

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 08/05/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report an allegation of physical abuse for one of three sampled residents (Resident 1) to the California Department of Public Health (CDPH). This failure had the potential for abuse to continue and had the potential for other residents to be abused. Findings: During a review of Resident 1's admission RECORD (AR), dated 8/5/25, the AR indicated, Resident 1 was a [AGE] year old male who admitted to the facility on [DATE] with a diagnosis of anxiety disorder (a mental health condition characterized by excessive and persistent worry, fear, and nervousness that can significantly interfere with daily life), muscle weakness, legal blindness, history of falling, and need for assistance with personal care. During a review of Resident 1's ED (Emergency Department) Physician Notes (EDPN), dated 7/14/25, the EDPN indicated Resident 1 arrived at the acute hospital emergency department stating, Needed to get out of truck and that they [unknown] were crossing the road, and the [facility] staff is abusing [Resident 1]. During an interview on 8/5/25 at 2:05 p.m. with Administrator, Administrator stated he was the abuse coordinator (a designated staff member responsible for preventing and addressing abuse within the facility). Administrator stated on 7/14/25 he was called into Resident 1's room by staff (not specified who) due to Resident 1's behavior of purposely kneeling on the floor, refusing food and medication, and requesting to be sent to the acute hospital. Administrator stated Resident 1 told him, You guys [not specific which staff] are hitting and kicking me. Administrator stated a report for Resident 1's allegation of abuse was not submitted to the CDPH as of 8/5/25 despite the allegation of staff abusing Resident 1 being made on 7/14/25. Administrator stated there should have been a report of allegation of abuse submitted to the CDPH. During a review of the facility's policy and procedure (P&P) titled, Reporting Abuse to State Agencies, and Other Entities, undated, the P&P indicated, All alleged/suspected violations and all substantiated incidents of abuse will be promptly reported to the Ombudsman or law enforcement and CDPH (California Department of Public Health) as required by law and in accordance with this policy. If a Resident sustained no serious bodily injury . Within 24 hours.</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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