STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055916	A. Building B. Wing	03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sequoia Vista	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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an allegation of abuse was reported to the abuse coordinator for one of two sampled residents (Resident 1). This failure had the potential for the residents to be at risk for abuse.Findings:During a review of Resident 1's admission Record (AR) undated, the AR indicated, Resident 1 was admitted on [DATE] with diagnoses including metabolic encephalopathy (brain dysfunction caused by illness), difficulty in walking and cognitive (mental processes involved in gaining knowledge, understanding, and comprehension, including thinking, knowing, remembering, judging, and problem-solving) communication deficit.During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 1/30/26, the MDS indicated, Cognitive Patterns.BIMS (Brief Interview for Mental Status).13 (cognitively intact).Functional Limitation in Range of Motion.2 (impairment on both sides) lower extremity.mobility devices.wheelchair.Functional abilities.01 (dependent-helper does all of the effort) chair/bed-to chair transfer.During a review of the Report of Suspected Dependent Adult/Elder Abuse Form (SOC341) dated 1/29/26, the SOC341 indicated, Victim. (Resident 1) . (Resident 1) reported alleged allegation of abuse. Resident stated unknown staff member assisted her to the restroom and was rough well [sic] providing care.Incident information.Date/time of incident 1/28/26 pm shift (2:30-10:45 p.m.) .Reported Types of Abuse.Physical.During a review of Resident 1's Progress Notes (PN) dated 1/30/26 at 1:57 p.m., the PN indicated, IDT (Interdisciplinary Team-professionals from different professions working together to provide patient centered care) Team met to discuss staff to resident alleged allegation of abuse occurred on 1/28/26. Resident ?s granddaughter asked to speak to admin (Administrator) or social worker SSD (Social Service Director) walked into room and asked if there was something wrong? Resident's granddaughter stated last night I came to visit and noticed my grandmother crying when I asked what happen she said the lady staff member that helped me was rough and hurt my back while helping me to the bathroom. Resident stated incident occurred pm shift on 1/28/26 resident was asked to give a description of alleged abuser resident stated.she wasn't my CNA (Certified Nursing Assistant) but was helping out while my CNA was on lunch.During an interview on 2/11/26 at 2:08 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was assigned to Resident 1 during pm shift on 1/28/26. LVN 1 stated around 7 p.m. CNA 3 told her Resident 1 had reported that when she (CNA 3) was at lunch an unknown CNA had been rough with her when helping her on and off the toilet and her back hurt. LVN 1 stated she did not report the allegation to the administrator (abuse coordinator) or the Director of Nursing (DON) because she was overwhelmed that day and it slipped her mind. LVN 1 stated the allegation should have been reported right away because it was a report of alleged abuse. During an interview on 2/11/26 at 2:29 p.m. with SSD, SSD stated on 1/29/26 Resident 1's family member came in and reported that whoever had taken Resident 1 to the bathroom the night before was rough with her. SSD stated Resident 1 was unable to identify the CNA. SSD stated she was not aware of the allegation until Resident 1's family member came in and reported it on 1/29/26. SSD stated when the staff were made aware of the abuse allegation it should have been reported to the abuse coordinator right away.During an interview on 2/11/26 at 2:52 (continued on next page)

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

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 03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sequoia Vista	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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	p.m. with Administrator, Administrator stated on 1/29/26 in the morning, Resident 1's family reported on 1/28/26 during pm shift a CNA assisted Resident 1 to the bathroom and was rough when assisting her. Administrator stated Resident 1 was unable to identify the staff that assisted her to the bathroom. Administrator stated Resident 1's family reported the allegation to CNA 3 during pm shift on 1/28/26 and CNA 3 reported the allegation to LVN 1. Administrator stated LVN 1 failed to report the allegation and should have reported the allegation to the abuse coordinator right away so an investigation could have been started. During an interview on 2/11/26 at 3:01 p.m. with CNA 1, CNA 1 stated he was orientating on 1/28/26 during the pm shift with CNA 3. CNA 1 stated during the shift Resident 1's family member reported an abuse allegation to CNA 3 and CNA 3 reported the allegation to LVN 1. CNA 1 stated when there was an allegation of abuse it was to be reported as soon as possible to the abuse coordinator. During an interview on 2/26/26 at 4:25 p.m. with CNA 2, CNA 2 stated she worked pm shift on 1/28/26 and when CNA 3 returned from lunch, Resident 1 reported an allegation of abuse to her and CNA 3 reported the abuse allegation to LVN 1. CNA 2 stated when an allegation of abuse was made the allegation should have been reported to the abuse coordinator right away. During an interview on 2/27/26 at 10:28 a.m. with CNA 3, CNA 3 stated she was assigned to Resident 1 on 1/28/26 on pm shift and when she returned from lunch Resident 1 reported the CNA that took her to the bathroom was aggressive when assisting her in and out of the restroom. CNA 3 stated Resident 1's family member spoke to her about it also. CNA 3 stated when she became aware of the abuse allegation, she reported it to LVN 1 right away. During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect and Exploitation undated, the P&P indicated, Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes.Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury.