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	06/04/2025

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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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F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the staff used the Hoyer lift (mechanical device designed to assist individuals with limited mobility in safely transferring from one place to another) properly when the legs (base) of the Hoyer lift were not open during a transfer for one of three sampled residents (Resident 1). This failure resulted in the Hoyer lift tilting over causing Resident 1 to fall to the floor, sustaining a mild displaced (bone fragments are no longer together) distal (away from the point of attachment) coccygeal (tailbone) segment (completely detached from surrounding bone) fracture (break in a bone). Findings:During a review of Resident 1's admission Record (AR) dated 6/10/25, the AR indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses including paraplegia (loss of impairment of motor (movement of body parts) and sensory (sensation) functions in the lower half of the body).neuralgia (nerve pain) and neuritis (inflammation of a nerve).congestive heart failure (heart does not pump blood well).During a review of Resident 1's Minimum Data Set (quarterly MDS - comprehensive assessment tool) dated 5/23/25, under the section Brief Interview for Mental Status (BIMS- an assessment of cognition [how well a person thinks, remembers, and learns]), the BIMS indicated, Resident 1 had a score of 13 (cognition intact). The MDS under the section GG (an assessment of the level a care a resident required), indicated, Resident 1 was dependent on staff for transferring from bed to chair/chair to bed.During a review of Resident 1's Fall Risk Observation/Assessment (FROA) dated 5/18/25, the FROA indicated, Score 22 (high risk for falls). During a review of Resident 1's Progress Notes (PN) dated 5/31/25 at 3:50 p.m., the PN indicated, Staff reported this writer that the resident had a fall during a transfer from bed to wheelchair using a Hoyer lift. Upon arrival, res (Resident 1) was found on the floor in between Hoyer lift and closet, having landed on buttocks with sling underneath. Incident occurred when staff attempted to move the res with Hoyer lift legs in the closed position and turned the resident, causing the lift to tip and res to fall.Resident c/o (complained of) pain right wrist.During a review of Resident 1's S (Situation) B (Background) A (Appearance) R (Review and Notify) Communication Form (SBAR - a communication tool used between healthcare professionals i.e. between the nurse and physician) dated 5/31/25, the SBAR indicated, Witnessed fall.Recommendations of Primary Clinicians.X-ray (medical imaging technique that uses radiation to create a picture of the inside of the body) Sacrum (triangular bone in the lower back) bone & Coccyx (tailbone) Bilateral Hips X-ray right wrist. During a review of Resident 1's PN dated 5/31/25 at 10:26 p.m., the PN indicated, (Physician name) notified of.mild displaced distal coccygeal segment fracture.MD (Medical Doctor) confirmed of res (resident) to already have Norco (narcotic pain [no dosage indicated] medication) and Tylenol (no dosage indicated) pain medication ordered. NNO (no new orders) at this time.During a review of Resident 1's Radiology Interpretation (RI - X-ray performed at the facility) dated 5/31/25, the RI indicated, mild displaced distal coccygeal segment fracture.During an interview on 6/4/25 at 12:35 p.m. with Resident 1, Resident 1 stated when Certified Nursing Assistant (CNA 1) and CNA 2 were transferring him with the Hoyer lift on 5/31/25, they got me in the air with the sling and was over there by the wood dresser and (I) was up in the air. Then boom hit the ground and the rubber cap on the Hoyer where the hook comes in and hit me in the head and stunned me and felt a jolt when I hit.hit my elbow and my hand.hand and elbow was hurting really bad.having spasms in back of shoulder and have to lay on a pillow.I am paralyzed (prior to the fall) from the navel down can't move legs or toes and now when lifting and lower right leg feel a click in front of the pelvis (large bony structure near the base of the spine (backbone) to which the hind limbs or legs are attached) where the femur (bone of the thigh) and acetabulum (structure located on the hip bone) meet.thank god I can't feel anything. Resident 1 stated CNA 1 apologized 20-30 times and said he should have opened the legs of the Hoyer lift.During an interview on 6/4/25 at 2:44 p.m. with CNA 2, CNA 2 stated on 5/31/25 she was assisting CNA 1 with transferring Resident 1 with the Hoyer lift from the bed to the wheelchair. CNA 2 stated she was guiding Resident 1 in the air as CNA 1 was raising him up and she did not notice the legs of the lift were not open. CNA 2 stated while she was guiding Resident 1 out from over the bed, Resident 1 fell. CNA 2 stated the legs of the Hoyer lift were closed and the legs should have been open to help stabilize the Hoyer lift, to prevent it from tipping over.During an interview on 6/4/25 at 3:10 p.m. with Director of Staff Development (DSD), DSD stated after Resident 1 fell on 5/31/25, she investigated the cause of the fall. DSD stated when CNA 1 and CNA 2 were transferring Resident 1 the legs of the Hoyer lift were not open causing the Hoyer lift to tip over and Resident 1 to fall to the floor. DSD stated both CNA 1 and CNA 2 had received transfer