

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/09/2026
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)		
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review, the facility failed to ensure physician orders were implemented for one of three sampled residents (Resident 1) when wound care was not initiated upon return from the hospital. This failure resulted in a delay of care to Resident 1's cellulitis (serious bacterial infection affecting the deep layers of the skin and the underlying tissues). Findings: During an interview on 6/9/26 at 11:56 a.m. with Resident 1, Resident 1 stated she was hospitalized with a foot infection and when she returned from the hospital on 5/30/26, she was not receiving wound care. During a review of Resident 1's Long Term Documentation (LTD-discharge orders from the hospital) dated 5/30/26 at 4:38 p.m., the LTC indicated, Diagnoses. Cellulitis of toe of left foot. Assessment/Plan. left toe cellulitis. Wound care. During a review of Resident 1's Admission/readmission Evaluation/Assessment (AREA-completed by the admitting nurse at the facility) dated 5/30/26 at 9:09 p.m., the AREA indicated Skin Evaluation. left toes 2nd and 3rd toes black color. Resident has wounds or skin concerns present on admission. yes. left toes black discoloration. Summary Note. left foot 2nd and 3rd toes black, no surgical intervention was made and no treatment ordered. During a concurrent interview and record review on 6/9/26 at 2:10 p.m. with Assistant Director of Nursing (ADON), Resident 1's clinical record was reviewed. There were no wound treatments provided to Resident 1's left toes until 6/4/26 (4 days after returning from the hospital). ADON stated upon Resident 1 return from the hospital on 5/30/26 the physician should have been contacted and treatment orders obtained. During a review of the facility's policy and procedure (P&P) titled admission Assessment and Follow Up: Role of the Nurse dated 9/12, the P&P indicated, Conduct a physical assessment, including the following systems. skin. contact the attending physician to communicate and review the findings of the initial assessment and any other pertinent information and obtain admission orders that are based on these findings.		

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
--	-------	-----------