

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 04/09/2026
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on interview and record review, the facility failed to ensure confidentiality for one of two sampled residents (Resident 1) when the wrong Physician Orders for Life-Sustaining Treatment (POLST-form contains full name, birthdate, and treatment preference) was printed and given to Emergency Medical Services (EMS). This resulted in violation of Resident 1's rights. Findings: During an interview on 4/6/26 at 8:04 a.m. with Resident 2's Responsible Party (RP), RP stated on 3/24/26 during the process in transferring Resident 2 to the acute hospital, Licensed Vocation Nurse (LVN) had given EMS the wrong residents POLST form. Resident 2's RP stated the POLST given to EMS was for Resident 1 and not for Resident 2. During an interview on 4/9/26 at 11:40 a.m. with LVN, LVN stated on 3/24/26 during the process in transferring Resident 2 to the acute hospital, a copy of Resident 2's POLST form was requested and received from Medical Records Assistant (MRA). LVN stated she did not verify the POLST form was for Resident 2 before giving it to EMS. LVN stated she was not aware the POLST received from MRA was for Resident 1 and not for Resident 2. During an interview on 4/14/26 at 1:22 p.m. with MRA, MRA stated on 3/24/26 LVN had requested a copy of Resident 2's POLST. MRA stated Resident 1 and Resident 2 shared the same last name and had given LVN Resident 1's POLST instead of Resident 2. MRA stated, Yes the wrong POLST was given. During a review of the facility's Policy and Procedures (P&P) titled, Confidentiality of Information and Personal Privacy, undated, the P&P indicated, 1. The facility will safeguard the personal and confidentiality of all residents personal and medical records.</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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