

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/27/2026
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)		
F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. Based on interview and record review, the facility failed to follow their policy and procedure when a refund was not issued to one of three sampled residents (Resident 1) within 30 days. This failure resulted in a delay in Resident 1's refund. Findings: During a review of Resident 1's Transaction Record (TR) dated 7/27/26, the TR indicated, Total due from share of cost (SOC). amount. (1,791.00) (indicating a credit balance) . During an interview on 7/27/26 at 11:17 a.m. with Business Office Manager (BOM), BOM stated Resident 1 paid the SOC in the amount of \$1791.00 during the month of October 2025 to cover his Medicare (federal health insurance program) co-insurance cost. BOM stated Resident 1's co-insurance cost was paid by his Medicare supplement, and the check was received by the facility on 12/17/25. BOM stated when the co-insurance check was received the facility was trying to figure out if it was a true refund or if the insurance had made a mistake. BOM stated the facility waited way to long and the refund should have been sent within 30 days. During a review of the facility's policy and procedure (P&P) titled, Accounts Receivable Refund or Credit Balances dated 10/20/25, the P&P indicated, The facility Business Office is responsible for identifying and over payment on accounts. Once the refund is identified, the maximum time to complete the process is thirty (30) days (or in accordance with State guidelines).		

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