

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  03/19/2026
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 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>Based on interview and record review, the facility failed to ensure the follow-up investigation report was completed within five working days for an allegation of abuse for one of three sampled residents (Resident 1). This failure had the potential to result in an incomplete abuse investigation. Findings: During a review of the S (situation) B (background) A (appearance) R (review and report) communication form and progress note (SBAR-used to report change of condition to the physician) dated 2/21/26 at 6:54 p.m., the SBAR indicated, CNA (certified nursing assistant) reported verbal abuse from Daughter. Per CNA, overheard argument from resident's room during meal pass. this noted on 2/21/26 at 5:30 p.m. During an interview on 3/5/26 at 11:38 a.m. with Administrator, Administrator stated the Director of Nursing (DON) was responsible for completing the five-day report. During an interview on 3/5/26 at 11:51 a.m. (nine working days after the incident) with DON, DON stated the five-day report was not completed and should have been. During a review of the facility policy and procedure (P&amp;P) titled, Abuse Prevention Program dated 7/29/2020, the P&amp;P indicated, The final investigation report must be faxed and confirmed to the appropriate agency as indicated above within 5 working days from the time the incident occurred.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interview and record review, the facility failed to ensure the Care Plan (CP), was implemented for one of three sampled residents (Resident 1) when wellness checks were not completed. This failure had the potential for staff to be unaware of Resident 1 experiencing an alteration in her well-being. Findings: During a review of the S (situation) B (background) A (appearance) R (review and report) communication form and progress note (SBAR-used to report change of condition to the physician) dated 2/21/26 at 6:54 p.m., the SBAR indicated, CNA (certified nursing assistant) reported verbal abuse from Daughter. Per CNA, overheard argument from resident's room during meal pass. During a review of Resident 1's CP dated 2/23/26, the CP indicated, Alteration in well-being related to verbal altercation between (Resident 1) and her daughter. Interventions. Social Service Designee to conduct wellness check x (times) 72 hours. During a concurrent interview and record review, on 3/5/26 at 11:35 a.m. with Social Service Director (SSD), Resident 1's clinical record was reviewed. SSD was unable to provide documented wellness checks for Resident 1. During an interview on 3/5/26 at 11:38 a.m. with Administrator, Administrator stated Social Services should have monitored Resident 1 after the incident. During an interview on 3/5/26 at 11:39 a.m. with Director of Nursing (DON), DON stated Social Services should have done the 72-hour wellness checks after the incident. During a review of the facility's policy and procedure (P&amp;P) titled Comprehensive Care Plans (CP) dated 11/2017, the P&amp;P indicated, Update the comprehensive care plan to reflect changes to goals, approaches, as necessary, resulting from condition changes and needs. Interventions are instructions to one or a combination of disciplines to perform direct care or to provide assistance so that the resident may strive to achieve their established goals.</p>		