

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  12/16/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>37697</p> <p>Based on observation, interview, and record review, the facility failed to maintain resident shower rooms in a clean and sanitary condition for five of five sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5). This failure had the potential for spread of infection and/or negative health outcomes.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 12/16/24 at 11:20 a.m. with Facility Director (FD) the following was observed:</p> <p>a. In the East Wing Shower Room (EWR), there was blackish spotted discoloration noted to the grout (paste-like material used to fill in gaps between tiles) in the second and third shower stall. The grout to the toilet in the EWR was brown, black, and yellow in discoloration with the grout noted to be missing and/or cracked. Moving further into the EWR where there was a storage of resident shower chairs and shower gurneys was black spotted discoloration to the ceiling and floor tile that was markedly discolored with dirt/grime (a built-up combination of dirt, dust, and grease). The EWR had two blue green shower chairs that had thick slimy textured black substances located underneath the lip of the chair towards the front and back end of the seat where the residents private part area and buttocks would be located when sitting.</p> <p>b. In the [NAME] Wing Shower Room (WWR), the first shower stall to the right had a black discoloration to the grout in the corners. The second shower stall had a black spotted discoloration to the grout in the corners and to the walls on the sides. In the second shower stall was a shower chair with significant thick slimy textured black substance located underneath the lip of the chair toward the front and back end of the seat where the residents private part area and buttocks would be located when sitting. Toward the end of the WWR where equipment was stored there was a shower chair with significant thick slimy textured black substance located underneath the lip of the chair toward the front and back end of the seat where the residents private part area and buttocks would be located when sitting. FD wiped the two shower chairs with the thick slimy textured black substance with a cloth and noted the black substance would come off. FD stated staff (not identified) were not cleaning the shower chairs appropriately.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. In the North Wing Shower Room (NWR), the second shower stall was observed to have a brown discoloration along the wall. FD stated the brown discoloration along the wall of the second shower stall was a bowel movement.</p> <p>FD stated housekeeping staff (not specific) were assigned to these shower room areas and were responsible for cleaning them during the day. FD stated in the evening facility janitors (not specific) were responsible for cleaning the shower rooms.</p> <p>During an interview on 12/16/24 at 11:49 a.m. with Administrator, Administrator stated his expectation was for high touch surface areas to be cleaned daily. Administrator reviewed photos of the EWR, WWR, and NWR and stated the shower chairs needed to be cleaned, the grout needed to be re-grouted, and the toilet in the EWR needed to be cleaned and re-calked (a flexible material used to fill gaps or cracks between surfaces).</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Housekeeping Schedule, dated 5/1/12, the P&amp;P indicated, PURPOSE: To establish a procedure for the sanitation of the facility. The facility shall have an effective housekeeping schedule to ensure that the facility eliminates or minimizes the hazards and/or exposures of a contaminated environment or infectious resident, staff, or visitor. Housekeeping Specialists shall maintain the interior of the facility in a safe, clean, orderly, and attractive manner free from offensive odors. The Environmental Coordinator shall take the responsibility and accountability of the Housekeeping Department including personnel, procedures, scheduling, and supervision.</p>		