

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Westgate Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4525 W. Tulare Ave. Visalia, CA 93277	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>38993</p> <p>Based on observation, interview, and record review, the facility failed to ensure the care plan was implemented when the call light was not within reach for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to be unable to call for assistance.</p> <p>Findings:</p> <p>During a review of Resident 1's Care Plan (CP), dated 1/5/24, the CP indicated, Falls: Resident is at risk for falls with or without injury.Intervention/Tasks.Keep call light within reach.Date initiated.1/5/24.</p> <p>During a concurrent observation and interview on 4/17/24 at 2:28 p.m. with Certified Nursing Assistant (CNA) 1 in Resident 1's room, Resident 1 was lying in bed. The call light push button was clipped to the call cord where it was attached to the wall. CNA 1 unclipped the call light and placed it on top of Resident 1's abdomen where he could reach it. When Resident 1 was asked what the call light push button was used for, Resident 1 stated it was used when he needed help. CNA 1 stated Resident 1 could not reach the call light push button when it was clipped to the wall, and it should have been on the bed.</p> <p>During an interview on 4/17/24 at 2:57 p.m. with Director of Nursing (DON), DON stated the call should have been close to Resident 1 for easy access.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Answering the Call Light dated 10/10, the P&P indicated, When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered dated 3/22, the P&P indicated, The comprehensive, person-centered care plan should. describe the services that are to be furnished in an attempt to assist the resident attain or maintain that level of physical, mental and psychosocial wellbeing that the resident desires or that is possible.</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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