

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Sierra Valley Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  301 West Putnam 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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure nutritional interventions were implemented for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to have unmet nutritional needs.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Nutritional Risk Assessment (NRA), dated 9/6/24, the NRA indicated, Recommendations.recommend to add boost (nutritional supplement) 4oz (ounce-unit of measurement) QD (every day) prostat (protein supplement) 30ml (milliliters-unit of measurement), zinc (mineral supplement), and vitamin C (supplement).</p> <p>During a concurrent interview and record review, on 10/1/24 at 11:44 a.m. with Director of Nursing (DON), Resident 1 ' s clinical record was reviewed. DON was unable to provide evidence of the nutritional recommendations being implemented. DON stated the nutritional recommendations were not carried out and they should have been addressed within 72 hours.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Nutritional Screening/Assessments/Resident Care Plan dated 2023, the P&amp;P indicated, The FNS (Food and Nutrition Services) Director and/or Facility Registered Dietitian will participate in resident care planning to contribute pertinent nutritional information to the medical and nursing team. The FNS Director will complete the dietary recommendations within three days.</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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