

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055604	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER REDWOOD SPRINGS HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1925 E. HOUSTON AVE VISALIA, CA 93292	
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 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the Responsible Party (RP) of one of three sampled residents (Resident 1) of their transfer to an acute care hospital. This violated the right of RP to be informed of any transfer and had the potential for RP not to know the whereabouts of Resident 1. Findings: During an interview with RP on 5/28/20 at 3:20 PM, RP stated he was not notified by the facility that Resident 1 had been transferred to a local acute care hospital on [DATE]. During a concurrent interview and record review, on 8/11/20 at 10:53 AM with Medical Records Assistance (MRA) the progress notes dated 5/1/20 at 2:45 AM was reviewed. The progress notes indicated that the RP would be notified of transfer in the morning (5/2/20). The MRA stated there was no documentation that indicated that notification was made.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.