

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  03/03/2026
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 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident with transportation to and from laboratory services outside of the facility.</p> <p>Based on interview and record review, the facility failed to ensure three of three sampled staff (Facility Staff [FS] 1, FS 2, and Activity Director [AD]), were competent to utilize the facility transport vehicle. This failure had the potential for residents to not be transported safely and for injuries to occur. Findings: During an interview on 12/18/25 at 12:10 p.m. with FS 1, FS 1 stated he provided transport to residents in the past, using the facility transport vehicle, when leadership (not identified) ask him to. During a review of the facility employee files (EF), not dated, the EF indicated FS 2 also used the facility transport vehicle to transport residents. During an interview on 12/18/25 at 2:05 p.m. with Director of Nursing (DON), DON stated the facility provided transport to residents to and from appointments as well as to go on outings for activities. During an interview on 12/18/25, at 2:32 p.m. with Director of Staff Development (DSD), DSD stated FS 1, FS 2, and staff in activities use the facility van to transport residents to appointments and/or to go on outings. DSD stated the facility did not have a process in place she was aware of indicating staff driving the facility transport vehicle were competent and safe to do so. During an interview on 12/18/25 at 2:37 p.m. with AD, AD stated she had worked for the facility for 15 years and transports residents on outings as part of her job. AD stated the facility had a transport vehicle that can accommodate nine residents on an outing including a hydraulic lift (a machine that uses pressurized fluid [usually oil] to easily raise or lower heavy objects) to place wheelchair bound residents into the vehicle and an ability to strap their wheelchairs down so they do not slide around when the van is transporting them (residents). AD stated she has not been required to show she is competent and/or safe to drive the facility van. During a concurrent observation and interview on 3/2/26 at 3:35 p.m. with DON in the facility parking area, the facility resident transport vehicle was observed. The facility transport vehicle had a hydraulic lift to raise wheelchair bound residents into the vehicle. The facility transport vehicle appeared to accommodate nine residents including residents that cannot be out of a wheelchair. DON stated the facility had not complete competencies for staff that drive the facility transport vehicle to ensure they were safe to do so. During a review of the facility's policy and procedure (P&amp;P) titled, Competency Evaluation, dated 11/1/22, the P&amp;P indicated, All staff members who provide patient care, treatment, or services are competent to perform their job duties and responsibilities. PURPOSE .To establish a standardized process for assessing and documenting staff competency at established times and intervals to minimize risk of harm to patients, maintain a consistently high quality of care, and to comply with laws and regulations. Applies to all staff members who provide care, treatment, or services in the organization. Competency -The demonstrated knowledge and skill necessary to perform a task or job safely, successfully, and efficiently.</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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