

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Visalia Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1925 E. Houston Ave Visalia, CA 93292	

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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>34401</p> <p>Based on interview and record review, the facility failed to implement its policy and procedure (P&P) when an outbreak of scabies (a contagious, intensely itchy skin condition caused by a tiny, burrowing mite) was not reported to the state health department for three of fourteen sampled residents (Resident 1, Resident 2, and Resident 3). This failure resulted in the state health department being unaware of the outbreak.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Integumentary Assessment Sheet (IAS), dated 8/8/24, the IAS indicated, Pt (patient) seen exam bedside with generalized pruritic (having or causing itching) maculopapular (flat, discolored area of skin and raised bumps) rash with some tracking without burrowing and ddx (differential diagnosis) scabies.</p> <p>During a review of Resident 2 ' s IAS, dated 8/8/24, the IAS indicated, Pt seen exam bedside with generalized pruritic rash tracking to trunk and upper extremities and ddx of scabies.</p> <p>During a review of Resident 3 ' s IAS, dated 8/8/24, the IAS indicated, Pt seen exam bedside with generalized pruritic maculopapular rash tracking to trunk/upper extremities with ddx of scabies.</p> <p>During an interview on 8/15/24 at 12:57 p.m. with Infection Preventionist (IP), IP stated on 8/8/24, Resident 1, Resident 2, and Resident 3, were clinically diagnosed with scabies by the wound doctor.</p> <p>During an interview on 8/15/24 at 1:23 p.m. with the Treatment Nurse (TN), TN stated on 8/8/24, Resident 1, Resident 2, and Resident 3, were clinically diagnosed with scabies by the wound doctor.</p> <p>During an interview on 8/15/24 at 1:46 p.m. with Director of Nursing (DON), DON stated on 8/8/24, Resident 1, Resident 2, and Resident 3, were clinically diagnosed with scabies by the wound doctor. DON stated IP reported the scabies to the local health department but did not report it to the state health department.</p> <p>(continued on next page)</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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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the California Department of Public Health Prevention and Control of Scabies in California Healthcare Setting dated 8/2020, the guidance indicated, An outbreak should be assumed to be occurring following diagnosis of a single case, until screening of all new patients and staff for scabies has been completed without identifying additional suspect cases. An outbreak cannot be conclusively excluded for at least 6 weeks following the last unprotected exposure to the case.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Outbreak of Communicable Diseases dated 9/22, the P&P indicated, An outbreak is defined as one of the following. One case of an infection that is highly communicable or has serious health implications. Occurrence of three (3) or more cases of the same infection over a specified period of time and in a defined area. The administrator is responsible for communicating data about reportable diseases to the health department.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Reportable Diseases dated 9/22, the P&P indicated, Reportable diseases are infections, illnesses or conditions with public health significance that must be reported to the local and/or state health department.</p>		