

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 07/23/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure physician orders were followed for one of three sampled residents (Resident 1). This failure resulted in a delay of care. Findings: During a review of Resident 1's Physician Progress Note (PN)'s dated 7/17/25 at 5 p.m., the PN indicated, Assessment/Plan. Recommend checking UA (urinalysis-analyzes a sample of urine to detect and measure various substances and conditions) given chronic indwelling catheter and history of UTIs (urinary tract infections) with presence of spasms - discussed with nursing on date of service. During a review of the Order Summary Report (OSR) dated 7/23/25, the OSR indicated there was no order for a UA on 7/17/25. During a concurrent interview and record review on 8/4/25 at 1:01 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 1's Progress Notes were reviewed. LVN 1 stated she was assigned to Resident 1 on 7/17/25 when the physician ordered the UA and she did not enter the physician order. During an interview on 8/4/25 at 2:10 p.m. with Director of Nursing (DON), DON stated when the physician ordered the UA on 7/17/25 the order should have been put in physician orders and collected on the next lab day. During a review of the facility's policy and procedure (P&P) titled, Implementation and Management of Physician Orders dated 9/13/13, the P&P indicated, Order entry and MAR (Medication Administration Record)/eMar (electronic Medication Administration Record) updates. Nurses are responsible for ensuring that new and changed medication orders are transcribed or entered the MAR/eMAR accurately and promptly.</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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