

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: 555663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure financial abuse was reported to the state agency for one of three sampled residents (Resident 1). This failure resulted in an incomplete investigation. Findings: During a review of the Report of Suspected Dependent Adult/Elder Abuse (SOC341-form used to document suspected physical, sexual, financial, neglect .) dated 7/13/26, the SOC341 indicated, Victim.(Resident 1).reported type of abuse.financial.Resident has a share of cost and his SSA (social security) checks are going directly into a bank account. Which the son has access. Contacted son three times.balance is 7,392 (dollars) that is owed.written report.Ombudsman.[NAME] police department. APS (adult protective services) .During an interview on 8/3/26 at 11:46 a.m. with Office Manager (OM), OM stated Resident 1 had a past due balance that was not being paid and she filed an SOC341 to the Ombudsman, [NAME] Police Department and APS. OM stated she was unaware she was required to report to the state agency.During a concurrent interview and record review on 8/3/26 at 12:05 p.m. with Administrator, the facility's Policy and Procedure titled Abuse, Neglect, Exploitation, or Misappropriation - Reporting and Investigating, dated 7/26 was reviewed. Administrator stated he was aware of Resident 1's past due balance and an SOC341 was filed with the Ombudsman, [NAME] Police Department and APS. Administrator stated per facility policy the state agency was not notified of the allegation of financial abuse and they should have been. During a review of the facility's policy and procedure titled, Abuse, Neglect, Exploitation, or Misappropriation - Reporting and Investigating, dated 7/26, the P&P indicated, Any suspicion of resident abuse, neglect, exploitation, theft/misappropriation of resident property, or injury of unknown source must be reported immediately to the administrator and to other officials according to state law and federal regulations.The administrator or designee must immediately report the allegation to the following persons or agencies: The state licensing/certification agency responsible for surveying/licensing the facility.		

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