

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 12/01/2025
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)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on observation, interview, and record review the facility failed to follow its own policy and procedure (P&P) titled, Resident and Family Grievances, when no investigation was done for one of six sampled residents' (Resident 1) grievance. This failure resulted in no resolution in Resident 1's grievance and violation of Resident 1's rights. Findings: During an interview on 12/1/25 at 2:16 p.m. with Director of Staff Development (DSD), DSD stated on 11/15/25 Resident 1's Responsible Party (RP) had filed a grievance regarding Resident 1 not being provided with a personal bag and a sack lunch when transported to dialysis center (outpatient clinic that provide life-sustaining treatment) and bandage on Resident 1's dialysis port site (surgical access point) was not removed after returning from dialysis center. DSD stated Director of Nurses (DON) was made aware of the grievance. DSD stated, I did tell DON about it, and she said she was going to follow up on it. During a review of the facility report titled Concern/Grievance Log dated 11/15/25 indicated unhappy w/ [with] nursing staff. Responsible for investigation DON (Director of Nurses). During an interview on 12/1/25 at 2:47 p.m. with DON, DON stated she was made aware of the grievance made by Resident 1's RP. DON stated no follow-up was done and no investigation was completed. DON stated Resident 1's grievance should have been investigated. During a review of the facility's policy and procedure (P&P) titled, Resident and Family Grievances, dated 2025, the P&P indicated, d. The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility.		

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