

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 05/16/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to notify the physician when there was a change in the discharge plan for one of three sampled residents (Resident 1). This failure resulted in the physician being unaware of Resident 1's transfer to the hospital.</p> <p>Findings:</p> <p>During a review of the Physician Order (PO) dated 5/9/24 (two days prior to discharge) at 1:44 p.m. the PO indicated, [Physician 1]; Resident to discharge on 5/11/24 with HH [home health], PT [physical therapy] OT [occupational therapy] RN [registered nurse], wound nurse, HHA [home health aide], msw [master of social work], NOMNC [notice of Medicare non-coverage] LCD [last covered day] 5/10.</p> <p>During a review of Resident 1's PN, dated 5/10/24 at 4:15 p.m. the PN indicated, SS office spoke with Rp (responsible party).informing her resident NOMNC appeal was denied. RP informed SS discharge plan is a request for resident to be sent out to [hospital name] .</p> <p>During a review of Resident 1's PN, dated 5/11/24 at 2:13 p.m. the PN indicated, Resident sent out via [ambulance name] to [hospital name]. Resident transferred via gurney x2 EMT [Emergency Medical Technician] at 1:55 p.m. RP arrived at 2:08 p.m. and signed transfer discharge, discharge summary and inventory of personal items.</p> <p>During an interview on 5/16/24 at 10:51 a.m. with Administrator, Administrator stated the physician should have been notified when there was a change in the discharge plan.</p> <p>During a concurrent interview and record review on 5/16/24 at 11:08 a.m. with Director of Nursing (DON), DON reviewed Resident 1's clinical record and was unable to provide documentation of the physician being notified of the change in the discharge plan. DON stated when the discharge plan changed the physician should have been notified and a new discharge order written.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Transfer or Discharge, Facility-Initiated dated 10/22, the P&P indicated, For an emergency transfer or discharge to a hospital or other acute care institution, implement the following procedures.Call 911 if the resident meets clinical/behavioral criteria per facility policy, or assist in obtaining transportation.notify the resident's attending physician.</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