

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 01/15/2026
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 - Few</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 follow their policy and procedure (P&P) titled, Abuse Prevention Program, when references were not checked prior to hire, orientation and abuse training were not provided for one of one sampled staff (certified nursing assistant [CNA 1]). These failures had the potential to place facility's residents at risk for abuse. Findings: During a concurrent interview and record review, on 1/15/26 at 10:45 a.m. with Director of Nursing (DON), CNA 1's employee file was reviewed. DON stated CNA 1 was from an agency, DON was unable to provide a hire date for CNA 1. During a concurrent interview and record review, on 1/15/26 at 12:32 p.m. with Director of Staff Development (DSD), CNA 1's employee file was reviewed. DSD stated the staffing agency ensured CNA 1 had all the training that was required. DSD stated the staffing agency performed all background checks and reference checks. DSD confirmed the facility does not provide training or reference checks for the agency staff. DSD stated she did not have an exact date of hire, but CNA 1 has worked at the facility for approximately a year, and CNA 1 works once or twice a week. During a review of the facility's policy and procedure (P&P) titled, Abuse Prevention Program, revised 7/22/21, the P&P indicated, Screening .1. Potential employees will be screened for history of abuse, neglect or mistreatment of residents as defined by the applicable requirements utilizing the following tools: a. Reference checks with previous and or current employers. 1. All new employees are required to attend the facility's resident rights and abuse prevention in-service training during their orientation (which must occur within 60days of employment). Training shall also be provided on an annual basis and as needed.</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
---	-------	-----------