

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Kawah Health Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1633 South Court Street 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to provide Activities of Daily Living (ADL) care for one of three sampled residents (Resident 1) when Resident 1's fingernails were not cut. This resulted in Resident 1 having long, thick, yellow fingernails and potential for increased risk of nail infection. Findings: During a concurrent observation and interview on 7/9/25 at 10:16 a.m. with Assistant Director of Nurses (ADON) in Resident 1's room, Resident 1 was noted lying in bed. Both hands were contracted (a stiffening/shortening at any joint, that reduces the joint's range of motion), and all ten fingernails were long, thick, and yellow. ADON confirmed Resident 1's fingernails were long, thick, and yellow. During an interview on 7/9/25 at 10:20 a.m. Registered Nurse (RN), RN stated she has been working at the facility for a few years and Resident 1's fingernails has always been thick, long, and yellow. During an interview on 7/9/25 at 10:26 a.m. with Certified Nursing Assistant (CNA 1 and CNA 2), CNA 1 stated she does not recall the last time she had cut or filed (process of smoothing and shortening fingernails) Resident 1's fingernails. CNA 2 stated she has not cut or filed Resident 's fingernails. CNA 1 and CNA 2 stated Resident's fingernails were long, thick, and yellow. CNA 2 stated she felt uncomfortable cutting or filling Resident 1's fingernails because he has those fungus (thick and yellow) nails. During a review of the facility's policy and procedure (P&P) titled, Listing of Available Services dated 1/3/2000, the P&P indicated, 1. Covered Services include the following and no additional charges will be made to the resident and/or representative (sponsor): . B. Personal services and supplies for the comfort and cleanliness of the resident. These include, but are not limited to: nail care.</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
---	-------	-----------