

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  08/20/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32946</p> <p>Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1) responsible party (RP) was notified of Resident 1's redness to bilateral buttocks. This resulted in Resident 1's responsible party not being aware of the resident's redness on bilateral buttocks.</p> <p>Findings:</p> <p>During a review of Resident 1's Progress Notes, dated 8/7/24, indicated Resident 1 was admitted to the facility on [DATE], with redness to bilateral buttocks. There was also no evidence the facility notified the RP regarding Resident 1's redness to bilateral buttocks.</p> <p>During an interview on 8/26/24 at 1 p.m. with the RP, RP stated the facility did notify her of Resident 1's redness to bilateral buttocks.</p> <p>During an interview on 9/17/24, at 3 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 reviewed the medical record for Resident 1. LVN 1 confirmed she did not notify the RP of Resident 1's redness to bilateral buttocks.</p> <p>During an interview on 9/18/2024, at 1:30 p.m. with Director of Nursing (DON), DON stated We do document on change of conditions. DON reviewed the medical record for Resident 1. DON stated, I did see where there was no documentation of Resident 1's RP being notified of redness to Resident 1's bilateral buttocks in the progress note. Requested for the policy and procedure for RP notification. None was provided.</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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