

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  11/04/2024
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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51320</p> <p>Based on observation, interview, and record review, the facility failed to implement comprehensive person-centered care plan for activities of a daily living (ADL) when Hoyer (mechanical, device used to safely lift and transfer patients who have limited mobility) lift was not used to transfer one of three sampled residents (Resident 1) from wheelchair to bed. This failure resulted in Resident 1 falling multiple times and sustaining two broken bones in each lower leg, requiring an open reduction and internal fixation (ORIF, surgical procedure to repair broken bones that may include use of screws, rods, or plates) of the left upper tibia and lateral tibial plateau plate (shin bone).</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), dated 10/08/22, the AR indicated, Resident 1 was a readmission on 2/23/23 with diagnoses of difficulty in walking, and muscle wasting in right and left lower legs, difficulty in walking, generalized muscle weakness, other- lack of coordination, abnormality of gait (walking) and mobility, hypertensive (the heart has to work hard to pump blood against high blood pressure) heart disease with heart failure.</p> <p>During a review of Resident 1's MDS dated [DATE], the MDS, the MDS indicated Section GG - Functional Abilities and Goals GG indicated A. Roll left and Right, Resident 1's score was 01 (score of 01 means dependent, indicating Helper does ALL of the effort). The MDS indicated E. chair/bed-to chair transfer: Resident 1's score was 01.</p> <p>During a review of Resident 1's Fall Risk Observation/Assessment (FROA), dated 8/14/24, the FROA indicated Resident 1 score was 20 (score of 16-42 means high risk for falls).</p> <p>During a review of Resident 1's Care Plan (CP), dated 8/19/24, the CP indicated Resident 1 requires a Hoyer lift for transfer.</p> <p>During an interview on 10/2/24 at 9:00 a.m. with Director of Nursing (DON), DON stated Resident 1 required a Hoyer lift for transfers. DON stated therapy (OT) uses the sliding board (a flat board used to move individuals from one place to another) and standing pivot (assisting with guided transfer movement).</p> <p>During an interview on 10/22/24 at 11:50 a.m. with Occupational Therapist (OT), OT stated on 9/12/24 Resident 1 was a stand and pivot with therapy and a maximum (Hoyer lift) for staff.</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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/22/24 at 11:52 a.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated, During report, I was told that therapy had given CNAs the okay to transfer the resident from walker to bed. I was helping Resident [1] go from the chair to the bed on 9/12/24 when Resident [1] was already standing, and she [Resident 1] stated she was tired, and she started to go down. CNA 2 stated, I assisted her [Resident 1] to the floor.</p> <p>During a review of Resident 1's Interdisciplinary Team Progress Notes (ITPN), dated 9/13/24 at 2:56 p.m., the ITPN indicated interventions for Resident 1: ADL: dependent assist with ADLs and transfers. Anticipate resident needs, provide verbal cue, and safety education.</p> <p>During an interview on 10/22/24 at 1:27 p.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated, She [Resident 1] was assisted by three staff, they used a gait belt [a device that helps with mobility issues to move safely, a thick, woven strap that's placed around a resident's waist and fastened with a buckle] that is why I found a bruise on the left upper arm bicep [a large muscle in the upper arm] area on 9/13/24.</p> <p>During a concurrent observation and interview on 11/4/24 at 10:10 a.m. with Resident 1, in Resident 1 ' s room, Resident 1 was lying in bed with casts (holds a broken bone/fracture in place and prevents the area from moving as it heals) on both lower legs. Resident 1 stated she had two recent falls this month. Resident 1 stated her first fall was on 9/12/24. Resident 1 stated, CNA [2] asked me to stand and use the board. Resident 1 stated she tried to turn her body and fell . Resident 1 stated she had a second fall on 9/20/24. Resident 1 stated every morning the staff has her stand and use the walker from the wheelchair, and the Hoyer lift is never used. Resident 1 stated, CNA [1] asked me to stand. Resident 1 stated she felt weak, and CNA 1 stated, You can do it and next thing I remember is I am on the floor. Resident 1 stated when she was on the floor her knees were bent and she was sitting on her legs. Resident 1 stated a therapist picked her up by her waist and tossed her on the bed.</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 8/14/24, the MDS indicated Resident 1 had a Brief for Mental Status (BIMS) score of 14 (score of 13-15 means cognitively intact).</p> <p>During a review of the Resident 1's Progress Notes (PN), dated 9/21/24 at 8:30 a.m., the PN indicated, [Resident 1] had bruising to bilateral lower extremities painful/hot to touch. Pain was 8/10 [using pain scale 0-10, with 0 representing no pain and 10 representing the worst pain possible] and physician was notified, and [Resident 1] was transferred to a local hospital.</p> <p>During a review of the hospital's Image Report (IR), dated 9/23/24, the IR indicated Resident 1 had comminuted displacement fracture (where the bones are broken in several places) to both right and left tibia (inner larger bones between the knee and the ankle on the inside) and fibula (the outer smaller bones between the knee and the ankle).</p> <p>During a review of the hospital's Emergency Department Note (EDN), dated 9/21/24, the EDN indicated, Recommends admission in the hospital and will perform surgery on Monday.</p> <p>(continued on next page)</p>		

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F 0656  Level of Harm - Actual harm  Residents Affected - Few	<p>During a review of the hospital's Operative Report (OR), dated 9/23/24, the OR indicated, Pre-op diagnosis: Displaced fracture (broken bone not in alignment) right upper tibia (shinbone) and displaced fracture left upper tibia. The OR report indicated (Resident 1) had a surgical procedure for open reduction and internal fixation of the left upper tibia and lateral tibial plateau plate of each leg.</p> <p>During a review of the facility's policy and procedure (P&amp;P), titled, Falls - Clinical Protocol, dated 2001, the P&amp;P indicated, Treatment/Management: 1. Will identify pertinent interventions to try to prevent subsequent falls and to address risks of serious consequences of falling.</p> <p>During a review of the facility's P&amp;P, Care Plans, Comprehensive Person-Centered, dated 2001, the P&amp;P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p>		