

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  12/12/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility failed to: 1. Complete reference checks for two of three sampled employees (Certified Nursing Assistant/CNA 1 and CNA 2) prior to employment and;2. Complete the background check for CNA 1. These failures had the potential to put the residents at risk for abuse. Findings: During a concurrent interview and record review on 12/12/25 at 12:20 p.m. with Director of Nursing (DON) and Human Resource Assistant (HRA), CNA 1's employee file was reviewed. CNA 1's employee file indicated CNA 1 was hired 3/25/25. There were no reference checks done or exclusion (office of inspector general) background check completed prior to employment. DON and HRA stated per policy the reference checks and background check should have been completed prior to employment. During a concurrent interview and record review on 12/12/25 at 12:20 p.m. with DON and HRA, CNA 2's employee file was reviewed. CNA 2's employee file indicated CNA 2 was hired 1/9/23. There was no reference checks done prior to employment. DON and HRA stated per policy the reference checks should have been completed prior to employment. During a review of the facility's (P&amp;P) titled, Abuse Prevention Program dated 7/22/21, the P&amp;P indicated, Screening. Potential employees will be screened for history of abuse, neglect or mistreatment of resident as defined by the applicable requirements utilizing the following tools. Reference checks with previous and/or current employers. Refer to Hiring Policy in Appendix for additional procedures regarding screening of potential employees. The following checks must be done for all employees and potential applicants. all the following must be checked per applicant. CA courts, which included supreme, 5th appellate district, Megan's law website, exclusion, L&amp;C (licensing and certification) verification search.</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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