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	03/09/2026

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review, the facility failed to follow the physician's order and notify the physician when one of three sampled residents (Resident 1)'s blood sugar was above 250. This failure had the potential for Resident 1 to experience adverse side effects from an elevated blood sugar.Findings:During a review of Resident 1's Order Report (OR-physician's orders) dated 2/1/26-2/28/26, the OR indicated, Insulin Degludec (medication used to lower blood sugar) Inject 23 unit subcutaneously (injected in the fat layer between the skin and muscle) two times a day related to type 1 diabetes mellitus (disorder causing high blood sugar) with hyperglycemia (high blood sugar).hold if BS (blood sugar) less than 90, notify MD (doctor of medicine) if BS is greater than 250.start date 2/3/26.During a review of Resident 1's Medication Administration Record (MAR) dated 2/2026, the MAR indicated, Insulin Degludec.hold if BS less than 90, notify MD if BS is greater than 250 start date 2/3/26. The BS results were as follows:2/6 at 6 p.m. BS result 3302/7 at 6 p.m. BS result 3422/9 at 10 p.m. BS result 3412/11 at 10 p.m. BS result 3012/12 at 10 p.m. BS result 3832/14 at 10 p.m. BS result 299.During a review of Resident 1's (OR) dated 2/1/26-2/28/26, the OR indicated, Insulin Degludec Inject 28 unit subcutaneously two times a day related to type 1 diabetes mellitus with hyperglycemia.hold if BS less than 90, notify MD if BS is greater than 250.start date 2/15/26.During a review of Resident 1's MAR dated 2/2026, the MAR indicated, Insulin Degludec.hold if BS less than 90, notify MD if BS is greater than 250 start date 2/15/26. The BS results were as follows:2/15 at 10 p.m. BS result 3352/17 at 10 p.m. BS result 3722/20 at 10 p.m. BS result 2522/21 at 10 p.m. BS result 2572/23 at 10 p.m. BS result 3252/24 at 10 p.m. BS result 324.During a review of Resident 1's Care Plan (CP) dated 1/25/26, the CP indicated, (Resident 1) has Diabetes Mellitus.Interventions/Tasks.Administer insulin Degludec as ordered.Monitor/document/report to MD PRN (as needed) s/sx (signs and symptoms) of hyperglycemia.During a concurrent interview and record review, on 3/11/26 at 3:13 p.m. with Director of Nursing (DON), Resident 1's clinical record was reviewed. DON was unable to provide documentation of the MD being notified of the above BS results. DON stated the nurses should have notified the MD when the BS result was above 250. During a review of the facility's policy and procedure (P&P) titled, Blood Glucose Monitoring undated, It is the policy of this facility to perform blood glucose monitoring to diabetic residents as per physician's orders.Report critical test results to physician timely.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to follow its policy and procedure when annual Performance Evaluations (PE) were not completed for two of six sampled staff (Certified Nursing Assistant [CNA 1, CNA 2]). This failure resulted in overdue performance evaluations. FindingsFindings:a. During a review of the facility's Employee Roster (ER) undated, the ER indicated CNA 1 was hired on 5/1/19.During a concurrent interview and record review on 3/9/26 at 1:04 p.m. with Human Resource/Payroll Manager (HRPM), CNA 1's employee file was reviewed. The last PE was completed 7/17/2024. HRPM stated CNA 1 should have had a PE completed in July of 2025.b. During a review of the facility's ER undated, the ER indicated CNA 2 was hired on 5/1/19.During a concurrent interview and record review on 3/9/26 at 1:06 p.m. with HRPM, CNA 2's employee file was reviewed. The last PE was completed 7/17/2024. HRPM stated CNA 2 should have had a PE completed in July of 2025.During an interview on 3/9/26 at 1:10 p.m. with Administrator, Administrator stated PE's should be done yearly.During a review of the facility's policy and procedure (P&P) titled Performance Evaluations undated, the P&P indicated, Your supervisor completes, reviews and conducts performance discussions annually at or around your anniversary date.