

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055916	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER KAWEAH MANOR CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 3710 WEST TULARE AVENUE 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)		
F 0559 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. Based on interview and record review, the facility failed to provide written notice of a room change for one of two sampled residents (Resident 1). This failure resulted in Resident 1 not being informed she was moving to another room prior to the actual move. Findings: During a concurrent interview and record review, on 2/27/20, at 11:50 AM, with Director of Social Services (DSS), DSS stated Resident 1 was moved to a different room in November of 2019. The DSS showed a binder containing past room change notifications, but it did not include a notification of a room change for Resident 1. DSS stated, I don't know where it is. DSS stated she was aware this notification was a regulatory requirement. During an interview on 2/27/20, at 12:10 PM, with the Director of Nursing (DON), DON stated Well she (Resident 1) had the flu, probably why the notification wasn't done, because we put her in isolation due to influenza.		

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.