

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 01/02/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38993</p> <p>Based on observation, interview, and record review, the facility failed to ensure the care plan was implemented for one of two sampled residents (Resident 1) when non-skid strips were not placed on the bathroom floor after a fall. This failure had the potential to result in further falls.</p> <p>Findings:</p> <p>During a review of Resident 1's care plan (CP), dated 1/11/24, the CP indicated, Fall in restroom [ROOM NUMBER]/22/24.interventions/tasks.non skid [sic] strips on restroom floor.date initiated: 12/23/24.</p> <p>During a concurrent observation and interview on 1/2/25 at 1:57 p.m. with Certified Nursing Assistant (CNA) 1 in Resident 1's restroom, there were no non-skid strips on Resident 1's restroom floor. CNA 1 confirmed there were no non-skid strips on the restroom floor.</p> <p>During a concurrent observation and interview on 1/2/25 at 2:10 p.m. with Maintenance Director (MD), in Resident 1's restroom, there were no non-skid strips on the restroom floor. MD stated he was responsible to put the non-skid strips on the restroom floor and he was not aware the restroom needed the non-skid strips.</p> <p>During an interview on 1/2/25 at 2:26 p.m. with Assistant Director of Nursing (ADON), ADON stated when the care plan was updated to include the non-skid strips, the strips should have been placed on the restroom floor.</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.describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</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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