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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555663 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/15/2025 |
| NAME OF PROVIDER OR SUPPLIER Lindsay Gardens Nursing & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 1011 W. Tulare Road Lindsay, CA 93247 | |

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) |
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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>Based on interview and record review the facility failed to develop a base line care for one of four sample resident (Resident 1) who was admitted with a left arm cast (a medical treatment used to support bone during healing process). This failure has the potential for Resident 1's left-ham cast to develop complications without staff awareness and unmet care needs. Findings:During a review of Resident 1's Progress Notes (PN), dated 10/22/25, the PN indicated, Resident 1 was admitted with a left arm cast.During a concurrent interview and record review on 12/15/25 at 12:15 p.m. with Director of Nurses (DON), Resident 1's clinical record was reviewed. DON confirmed Resident 1 was admitted with a left arm cast. DON was unable to find a care plan for Resident 1's left arm cast. During a review of the facility's policy and procedure (P&P) titled, Care Plans-Baseline, dated 3/22, the P&P indicated, A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>Based on interview and record review the facility failed to ensure a follow-up visit with orthopedic doctor (treats injuries and disease affecting bones, muscle, and etc.) was made for one for four sampled residents (Resident 1). This failure resulted in Resident 1 not being seen by an orthopedic doctor and potential for increased risk of complications, prolonged recovery, and worsening pain. Findings: During a review of Resident 1's Interdisciplinary Team (IDT) note, dated 10/23/25, the IDT indicated, She [Resident 1] does have a cast (a medical treatment used to support bone during healing process) in place to left arm. She will need ortho follow up. During a concurrent interview and record review on 12/15/25, at 1:27 p.m. with Licensed Vocational Nurse (LVN), LVN stated Resident 1 was admitted with a left arm cast. LVN stated Resident 1 had insurance issues and had difficulty looking for an orthopedic doctor. LVN stated Social Service Designee (SSD) was aware of the situation and did not do anything else to ensure Resident 1 had a follow-up appointment with an orthopedic doctor. During an interview on 12/15/25 at 1:40 p.m. with SSD, SSD stated she was not aware Resident 1 required a follow up orthopedic doctor. SSD stated no follow up with an orthopedic doctor was made for Resident 1. During a review of the facility's policy and procedure (P&P) titled, Referrals, Social Services, dated 12/2008, the P&P indicated, Social services shall coordinate most resident referrals with outside agencies.</p> |