly respond to all residents after a fall to provide necessary care and treatment to medically stabilize, and to initiate prompt interventions to prevent or reduce further fall with or without injury.</p>		