

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 12/03/2025
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure three of three sampled residents (Resident 1, Resident 2, and Resident 3) or their legal representative were provided prior notification of receiving a new roommate. This failure resulted in a violation of residents' rights. Findings: During a review of the Summary of Complaint (SC) dated 12/1/25, the SC indicated, A few weeks ago [Resident 2] was placed on comfort care. We [anonymous complainant] were told she would be moved to a private room as she passed. After being moved to a room by herself a few days later without telling family the facility accepted a new admit into the same room. During a review of Resident 1's Facesheet (FS) undated, the FS indicated Resident 1 resided in room [ROOM NUMBER] starting 12/13/2023. During a review of Resident 2's FS undated, the FS indicated Resident 2 resided in room [ROOM NUMBER] starting 10/3/25. During a review of Resident 3's FS undated, the FS indicated Resident 3 resided in room [ROOM NUMBER] starting 5/1/18. During a review of the Resident List (RL) undated, the RL indicated, (Resident 4) was admitted to room [ROOM NUMBER] (with Resident 1) on 11/7/25. (Resident 5) was admitted to room [ROOM NUMBER] (with Resident 2) on 11/28/25. (Resident 6) was admitted to room [ROOM NUMBER] (with Resident 3) on 11/21/25. During an interview on 12/3/25 at 11:46 a.m. with Director of Nursing (DON), DON stated she was unable to provide documentation of Resident 1, Resident 2, and Resident 3 receiving notice of receiving a roommate. DON stated that the receiving roommate should be given as much advance notice as possible. During a review of the facility's policy and procedure (P&P) titled In-Room Transfers dated 2/4/25, the P&P indicated, Staff actions: Prior to any in-room transfers, the licensed nurse or social worker service designee shall inform resident's family or legal representative.</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
---	-------	-----------