

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  08/26/2025
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)
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), was treated with respect and dignity. This failure resulted in Resident 1 feeling intimidated and bullied. Findings: During an interview on 8/26/25 at 10:35 a.m. with Licensed Vocational Nurse (LVN), LVN stated she was in Resident 1's room during a conversation between Resident 1 and the Social Worker (SW). LVN stated SW gave attitude when responding to Resident 1's questions on 8/18/25. LVN stated SW's demeanor during her responses to Resident 1, was snarky. During an interview on 8/26/25 at 11:32 a.m. with Resident 1, Resident 1 stated she was talking with the Social Worker (SW) in her room on 8/18/25. Resident 1 stated SW intimidated and bullied her during their conversation. During a review of Resident 1's BIMS (Brief Interview for Mental Status- cognitive assessment tool used to evaluate a resident's mental status), dated 8/2/25, the BIMS indicated Summary Score - 15 (score of 13-15 means cognitively intact). During a review of the facility's policy and procedure (P&amp;P) titled, Promoting/Maintaining Resident Dignity, dated 7/2022, the P&amp;P indicated, 10. Speak respectfully to residents.</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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