

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 07/17/2024
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 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34401</p> <p>Based on observation, interview, and record review, the facility failed to ensure in-service training was provided for one of two sampled Certified Nursing Assistant (CNA 1) before returning back to work when one of two sampled resident (Resident 1) had alleged CNA 1 and CNA 2 of having bad attitude and rushed care . This failure had the potential for CNA 1 to continue providing Resident 1 with a bad attitude and rushing while providing care.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 7/17/24 at 10:15 a.m. with Resident 1 in her room, Resident 1 stated while providing care, some staff are sometimes a little bit rough. Resident 1 stated she felt staff just want to hurry up and get their job done so they can go to the next person.</p> <p>During a review of Resident 1's Interdisciplinary Team (IDT) noted dated 7/11/24 at 4:20 p.m., the IDT note indicated, resident alleged incident of potential abuse reported 7/11/24.family [name] reported statement of staff providing rushed care and bad attitude.</p> <p>During an interview on 7/17/24 at 10:34 a.m. with Director of Nurses (DON), DON stated on 7/11/24 Resident 1's family reported Resident 1 was not happy when staff provided care. DON stated CNA 1 and CNA 2 were assigned to provide care for Resident 1 on 7/11/24. DON stated Resident 1 felt the care provided to her by staff (CNA 1 and CNA 2) was rushed.</p> <p>During an interview on 7/17/24 at 11 a.m. with Director of Staff Development (DSD), DSD stated she was told by the Administrator to provide in-service training for CNA 1 and CNA 2. DSD stated she did not know CNA 1 had returned to work on 7/13/24. DSD stated CNA 1 was not provided in-serviced prior to returning to work on 7/13/24. DSD stated both CNA 1 and CNA 2 should have been provided in-service training prior to returning to work and provide resident care.</p> <p>During an interview on 7/17/24 at 11:17 a.m. with CNA 1, CNA 1 stated she returned to work on 7/13, worked on 7/14, and 7/17. CNA 1 stated she had received a text message from DSD stating an in-service training would be provided. CNA 1 stated no one has provided her with in-service training since returning to work on 7/13, 7/14, and 7/17. CNA 1 stated, I would like to get one [in-service training], so I can know what I did wrong. I'm here to take care of them [resident] but if I'm doing something wrong, I would like to know so I can change.</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 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/17/24 at 11:36 a.m. with DON, DON stated she assumed DSD had provided in-service training for both CNA 1 and CNA 2. DON confirmed in-service training had not been provided for CNA 1 prior to returning back to work on 7/13/24.</p> <p>During an interview on 8/1/24 at 3:46 p.m. with DON, DON stated the facility did not have a policy on in-service training.</p>		