

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 05/16/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure one of eight sampled residents (Resident 1) physician's orders were followed. This failure resulted in Resident 1 not receiving a dose of intravenous (IV - used to administer medications directly into the vein) antibiotics (used to treat infection) and the potential for Resident 1's urinary tract infection to worsen.</p> <p>Findings:</p> <p>During a review of Resident 1's Physician's Orders (PO), the PO indicated, Ceftriaxone (antibiotic).use 1 gram (unit of measurement) intravenously one time a day for urinary tract infection for 7 days.start date 5/8/25.</p> <p>During a review of Resident 1's Care Plan (CP) dated 5/7/25, the CP indicated, Infection: Resident is at risk for complications related to Urinary Tract Infection and dehydration ceftriaxone.Interventions.Medication per physician's order.</p> <p>During a concurrent interview and record review on 5/15/25 at 3:13 p.m. with Assistant Director of Nursing (ADON), Resident 1's Medication Administration Record (MAR) dated 5/25 was reviewed. The MAR indicated Ceftriaxone was not administered on 5/12/25. ADON was unable to provide evidence the medication was administered and stated when the medication was administered it should have been documented on the MAR.</p> <p>During a review of the facility's policy and procedure (P&P) titled, IV (intravenous) Administration undated, the P&P indicated, Documentation.Document in the patient's medical record.Medication, amount, and type of diluent.date, time of administration.route.administering clinician's initials.</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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