

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 09/06/2024
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>34401</p> <p>Based on interview and record review, the facility failed to promptly resolve one of three sampled residents (Resident 1) grievance when Resident 1 requested for Certified Nursing Assistant (CNA 1) to not return to his room and provide care. This failure resulted in violation of Resident 1 ' s rights and potential for emotional distress.</p> <p>Findings:</p> <p>During an interview on 9/6/24 at 11:11 a.m. with CNA 2, CNA 2 stated on 8/26/24, after CNA 1 had provided care for Resident 1 and left the room, Resident 1 reported being uncomfortable with CNA 1 and requested for CNA 1 to not return to his room and care for him again. CNA 2 stated she immediately reported Resident 1 ' s request to the nurse on-duty (License Vocational Nurse-LVN).</p> <p>During an interview on 9/6/24 at 12:20 p.m. with CNA 1, CNA 1 stated when he went back to work on 8/30/24, he was assigned to provide care for Resident 1. CNA 1 stated Resident 1 yelled at him stating, I don ' t want you in here.</p> <p>During an interview on 9/9/24 at 10:14 a.m. with LVN, LVN stated on 8/26/24, CNA 2 had reported Resident 1 not being comfortable with CNA 1 and requested for CNA 1 to not return to his room and provide care. LVN stated she did not report Resident 1 ' s request to the on-coming nurses or anyone else.</p> <p>During an interview on 9/13/24 at 9:54 a.m. with Director of Staff Development (DSD), DSD stated it was the facility process and practice to immediately remove and reassigned staff when residents verbalized being uncomfortable and requesting certain staff to not provide care. DSD stated CNA 1 should not have been assigned to provide care for Resident 1 after he had made the request on 8/26/24. DSD stated, If I would have known, I would have removed (CNA 1) off the list.</p> <p>During a review of Resident 1's Quarterly Minimum Data Set (MDS - a standardized, comprehensive assessment tool) dated 6/21/24, indicated, Resident 1 had a BIMS (Brief Interview for Mental Status - which evaluates cognition, the ability to remember and think clearly) score of 12 (score range from 8 to 12 moderate cognitive impairment).</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 0550</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, Resident Rights, dared 2016, the P&P indicated, 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights included the resident ' s right to: u. voice grievances to the facility, or other agency that hears grievances, without discrimination or reprisal and without fear of discrimination or reprisal; v. have the facility respond to his or her grievances;</p>		