

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 11/08/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38993</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure proper discharge information was provided on a 30-day notice for one of three sampled residents (Resident 1). 2. Ensure the Ombudsman was made aware of a facility-initiated discharge for one of three sampled residents (Resident 1). <p>These failures resulted in Resident 1 having the incorrect appeal information and the Ombudsman not being aware of the discharge.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 1 ' s Notice of Proposed Discharge (NOPD) dated 11/5/24, the NOPD indicated, Reason(s) for the discharge.The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer need the services provided by the facility. The safety of individuals in the facility is endangered by your presence.If you believe that the proposed discharge is inappropriate in your case, you have right to file an appeal. An appeal can be filed by writing to or calling the following: California Department of Public Health, Bakersfield District Office, 4540 California Ave, Suite 200 Bakersfield, CA 93309 (661) [PHONE NUMBER]. <p>During an interview on 11/8/24 at 1:14 p.m. with Director of Nursing (DON), DON stated the state agency information provided to Resident 1 was where complaints against the facility are reported and the contact information should have been the state agency to appeal the discharge notice.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Transfer or Discharge Notice dated 9/2012, the P&P indicated, The resident and/or representative (sponsor) will be provided with the following information.The name, address, and telephone number of the state health department agency that has been designated to handle appeals of transfers and discharge notices.</p> <ol style="list-style-type: none"> 2. During a review of Resident 1 ' s Progress Notes (PN) dated 11/8/24 (3 days after the notice was provided to Resident 1) at 1:17 p.m., the PN indicated, This writer called Ombudsman office.to notify [Ombudsman name] of 30 [day] notice that was given to resident. <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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/8/24 at 12:11 p.m. with Social Service Director (SSD), SSD stated the Ombudsman was just notified of the discharge 11/8/24 and the Ombudsman should have been notified within one day (by 11/6/24) of Resident 1 being provided the notice.</p> <p>During an interview on 11/8/24 at 12:51 p.m. with DON, DON stated it was the responsibility of the SSD to notify the Ombudsman when a resident was provided a NOPD.</p> <p>During a review of the facility ' s policy and procedure titled Transfer or Discharge, Preparing a Resident for dated 9/13, the P&P indicated, Our facility shall prepare a resident for a transfer or discharge.The Social Services will be responsible for.Informing the resident, or his or her representative (sponsor) of our facility ' s readmission appeal rights, bed-holding policies, etc.; and others as appropriate or as necessary.</p>