

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 09/27/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>50409</p> <p>Based on observation, interview, and record review, the facility failed to follow its policy and procedure (P&P) on safety for residents when tools were found on the floor unattended. This failure had the potential to result in injury for residents, staff, and visitors.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 9/27/24 at 2:06 p.m. with Administrator in the hallway by the Director of Nursing (DON) office, there were nine one-inch screws on the floor. Administrator verified the findings.</p> <p>During an observation on 9/27/24 at 2:06 p.m. in an office, by the door, there was screwdriver and repair parts on the floor. The office door was left open.</p> <p>During an interview on 9/27/24 at 2:20 p.m. with the Maintenance Assistant (MA), the MA stated he left the tools and repair parts unattended. He stated it was not safe to leave tools on the floor. He stated he was supposed to clean up before he left his work area.</p> <p>During an interview on 9/27/24 at 2:26 p.m. with Administrator, Administrator stated, The door was not closed. A resident could reach out (the tools).</p> <p>During an interview on 9/27/24 at 3:23 p.m. with DON, DON stated, I don ' t think it ' s safe (leaving the tools unattended).</p> <p>During an interview on 9/27/24 at 3:29 p.m. with Director of Maintenance and Housekeeping (DMH), DMH stated, Everything should be picked up that would cause any hazards. It (work area) should be blocked off. Tools shouldn ' t be left anyway unattended.</p> <p>During a review of the facility ' s P&P titled, Safety for Residents, dated 1/28/18, the P&P indicated, Purpose: To provide a safe environment for Residents, visitors, and care Partners and to assure safety working conditions at all times . Tools and equipment shall not be left unattended in resident areas.</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
---	-------	-----------