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	05/28/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure care plan was implemented for one of three sampled residents (Resident 1) when Resident 1 request for No Male Certified Nursing Assistant (CNA) to provide care. This failure resulted in violation of Resident 1's rights and potential for emotional harm.Findings:During a review of Resident 1's Care Plan Report (CPR), dated [DATE], the CPR indicated, Focus RESIDENT IS REQUESTING NO MALE CNAS. Goal REQUEST WILL BE MET. Intervention FEMALE CNAS TO PROVIDE CARE.During a concurrent observation and interview on [DATE] at 11:28 a.m. in Resident 1's room, Resident 1 was sitting in a wheelchair. Resident 1 stated a male staff had gone in her room in the middle of the night and provide care for her. Resident 1 stated, I don't like men around me.During an interview on [DATE] at 1:04 p.m. with Director of Nurses (DON), DON stated CNA 1 (male staff) had provided care for Resident 1 on [DATE] and [DATE].During a concurrent interview and record review on [DATE] at 12:25 p.m. with DON, DON reviewed Resident 1's CPR, dated [DATE]. DON stated Resident 1's CPR indicated NO MALE CNAS were to provide care. DON stated CNA 1 shouldn't have provided care for Resident 1.During an interview on [DATE] at 12:31p.m. with Director of Staff Development (DSD), DSD stated CNA 1 shouldn't have been assigned [to Resident 1].During an interview on [DATE] at 4:28 p.m. with CNA 1, CNA 1 confirmed working with Resident 1 on [DATE] and [DATE] as well as I had worked with her [Resident 1] ever since she was admitted [[DATE]].During a review of the facility's policy and procedure (P&P) titled Resident's Rights, dated [DATE], the P&P indicated Policy Interpretation and Implementation . 2. Residents are entitled to exercise their rights and privileges to the fullest extent possible. 3. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.During a review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, dated [DATE], the P&P indicated Policy Interpretation and Implementation . 4. Each resident's comprehensive person-centered care plan is consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to . g. receive the services and/or items included in the plan of care .

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