STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555208	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westgate Gardens Care Center	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38993 Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) home health services were set up prior to discharge. This failure had the potential to result in Resident 1 not receiving the assistance and care she needed upon discharge. Findings: During a review of the Physicians Orders (PO), the PO indicated, Discharge home (resident ' s address) with HH (Home Health), PT (Physical Therapy), OT (Occupational Therapy), RN (Registered Nurse) DME (Durable Medical Equipment): 2 WW (Wheel Walker) .order date 5/8/25 During a review of the Discharge Summary (DS), the DS indicated, discharge date and Time: 5/9/25.Reason for discharge.Resident discharging home.Discharge location.home.post-discharge services/referrals.home health.services ordered.PT.OT.RN.post-discharge supply needs.durable medical equipment.FWW (front wheel walker). During a review of Resident 1 ' s Progress Notes (PN) dated 5/9/25 at 10:55 a.m., the PN indicated, Residents brother (name) here to transport resident home via personal vehicle upon discharge. During a review of Resident 1 ' s PN dated 5/15/25 (6 days after discharge) at 12:06 p.m., the PN indicated, Referral sent to Focus Home Health for follow up on SOC (start of care) for resident that discharged on [DATE]. During a concurrent interview and record review on 5/15/25 at 11:25 a.m. with Social Service Director (SSD), Resident 1 ' s PN ' s were reviewed. SSD was unable to provide evidence of HH being notified of Resident 1 ' s discharge orders prior to Resident 1 being discharged . (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555208	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westgate Gardens Care Center	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility policy and procedure (P&P) titled Discharge Summary and Plan dated 3/25, the P&P indicated, The discharge plan is based on the resident assessment, the goals for care, the desire for discharge and the resident ' s capacity for discharge.Discharge planning identifies the discharge destination, and ensures that it meets the resident ' s health and safety needs, as well as preferences.A member of the IDT (interdisciplinary team-group of individuals with diverse expertise and backgrounds who collaborate to achieve a common goal) reviews the final discharge plan with the resident and family at least twenty-four (24) hours before the discharge is to take place.The final discharge plan of care shows what arrangements have been made for the resident regarding.community care and support services.