

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055604</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REDWOOD SPRINGS HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1925 E. HOUSTON AVE VISALIA, CA 93292</b>	
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 0580  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b>  Based on interview and record review, the facility failed to notify the Responsible Party (RP) for one of three sampled residents (Resident 1) when Resident 1 fell . This resulted in Resident 1's RP being unaware of a change in condition. Findings: During a concurrent interview and record review on 7/14/20, at 10:12 AM, with the Administrator, Resident 1's Event Report (ER), dated 4/15/20 was reviewed. The ER indicated, Resident 1 fell in the hall in front of his own room . will endorse to AM shift to notify R/P. The Administrator was unable to provide evidence that the RP was notified of the fall and stated the RP was not notified of the fall. During an interview on 7/14/20, at 11:15 AM, with the Director of Nursing (DON), the DON was unable to provide a policy but stated it was the expectation of the staff to notify the family when a resident falls.		
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.