

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 03/28/2025
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>Based on interview and record review, the facility failed to ensure the Ombudsman (government-appointed official who investigates and attempts to resolve complaints in the long-term care facility) was notified when one of three sampled residents (Resident 1) was provided a 30-day notice to discharge the facility for non-payment. This failure had the potential for Resident 1 to experience an inappropriate discharge.</p> <p>Findings:</p> <p>During a review of Resident 1's Notice of Proposed Transfer/Discharge (NPTD) dated 3/11/25, the NPTD indicated, Reason(s) for transfer/discharge: non-payment of share of cost assigned by medi-cal. You have failed, after reasonable and appropriate notice, to pay for your stay at the facility. If you became eligible for Medi-cal after admission to the facility the facility may charge you only allowable charges under Medi-cal. 4/9/25 effective date of transfer/discharge.(signature of facility representative).3/12/25.(signature of Resident 1).3/12/25.</p> <p>During an interview on 3/28/25 at 12:23 p.m. with Administrator, Administrator stated Resident 1 was issued a 30-day notice signed by Resident 1 due to a past due bill. Administrator stated the facility did not need to report the discharge to the Ombudsman because the resident did not dispute the discharge.</p> <p>During an interview on 4/1/25 at 1:58 p.m. with the Ombudsman, Ombudsman stated the office was unaware the facility had provided Resident 1 with a 30-day notice.</p> <p>During a review of the facility policy and procedure (P&P) titled Transfer or Discharge, Facility-Initiated dated 10/22, the P&P indicated, Each resident will be permitted to remain in the facility, and not be transferred or discharged unless: the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at this facility.the resident and his or her representative are given a thirty (30)-day advance written notice of an impending transfer or discharge from this facility.a copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative.</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
---	-------	-----------