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| 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 08/07/2024 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was referred to a neurologist (a medical specialist in the diagnosis and treatment of disorders of the nervous system) as ordered by the physician. This failure resulted in a delay of care.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Order Entry (OE), dated 5/25/24, OE indicated, Refer to (Physician Name [neurologist]) for consult r/t [related to] G61.0 [Diagnosis code (Guillain-Barre syndrome- a condition in which the immune system attacks the nerves)].</p> <p>During an interview on 8/7/24 at 12:35 p.m. with Receptionist (RT), RT stated when there were referrals made for the residents, she was responsible to call and schedule the appointments. RT stated she had attempted to schedule a neurology appointment for Resident 1 but was unable to provide evidence of the attempts.</p> <p>During an interview on 8/9/24 at 1:10 p.m. with Director of Nursing (DON), DON stated she was unable to locate documentation of the attempts to schedule Resident 1 ' s neurology appointments. DON stated when the attempts were made it should have been documented in the medical record.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Referrals, Consults dated 12/08, the P&P indicated, Social Services or designee shall coordinate resident referrals. Referrals for medical services must be based on physician evaluation or resident need and a related physician order. Social services or designee will collaborate with the nursing staff or other pertinent disciplines to arrange for services that have been ordered by the physician. Staff will document the referral in the resident ' s medical record.</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.

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