

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 10/14/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34401</p> <p>Based on observation, interview, and record review, the facility failed to notify one of three sampled residents (Resident 1), Responsible Party (RP), prior to room change. This failure resulted in violation of Resident 1 ' s rights.</p> <p>Findings:</p> <p>During an observation on 10/14/24 at 10 a.m., Resident 1 was in the front lobby sitting in a wheelchair.</p> <p>During an interview on 10/14/24 at 10:40 a.m., with the Director of Nurses (DON), DON stated on 8/15/24, a room change was done for Resident 1 and Resident 2. DON stated Resident 1 was originally in room [ROOM NUMBER] and Resident 2 was in room [ROOM NUMBER]. DON stated when Resident 2 requested for another room, the facility had decided to swapped rooms with Resident 1. DON stated on 8/15/24, Resident 1 was moved to room [ROOM NUMBER] and Resident 2 was moved to room [ROOM NUMBER].</p> <p>During a concurrent observation and interview on 10/14/24 at 11:52 a.m., in room [ROOM NUMBER], Resident 2 was observed lying in bed. Resident 2 stated he was previously in room [ROOM NUMBER] and had requested to be moved to another room. Resident 2 stated he was moved to room [ROOM NUMBER].</p> <p>During a concurrent interview and record review on 10/14/24 at 12:20 p.m., with Licensed Vocational Nurse (LVN) and Social Service Designee (SSD), LVN and SSD stated Resident 1 and Resident 2 had swapped rooms on 8/15/24. LVN and SSD reviewed Resident 1 ' s clinical records, LVN and SSD was unable to find documented evidence Resident 1's RP was notified of the room change on 8/15/24. LVN stated it was the facility protocol to notify and obtain consent from resident and/or RP prior to room changes.</p> <p>During a concurrent interview and record review, on 10/14/24 at 12:35 p.m., with DON, DON stated it was the facility protocol to notify and obtain consent from resident and/or RP prior to a room change, and document in the clinical record. DON reviewed Resident 1 ' s clinical records and was unable to find documented evidence Resident 1 and/or RP was notified of the room change on 8/15/24.</p> <p>(continued on next page)</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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s policy and procedure (P&P) titled, Room Change/Roommate Assignment, undated, the P&P indicated, 2. Prior to changing a room or roommate assignment all parties involved in the change/assignment (e.g., residents and their representatives (sponsors) will be given a __ hour/day advance notice of such change.8. Documentation of a room change is recorded in the resident ' s medical record.</p>		