

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055916	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Sequoia Vista		STREET ADDRESS, CITY, STATE, ZIP CODE 3710 West Tulare Avenue Visalia, CA 93277	

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>38993</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified when medication was not administered as ordered for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to experience an adverse health outcomes.</p> <p>Findings:</p> <p>1. During a review of Resident 1's Order Summary Report (OSR), dated 5/30/24, the OSR indicated, Lovenox [blood thinner used to prevent blood clots] injection. Inject 0.4 ml [milliliter] subcutaneously [injected beneath the skin] one time a day for blood clot prevention related to unspecified fracture [broken] of shaft of left tibia [leg bone].for 30 days.start date 5/10/24.end date 6/9/24.</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated May 2024, the MAR indicated Lovenox was not administered on 5/11/24, 5/12/24, 5/13/24, 5/14/24, 5/26/24, 5/27/24, 5/28/24, 5/29/24, and 5/30/24. There was a documentation of 9 in the box, meaning other/see nurses notes.</p> <p>During a review of Resident 1's Progress Notes (PN) dated 5/11/24-5/30/24, the PN indicated:</p> <p>a) On 5/11/24 at 8:36 a.m., Lovenox not available.</p> <p>b) On5/12/24 at 11:34 a.m., Lovenox, Pending pharmacy delivery DON (Director of Nursing) aware.</p> <p>c) On 5/13/24 at 8:53 a.m., Lovenox, medication on order pending delivery.</p> <p>d) On5/14/24 at 8:17 a.m., Lovenox, med (medication) not available, on order pending pharmacy delivery.</p> <p>e) On 5/26/24 at 7:38 a.m., on order.</p> <p>f) On order 5/27/24 at 8:32 a.m., Lovenox, awaiting del. (delivery).</p> <p>g) On 5/28/24 at 10:34 a.m., Lovenox, pending pharmacy delivery.</p> <p>h) On 5/29/24 at 11:06 a.m., Lovenox, pending pharmacy delivery x (times) 2 requested re faxed order.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>i) On 5/30/24 at 8:09 a.m., Lovenox, medication not available, pending pharmacy delivery.</p> <p>During a concurrent interview and record review, on 5/30/24 at 11:10 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 1's PN was reviewed. LVN 1 was unable to find documentation where the physician was notified of Resident 1 not receiving the Lovenox as ordered. LVN 1 stated Resident 1 should have been receiving Lovenox starting on 5/9 and continuing for 30 days. LVN 1 stated, the physician should have been notified.</p> <p>2. During a review of Resident 1's OSR dated 5/30/24, the OSR indicated, Depakote [medication used to treat seizure disorders and certain psychiatric conditions] .give 3 tablets by mouth at bedtime related to bipolar disorder [serious mental illness that causes unusual shifts in mood].</p> <p>During a review of Resident 1's MAR, dated May 2024, the MAR indicated, Depakote was not administered on 5/29/24. There was a 9 documented in the box.</p> <p>During a review of Resident 1's PN dated 5/29/24 at 8:35 p.m., the PN indicated, Depakote.medication pending from pharmacy.</p> <p>During a concurrent interview and record review, on 5/30/24 at 10:18 a.m. with LVN 1, Resident 1's PN was reviewed. LVN 1 was unable to provide documentation where the physician was notified when Resident 1's medication was not administered. LVN 1 stated, the physician should have been notified when the medication was not available.</p> <p>During an interview on 7/1/24 at 4:04 p.m. with DON, DON stated when the medications were not available for administration, the physician should have been notified.</p> <p>During an interview on 7/1/24 at 8:44 a.m. with Administrator, policy was requested. Administrator was unable to provide a policy.</p>		