

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 02/03/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32946</p> <p>Based on interview and record review, the facility failed to ensure advance directives (AD- A legal document that states a person's wishes about receiving medical care if that person is no longer able to make medical decisions) were offered and completed for 20 of 36 sampled residents (Resident 113, Resident 73, Resident 411, Resident 128, Resident 104, Resident 135, Resident 2, Resident 111, Resident 77, Resident 312, Resident 311, Resident 81, Resident 51, Resident 68, Resident 313, Resident 36, Resident 101, Resident 43, Resident 109, and Resident 84). This failure had the potential for residents' healthcare wishes to not be honored.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 1/29/25 at 11:41 a.m. with Social Services Assistant (SSA), Resident 113 AD was reviewed. The AD indicated, 1. I have executed an Advanced Directive Yes blank No blank 2. I have provided the center a copy of my Advanced Directive Yes blank No blank 3. I will bring in a copy of the Advanced Directive for the medical record Yes blank No blank 4. I am interested in executing an Advanced Directive (refer to SSD [Social Services Department] Yes blank No blank. Signature Spoken (handwritten) Date blank Admission Representative blank Date blank. SSA was unable to provide documentation that Resident 113 was offered an AD or had completed an AD. SSA stated there was no AD and there was no acknowledgment in Resident 113 medical record.</p> <p>During a concurrent interview and record review on 1/29/25 at 11:51 a.m. with SSA, SSA was unable to provide documentation of an AD for Resident 73. SSA stated Resident 73 did not have an AD and there was no acknowledgment in Resident 73's medical record.</p> <p>During a concurrent interview and record review on 1/29/25 at 11:54 a.m. with SSA, Resident 411's AD was reviewed. The AD indicated, 1. I have executed an Advanced Directive Yes blank No blank 2. I have provided the center a copy of my Advanced Directive Yes blank No blank 3. I will bring in a copy of the Advanced Directive for the medical record Yes blank No blank 4. I am interested in executing an Advanced Directive (refer to SSD [Social Services Department] Yes blank No blank. Signature Spoken (handwritten) Date blank Admission Representative blank Date blank. SSA was unable to provide documentation of an AD for Resident 411. SSA stated Resident 411 did not have an AD and there was no acknowledgment in Resident 411's medical record.</p> <p>(continued on next page)</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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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a concurrent interview and record review on 1/29/25 at 3:07 p.m. with SSA, Patient 128's AD dated 7/15/24 was reviewed. The AD indicated, 1. I have executed an Advanced Directive Yes blank No blank 2. I have provided the center a copy of my Advanced Directive Yes blank No blank 3. I will bring in a copy of the Advanced Directive for the medical record Yes blank No blank 4. I am interested in executing an Advanced Directive (refer to SSD [Social Services Department] Yes blank No blank. Signature Spoken (handwritten) Date 7/15/24 Admission Representative (illegible handwritten name) Date 5/21/24. SSA stated, Its incomplete. Yes [the AD] should have been completed.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:11 p.m. with SSA, Resident 104's AD was reviewed. The AD indicated, 1. I have executed an Advanced Directive Yes blank No blank 2. I have provided the center a copy of my Advanced Directive Yes blank No blank 3. I will bring in a copy of the Advanced Directive for the medical record Yes blank No blank 4. I am interested in executing an Advanced Directive (refer to SSD [Social Services Department] Yes blank No blank. Signature Spoken (handwritten) Date blank Admission Representative blank Date blank. SSA stated, It's [the AD is]incomplete.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:16 p.m. with SSA, Resident 135's AD was reviewed. The AD indicated, 1. I have executed an Advanced Directive Yes blank No blank 2. I have provided the center a copy of my Advanced Directive Yes blank No blank 3. I will bring in a copy of the Advanced Directive for the medical record Yes blank No blank 4. I am interested in executing an Advanced Directive (refer to SSD [Social Services Department] Yes blank No blank. Signature [name] (handwritten) Date 8/29/24 Admission Representative (illegible handwritten name) Date 8/7/24. SSA was unable to provide documentation of an AD for Resident 135. SSA stated, There is an AD but it's incomplete.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:18 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 2. SSA stated, This one [Resident 2's medical record] doesn't have one [AD].</p> <p>During a concurrent interview and record review on 1/29/25 at 2:20 p.m. with SSA, Resident 111's AD was reviewed. The AD indicated, 1. I have executed an Advanced Directive Yes blank No blank 2. I have provided the center a copy of my Advanced Directive Yes blank No blank 3. I will bring in a copy of the Advanced Directive for the medical record Yes blank No blank 4. I am interested in executing an Advanced Directive (refer to SSD [Social Services Department] Yes blank No blank. Signature Spoken (handwritten) Date blank Admission Representative blank Date blank. SSA was unable to provide documentation of an AD for Resident 111. SSA stated, So this one is complete they signed it, but didn't say what they wanted [record is incomplete].</p> <p>During a concurrent interview and record review on 1/29/25 at 2:22 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 77. SSA stated, He is back when we had matrix [charting system] before we switched to point-click-care [charting system] so either it didn't get transferred [record not found].</p> <p>During a concurrent interview and record review on 1/29/25 at 2:27 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 312. SSA stated new admission no AD found.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:27 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 311. SSA stated not signed or found in medical record.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a concurrent interview and record review on 1/29/25 at 2:28 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 81. SSA stated Does not have one.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:30 p.m. with Medical Records Director (MRD), MRD was unable to provide documentation of an AD for Resident 51. MRD stated They don't have one.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:33 p.m. with MRD, MRD was unable to provide documentation of an AD for Resident 68. MRD stated, No AD in the medical record.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:37 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 313. SSA stated, So he is another one with a blank AD form.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:40 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 36. SSA stated, So she is another one who didn't sign everything.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:42 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 101. SSA stated he is one who did not click this [form] record incomplete.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:44 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 43. SSA stated, He doesn't have one.</p> <p>During a concurrent interview and record review on 1/29/25 at 2:45 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 109. SSA stated no AD or request for AD form found in medical record.</p> <p>During a concurrent interview and record review on 2/3/25 at 12:12 p.m. with SSA, SSA was unable to provide documentation of an AD for Resident 84. SSA stated, She doesn't have an AD, and I can't pull it.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Advance Directives, dated 2001, the P&P indicated, The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy. b. Advance Directive - a written instruction, such as a living will or durable power of attorney for health care, recognized by state (weather statutory or as recognized by the courts of the state), relating to the provisions of health care when the individual is incapacitated. Determining Existence of Advance Directive 1. Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and /or his or her legal representative, about the existence of any written advance directives. 2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so.</p> <p>35649</p> <p>45654</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>50939</p> <p>Based on observation, interview, and record review, the facility failed to ensure a functioning wall light was provided in a resident's room for one of six sampled residents (Resident 139). This failure had the potential to compromise the safety of the resident.</p> <p>Findings:</p> <p>During an observation on 1/27/25 at 11:07 a.m. in Resident 139's room, there was a light on the wall above Resident 139's bed that did not turn on and the string to turn on the light was detached.</p> <p>During an interview on 1/27/25 at 11:09 a.m. with Director of Staff Development (DSD), DSD stated she just found out right now that the string to pull to turn on the light was detached and the light was broken. DSD stated she does not know how long it had been out of service.</p> <p>During an interview on 1/27/25 at 11:13 a.m. with Maintenance Supervisor (MS), MS stated he was not aware Resident 139's light was broken. MS stated the light should be working for Resident 139's use.</p> <p>During a record review of the facility's DEPARTMENTAL MAINTENANCE WORKSHEET (DMW)," dated 1/25/25, the DMW indicated, LOCATION OF DEFICIENCY BE SPECIFIC: 3C DESCRIPTION OF DEFICIENCY BE SPECIFIC: light Chord broke .DATE CORRECTED: 1/25/25.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Maintenance Service, dated December 2009, the P&P indicated, 1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times .2f. establishing priorities in providing repair service.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>35649</p> <p>Based on interview and record review, the facility failed to provide the Office of the State Long-Term Care Ombudsman (OSLTCO-independent advocate who helps protect the rights of residents) a Notice of Transfer when:</p> <ol style="list-style-type: none"> 1. Facility transferred three of three sampled residents (Resident 51, Resident 68, Resident 127) to a local hospital and 2. Facility discharged (transfer without expectation of return to facility) one of one sampled resident (Resident 159) to a local hospital. <p>These failures denied Resident 51, Resident 68, Resident 127, and Resident 159 immediate access to an advocate who could inform of transfer or discharge options and resident rights.</p> <p>Findings:</p> <p>1a. During an interview on 1/27/25 at 11:48 a.m. with Resident 51, Resident 51 stated she was hospitalized in June 2024 for abdominal (stomach) abscess (a collection of pus or infected fluid surrounded by inflamed tissue) that spread to her hips and legs.</p> <p>During a concurrent interview and record review on 1/30/25 at 10:23 a.m. with Assistant Director of Nursing (ADON), Resident 51's Situation, Background, Assessment, and Recommendation (SBAR communication tool) Communication dated 6/24/24, was reviewed. The SBAR indicated, Resident 51 was transferred to a local hospital. ADON stated Resident 51 was admitted for evaluation and management of fistula (abnormal connection between organs, intestine or skin).</p> <p>During an interview on 1/30/25 at 10:41 a.m. with Medical Records Director (MRD), MRD stated she was responsible for providing a written notification of transfer or discharge to OSLTCO. MRD stated she notified Ombudsman by facsimile. MRD stated, I do not have proof I notified Ombudsman. MRD was unable to provide evidence of the documents faxed or receipt of confirmation from the Ombudsman's office. MRD stated she did not have any records or documentation of notification of transfer to Ombudsman. MRD stated, I just do not have proof I received confirmation. I need to document in the medical records.</p> <p>During an interview on 1/30/25 at 10:47 a.m. with Social Services Director (SSD), SSD stated she prepared the notice of transfer and gave the documents to MRD. SSD was unable to provide copies of the written notice of transfer.</p> <p>During a concurrent interview and record review on 1/30/25 at 10:50 a.m. with ADON, Resident 51's Nursing Progress Notes (NPN), dated 6/24/24 was reviewed. ADON was unable to provide evidence of nursing documentation in the NPN of the nurse providing orientation and preparation of the resident prior to transfer.</p> <p>(continued on next page)</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1b. During a concurrent interview and record review on 1/30/25 at 3:15 p.m. with ADON, Resident's SBAR Communication, dated 1/25/25, was reviewed. The SBAR indicated, Resident 68 had a fall with injury. ADON stated Resident 68 was taken to the Emergency Department for evaluation of the laceration to the right side of the head.</p> <p>During an interview on 1/30/25 at 3:18 p.m. with MRD, MRD stated she had no record of a written notification to OSLTCO.</p> <p>During a concurrent interview and record review on 1/30/25 at 3:20 p.m. with ADON, Resident 68's, NPN, dated 1/25/25 was reviewed. ADON stated she was unable to find nursing documentation of an orientation and preparation of Resident 68's transfer to the acute care hospital.</p> <p>41035</p> <p>1c. During an interview on 1/27/25 at 11:40 a.m. with Resident 127, Resident 127 stated he had been in and out of the hospital. Resident stated he was transferred to the hospital in December 2024.</p> <p>During a concurrent interview and record review on 1/29/25 at 4:45 p.m. with Licensed Vocational Nurse (LVN) 9, Resident 127's Nurse's Note (NN), dated 12/19/24 was reviewed. The NN indicated, upon assessment Resident 127 had crackles (noise in lungs) in the right lung, diminished (less than normal) breath sounds in the left lung with labored (difficulty) breathing. Resident 127 was on oxygen at 3 Liters per minute. The Medical Doctor was notified and gave a new order to Resident 127 to the hospital. Responsible Party notified. LVN 9 stated she notified MD of Resident 127's status. LVN 9 stated MD gave a verbal phone order to send Resident 127 out to hospital.</p> <p>During a review of Resident 127's, Change of Condition Evaluation (COC), dated 12/19/24, the COC indicated, Recommendation Primary Clinician send to Hospital.</p> <p>During a concurrent interview and record review on 1/29/25 at 3:35 p.m. with MRD, Resident 127's Medical Record (MR) was reviewed. MRD reviewed Resident 127's MR and MRD stated she could not find OSLTCO notice for Resident 127 transfer to hospital on 12/19/24 and stated she was not aware that she was supposed to notify the Ombudsman for hospital transfers.</p> <p>2. During a review of Resident 159's COC, dated 11/24/24, the COC indicated, Recommendation Primary Clinician send to emergency room (ER) for Computerized Tomography -(CT diagnostic imaging scan).</p> <p>During a concurrent interview and record review on 1/29/25 at 3:41 p.m. with MRD, Resident 159's Face Sheet (FS)," was reviewed. The FS indicated, Date of Discharge 11/24/24. discharged to Acute Care hospital. MRD stated, Yes. Resident 159 was discharged to the local hospital on 11/24/24.</p> <p>During a concurrent interview and record review on 1/29/25 at 3:47 p.m. with MRD, Resident 159's MR was reviewed. MRD stated she could not find OSLTCO notice for Resident 159 transfer to hospital on 11/24/24. MRD stated she was not aware that she was supposed to notify the Ombudsman for hospital transfers.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Transfer or Discharge, Facility-Initiated, [undated], the P&P indicated,</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notice of Transfer or Discharge (Emergent or Therapeutic Leave): 4. Notice of Transfer is provided to the resident and representative as soon as practicable before the transfer and to the Long-Term Care (LTC) Ombudsman when practicable (e.g. in a monthly list of residents that includes all notice content requirements) .7. Nursing notes will include documentation of appropriate orientation and preparation of the resident prior to transfer or discharge.</p> <p>During a review of the facility's P&P titled, Charting and Documentation, the P&P indicated, All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>35649</p> <p>Based on interview and record review, the facility failed to provide written information on bed-hold (holding a resident's bed during hospitalization) for two of two sampled residents (Resident 51 and Resident 68). This failure had the potential to create uncertainty for Resident 51 and Resident 68 to return to the facility and return to their previous rooms.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 1/30/25 at 10:53 a.m. with Admissions Director (AD), AD stated in the facility's admission packet there was a form that discussed bed-hold upon admission. AD stated before the resident was sent out, the nurse should inform the resident and/or resident representative about a bed-hold. AD stated if the resident and/or resident representative decided to take the bed-hold, the doctor would order a seven-day bed-hold for the resident to be able to return to the facility.</p> <p>During a concurrent interview and record review on 1/30/25 at 10:59 a.m. with Assistant Director of Nursing (ADON), Resident 51's medical record (MR) was reviewed. The MR indicated Resident 51 was transferred and admitted to acute care hospital on 6/24/24. ADON was unable to provide evidence that nurses provided written information about bed-hold.</p> <p>During a concurrent interview and record review on 1/30/25 at 11:10 a.m. with ADON, Resident 68's MR was reviewed. The MR indicated Resident 68 was transferred to the acute care hospital on 1/25/25 for evaluation and treatment of laceration (cut) to the scalp after a fall. ADON was unable to provide evidence that nurses provided information about bed-hold.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Bed-Holds and Returns, [undated], the P&P indicated, All Residents and/or representatives are provided written information regarding the facility and state (if applicable) bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer (sic) source, are provided written notice about these polices at least twice: a. notice 1: well in advance of any transfer (e.g., in the admission packet and notice 2: at the time of transfer (or, if transfer was an emergency, within 24 hours).</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>45654</p> <p>Based on interview and record review the facility failed to ensure the Minimum Data Set (MDS-a federally mandated resident assessment tool) Resident Matrix (MDSRM), was accurate and up to date for two of six sampled residents (Resident 135, and Resident 152). This failure had the potential for Resident 135 to have unmet care needs and inaccurate medical records for both Resident 135, and Resident 152.</p> <p>Findings:</p> <p>1. During a review of Resident 135's, MDSRM, dated 1/27/25, the MDSRM indicated, Resident 135 was on Transmission based precaution (TBP-set of infection control measures).</p> <p>During an interview on 1/27/25 at 11:32 a.m. with Licensed Vocational Nurse, (LVN) 5, LVN 5 stated Resident 135 does not use oxygen or have a breathing type of device.</p> <p>During an interview on 1/28/25 at 5:05 p.m. with Minimum Data Set Coordinator (MDSC), MDSC stated that is a coding error because Resident 135 is not on TBP.</p> <p>During a concurrent interview and record review on 1/29/25 at 9:53 a.m. with Director of Nursing (DON), Resident 135's, MDS Sections J and O, dated 11/18/24 was reviewed. The Section J indicated, other health conditions, a, shortness of breath or trouble breathing with exacerbation (e.g walking, bathing, transferring) indicated, no. Shortness of breath or trouble breathing when sitting at rest, indicated, no. Z. None of the above indicated, yes. Section O, special treatments, procedures and programs indicated, Respiratory Therapy 0.</p> <p>During a interview on 1/29/25 at 11:19 a.m. with LVN 5, LVN 5, stated Resident 135 has not been on TBP for a long time. LVN 5 stated the last time was in October 2024.</p> <p>50939</p> <p>2. During an observation on 1/27/25 at 11:18 a.m. in Resident 152's room, Resident 152 did not have a tracheostomy (medical device to maintain airway for breathing) or dressing to Resident 152's neck or airway.</p> <p>During a review of Resident 152's Admission Record (AR), dated 1/29/25, the AR indicated Resident 152's admitted was 11/21/24.</p> <p>During a review of Resident 152's Physician's Order (PO), dated 12/17/24, the PO indicated, Tracheostomy care: Cleanse stoma with NS [Normal Saline-sterile salt water], pat dry, cover with 2x [by] 2 dry dressing . discontinued on 12/17/24.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 1/28/25 at 4:45 p.m. with Minimum Data Set Coordinator (MDSC), the facility's MDS Resident Matrix (MDSRM), dated 1/27/25 was reviewed. The MDSRM indicated, on 1/27/25, tracheostomy was check marked for Resident 152's matrix. MDSC stated, I update the matrix twice a week on Mondays and Fridays. MDSC stated the tracheostomy care has been discontinued since 12/17/24. MDSC stated she did not update the matrix for Resident 152 and tracheostomy should not have been marked on the matrix.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Charting and Documentation," dated July 2017, the P&P indicated, 3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35649</p> <p>Based on interview and record review, the facility failed to provide Baseline Care Plan (BCP - an initial person-centered care plan within the first 48 hours of admission that provide instructions for care of the resident) Summary for three of three newly admitted sampled residents (Resident 311, Resident 312, and Resident 313). This failure had the potential for Resident 311, Resident 312, and Resident 313 to not receive the care and the safeguards necessary within the first 48-hours of admission.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 1/29/25 at 10:28 a.m. with Assistant Director of Nursing (ADON), Resident 311's Admission Record (AR) was reviewed. The AR indicated Resident 311 was admitted on [DATE].</p> <p>During a concurrent interview and record review on 1/29/25 at 10:30 a.m. with ADON, Resident 311's BCP summary, dated 1/13/25, was reviewed. The BCP summary indicated, The resident and/or the resident representative participated in the baseline care plan review with a printed/written summary provided. The BCP summary section Printed Baseline Care Plan Provided via was blank and there was no signature of the resident and/or the resident representative to signify receipt of the BCP summary. ADON was unable to provide documented evidence of the BCP being provided to the resident and/or the resident representative.</p> <p>During a concurrent observation and interview on 1/27/25 at 11:12 a.m. in Resident 312's room with Resident 312, Resident 312 was awake and oriented. Resident 312 stated she did not receive a BCP summary on admission.</p> <p>During a concurrent interview and record review on 1/27/25 at 11:21 a.m. with ADON, Resident 312's AR was reviewed. The AR indicated Resident 312 was admitted on [DATE].</p> <p>During a concurrent interview and record review on 1/27/25 at 11:25 a.m. with ADON, Resident 312's BCP summary, dated 1/25/25, was reviewed. The BCP summary indicated, Resident and/or Resident Representative participated in the BCP review with a printed/written summary provided. The BCP section Printed Baseline Care Plan Summary provided via was blank and there was no signature of the resident and/or the resident representative to signify receipt of the BCP summary. ADON was unable to provide documented evidence of the BCP being provided to the resident and/or the resident representative.</p> <p>During a concurrent interview and record review on 1/31/25 at 9:25 a.m. with ADON, Resident 313's AR was reviewed. The AR indicated Resident 313 was admitted on [DATE].</p> <p>(continued on next page)</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 1/31/25 at 9:26 a.m. with ADON, Resident 313's BCP summary, dated 1/13/25, was reviewed. The BCP summary indicated, The resident and/or the resident representative participated in the baseline care plan review with a printed/written summary provided. The BCP summary section Printed Baseline Care Plan Provided via was blank and there was no signature of the resident and/or the resident representative to signify receipt of the BCP summary. ADON was unable to provide documented evidence of the BCP being provided to the resident and/or the resident representative.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Baseline Care Plan, dated 3/2022, the P&P indicated, 4. The resident and/or the resident representative are provided a written summary of the baseline care plan (in a language that the resident/representative can understand) .5. Provision of the summary to the resident and/or resident representative is documented in the medical records.</p>		

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<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>35649</p> <p>Based on interview and record review, the facility failed to ensure the Medical Doctor (MD) reviewed and countersigned a verbal order (VO) for two of two sampled residents (Resident 101 and Resident 127). This failure had the potential for the nurse to not properly follow the VO for Resident 101 and Resident 127.</p> <p>Findings:</p> <p>41035</p> <p>1. During a concurrent interview and record review on 1/29/25 at 4:15 p.m. with Licensed Vocational Nurse (LVN) 9, Resident 127's Nurse's Note (NN), dated 12/19/24 was reviewed. Resident 127's NN indicated, upon assessment Resident 127 had crackles (indicates fluid in small airways) in the right lung, diminished (no sound or dull sound) breath sounds heard in the left lung with difficulty breathing. Resident 127 was on oxygen at 3 Liters. MD ordered Resident 127 sent out to the hospital. LVN 9 stated she notified the MD of Resident 127's condition. LVN 9 stated MD gave a verbal phone order to send resident out to hospital.</p> <p>During a concurrent interview and record review on 1/29/25 at 4:20 p.m. with LVN 9, Resident 127's Medical Record (MR) was reviewed. LVN 9 stated, I can't find the signed verbal doctors order in the resident's chart. LVN 9 stated the signed VO should be in the resident's chart.</p> <p>2. During a concurrent interview and record review on 1/30/25 at 12:11 p.m. with Minimum Data Set Coordinator (MDSC), Resident 101's Medical Record (MR) was reviewed. MDSC stated the MD should have given a VO for Resident 101 to be sent out to the hospital. MDSC stated she could not find the signed VO in Resident 101's chart and stated the VO should have been put in the chart.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Verbal Orders, dated 2001, the P&P indicated, The practitioner will review and countersign verbal orders during his or her next visit.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>35649</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure (P&P) titled Activities of Daily Living (ADL) for one of seven sampled residents (Resident 81) when nursing staff did not provide personal grooming and hygiene. This failure had the potential to result in Resident 81's lowered self-esteem and the potential make Resident 81 susceptible to disease and/or infection.</p> <p>Findings:</p> <p>During an observation on 1/28/25 at 9:46 a.m. in Resident 81's room, Resident 81 sat on his bed, still wearing a hospital gown. Resident 81's hair was long and had not been combed. Resident 81's facial hair, moustache and beard were long. Resident 81's fingernails were long and had blackish substance inside the tips of all the fingernails. Resident 81 stated, I needed to be shaved. My fingernails also needed to be trimmed. I am waiting for the Certified Nursing Assistant (CNA) to trim my nails.</p> <p>During an interview on 1/28/25 at 10 a.m. with Registered Nurse (RN) 1 in Resident 81's room, RN 1 stated [Resident 81] had not been showered. RN 1 stated Resident 81 had not been combed and had not been changed. RN stated Resident 81 needed to be shaved and fingernails trimmed. RN 1 stated, Resident 81's fingernails were dirty.</p> <p>During an interview on 1/29/25 at 11:04 a.m. with CNA 2, CNA 2 stated, [Resident 81] frequently scratches his legs, private area, and his fingers get dirty.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADL), Supporting, dated 03/2018, the P&P indicated, Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADL).</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>35649</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of one sampled resident (Resident 84) in Hospice Care (end of life care) received care and treatment for the edema (swelling) on both the legs when:</p> <ol style="list-style-type: none"> Weekly Nursing Assessments did not indicate Resident 84 had edema. After Hospice Nurse (HPN) notified Medical Doctor (MD), MD did not provide treatment orders for Resident 84's edema. <p>These failures resulted in Resident 84's not receiving the necessary services, treatment and quality of care needed for the swelling in both her legs.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 1/28/25 at 8:44 a.m. with Hospice Nurse (HPN) and Registered Nurse (RN) 1, in Resident 84's room, Resident 84 was sitting up in bed. Both of Resident 84's legs had pitting (when pressure is applied to the swollen area, an indentation [pit] remains) edema. HPN stated Resident 84 was dependent, and unable to do things for herself. HPN stated Resident 84's legs were edematous. RN 1 stated Resident 84 was not receiving any medications for her edema.</p> <p>During a concurrent interview and record review on 1/30/25 at 11:22 a.m. with Assistant Director of Nursing (ADON), Resident 84's Nursing Progress Notes (NPN), dated 12/20/24, was reviewed. The NPN indicated, Certified Nursing Assistant [CNA] notified the charge nurse the resident had a seizure. Charge nurse assessed the resident and found resident had pitting edema to lower extremities. Charge nurse notified HPN. HPN notified MD (medical doctor).</p> <p>During a concurrent interview and record review on 1/30/25 at 11:30 a.m. with ADON, Resident 84's Weekly Nursing Assessment (WNA), dated 1/13/25, 1/20/25, and 1/27/25 were reviewed. The WNA dated 1/13/25, 1/20/25, and 1/27/25 did not indicate the presence of edema to Resident 84's legs.</p> <p>2. During a concurrent interview and record review on 11/30/25 at 11:32 a.m. with ADON, Resident 84's, Physician's Progress Notes (PPN), was reviewed. ADON was unable to find documentation of Resident 84's attending physician addressing Resident 84's pitting edema since he was notified on 12/20/24.</p> <p>During a concurrent interview and record review on 2/3/25 at 3:39 p.m. with Nursing Consultant (NC), Resident 84's PPN was reviewed. NC was unable to find physician documentation addressing the pitting edema. NC stated any change in condition the charge nurse needs to notify Hospice, Hospice will then contact the physician and obtain orders.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Hospice Program, dated July 2017 the P&P indicated, In general, it is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative and ensure that the level of care provided is appropriately based on the individual resident's needs .12.The facility has designated (name of Hospice Care) to coordinate care provided to the resident by our facility staff and the hospice staff (Note. This individual is a member of the IDT with clinical and assessment skills .). He or she is responsible for b. Communicating with hospice representatives and other healthcare providers, participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the resident and family.</p> <p>During a review of the facility's P&P titled, Change in a Resident's Condition or Status, dated 2/2021, the P&P indicated, 8. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p> <p>During a review of the facility's P&P, titled, Charting and Documentation, dated 7/2017, the P&P indicated, All services provided to the resident progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27157</p> <p>Based on observation, interview, and record review, the facility failed to ensure sufficient communication between the facility's Registered Dietitian (RD) 1 and RD 2 employed by the dialysis center related to provision of lunch meal in a safe manner for one of one sample resident (Resident 139) who received dialysis three times a week. This failure had the potential to result in Resident 139's lunch to contain Time Temperature Control for Safety (TCS - food that requires time-temperature control to prevent the growth of bacteria) foods to include a turkey or tuna sandwich had inadequate monitoring of time/temperature control for food safety which placed Resident 139 at an increased risk for a foodborne illness.</p> <p>Findings:</p> <p>During a review of Resident 139's Resident Information, dated 2/3/25, Resident 139 was admitted to the facility on [DATE] with a diagnosis Dependent on Renal Dialysis.</p> <p>During an interview on 1/27/25 at 12:09 p.m. with Licensed Vocational Nurse (LVN) 10, LVN 10 stated Resident 139 left the facility early in the morning around 9 a.m. to go to the dialysis center and was expected to return between 3 to 4 p.m. LVN 10 stated Resident 139 told her he had his brown bag lunch sack already packed with his personal belongings he brought with him to the dialysis center. LVN 10 stated he usually does not like to eat it at the dialysis center and so he eats it when he returns to the facility. LVN 10 stated he goes to dialysis three times a week.</p> <p>During an interview on 01/28/25 at 1:10 p.m. with Resident 139 with Certified Nursing Assistant (CNA) 3, CNA 3 translated in Spanish, Resident 139 stated he would eat either two egg sandwiches or two tuna sandwiches, cookies and crackers at 2:00 p.m. while at the dialysis center.</p> <p>During a record review of Resident 139's Minimum Data Set (MDS-assessment tool used to identify resident cognitive and physical function), Assessment Reference Date of 11/13/24, the MDS assessment indicated, Resident 139's Brief Interview for Mental Status (BIMS-assessment used to identify a resident's current cognition) score was 12 out of 15, which indicated Resident 139 had moderate cognitive impairment (significant difficulty with memory, attention, and problem solving).</p> <p>During an interview on 01/28/25 at 03:54 p.m. with Certified Dietary Manager (CDM), CDM stated Resident 139 received a turkey sandwich cut in half without cheese three times a week in his paper bag sack lunch, per Resident 139's request, to take with him to dialysis. CDM stated Resident 139's paper bag sack lunch also contained apple sauce, a fresh apple, two small package of graham crackers and a small package of LornaDoone cookies, and we hold fluids specifically for dialysis, so no fluid. CDM was asked if Resident 139 received egg salad sandwiches because resident reported he had that on Monday in his bagged sack lunch for dialysis, and CDM said no. CDM stated Resident 139 either received a turkey or tuna sandwich.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 1/29/25 at 10:47 a.m. with RD 1, Resident 139's current physician orders and IDT (interdisciplinary team) dialysis care plan dated 11/14/24 were reviewed. RD 1 stated she was responsible for coordinating nutrition care for Resident 139 with RD 2 who worked at the dialysis center. RD 1 stated Resident 139 goes to the dialysis center every Monday, Wednesday and Friday and chair time was at 10:30 a.m.-1:30 p.m. (the time he actually received his hemodialysis treatment; a treatment that removes waste products and excess fluid from the blood when the kidneys are no longer able to do so). RD 1 stated Resident 139 leaves the facility with a paper bagged sack lunch.</p> <p>During an interview on 1/29/25 at 10:55 a.m. with RD 1, RD 1 was not aware Resident 139 did not like to eat at the dialysis center and usually ate upon return to the facility, which was six to seven hours later, as reported by nursing. RD 1 stated that had never been reported to her and that was way too long to go with the food in the temperature danger zone. RD 1 stated she did not know if there was a refrigerator for resident's use to store food under temperature control for food safety, nor did she know the time in which Resident 139 would potentially eat his lunch at the dialysis center.</p> <p>During a review of the Food and Drug Administration Food Code Annex (FDAFCA), dated 2022, the FDAFCA indicated, Bacterial growth and/or toxin production can occur if time/temperature control for safety food remains in the temperature Danger Zone 41 [degrees] F [Fahrenheit] to 135 F) too long. time/temperature control for safety foods held without cold holding temperature control for a period of 4 hours do not have any temperature control or monitoring. These foods can reach any temperature when held at ambient air temperatures as long as they are discarded or consumed within the four hours.</p> <p>During an interview on 1/29/25 at 11:12 a.m. with RD 1, RD 1 stated she spoke with nursing and was informed that nursing would give Resident 139 a fresh sandwich from stock provided by the kitchen stored in a designated food refrigerator for resident's located at the nursing station upon his return to the facility. RD 1 was asked what happened with his paper bagged sack lunch, and RD 1 stated she was unsure.</p> <p>During a telephone interview on 1/29/25 at 11:22 a.m. with RD 2 in the presence of RD 1, RD 2 stated resident's were not allowed to eat while in their chair receiving hemodialysis for infection control purposes. RD 2 stated they do not store resident's food at the dialysis center. RD 2 stated she had never seen him [Resident 139] with a paper bag sack lunch. RD 2 stated they do not look through their personal stuff, so he might eat in the lobby before or after dialysis but she would have no idea.</p> <p>During an interview on 1/29/25 at 4:20 p.m. with Resident 139 with RD 1 translating in Spanish, Resident 139 stated he had a peanut butter and jelly sandwich on Monday (1/27/24) in his paper bag sack lunch he had at the dialysis center but it was usually a tuna or turkey sandwich, and he liked getting a fresh sandwich when he returned to the facility. Resident 139 stated he did sometimes eat his sandwich provided to him in the paper bagged sack lunch in the lobby after his dialysis was done.</p> <p>During a review of Resident 139's IDT dialysis care plan (DCP) dated 11/14/2024, the DCP indicated, Resident requires hemodialysis related to End Stage Renal Failure. Dialysis Center: Mon [Monday], Wed [Wednesday] & Fri [Friday]. Chair Time: 1030-1330 [10:30 a.m. - 1:30 p.m.]. Pick up between 0845am-0915am [Resident 139 leaves the facility for dialysis center between 8:45 a.m. to 9:15 a.m.].</p> <p>During a review of Resident 139's NURSING: HEMODIALYSIS COMMUNICATION</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>OBSERVATION/ASSESSMENT; To be completed by Licensed Nurse prior to dialysis treatment form, dated 1/17/25 through 1/27/25, the communication form indicated a check mark next to Sack Meal.</p> <p>During a review of Resident 139's To be completed by the Dialysis Center following dialysis treatment. Return with resident to the facility post dialysis form, dated 1/17/25 through 1/27/25, it was noted that there was no field (requirement) located on the form to document whether Resident 139 arrived with a lunch, nor whether he consumed his lunch in the lobby at the dialysis center.</p> <p>During a review of Resident 139's To be completed by Licensed Nurse post dialysis treatment form, dated 1/17/25 through 1/27/25, it was noted that there was no field (requirement) located on the form to document whether Resident 139 returned with an uneaten paper bagged sack lunch, or not.</p> <p>During a review the facility's document titled, .Dialysis Communication: .Best Practice Workflow, dated 11/2024, the document indicated, Dialysis. The care of the resident receiving dialysis services must reflect ongoing communication, coordination and collaboration between the nursing home and the dialysis staff. Use of a Dialysis Communication Form helps ensure the coordination of safe and effective care of residents who need dialysis treatments. PRE [before]-Dialysis Communication: This is completed by the nurse before the resident leaves for a dialysis appointment. Documentation includes:Dialysis Access, Vital Signs, Dietary Information, General Conditions.Dialysis Center Communication: This is completed by the dialysis center after the dialysis treatment and is returned to the facility with the resident. Documentation includes: Dialysis Access,Vital Signs, Pre and Post Dialysis Weight, New Orders/Labs, Change of Condition during dialysis, Recommendations, POST [after]-Dialysis Communication: This is completed by the nurse after the dialysis treatment. Documentation includes: Dialysis Access, Vital Signs, General Conditions.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>45654</p> <p>Based on observation, interview, and record review the facility failed to follow its policy and procedure (P&P) on Resident Rights, for one of six sampled residents (Resident 106) did not receive routine dental services. This failure had the potential for poor eating and broken or lose teeth to go unnoticed.</p> <p>Findings:</p> <p>During an observation on 1/27/25 at 1:11 p.m. in Resident 106's room, Resident 106 did not have teeth.</p> <p>During a concurrent interview and record review on 1/30/25 at 3:35 p.m. with Social Services Assistant (SSA), Resident 106's Order Summary (OS), dated 6/1/24 was reviewed. The OS indicated, consult dental for oral hygiene with follow-up and treatment. SSA stated Resident 106's dental referral was missed.</p> <p>During a review of the facility's P&P titled, Resident Rights, dated 9/2009, the P&P indicated, e. choose[sic] a physician and treatment and participate in decisions and care planning.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>35649</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Provide the therapeutic diet as ordered for one of seven sampled residents (Resident 311) when: <ol style="list-style-type: none"> a. Resident 311 was served his nectar-thick (thickness of milkshake) drink and house nourishment after sitting out at room temperature for approximately five (5) hours on 1/27/25. b. Resident 311's meal tray did not have 8 fluid ounces (fl. oz) nectar-thick punch drink for lunch on 1/27/25. <p>These failures had the potential for Resident 311 to not meet the nutritional requirements due to decreased palatability (tastiness).</p> <p>Findings:</p> <p>1a. During an observation on 1/27/25 at 12:30 p.m. in Resident 311's room, Resident 311 was laying in bed. Two sippy cups, full of liquid, were on the nightstand, on the left side of Resident 311's bed. Neither sippy cup was within Resident 311's reach. Resident 311 was non-verbal (did not speak). Resident 311 had no teeth and constantly smacked his lips. Resident 311's left hand was contracted (unable to straighten due to shortening of tendons and muscles).</p> <p>During a concurrent observation and interview on 1/27/25 at 12:54 p.m. with Certified Nursing Assistant (CNA) 1, in Resident 311's room. Two sippy cups were on Resident 311's nightstand, one sippy cup contained an orange-colored thickened liquid, and the other sippy cup contained a light, brown-colored thickened liquid. CNA 1 stated the two drinks had been placed in the room at around 8 a.m. today. CNA 1 stated those drinks were part of Resident 311's breakfast tray but the drinks must not have been given to the resident. CNA 1 stated Resident 311 could hold the sippy cup with his right hand. CNA 1 placed the sippy cup containing the orange-colored thickened liquid in Resident 311's right hand. Resident 311 was able to hold the sippy cup and bring it up to his mouth. Resident 311 started drinking quickly. CNA 1 stated Resident 311 was drinking so fast, Resident 311 must have been very thirsty. Resident 311 drank about 1/3 of the orange-colored thickened liquid.</p> <p>During an interview on 1/28/25 at 8:24 a.m. with Certified Dietary Manager (CDM), CDM stated the sippy cup with orange-colored thickened liquid was orange juice and the sippy cup with light brown thickened liquid was the house nourishment (milk based, liquid nutritional supplement). CDM was aware CNA gave Resident 311 the sippy cup with nectar thick orange juice at 12:54 p.m when it was on the nightstand since 8 a.m. CDM stated the temperature of the drink was out-of-range (too warm) and should not have been given to the resident. CDM stated the beverages should not have been left at the bedside.</p> <p>1b. During a concurrent observation and interview on 1/27/25 at 1:15 p.m. in Resident 311's room with Licensed Vocational Nurse (LVN) 1, LVN 1, delivered Resident 311's lunch tray. Resident 311's meal ticket indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Puree, CCHO, (Consistent, Constant, or Controlled Carbohydrate) Fortified-Thick Fluids Nectar</p> <p>8 Fl oz nectar drink punch</p> <p>6 Fl oz SF hot chocolate -nectar</p> <p>8 Fl oz water nectar-thick</p> <p>House nourishment: reduced sugar (chocolate)</p> <p>Resident 311's meal tray did not include 8 ounces fluid nectar-thick punch. LVN 1 stated there was no nectar-thick punch on the meal tray.</p> <p>During an interview on 1/28/25 at 8:25 a.m. with CDM, CDM stated she was aware the nectar-thick punch was not on Resident 311's meal tray for lunch. CDM stated, the nectar-thick punch was missed in the kitchen. Resident 311's meal tray did not get checked when it went out of the kitchen. The meal tray should have been checked before it went out of the kitchen. The meal tray should have been checked before it got delivered to the resident.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Therapeutic Diets, [undated], the P&P indicated, Therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences .4. A therapeutic diet is considered a diet ordered by a physician, practitioner, or dietitian as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet.</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>50939</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Honor resident's food preferences for two of 13 sampled residents (Resident 28, and Resident 51). This failure resulted in an unpleasant dining experience due to the facility serving both Resident 28 and Resident 51 food listed as disliked and Resident 28 not receiving soup under her standing orders. 2. Ensure one of seven sampled residents (Resident 51) was aware of the menu in time to request an alternative menu item. This failure had the potential for Resident 51's nutritional needs to not be met. 3. Provide alternative milk product for one of one sampled residents (Resident 311) who had lactose (milk sugar) intolerance (unable to digest). This failure had the potential for Resident 311 to not meet his nutritional requirements. <p>Findings:</p> <p>1a. During a concurrent observation and interview on 1/27/25 at 12:42 p.m. with Resident 28 in the dining room, there were uneaten chili beans on Resident 28's meal tray. Resident 28 stated she disliked beans. Resident 28 stated, she had a standing order for chicken noodle soup, and she did not get chicken noodle soup for lunch.</p> <p>During a concurrent observation, interview, and record review on 1/27/25 at 12:54 p.m. in the dining room with Certified Dietary Manager (CDM), Resident 28's Meal Tray Ticket (MTT), dated 1/27/25, was reviewed. The MTT indicated, Standing orders for 1 bowl of chicken noodle soup and dislikes beans [no pinto or black]. CDM stated there were chili beans on Resident 28's meal tray. CDM stated she did not see chicken noodle soup on Resident 28's meal tray. CDM stated the facility was not honoring Resident 28's standing orders and dislikes as indicated on Resident 28's meal ticket.</p> <p>During a review of Resident 28's Minimum Data Set (MDS-Assessment Tool), dated 12/6/24, the MDS indicated Resident 28 had a (BIMS-Brief Interview for Mental Status) score of 15 (score of 13-15 means cognitively intact).</p> <p>During a review of Resident 28's Care Plan (CP), dated 11/20/24, the CP indicated, Focus: Resident 28 is at increased risk for weight loss and nutritional decline due to .modified diet. Interventions: LVN [Licensed Vocational Nurse] to check meal tray for accuracy to physician orders three times a day.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Tray Identification, dated April 2007, the P&P indicated, 2. The food services manager or supervisor will check trays for correct diets before the food carts are transported to their designated areas. 3. Nursing staff shall check each food tray for the correct diet before serving the residents.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled, TRAY CARD SYSTEM, dated 2023, the P&P indicated, PROCEDURE: The FNS [Food and Nutrition Service] Director is responsible for the tray card system.</p> <p>1b. During a concurrent observation and interview on 1/27/25 at 1:30 p.m. in Resident 51's room with Resident 51, Resident 51's meal tray for lunch was served. Resident 51 had three-bean chili, tossed green salad with dressing, corn bread with green chilis and citrus fruit delight. Resident 51 stated, Look they served me three-bean chilis. This has tomatoes in it.</p> <p>During a review of Resident 51's meal ticket for dislikes, the following items were listed: fish, pork loin, tomato/tomato products (ketchup ok), soup, vegetables (bell pepper, broccoli, cauliflower, brussels, corn, peas, spinach), salads (lettuce, coleslaw), acidic foods (no citrus), spicy foods.</p> <p>During an interview on 1/28/25 at 8:20 a.m. with CDM, CDM stated yesterday's lunch was three-bean chilis. CDM stated the following were the ingredients for the dish: tomatoes, chili powder, beans, hamburgers, onions, and other spices. CDM stated [Resident 51] was served the three-bean chili with tomatoes. CDM stated, That was the choice I made because I knew she liked beans. I thought that would not be a problem. CDM stated she was aware she disliked tomato products. CDM stated. It was my mistake.</p> <p>2. During a concurrent observation and interview on 1/27/25 at 11:26 a.m. in Resident 51's room, with Resident 51, Resident 51 was in bed, lying on an airflow mattress (specialty mattress to help prevent pressure sores). Resident 51 stated she was bed-bound and she had a lot of medical issues. Resident 51 stated sometimes she would just eat from the snack cart because she could not get an alternate meal if she did not like the food. Resident 51 stated the kitchen had certain rules that alternate food should be ordered within certain times. Resident 51 stated there was a one-hour rule and two-hour rule, and she got confused about those rules. Resident 51 stated she could not see the menu that was posted on the wall. Resident 51 stated, she was told she could no longer get an alternate food item because her request was recieved too late, and the kitchen would not accept the request for an alternative item. Resident 51 stated the only time she could order the alternate food was when the food was already served in her room, but the kitchen would not honor my request that late.</p> <p>During an interview on 1/28/25 at 8:04 a.m. with CDM, CDM stated Door 2 of the Kitchen was used for ordering alternate food. CDM stated there was a doorbell for the staff to alert the dietary staff. CDM stated the alternate menu and the regular menu for the day are also posted on the door. CDM stated there are specific times when the residents can order alternate food, at least one hour before lunch or dinner. The kitchen staff need at least one hour to prepare the food.</p> <p>3. During an interview on 1/29/25 at 11:57 a.m. with CNA 3, CNA 3 stated Resident 311's breakfast tray included thickened hot cholate in a sippy cup.</p> <p>During an interview on 1/30/25 at 9:56 a.m. with CDM, CDM stated on the morning of 1/29/25, she was aware hot chocolate was still served to Resident 311 although the doctor ordered for lactose intolerance on 1/28/25. CDM stated, Yes hot chocolate was served; the hot chocolate packet contains dairy in it. CDM stated this morning the nurse notified her about Resident 311's lactose intolerance.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 311's Nursing Progress Notes (NPN), dated 1/28/25, the NPN indicated, The following orders were received from MD (doctor) per RD (registered dietitian) recommendation: #1 D/C (discontinue) HN (house nourishment, dairy based nutritional supplement) #2 Pro-Stat 30 ml .Dietary made aware of new orders .</p> <p>During a review of the Resident 311's Physician's Order (PO), dated 1/28/25, the PO indicated, D/C House Nourishment. Pro-Stat Oral Liquid (Amino-Acid Protein Hydrolysate) Give 30 ml by mouth two times a day for supplement. Mix with 60 ml of fluid.</p> <p>During a review of the facility's P&P titled, Menu Alternatives, [undated], the P&P indicated, An alternative meal or entree and vegetable should be provided at every meal in the event of personal food preferences or refusals. 1 .The alternate must be offered to the resident in a timely manner and preferably within 20 minutes of refusal of the main course. Always available entrees, sandwiches, soups, salads, desserts planned by the resident help increase resident satisfaction .4. If a food is disliked, an appropriate equivalent substitution must be made. Alternative meals should be available with therapeutic extensions and recipes that are of equivalent nutritional value to the meals on the menu.</p> <p>During a review of the facility's P&P titled, Accommodation of Needs, dated 3/2021, the P&P indicated, 1. The resident's individual needs and preferences are accommodated to the extent possible.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>27157</p> <p>Based on observation, interview, and record review, the facility failed to ensure sanitary conditions were maintained and equipment was in good repair in accordance with professional standards for food service safety when:</p> <ol style="list-style-type: none"> 1. The dishmachine and ice machine manufacturer's guidelines were not followed related to lack of a floor drain and lack of proper air gap to prevent the backflow of potentially contaminated water into the clean water supply. 2. Floor sink drains related to a steamer and hand washing sink were not maintained in a sanitary manner and in good repair in which pooled water could attract pests such as insects and rodents. 3. Clean foodservice equipment was stored on shelves with scattered dried food debris. 4. The foodservice operation lacked cleaning with detergent prior to sanitizing of food contact surfaces. <p>These failures had the potential to result in cross contamination and foodborne illness for 159 highly susceptible residents receiving food from the kitchen.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on 1/27/25 at 10:43 a.m. with Maintenance Supervisor (MS) in the kitchen, a small outlet was attached to the front of the dishmachine with no floor drain located underneath or near the dish machine. MS stated that was not a drain for wastewater and there was no floor drain because the air gap is plumbed into the wall and therefore the air gap was not visible. MS stated the dishmachine was installed via a dishmachine rental program by an outside vendor about two years ago. <p>During a concurrent observation and interview on 1/27/25 at 11:22 a.m. with Certified Dietary Manager (CDM) in a hallway upon entrance to the kitchen (next to the janitorial/chemical closet), the ice machine did not have a drain or air gap. CDM stated it was a new ice machine.</p> <p>During a concurrent observation and interview on 1/29/25 at 9:19 a.m. with MS in the kitchen, no visual air gap or drain for the ice machine was seen. MS stated the water from the ice machine gets drained by a long pipe attached to the ice machine that was connected to and in which the water drains into, an evaporator (MS pointed to a blue colored machine/evaporator) that was connected to a black colored pipe (PVC pipe per MS) that was on the other side of a wall, located in the Janitorial/chemical closet, and the water flows out of the PVC pipe into pipes inside the wall and exits outside of the building into the sewage system.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of the ice machine manufacturer guidelines (IMMGs), undated, the IMMGs indicated, Ice Machine head connection diagram depicting the long drain hose going into the floor drain. The Drain hose installation.the water shall be prevented from flowing into the ice bin storage.the ice machine drains should be separated.the floor drain.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Sanitation, dated 9/28/24, the P&P indicated, Policy.All equipment shall be maintained as necessary and kept in working order. Air Gaps/ Backflow prevention is included within Section 10 (page 10.5).</p> <p>During a review of the facility P&P titled, Accident Prevention- Safety Precautions, dated 9/28/24, the P&P indicated, Section 10.5.Backflow Prevention/Airgaps: If a connection exists between the system and a source of contaminated water during times of negative pressure, contaminated water may be drawn into and foul the entire system. An air gap is the most reliable backflow prevention device. It is the physical separation of the potable and non-potable water supply systems by an air space. All steam tables, ice machines and bins, food preparation sinks, .and other equipment that discharge liquid waste or condensate shall be drained through an air gap into an open floor sink.</p> <p>During a review of the Food and Drug Administration Food Code (FDAFC), dated 2022, the FDAFC indicated, A plumbing system shall be installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use at the food establishment.backflow prevention is required by law, by: (A) Providing an air gap. (FDA Food Code; 5-203.14).</p> <p>During a concurrent interview and record review on 1/29/25 at 9:30 a.m. with MS, the facility's Standard Dishmachine Rental Agreement (RA), dated 2/18/2022 was reviewed. The RA indicated, Customer is responsible for locating the hard water supply line and floor drain properly sized to accommodate backwash flow rates.For all equipment, Customer must provide plumbing and electrical hookups and any and all required governmental permits. MS stated he was unaware of the requirements listed in the RA.</p> <p>During a review of the FDAFC Annex (FDAFCA), dated 2022, the FDAFCA indicated, Improper repair or maintenance of any portion of the plumbing system may result in potential health hazards such as cross connections, backflow, or leakage. These conditions may result in the contamination of food, equipment, utensils. (FDA Food Code Annex; 5-205.15).</p> <p>2. During a concurrent observation and interview on 1/27/25 at 10:57 a.m. with CDM in the kitchen, a floor sink drain located under a foodservice steamer was extensively covered in an orange-colored substance with the grout appearing with black thick grime and there was missing/cracked portions of the rim of the floor sink drain. CDM stated, I think that's rust. CDM stated the drain was not maintained in a sanitary manner and the lack of a smooth surface on the rim prevented adequate cleaning.</p> <p>During a concurrent observation and interview on 1/27/25 at 10:59 a.m. with CDM in the kitchen, a floor sink drain was full to the rim with standing pooled water (water was not draining). CDM stated the drain looked like that most of the time and the water would frequently overflow onto the kitchen floor. CDM stated it was unsanitary and had been like that for a long time with MS aware. CDM stated the drain was for a hand washing sink that was located on the other side of the wall at the nursing station.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a concurrent observation and interview on 1/29/25 at 9:36 a.m. with MS in the kitchen, the floor sink drain underneath the steamer had an extensive orange colored substance in and around the floor sink drain. MS stated, Appeared to be rust. MS stated the condition of the drain was not sanitary and should be a smooth surface for effective cleaning. MS stated that was not reported to him.</p> <p>During a concurrent observation and interview on 1/29/25 at 9:45 a.m. with MS in the kitchen, there was a floor sink drain, near the entrance of the kitchen from the door closest to the nursing station. MS stated he needed to put a scope down the drain to identify the problem.</p> <p>During a review of the facility's P&P titled, Sanitization, dated November 2022, the P&P indicated, Policy Statement: The food service area is maintained in a clean and sanitary manner. 2. All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seam, cracks, and chipped areas.</p> <p>During a review of the facility's P&P titled, Sanitation, dated 9/28/24, the P&P indicated, Policy.All equipment shall be maintained as necessary and kept in working order. The Maintenance Department will assist Food & Nutrition Services as necessary in maintaining equipment.</p> <p>During a review of the facility's P&P titled, General Cleaning of Food & Nutrition Services Department, dated 9/28/24, the P&P indicated, Drains; Floor drains must be scheduled for routine cleaning in order to be maintained in a functional condition. 1. FNS staff should remove large debris as it accumulates and are encouraged to clean drains weekly. 2. The Maintenance Department will assist with more thorough cleanings to ensure the viability of the plumbing features.</p> <p>During a review of the FDAFCA, dated 2022, FDAFCA indicated, Liquid wastes need to be quickly carried away to prevent pooling which could attract pests such as insects and rodents. (FDA Food Code Annex; Chapter 6; Physical Facilities).</p> <p>During record review of FDAFC, dated 2022, the FDAFC indicated, A plumbing system shall be: Maintained in good repair, and Physical facilities shall be maintained in good repair. (FDA Food Code 5-205.15 and 6-501.11).</p> <p>3. During a concurrent observation and interview on 1/27/25 at 10:52 a.m. with CDM in the kitchen, clean bowls and plates were stored on two shelves in which food debris was scattered amongst the shelves on top of the mesh, and the outside of the stainless-steel cabinet had extensive orange colored substance. CDM stated the orange colored substance was rust and the food debris scattered among clean dishes was unsanitary.</p> <p>During an observation on 1/27/25 at 11:08 a.m. in the kitchen, there was food debris on top of pots that were stored faced down, located underneath a food preparation counter where a toaster was located.</p> <p>During a review of the facility's P&P titled, Sanitization, dated 2022, the P&P indicated, Policy Statement: The food service area is maintained in a clean and sanitary manner. 1. All kitchens, kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects. 2. All utensils, counters, shelves and equipment are kept clean.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. During an observation on 1/28/25 at 10:52 a.m. in the kitchen, staff was using a cloth obtained from a sanitizing solution located in a red bucket to sanitize food contact surfaces.</p> <p>During an observation on 1/28/25 at 11:30 a.m. in the kitchen, three empty meal delivery carts had white spots on them and scattered dried food debris and were available for use for the lunch meal service.</p> <p>During an interview on 1/28/25 at 4:30 p.m. with CDM, CDM stated she did not like to use green detergent buckets to wash food contact surfaces first because it takes too long to dry, and then staff would have to use the sanitizing solution after the wash with detergent step, and then wait for the sanitizer to dry. CDM stated she has not incorporated a wash with detergent step before sanitizing within the foodservice operation for any purpose other than dish washing. CDM stated, the carts and food preparation counters do not really get dirty anyway so sanitizing them cleans them as well.</p> <p>During a review of the facility's P&P titled, Sanitization, dated 2022, the P&P indicated, Policy Statement: The food service area is maintained in a clean and sanitary manner. 3. All equipment, food contact surfaces and utensils are cleaned and sanitized using heat or chemical sanitizing solutions.</p> <p>During a review of the facility's P&P titled, Sanitation, dated 9/28/24, the P&P indicated, The FNS [Food & Nutrition Services] Director is responsible for instructing employees in the fundamentals of sanitation in food service and for training employees to use appropriate techniques. The FNS Director is responsible for selecting and ordering all necessary equipment for the Food & Nutrition Services Department. The FNSD will also consult with the Administrator and Facility Registered Dietitian, as necessary.</p> <p>During a review of the facility's P&P titled, Kitchen Sanitation: Definition of Terms: Standards of cleanliness need to be defined in order to clearly understand the types and scope of procedures to be used in the Food & Nutrition Services Department. Cleaning: Removal of soil, particles, debris, and microorganisms adherent to surface. Procedure: Scrubbing with hot water and detergent. Sanitation: Process that reduces the number of microorganisms on utensils is to a relatively safe level.</p> <p>During a review of the FDAFCA, dated 2022, the FDAFCA indicated, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. The objective of cleaning focuses on the need to remove organic matter from foodcontact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate and insects and rodents will not be attracted. (FDA Food Code Annex; 4-601.11).</p> <p>During a review of the FDAFCA, dated 2022, the FDAFCA indicated, Pathogens can be transferred to food from utensils that have been stored on surfaces which have not been cleaned and sanitized. They may also be passed on by consumers or employees directly, or indirectly from used tableware or food containers. Some pathogenic microorganisms survive outside the body for considerable periods of</p> <p>time. Food that comes into contact directly or indirectly with surfaces that are not clean and sanitized is liable to such contamination. (FDA Food Code Annex; 3-304.11 Food Contact with Equipment and Utensils).</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of the FDAFCA, dated 2022, the FDAFCA indicated, Wiping down a surface with a reusable wet cloth that has been properly stored in a sanitizer solution is an acceptable practice for wiping up certain types of food spills and wiping down equipment surfaces. However, this practice does not constitute cleaning and sanitizing of food contact surfaces where and when such is required to satisfy the methods and frequency requirements in Parts 4-6 and 4-7 of the Food Code. (FDA Food Code Annex, 3-304.14)</p> <p>During a review of the facility's job description (JD) titled Dietary Manager, [undated], the JD indicated, Maintain kitchen and food storage area in a safe, orderly, clean and sanitary manner.</p> <p>During a review of the facility's JD titled Maintenance Supervisor, [undated], the JD indicated, Coordinate maintenance services and activities with other related departments (i.e., Dietary, Nursing, Activities, etc.), Ensure that services performed by outside vendors are properly completed/supervised in accordance with contracts/work orders.</p> <p>51320</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>41035</p> <p>Based on interview and record review, the facility failed to follow its policy & procedure (P&P) Binding Arbitration Agreement (BAA - a way to resolve disputes between healthcare providers and residents) for four of four sampled residents (Resident 62, Resident 134, Resident 101, and Resident 135) when:</p> <p>1. Admission Director (AD) did not explain the BAA to two of four sampled residents (Resident 62 and Resident 134) in a manner that he or she understood, before signing the agreement.</p> <p>2. AD did not document a verbal acknowledgement of the BAA from four of four sampled residents (Resident 62, Resident 134, Resident 101, and Resident 135).</p> <p>This failure resulted in Resident 62, Resident 134, Resident 101, and Resident 135 not being fully aware and informed of their rights if there was a dispute with the facility.</p> <p>Findings:</p> <p>1. During a concurrent interview and record review on 1/28/25 at 4:36 p.m. with Resident 62, Resident 62's, BAA form, dated 10/14/24 was reviewed. The BAA indicated, Resident 62 had signed the BAA form. Resident 62 stated he remembers signing the form but, he did not understand everything that was on the form. Resident 62 stated he did not remember anyone informing him that he was giving up his right to a jury.</p> <p>During a concurrent interview and record review on 1/29/25 at 8:42 a.m. with Resident 134, Resident 134's BAA form, dated 7/8/24 was reviewed. The BAA indicated, Resident 134 had signed the BAA form. Resident 134 stated he does not remember signing the arbitration form. Resident 134 stated he did not he recall anyone explaining the form to him.</p> <p>During a concurrent interview and record review on 1/29/25 at 8:48 a.m. with Admissions Director (AD), Resident 62's Brief Interview of Mental Status (BIMS-a tool used to screen and identify the cognitive condition of the residents upon admission using a point system that ranges from 0 to 15 points: 0 to 7 points-severe cognitive impairment. 8 to 12 points-moderate cognitive impairment. 13 to 15 points-cognition is intact). AD stated Resident 62's BIM score was 12.</p> <p>During a concurrent interview and record review on 1/29/25 at 8:52 a.m. with AD, Resident 134's BIMS was reviewed. AD stated Resident 134's BIM score indicated 15.</p> <p>2. During a concurrent interview and record review on 1/29/25 at 8:54 a.m. with AD, Resident 62's Medical Record (MR), and BAA form were reviewed. AD stated she only had Resident 62 sign the BAA form. AD stated she did not document if the resident acknowledged or understood what they were signing.</p> <p>During a concurrent interview and record review on 1/29/25 at 8:55 a.m. with AD, Resident 134's MR and BAA form was reviewed. AD stated she only had Resident 134 sign the BAA form. AD stated she did not document if the resident acknowledged or understood what they were signing.</p> <p>(continued on next page)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 1/29/25 at 8:56 a.m. with AD, Resident 101's MR and BAA form was reviewed. AD stated she only had Resident 101 sign the BAA form. AD stated she did not document if the resident acknowledged or understood what they were signing.</p> <p>During a concurrent interview and record review on 1/29/25 at 8:57 a.m. with AD, Resident 135's MR and BAA form was reviewed. AD stated she only had Resident 135 sign the BAA form. AD stated she did not document if the resident acknowledged or understood what they were signing.</p> <p>During a review of the facility's P&P titled, Binding Arbitration Agreement, dated 2023, the P&P indicated, 5. The terms and conditions of a binding arbitration agreement are explained to the resident (or representative) in a way that ensures his or her understanding of the agreement, including that the resident may be giving up his or her right to have a dispute decided in a court proceeding.7. After the terms and conditions of the agreement are explained, the resident or representative must acknowledge that he or she understands the agreement before asked to sign the document. a. A signature alone is not sufficient acknowledgement of understanding. B. The resident (or representative) must verbally acknowledge understanding, and the verbal acknowledgement documented by the staff member who explains the agreement.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32946</p> <p>Based on interview and record review, the facility failed to follow infection control policies and procedures (P&P) as evidenced by:</p> <ol style="list-style-type: none"> Licensed Vocational Nurse (LVN) did not follow the facility P&P titled Administering Medications to administer medications in a clean and sanitary manner for two of two residents (Resident 66 and Resident 143). This failure had the potential to result in infection and illness for Resident 55 and Resident 143. Infection Preventionist (IPN), did not follow the facility P&P titled Surveillance for Infection and Monitoring Compliance with Infection Control for surveillance (monitoring) activities, collecting, analyzing, track and trending of data. This failure had the potential for facility to be unaware of outbreaks and the transmission of infectious diseases. Nursing Staff did not follow the facility P&P titled Department (Respiratory Therapy) - Prevention of Infection.) for dating, storage and discarding of tubing for one of one sampled residents' (Resident 1) respiratory tubing. Housekeeping (HK) staff did not follow the facility P&P titled Housekeeping and janitorial Procedures for two of three housekeeping carts when housekeepers stored a used toilet brush in the clean area of the housekeeping cart. This failure had the potential to spread infections to residents, staff, and visitors. <p>Findings:</p> <ol style="list-style-type: none"> During an observation on 1/29/25 at 8:35 a.m. with LVN 4, LVN 4 touched Resident 143's Sertraline (used in the treatment of depression) 50 mg (milligram - unit of measurement) one tablet and Alprazolam (used in treatment of anxiety) 0.25 mg one tablet with ungloved hands and placed the pills into the pill cup. <p>During an observation on 1/29/25 at 8:39 a.m. with LVN 4, LVN 4 touched Resident 66's Lorazepam (used in the treatment for anxiety) 1 mg one tablet with ungloved hands.</p> <p>During an interview on 1/29/25 at 8:42 a.m. with LVN 4, LVN 4 stated, I should make sure it [the medication] goes into the cup and not use my hands.</p> <p>During an interview on 1/29/25 at 3:20 p.m. or of Nursing (DON), DON stated, No we should not touch the pill it should be popped into the pill cup.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Administering Medications dated 2001, the P&P indicated, Policy Statement Medications are to be administered in a safe and timely manner. 25. Staff follows established facility infection control procedures (e.g., hand washing, antiseptic technique, gloves isolation precautions, etc.) for the administration of medications, as applicable.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>35649</p> <p>2. During a concurrent interview and record review on 2/3/25 at 11:40 a.m. with IPN, the facility's surveillance activities for infection control were reviewed. IPN stated the surveillance activities for Infection Control included the following: hand hygiene, blood glucose, transmission-based precaution on donning and doffing, Personal Protective Equipment (PPE-protective clothing or devices) and disposing of contaminated items. IPN stated surveillance on hand hygiene was conducted weekly. IPN stated, I walk around and talk to the staff. I pick different people: doctor, social services, nursing staff, and whoever is going out of the resident's room. I observe to see what the staff was doing and if I find something wrong, I fix it, so it does not continue.</p> <p>During a concurrent interview and record review on 2/3/25 at 12 p.m. with IPN, Hand Hygiene Surveillance (HHS), dated 6/6/24, 6/11/24, 6/19/24, and 6/25/24, were reviewed. The HHS indicated the following:</p> <p>6/6/24: Adherence rate 65%</p> <p>6/11/24: Adherence rate 70%</p> <p>6/19/24: Adherence rate: 75%</p> <p>6/25/24: Adherence rate: 65%</p> <p>The reviewed HHS did not indicate the time when the surveillance was conducted, and the actions taken to correct non-compliance. IPN stated she talked to the staff, but she had no record of just-in-time education. IPN stated she only collected data. IPN was unable to provide documentation of track and trending of reports, analysis of the surveillance data, or actions taken to correct non-compliance.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Surveillance for Infection, dated 9/2017, the P&P indicated, Gathering Surveillance Data: The Infection Preventionist or designated infection control personnel is responsible for gathering and interpreting surveillance data . Interpreting Surveillance Data: 1. Analyze the data to identify trends . b. Consider how increases or decreases might relate to recent process changes, events or activities in the facility. Trends should be monitored . Surveillance data will be provided to the Infection Control Committee regularly. The Infection Control Committee will determine how important surveillance data will be communicated to the physicians and other providers, Administrator, nursing units.</p> <p>During a review of the facility's P&P titled, Monitoring Compliance with Infection Control dated 8/2019, the P&P indicated, 1. The infection preventionist or designee monitors the compliance and effectiveness of our infection prevention and control policies and procedures. 2. Monitoring includes regular surveillance to hand hygiene practices and availability of hand hygiene supplies and the availability of personal protective equipment and its appropriate use .4. Compliance surveillance is unannounced.</p> <p>45654</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. During an observation on 1/27/25 at 10:27 a.m. in Resident 2's room, there was an unlabeled Inhalation breathing treatment (INH) tubing and medication revisor at bedside.</p> <p>During a concurrent interview and record review on 1/27/25 at 11:33 a.m. with LVN 5, Resident 2's Medication Administration Record (MAR), dated 1/2025, the MAR indicated, an order for Ipratropium-Albuterol (medication to open airways and make breathing easier) Solution 0.5-2.5 mg/3ml [milligrams per milliliters, dosage], 3 ml inhale orally every 4 hours as needed for SOB (shortness of breath) or wheezing via (delivery) nebulizer, dated 12/2/24. LVN 4 stated the process was for tubing to be new. LVN 4 stated Resident 2's last treatment was on 1/16/25 [11 days ago].</p> <p>During an interview on 1/29/25 at 11:34 a.m. with IPN, IPN stated the process for INH tubing is to be changed every seven days and placed in a bag dated and labeled.</p> <p>During a review of the facility's P&P titled, Department (Respiratory Therapy) - Prevention of Infection.) dated 11/2011, the P&P indicated, Discard the administration set-up every (7) days.</p> <p>50939</p> <p>4. During a concurrent observation and interview on 1/29/25 at 2:29 p.m. with Housekeeping (HK) 1 in station three hallway, the housekeeping cart had a used toilet brush stored at the bottom of the housekeeping cart. The used toilet brush was stored next to four unopened boxes of gloves and roll of paper towel in a bag. HK 1 stated she used the toilet brush under the cart. HK 1 stated the toilet brush should not be with the unopened boxes of gloves.</p> <p>During a concurrent observation and interview on 1/29/25 at 2:34 p.m. with HK 2 in station two hallway, the housekeeping cart had a used toilet brush stored at the bottom of the housekeeping cart. The used toilet brush was stored next to five unopened boxes of gloves. HK 2 stated he has used the toilet brush. HK 2 stated the toilet brush should not be with the unopened boxes of gloves.</p> <p>During an interview on 1/29/25 at 2:35 p.m. with HD, HD stated the used toilet brush should not be stored with the unopened boxes of gloves.</p> <p>During an interview on 1/29/25 at 2:43 p.m. with IPN, IPN stated used toilet brushes should not have been stored with unopened boxes of gloves.</p> <p>During an interview on 1/29/25 at 3:59 p.m. with Infection Prevention Nurse Consultant (IPNC), IPNC stated used toilet brushes should not be stored with unopened boxes of gloves.</p> <p>During a review of the facility's P&P titled, HOUSEKEEPING AND JANITORIAL PROCEDURES, [undated], the P&P indicated, POLICIES: It is the policy of this facility to provide a clean, safe, orderly, comfortable, and attractive environment for both residents and guest.</p>		

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50939</p> <p>Based on observation, interview, and record review the facility failed to provide the minimum square footage as required by the regulation for 11 of 50 of the facility rooms.</p> <p>Findings:</p> <p>During an observation on 1/29/25 at 12:04 p.m. in room [ROOM NUMBER], there were three residents in the room. Bed A had a wheelchair parked at the right side of the bed and Bed C had a wheelchair parked in form of the closet.</p> <p>During an observation on 1/29/25 at 3:14 p.m. in room [ROOM NUMBER], there were three residents in the room. Bed B had a walker and side table at the right side of the bed and Bed C had a side table to the right side of the bed.</p> <p>During a concurrent interview and record review on 1/30/25 at 8:42 a.m. with Administrator and Maintenance Supervisor (MS), the facility's Rooms Not Meeting Required Square Footage (RNMRSF), undated was reviewed. The RNMRSF indicated the following rooms did not provide the minimum square footage (Sq ft.) as require by regulation (80 Sq ft. per resident) for multiple resident rooms:</p> <p>room [ROOM NUMBER] 227.2 Sq ft. (3 residents)</p> <p>room [ROOM NUMBER] 219.2 Sq ft. (3 residents)</p> <p>room [ROOM NUMBER]-room [ROOM NUMBER] 2345 Sq ft. (3 residents)</p> <p>Administrator and MS stated the residents have not complained about the size of their rooms.</p> <p>Although the facility did not provide the minimum square footage as required by regulation, variations in the rooms. The rooms were in accordance with the particular needs of the residents. Closet and storage space was adequate. Bed stands were available. There was sufficient room for nursing care and for the residents to ambulate (move from place to place). The health and safety of the residents would not be affected by the waiver.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>45654</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure (P&P) titled, Abuse [inappropriate treatment of an individual], Neglect [refusal to provide the needs of the resident], Exploitation [taking improper advantage of an individual], and Misappropriation [misuse, stealing from a resident] Prevention Program, annual training for the following:</p> <ol style="list-style-type: none"> 1. 17 of 73 sampled Certified Nursing Assistants (CNA), CNA 1, CNA 2, CNA 33, CNA 4, CNA 5, CNA 6, CNA 7, CNA 8, CNA 9, CNA 10, CNA 11, CNA 12, CNA 13, CNA 14, CNA 15, CNA 16, and CNA 17), 2. Seven of thirty one sampled Licensed Vocational Nurses (LVN), LVN 4, LVN 15, LVN 6, LVN 10, LVN 8, LVN 19, LVN 100, 3. Four of twelve sampled Dietary Aids (DA), DA 1, DA 2, DA 3, DA 4, 4. Two of four sampled cooks, [NAME] 1, [NAME] 2, 5. Two of twenty Feeding Assistants (FA) FA 1, FA 2, 6. One of three sampled Speech Language Pathologist (SLP) SLP, 7. One of two sampled Respiratory Therapist (RT) 1, 8. One of six sampled Restorative Nursing Assistants (RNA) 1, 9. Two of three sampled Occupational Therapist (OT) 1 and OT 2, 10. One of one sampled Minimum Data Set Coordinator (MDSC), and 11. One of seven sampled Registered Nurses (RN) 2. <p>This failure had the potential for staff to be unaware of what constituted abuse, the reporting requirements and therefore abuse in residents to go unnoticed and unreported within the facility.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 1/29/25 at 9:15 a.m. with Director of Staff Development (DSD), the facility's annual training record on Your Legal Duty: Reporting Elder and Dependent Adult Abuse (YLD), dated 1/24/25 through 1/20/25, was reviewed. The YLD record indicated the following facility staff had not received the annual training:</p> <ol style="list-style-type: none"> 1. CNA 1, no documented training. CNA 2, no documented training. <p>(continued on next page)</p>		

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 02/03/2025
NAME OF PROVIDER OR SUPPLIER Visalia Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1925 E. Houston Ave Visalia, CA 93292	

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>CNA 33, no documented training.</p> <p>CNA 4, no documented training.</p> <p>CNA 5, no documented training.</p> <p>CNA 6, no documented training.</p> <p>CNA 7, no documented training.</p> <p>CNA 8, no documented training.</p> <p>CNA 9, no documented training.</p> <p>CNA 10, no documented training.</p> <p>CNA 11, no documented training.</p> <p>CNA 12, no documented training.</p> <p>CNA 13, no documented training.</p> <p>CNA 14, no documented training.</p> <p>CNA 15, no documented training.</p> <p>CNA 16, no documented training.</p> <p>CNA 17, no documented training.</p> <p>2. LVN 4, no documented training.</p> <p>LVN 15, no documented training.</p> <p>LVN 6, no documented training.</p> <p>LVN 10, no documented training.</p> <p>LVN 8, no documented training.</p> <p>LVN 19, no documented training.</p> <p>LVN 100, no documented training.</p> <p>3. DA 1, no documented training.</p> <p>DA 2, no documented training.</p> <p>(continued on next page)</p>

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>DA 3, no documented training.</p> <p>DA 4, no documented training.</p> <p>4. [NAME] 1, no documented training.</p> <p>Cook 2, no documented training.</p> <p>5. SLP, no documented training.</p> <p>6. RT 1, no documented training.</p> <p>7. RNA 1, no documented training.</p> <p>8. OT 1, no documented training.</p> <p>9. MDSC, no documented training.</p> <p>10. RN 2, no documented training.</p> <p>DSD stated staff had not attended make-up sessions of training. No additional documentation was provided.</p> <p>During a review of the facility's P&P titled, Abuse, Neglect, Exploration and Misappropriation Prevention Program, dated 4/2021, the P&P indicated, Provide staff orientation and training.</p>