STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055604	A. Building B. Wing	02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Visalia Post Acute	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)
F 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Plan the resident's discharge to meet the resident's goals and needs. 38993 Based on interview and record review, the facility failed to ensure adult protective services (APS) was notified for one of three sampled residents (Resident 1) when Resident 1 was discharged from the facility home alone, when staff had concerns for her safety due to Resident 1's cognitive status. This failure had the potential to result in Resident 1 having unmet care needs and being put at risk for harm. Findings: During a review of Resident 1's Discharge Summary (DS), dated 1/17/25 at 12:05 p.m., the DS indicated, discharge date .1/23/25.Discharge location.home.Activity status.moderate assist (assistance) (50% of the effort being performed by staff) .Bed mobility.moderate assist.Transfer.substantial/maximum assist (75% of the effort being performed by staff).Dressing.moderate assist.Bathing.moderate assist.grooming and hygiene. moderate assist.toilet use.moderate assist.Incontinent-Bladder.yes.Incontinent-Bowel.yes. During a review of Resident 1's Care Plan (CP), dated 12/2/24, the CP indicated, Cognitive impairment: Resident exhibits cognitive loss.Interventions/Task.Anticipate needs and meet promptly.Provide memory cues as appropriate. During a review of Resident 1's Progress Notes (PN), dated 1/23/25 at 5:26 p.m., the PN indicated, Resident is discharged for home.via Uber by herself.Per MD (doctor of medicine) cycle medications can be brought home but were left by resident as [sic] discharge was not certain 5 minutes before resident's ride arrived. Writer called resident to inform her of medications left behind but resident was not responding. During an interview on 2/3/25 at 1:44 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 1/23/25 she discharged Resident 1 home via Uber. LVN 1 stated Resident 1 was confused on the day of discharge and LVN 1 was attempting to get ahold of Resident 1's contacts but she was only able to leave messages. LVN 1 stated she delayed Resident 1's discharge as much as she could because it was scary to let Resident 1 discharge without anyone knowing. During an interview on 2/3/25 at 1:54 p.m. with ADON, ADON stated during Resident 1's stay at the facility Resident 1 would experience episodes of confusion and was sent to the hospital because of the confusion. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055604	A. Building B. Wing	02/10/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/3/25 at 2:06 p.m. with Social Service Director (SSD), SSD stated when there were safety concerns with Resident 1's discharge, the discharge should have been reported to APS. Facility policy was requested but none was provided.