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	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westgate Gardens Care Center	4525 W. Tulare Ave. Visalia, CA 93277

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(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** 50939 Based on observation, interview, and record review, the facility failed to ensure three of 12 sampled residents (Resident 97, Resident 34, and Resident 13) were treated with dignity when they had to wait up to two hours for their call light request to be answered. This failure resulted in residents experiencing discomfort and feeling upset and the potential for skin breakdown. Findings: During a concurrent observation and interview on 2/19/25 at 7:48 a.m. with Resident 97 in Resident 97's room, Resident 97 was sitting up in bed. Resident 97 stated the longest she's waited for staff to answer her call light was approximately two hours for someone to help her and she needed her brief to be changed because she had soiled her brief. Resident 97 stated she needs two people to help her change her brief. Resident 97 stated, It made me feel like crap. During a review of Resident 97's Admission Record, (AR) dated 3/28/24, the AR indicated Resident 97 had a diagnosis of Unspecified Sequelae of Cerebral Infarction (Long-term complications from a stroke). During a review of Resident 97's Minimum Data Set, (MDS - a federally mandated resident assessment tool) dated 12/19/24, the MDS indicated Resident 97 had a (BIMS - Brief Interview for Mental Status - an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 14 (score of 13-15 means intact cognition). The MDS indicated Resident 97 required the assistance of two or more helpers with toileting hygiene. During a review of Resident 97's Care Plan, (CP) dated 12/16/24, the CP indicated, Interventions: Hygiene: Assist of substantial/maximal [total] assistance to dependent assistance. During an interview on 2/19/25 9:06 a.m. with Resident 34, Resident 34 stated he uses his call light for help with toileting and he had to wait more than 15 minutes for a certified nursing assistant to assist him. Resident 34 stated he felt upset because he had too wait long for someone to assist him. During a review of Resident 34's AR, dated 5/3/16, the AR indicated Resident 34 had a diagnosis of Parkinson's Disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements). (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 34's MDS dated [DATE], the MDS indicated Resident 34 had a BIMS score of 13. The MDS indicated Resident 34 required, Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. During a review of Resident 34's CP, dated 1/20/25, the CP indicated, Interventions: Toileting: Assist of supervision or touching assistance. During an interview on 2/19/25 at 9:08 a.m. with Resident 13, Resident 13 stated she waited more than 15 minutes for her someone to answer her call light because she needed help with changing her brief. Resident 13 stated she was mad and felt discomfort. She waited more than 15 minutes for someone to answer her call light. During a review of Resident 13's AR, dated 12/20/23, the AR indicated Resident 13 had a diagnosis of Spinal Stenosis, Lumbar Region without Neurogenic Claudication (narrowing of the spinal canal in the lower back). During a review of Resident 13's MDS dated [DATE], the MDS indicated Resident 13 had a BIMS score of 15. The MDS indicated Resident 13 required, Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports truck or limbs, but provides less than half the effort. During a review of Resident 13's CP, dated 2/18/25, the CP indicated, Interventions: Toileting: Assist of partial/moderate assistance with hygiene and substantial/maximal assistance with transfer. During a review of the facility's Resident Council Minutes, (RCM) dated 12/10/24, the RCM indicated, MEETING NOTES - RESIDENT STATED CNAS [CERTIFIED NURSING ASSISTANTS] NOT COMING TO ROOM WHEN CALL LIGHT IS ON. During a review of the facility's RCM dated 1/14/25, the RCM indicated, Issue(s) Identified Resident Council: stating that CNAS [sic] don't have time. During a review of the facility's RCM dated 2/11/25, the RCM indicated, MEETING NOTES - CNAS GO TO LUNCH AND OTHER CNAS COVERING THE HALL DON'T WANNA TAKE CARE OF THE OTHER GROUP TO HELP OUT. During a review of the facility's policy and procedure (P&P) titled, Answering the Call Light, dated 10/2010, the P&P indicated, Purpose: The purpose of this procedure is to respond to the resident's requests and needs .General Guidelines: 8. Answer the resident's call as soon as possible. During a review of the facility's P&P titled, Dignity, dated 1/2021, the P&P indicated, Policy Statement: Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feeling of self-worth and self-esteem .12. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; for example: b. promptly responding to resident's request for toileting assistance .

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 42744 Based on observation, interview, and record review, the facility failed to ensure call lights were within reach for two of 64 sampled residents (Resident 42 and Resident 101). This failure had the potential to result in residents' needs not being met. Findings: During a concurrent observation and interview on 2/18/25 at 10:14 a.m. with Resident 42 in Resident 42's room, the call light was tied to the right side rail close to the top of the bed. When Resident 42 was asked how she would call for assistance, Resident 42 tried to reach the call light but could not. Resident 42 stated she could not reach the call light. During a concurrent observation and interview on 2/18/25 at 10:15 a.m. with Certified Nursing Assistant (CNA) 1 in Resident 42's room, Resident 42's call light tied to the right side rail close to the top of the bed. CNA 1 stated Resident 42 could not reach the call light. CNA stated the call light should be within reach. 51320 During an observation 2/18/25 at 10:19 a.m. in Resident 101's room, Resident 101's call light was attached to the bed and not within reach. During an interview on 2/18/25 at 10:24 a.m. with CNA 2, CNA 2 stated the call light should be within reach. During a review of the facility's policy and procedure (P&P) titled, Answering the Call Light, dated 2010, the P&P indicated, 5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 50939 Based on interview and record review, the facility failed to ensure Advance Directives (AD-a legal document indicating resident preference on end-of-life treatment decisions) were offered and completed for two of 32 sampled residents (Resident 19 and Resident 103). This failure had the potential for residents' healthcare wishes to not be honored. Findings: During a concurrent interview and record review on 2/20/25 at 9:25 a.m. with Nursing Consultant (NC), NC was unable to provide documentation of an AD for Resident 19. NC stated there is no AD on file or no documentation of AD being offered or discussed with Resident 19 or Resident 19's responsible party. 51320 During a concurrent interview and record review on 2/24/25 at 11:28 a.m. with Social Services (SS), Resident 103's Advance Directive (AD), dated 6/06/24 was reviewed. The AD indicated, on 6/06/24 Resident 103 was interested in executing an AD. SS stated Resident 103 had checked that he was interested in the AD per the paperwork and there was no documentation on file that it was followed up. During a review of Resident 103's Minimum Data Set (MDS- a resident assessment tool) Brief Interview for Mental Status (BIMS - an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident), dated 2/14/25, the MDS indicated, Resident 103's BIMS was 13 [13-15 able to make decisions for self]. During a review of the facility's policy and procedure (P&P) titled, Advance Directives, dated September 2022, the P&P indicated, Policy Statement: The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy. 1b. Advance Directive - a written instruction, such as a living will or durable power of attorney for health care, recognized by state law (whether statutory or as recognized by the courts of the state), relating to the provisions of health care when the individual is incapacitated . Determining Existence of Advance Directive: 1. Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives. 2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 50939 Based on observation, interview, and record review, the facility failed to ensure a functioning overhead light was provided for one of eight sampled residents (Resident 37). This failure resulted in Resident 37 to not have a light available for personal use. Findings: During a concurrent observation and interview on 2/18/25 at 9:44 a.m. with Resident 37 in Resident 37's room, there was a light on the wall above Resident 37's bed, the string to turn on the light was detached. Resident 37 stated she has been unable to turn on the light and the string had been broken for a couple of weeks. During a review of Resident 37's Minimum Data Set [MDS - a federally mandated resident assessment tool], dated 1/30/25, the MDS indicated Resident 37 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 11 (score of 8-12 means moderate cognitive impairment). During an interview on 2/18/25 at 9:57 a.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated the string to turn on the light should be longer for the resident to use. During an interview on 2/18/25 10:02 a.m. with Maintenance Assistant (MA), MA stated the light should have had a longer string for the resident to use. During a review of the facility's Maintenance Log, (ML) dated 2/17/25, the ML indicated, Area of Deficiency: 39A, Description of Deficiency: overhead light switch, Reported By (NAME) LVN (LVN 1), Date Corrected: 2/17/25 (day prior to observation). During a review of the facility's policy and procedure (P&P) titled, Maintenance Service, dated December 2009, the P&P indicated, 1. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times . 2b. Maintaining the building in good repair .

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 51320 Based on observation, interview, and record review, the facility failed to follow one of eight sampled residents (Resident 103) care plan for smoking. This failure had the potential to result in Resident 103 to not meet his psychosocial (a person's well-being) needs. Findings: During a review of the facility's Smoking Times and Location (STL), (undated), the STL indicated, Smoking Times are 9:00 a.m. - 9:10 a.m. (CNA St [station] 1), 11:00 a.m. - 11:10 a.m. (CNA St 2), 1:15 p.m. - 1:25 p. m. (CNA St 3), 4:30 p.m. - 4:40 p.m. (CNA St 2), 8:00 p.m. - 8:10 p.m. (CNA St 3). Resident will need to be by the smoking door ready to go out at smoking times. During a concurrent observation and interview on 2/19/25 at 10:44 a.m. with Resident 103 in Resident 103's room, Resident 103 was dressed and lying in bed. A wheelchair was parked on the left side of bed. Resident 103 stated, No one has come to offer to get me ready for a smoke break. During a concurrent observation and interview on 2/19/25 at 11:07 a.m. with Resident 103 in Resident 103's room, Resident was dressed and still lying in bed. Resident 103 stated, No one has come to offer to get me ready for a smoke break. During a review of Resident 103's Minimum Data Set (MDS - a federally mandated resident assessment tool) Brief Interview for Mental Status (BIMS - an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident), dated 2/14/25, the MDS indicated, Resident 103's BIMS is 13 (13-15 able to make decisions for self). During a concurrent observation and interview on 2/19/25 at 11:13 a.m. with Activities Staff (AS) in the smoking area, there was one resident in the smoking area. AS stated, It is the CNAs [Certified Nursing Assistant's] job to get the residents ready and coordinate to get them (residents) here. During a concurrent observation and interview on 2/19/25 at 11:21 a.m. with CNA 3 outside Resident 103's room, Resident 103 was waiting in bed for a staff member to assist him to the smoking area. CNA 3 stated, I have not personally offered the smoking break to the residents in hallway 3. During a review of Resident 103's Facesheet, (FS) dated June 2024, the FS indicated, Resident 103 was diagnosed with muscle weakness, abnormalities of gait and mobility [unsteady on feet]. During a review of Resident 103's Care Plan (CP), dated February 2025, the CP indicated, Resident 103's Activities CP indicated Resident 103 was a smoker and needed to be assisted to and from activity location. During a review of the facility's policy and procedure (P&P) titled, Smoking Policy - Residents, dated October 2023, the P&P indicated, 2. Smoking is only permitted in designated resident smoking areas, which are located outside of the building. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, dated March 2022, the P&P indicated, A comprehensive, person-centered care plan . to meet the resident's physical, psychosocial and functional needs .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37797 Based on observation, interview, and record review, the facility failed to ensure medications were properly labeled for one of seven residents (Resident 83) when two of Resident 83's medications were labeled with the wrong type of insulin and the wrong resident's name. These failures had the potential for Resident 83 to receive the wrong insulin, another resident's insulin or another resident to receive a medication without a physician order. Findings: During a review of Resident 83's Admission Record (AR), dated 2/24/25, the AR indicated Resident 83 was admitted on [DATE] with diagnoses including diabetes mellitus (inability to control blood sugar levels). During a review of Resident 83's Order Details (OD), order date 11/21/24, the OD indicated the following medication order: HumaLOG Kwikpen Subcutaneous [under the skin] Solution Pen-Injector 100 UNIT/ML (Insulin Lispro) [a fast acting insulin] Inject subcutaneously before meals for DM [Diabetes Mellitus]. During a review of Resident 83's OD, order date 1/9/25, the OD indicated the following medication order: Insulin NPH (Human) (Isophane) Subcutaneous Suspension 100 UNIT/ML (Insulin NPH (Human) (Isophane) [an intermediate acting insulin] Inject 18 units subcutaneously at bedtime for DM . During a concurrent observation and interview on 2/20/25 at 12:05 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was going to administer Insulin Lispro to Resident 83. LVN 1 removed a plastic bag from the medication cart with an insulin pen. The plastic bag had a label with Resident 83's name indicating Insulin NPH. The insulin pen inside the bag had a label indicating Insulin Lispro. LVN 1 stated Resident 83's insulin was mislabeled and discarded it. LVN 1 obtained a new Insulin Lispro pen for Resident 83 from the medication room. The plastic bag containing the new Insulin Lispro pen was labeled with Resident 83's name. The insulin pen inside the bag was labeled with another resident's name. LVN 1 stated this new insulin pen was also mislabeled. During an interview on 2/24/25 at 11:15 a.m. with the Director of Nursing (DON), the DON stated the labels on insulin bags and pens should match to prevent residents receiving the wrong type of insulin or another resident's insulin. During a review of the facility's policy and procedure (P&P) titled, Medication Labeling and Storage, (undated), the P&P indicated, Medication Labeling .Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices .if medication containers have missing, incomplete, improper or incorrect labels, contact the dispensing pharmacy for instructions regarding returning or destroying these items.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 51320 Based on observation, interview, and record review, the facility failed to ensure two of eight sampled residents (Resident 93 and Resident 103) meal consumption percentages were documented accurately. This failure had the potential to resulted in Resident 93 and Resident 103 to experiencing unplanned weight loss or weight gain. Findings: During a concurrent observation and interview on 2/18/25 at 11:41 a.m. with Resident 93, Resident 93 was sitting in bed eating her lunch in her room. Resident 93 stated, There has not been anything on the food menu that has been tasteful. I end up with those chicken nuggets all the time and I am tired of it. I have never eaten 80% of my meals. During a review of Resident 93's Minimum Data Set [MDS - a resident assessment tool] Brief Interview for Mental Status [BIMS-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident], dated 12/18/24, the MDS indicated Resident 93's BIMS was 15 [13-15 able to make decisions for self]. During an observation on 2/18/25 at 12:24 p.m. in Resident 93's room, Resident 93 was served lunch with six chicken nuggets, milk, punch, 1/2 cup sherbet, and salad with dressing. During a concurrent observation and interview on 2/18/25 at 12:41 p.m. with Resident 93, Resident 93 was sitting in her bed in her room with her table pushed away from her body. Resident 93 stated she was done eating. On Resident 93's plate was five full chicken nuggets, full cup of punch, milk opened but not emptied, sherbet eaten, and salad with dressing eaten. During a concurrent interview and record review on 2/19/25 at 2:33 p.m. with Director of Staff Development (DSD) and Infection Preventionist Consultant (IPC), Resident 93's amount eaten percentage chart dated 2/18/25 was reviewed. The amount eaten percentage chart indicated Resident 93 ate 76-100% of meal. The DSD and IPC reviewed both pictures of the meals prior to eating and after Resident 93 was finished with her tray. The DSD and IPC stated she would have documented 25% of meal consumed. During an observation on 2/18/25 at 12:26 p.m. with Resident 103 in his room, Resident 103's lunch tray contained meatloaf/ketchup, scalloped potatoes, tossed salad with dressing, bread with butter, pound cake with chocolate sauce, milk and apple juice. During an observation on 2/18/25 at 12:45 p.m. with Resident 103 in his room, Resident 103 had eaten the bread, pound cake, milk and a few bites of meatloaf/ketchup with scalloped potatoes. Resident 103 did not eat tossed salad with dressing and apple juice. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 2/19/25 at 2:37 p.m. with DSD and IPC, Resident 103's amount eaten percentage chart dated 2/18/25 was reviewed. The amount eaten percentage chart indicated Resident 103 ate 76-100% of meal. The DSD and IPC reviewed both pictures of the meals prior to eating and after Resident 103 was finished with her tray. The DSD and IPC stated she would have documented 25% of meal consumed. During a review of the facility's Dietary Intake Guide, (DIG) (undated), the DIG indicated, staff should accurately record the amount of the total meal consumed. During a review of the facility's policy and procedure (P&P) titled Charting and Documenting, dated July 2017, the P&P indicated, 3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 37797 Based on interview and record review, the facility failed to ensure its arbitration agreement explicitly indicated that the resident or his or her representative had the right to rescind the agreement within 30 calendar days of signing the arbitration agreement. This failure had the potential for 92 of 138 residents who signed arbitration agreements not to understand their right to rescind the arbitration agreement within 30 days. Findings: During a concurrent interview and record review on 2/24/25 at 9:30 a.m. with the Admissions Director (AD), the facility's list of current residents who signed arbitration agreements was reviewed. A review of the list of current residents who signed arbitration agreements indicated 92 of 138 residents had signed it. The AD stated the facility offered arbitration agreement to all its residents. During a concurrent interview and record review on 2/24/25 at 11:34 a.m. with the Administrator, the facility's Arbitration Agreement (Agreement) (undated) was reviewed. The Agreement indicated, This Agreement may be rescinded by written notice within thirty (30) days of signature. The Agreement did not explicitly indicate that the resident or his or her representative had the right to rescind it within 30 days of signing it. The Administrator stated the Agreement should explicitly indicate that the resident or his or her representative had the right to rescind it within 30 days of signing it. During a review of the facility's policy and procedure (P&P) titled, Binding Arbitration Agreements, dated November 2023, the P&P indicated, Residents (or representatives) are provided 30 days after signing to fully review and rescind any agreement not understood at the time of admission.

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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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 37797 Based on interview and record review, the facility failed to document the attendance of Quality Assurance and Performance Improvement (QAPI) committee meetings during ten of 12 meetings in 2024. This failure prevented the verification of attendance of the required QAPI committee members (Administrator, Director of Nursing, Medical Director, and Infection Preventionist). Findings: During a concurrent interview and record review on 2/24/25 at 3:22 p.m. with the Administrator, the facility's QAPI committee meeting minutes (the minutes) for 2024 were reviewed. The minutes indicated monthly meetings during 2024 but attendance sheets only for the November 2024 and December 2024 meetings. There was no documentation of who attended the meetings held from January 2024 to October 2024. The Administrator stated the facility started documenting the attendance of QAPI committee meetings in November 2024. The Administrator stated there was no documentation of who attended the meetings from January 2024 to October 2024. During a review of the facility's policy and procedure (P&P) titled, Quality Assurance Performance Improvement Plan, (undated), the P&P indicated, Minutes of all meetings - QAPI Administrator is responsible for maintaining documentation.