

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 01/12/2026
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>Based on interview and record review, the facility failed to follow up on physician orders for one of three sampled residents (Resident 1) when a left leg arterial duplex (ultrasound used to visualize blood flow in arteries) and venous duplex (ultrasound used to visualize blood flow in the veins) was not done. These failures resulted in a delay of treatment. Findings: During a review of Resident 1's Progress Notes (PN-completed by the vascular physician [physician that specialized in diagnosis, treatment, and management of conditions affecting the arteries, veins, and lymphatic vessels]) dated 11/6/25, the PN indicated, Treatment. Suspect both CVI (chronic venous insufficiency-leg veins struggle to pump blood back to the heart due to damaged or weak valves) and PAD (peripheral arterial disease-narrowed arteries reduce blood flow to your limbs). Will get arterial and venous duplex studies at facility. During a review of Resident 1's PN dated 11/6/25 at 3:38 p.m., the PN indicated, Resident returned from appt. (appointment) at (vascular physician name). Resident has new orders from vascular MD (Doctor of Medicine) for left leg arterial duplex and left leg venous duplex. Social Services will f/u (follow up) with appts for the above procedures. During a concurrent interview and record review on 1/5/26 at 2:18 p.m. with Assistant Director of Nursing (ADON), ADON reviewed Resident 1's clinical record. ADON was unable to provide documentation of the arterial and venous duplex being followed up on. ADON stated the orders should have been documented on the physician orders and followed up on. During an interview on 1/21/25 at 10:47 a.m. with Social Service Assistant (SSA), SSA stated when a resident has an order for treatment outside of the facility the nurse is supposed to give her a copy of the order, and she will set up the appointment and transportation. SSA stated she was not made aware of Resident 1's order until 1/5/26 (approximately 2 months after the order date). During a review of the facility's policy and procedure (P&P) titled, Medication and Treatment Orders dated 7/16, the P&P indicated, Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include prescriber's last name, credentials, the date and the time of the order.</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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