

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

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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 06/26/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to ensure the care plan was implemented after a resident to resident altercation for two of three sampled residents (Resident 1, Resident 2). This failure had the potential for the staff to be unaware of an ongoing infection and the potential for further incidents. Findings: During a review of Resident 1's Progress Notes (PN) dated 6/22/26, the PN indicated, IDT (Interdisciplinary Team-coordinated group of medical and support professionals who collaborate to evaluate, plan, and deliver patient care. this writer observed (Resident 2) attempting to maneuver his wheelchair around (Resident 1) wheelchair. (Resident 2) then began ramming his wheelchair in (Resident 1) with his wheelchair. This writer immediately called out to direct (Resident 1) to stop. Despite repeated verbal redirection, (Resident 1) made physical contact with (Resident 2) striking him on the right shoulder. Interventions. order Labs/UA (urine analysis). During a review of Resident 1's Care Plan (CP) dated 6/15/26, the CP indicated, Resident was in a resident to resident altercation with no injury. Interventions. Order Labs/UA for resident. Date initiated. 6/15/26. During a review of Resident 2's PN dated 6/22/26, the PN indicated, (Resident 2) had displayed verbal aggression with female patients' in the activity room. Per CNA on duty, this resident went up to patient while stating to them Do not touch female patient., if I see you touch her, I will hit you b*****. Interventions. Order Labs/UA for resident. During a review of Resident 2's CP dated 6/20/26, the CP indicated, Resident was the aggressor in a verbal resident-to-resident altercation. Date initiated: 6/20/26. Interventions. Order Labs/UA for resident. Date Initiated. 6/22/26. During a concurrent interview and record review on 6/26/26 at 12:59 p.m. with the Assistant Director of Nurses (ADON), ADON reviewed Resident 1 and Resident 2's clinical record. ADON was unable to provide evidence that the care plan was implemented when the UA's were not done for Resident 1 and Resident 2. ADON stated the urine analysis was not done for Resident 1 and Resident 2 and it should have been completed. During a review of the facility's policy and procedure (P&P) titled Care Plans, Comprehensive Person-Centered dated 3/22, the P&P indicated, the comprehensive, person-centered care plan describes services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. The interdisciplinary team reviews and updates the care plan when there has been a significant change in the resident's condition.		

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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