

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 06/30/2026
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement one of three sampled residents (Resident 1) comprehensive care plan when no documentation was completed for Resident 1 with a known behavior of manipulating and pulling dialysis catheter (a tube placed into a large vein to access the bloodstream to filter toxins from the blood). This failure had the potential for inconsistent care and severe infection to Resident 1's dialysis site. Findings: During an observation on [DATE] at 12:42 p.m. in Resident 1's room, Resident 1 was sitting in a wheelchair grabbing at dialysis catheter. During an interview on [DATE] at 12:42 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, Resident 1 scratches at her dialysis catheter and kind of tugs on it too. During an interview on [DATE] at 1:15 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated She [Resident 1] pulls at her [dialysis] catheter. She scratches at them [dialysis catheter]. During an interview on [DATE] at 2:08 p.m. with Director of Nursing (DON), DON stated, She [Resident 1] has a tendency to fiddle and scratch at it [dialysis catheter]. DON stated, There should be documentation of it [when Resident 1 pulls at catheter]. During a concurrent interview and record review on [DATE] at 1:44 p.m. with DON, Resident 1's Order Summary Report (OSR), dated [DATE] was reviewed. DON stated that the OSR indicated there were no orders to monitor Resident 1's behavior of pulling at the catheter. DON stated, There are no monitor orders for [Resident 1's] behaviors [pulling at catheter] and staff did not document. DON stated Resident 1's behaviors of rubbing and pulling dialysis catheter should be monitored and documented. During a review of Resident 1's Brief Interview for Mental Status (BIMS) [an assessment tool used by facilities to screen and identify memory, orientation and judgment status of the resident] dated [DATE], the BIMS indicated Resident 1 had a BIMS score of 11 (8-12 moderate impairment [mild to moderate memory issues]). During a review of Resident 1's CPR dated [DATE], the CPR indicated, Psychosocial- Behavior .Rubs and pulls at dialysis access sites . GOALS Will have needs met. Interventions/Task Document and record behavioral episodes. During a review of the facility policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered dated [DATE], the P&P indicated, Policy Interpretation and Implementation .4. Each resident's comprehensive person-centered care plan is consistent with the resident's right to participate in the development and implementation of his or her plan of care, including the right to. g. receive the service and/or items included in the plan of care . 7. The comprehensive, person-centered care plan. b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.		

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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