STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055551	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sequoia Transitional Care	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide nail care for one of four sampled residents (Resident 1). This failure resulted in Resident 1 having approximately one-inch fingernails and potential for nail disfigurement and accidental scratches, potentially leading to skin infections.Findings:During a concurrent observation and interview on 4/2/26 at 11:41 a.m. in Resident 1's room, Resident 1 was lying in bed with the head of bed elevated, watching on his personal laptop. Resident 1's right hand fingernails were approximately one inch long beyond fingertips. Resident 1's left hand was contracted (fingers permanently bent towards palm) with fingernails approximately one inch long beyond fingertips. Resident 1 stated he asked several staff members for his nails to be trimmed but no staff members ever returned to trim his fingernails.During a concurrent observation and interview on 4/2/26 at 11:45 a.m. with Certified Nursing Assistant (CNA), in Resident 1's room, CNA confirmed Resident 1's fingernails were long and should be trimmed.During an interview on 4/2/26 at 11:56 a.m. with Licensed Vocation Nurse (LVN) LVN stated nail care was provided daily, but Sundays were dedicated for staff to offer and trimmed residents nails. LVN was unable to provide documented evidence Resident 1 was offered nail care for the past one and half months.During an interview on 4/2/26 at 12:10 p.m. with Director of Nurses (DON), DON stated Resident 1's fingernails were too long and required trimming.During a review of Resident 1's care plan dated 7/21/25 indicated Resident 1 had ADL (Activities Daily Living): Function-Self Deficit: Dependent on staff for bathing, personal hygiene, dressing, grooming . During a review of the facility policy and procedures (P&P) titled, Activities of Daily Living (ADL), Supporting, dated 3/2018, the P&P indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.

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