

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 03/20/2025
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based an interview and record review, the facility failed to permit one of three sampled residents (Resident 1) to return to the facility after hospitalization. This resulted in Resident 1 having unnecessary stay in the hospital and violated Resident 1's rights.</p> <p>Findings:</p> <p>During an interview on 3/19/25 at 3:12 p.m. with acute hospital Social Worker (SW), SW stated on 3/19/25 she notified facility to inquire whether they would be permitting Resident 1 to return to the facility. SW stated she was made aware facility was not permitting Resident 1 to return to the facility.</p> <p>During an interview on 3/19/25 at 4:22 p.m. with Resident 1, Resident 1 stated on 3/13/25 she was not able to hold any food down and had severe abdominal pain and requested to be sent to the acute hospital. Resident 1 stated she feels better and would like to return to the facility. Resident 1 stated, I'm comfortable there [facility]. I want to go back, I've made friends there.</p> <p>During a review of Resident 1's admission Record (AR), dated 3/20/25, the AR indicated Resident 1 was a female initially admitted to the facility on [DATE]. Resident 1's quarterly Minimum Data Set (MDS-a federally mandated resident assessment tool) dated 1/23/25, indicated Resident 1 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 14 (13 to 15 cognition is intact). The Progress Notes dated 3/13/25 at 1:20 p. m. indicated Resident 1 had complain of severe abdominal pain and requested to be sent out to the acute hospital.</p> <p>During an interview an interview on 3/20/25 at 12:09 p.m. with Administrator and Assistant Director of Nurses (ADON), ADON stated Resident 1 was transferred to the acute hospital for abdominal pain. Administrator stated on 3/19/25, hospital SW were made aware facility had no beds available and would not be permitting Resident 1 to return to the facility even when a bed became available. Administrator stated, We are not taking her [Resident 1] back.</p> <p>During a review of the facility's policy and procedure (P&P) titled, readmission to the Facility, dated 3/2017, the P&P indicated, Residents who have been discharged to the hospital or for therapeutic leave will be given priority readmission to the facility.</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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