

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  05/29/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>38993</p> <p>Based on observation, interview, and record review, the facility failed to ensure the physician was notified of a change of condition for one of three sampled residents (Resident 1) when Resident 1's wound worsened. This failure had the potential for Resident 1 to experience a delay in care.</p> <p>Findings:</p> <p>During a review of Resident 1's Care Plan (CP) dated 2/19/25, the CP indicated, (Resident 1) is at risk for skin breakdown related.skin tears.Interventions.Check skin during daily care provisions. Notify physician of abnormal findings.</p> <p>During an observation on 5/29/25 at 11:25 AM in the hallway, Resident 1 had steri-strips (small adhesive strips used to close small wounds) to her right arm near the elbow. There was green drainage (often indicating infection) noted to the wound that could be seen on the steri-strips.</p> <p>During a concurrent interview and record review, on 5/29/25 at 1:10 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated when she was checking Resident 1's right arm on 5/28/25 (one day prior) she noticed there was a green drainage coming from Resident 1's wound. LVN 1 stated she cleaned the wound and applied triple antibiotic ointment to the wound and left it uncovered on 5/28/25 and 5/29/25. LVN 1 was unable to provide evidence the physician was notified of the change of condition. LVN 1 stated the physician should have been notified when there was a change in the wound.</p> <p>During an interview on 5/29/25 at 1:38 p.m. with Assistant Director of Nursing (ADON), ADON stated when Resident 1's right arm wound was noted with green drainage the physician should have been notified.</p> <p>During a review of the facility policy and procedure (P&amp;P) titled Change in a Resident's Condition or Status dated 2/2021, the P&amp;P indicated, The nurse will notify the resident's attending physician or physician on call when there has been a(an).need to alter the resident's medical treatment significantly.The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</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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