STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555479	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Delano District Skilled Nursing Facility	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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. Based on interview and record review, the facility failed to ensure licensed nurses were monitoring an antidepressant's (medication used to treat depression [persistent feeling of sadness]) adverse reactions (undesired harmful effect from a medication) for one of three sampled residents (Resident 1). This failure had the potential to result in Resident 1 having adverse reactions to Paxil (antidepressant).Findings:During a review of Resident 1's admission Record (AR), dated 4/8/26, the AR indicated, DIAGNOSIS. MAJOR DEPRESSIVE DISORDER (persistent, intense feeling of sadness).During a concurrent interview and record review on 4/2/26 at 2:10 p.m. with Director of Nursing (DON), Resident 1's Order Summary Report (OSR) dated 4/2/26, was reviewed. The OSR indicated, Paxil Oral Tablet 20 MG (milligrams - unit of mass) . one time a day for Depression m/b (manifested by) verbalization of sadness. The OSR indicated, there was no physician order to monitor Paxil's adverse reactions on Resident 1. DON stated Resident 1 had been on Paxil since 8/6/25 and there had been no monitoring of Paxil's adverse reactions on Resident 1 since 8/6/25. DON stated there should have been monitoring of Paxil's adverse reactions on Resident 1 every shift to ensure Resident 1 was not having adverse reactions to Paxil, and to notify the physician if Resident was having adverse reactions to Paxil.During a review of the facility's policy and procedure (P&P) titled, Psychotropic Medications, dated 7/7/2009, the P&P indicated, Licensed nurses will. Observe for adverse reactions of the drug. If adverse reactions are noted, notify the physician. Document the reactions noted and the communication made with the physician regarding these reactions.

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