

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Sequoia Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE 350 North Villa Street Porterville, CA 93257	

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)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure there was a full-time licensed Director of Nursing (DON). This failure had the potential for unmet needs for all 94 residents residing at the facility.</p> <p>Findings:</p> <p>During an interview on 6/12/24 at 3:31 p.m. with Resident 1, Resident 1 stated the facility did not have a DON.</p> <p>During an interview on 6/12/24 at 4:12 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated the prior DON had not worked at the facility since March 2024. LVN 1 stated currently there was an interim (An RN applicant whose application for licensure in California by examination has been approved) DON that had completed the Registered Nursing (RN) program but was waiting on a testing date.</p> <p>During an interview on 7/22/24 at 4:10 p.m. with LVN 2, LVN 2 stated the DON was taking her RN boards and was going to be off for a couple of days.</p> <p>During an interview on 7/23/24 at 3:57 p.m. with Administrator, Administrator stated the previous DON last worked 3/7/24 and currently have no DON. Administrator stated the position is currently assigned to an interim DON. Administrator confirmed the interim DON does not have an RN license.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Director of Nursing Services dated 8/06, the P&P indicated, The Nursing Services department is managed by the Director of Nursing Services. The Director is a Registered Nurse (RN), licensed by this state, and has experience in nursing service administration, rehabilitative and geriatric nursing. 2. The Director is employed full-time (40-hours per week).</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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