

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 12/31/2025
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review, the facility failed to ensure the physician's order was followed for one of three sampled residents (Resident 1). This failure resulted in the physician's order being incorrect and the potential for Resident 1's wound to worsen. Findings: During a review of Resident 1's Progress Notes Details (PND-completed by the wound doctor) dated 12/4/25, the PND indicated, Wound #2 right shin is a vascular wounds [sic] and has received a status of not healed. Wound Care Orders. Cleanse wound with ns (normal saline), pat dry, apply Dakin's (antiseptic [substance used to prevent the growth of disease-causing organisms] used to clean skin and infected chronic wounds) flush with betadine to eschar qd (everyday) and prn (as needed). During a review of Resident 1's Order Summary Report (OSR) undated, the OSR indicated, venous wound (chronic, shallow and slow-healing open sore) to right lower leg; cleanse area with wound cleanser, pat dry, betadine (antiseptic used to kill bacteria) soaked gauze to wound bed, cover with dry dressing, wrap with kerlex [sic], QD (every day) or PRN (as needed) if soiled or falls off, notify MD (doctor of medicine) of any changes. start date 11/26/25. The treatment order was not updated with the new order received on 12/4/25. During a concurrent interview and record review on 1/28/26 at 10:23 a.m. with Assistant Director of Nursing (ADON), Resident 1's clinical record was reviewed. ADON was unable to provide evidence of the 12/4/25 treatment order being implemented. ADON stated the treatment order for the venous wound to the right lower leg was not updated with the new order on 12/4/25 and it should have been. During a review of the facility's policy and procedure (P&P) titled Medication Orders dated 11/2014, the P&P indicated, A current list of orders must be maintained in the clinical record of each resident. treatment orders-when recording treatment orders, specify the treatment, frequency and duration of the treatment.

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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