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| 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 01/27/2025 |
| 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) |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>38993</p> <p>Based on observation and interview, the facility failed to ensure two of three sampled resident's (Resident 1 and Resident 2) were provided nail care. This failure resulted in Resident 1 and Resident 2 having debris under their fingernails and untrimmed fingernails.</p> <p>Findings:</p> <p>During a concurrent observation and interview, on 1/27/25 at 10:38 a.m. with Resident 1 and Certified Nursing Assistant (CNA) 1, in Resident 1's room, Resident 1 was observed with untrimmed fingernails and dark brown debris under his fingernails. CNA 1 stated Resident 1's fingernails needed trimming and there was a little bit of everything (XXXis it food) under his fingernails. CNA 1 stated nail care was supposed to be provided to the residents on Sundays and Resident 1's nails should have been cleaned and trimmed yesterday.</p> <p>During a concurrent observation and interview, on 1/27/25 at 11:17 a.m. with Resident 2 and CNA 2, in Resident 2's room, Resident 2 was observed with untrimmed fingernails and dark brown debris under his fingernails. CNA 2 stated Resident 2's fingernails were untrimmed and had brown debris under them. CNA 2 stated Resident 2's fingernails should have been trimmed yesterday.</p> <p>During an interview on 1/27/25 at 12:25 p.m. with Director of Staff Development (DSD), DSD stated the staff were expected to clean and trim the resident's fingernails every Sunday.</p> <p>During an interview on 1/27/25 at 1:07 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 2 was a diabetic and the nurses were responsible to trim his fingernails. LVN 1 stated she cared for Resident 2 yesterday (Sunday) and nail care was not done. LVN 1 stated nail care should have been provided to Resident 2.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Nail Care dated 11/20/24, the P&P indicated, Routine cleaning and inspection of nails will be provided during ADL (Activities of Daily Living) care on an ongoing basis. Routine nail care, to include trimming and filing, will be provided on a regular schedule (such as weekly on Wednesday 3-11 shift). Only licensed nurses shall trim or file fingernails of residents with diabetes.</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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