

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

Printed: 10/09/2026
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 07/29/2026
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 interview and record review, the facility failed to implement one of three sampled residents (Resident 1) care plan when Resident 1's physician was not notified of Resident 1's episodes of aggression (behavior intended to cause harm can be physical actions or verbal attacks). This failure resulted in a delay of physician notification placing Resident 1 and other residents at risk for continued aggressive behavior. Findings: During a review of Resident 1's Care Plan Report (CPR), dated [DATE], the CPR indicated, Psychosocial-Behavior: Exhibits or is at risk for behavioral symptoms. verbally aggressive towards staff and peers. physical aggression towards staff and peers. GOAL. Will have needs met. Will not harm self-and/or others secondary to socially inappropriate and/or disruptive combative behavior. INTERVENTIONS . Document and record behavioral episodes. Notify physician. of episodes of aggression & abusive behaviors. During a concurrent interview and record review on [DATE] at 1:51 p.m. with Director of Nursing (DON), Resident 1's Psychosocial-Behavior care plan dated [DATE] was reviewed. The DON stated, if a care plan indicates physician notification, then nursing staff needs to notify the physician because it's our intervention. During a review of Resident 1's Psychotropic MAR [Medication Administration Record] (BEHAVIOR AND SE MONITORS ONLY)(PMAR), dated [DATE] through [DATE], the PMAR indicated, Monitor episodes of verbal aggression manifested by cussing or yelling at other residents q [every] shift. The PMAR indicated Resident 1 had verbal episodes on the following dates: 2 verbal episodes on [DATE] verbal episode on [DATE] verbal episodes on [DATE] verbal episodes on [DATE] verbal episodes on [DATE] verbal episodes on [DATE] verbal episode on [DATE] verbal episode on [DATE] verbal episode on [DATE] verbal episodes on [DATE] verbal episodes on [DATE] During a review of Resident 1's Progress Notes (PN) dated [DATE] through [DATE], the PN indicated there was no documentation of physician notification when Resident 1 had episodes of verbal aggression on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. During a concurrent interview and record review on [DATE] at 10:03 a.m. with DON, DON reviewed Resident 1's PN dated [DATE] through [DATE]. DON confirmed there was no documented evidence of a physician notification when Resident 1 had verbal episodes on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. DON stated, there should be documented evidence. During a review of the facility's 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 services 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 (continued on next page)		

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

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

Printed: 10/09/2026
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 07/29/2026
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	attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. During a review of the facility's P&P titled, Change in a Resident's Condition or Status, dated February 2021, the P&P indicated, Policy Interpretation and Implementation 1. The nurse will notify the resident's attending physician or physician on call when there has been a(an).i. specific instruction to notify the physician of changes in the resident's condition.		