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	04/01/2026

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 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their policy and procedure for Medication Administration to administer medication at the right dosage and address a medication alert (automated notification feature designed to warn clinicians and staff about specific resident, clinical, or safety concerns) for one of three sampled residents (Resident 1) on methotrexate (medication that treats rheumatoid arthritis [RA - a disease that causes pain, stiffness, and swelling in the joints [the spots in your body where two or more bones meet] by decreasing the activity of your immune system [the body's complex, built-in defense network that works to keep germs and foreign substances out, while destroying any that get inside]). These failures resulted in a significant medication error (a preventable mistake in the medication process that causes a patient meaningful discomfort, jeopardizes their health, or leads to serious harm), caused bleeding to Resident 1's nose, gums, and bowel movement and resulted in acute hospitalization caused by methotrexate toxicity (when too much of the drug builds up in the body, turning a helpful medication into a dangerous one. Signs of methotrexate toxicity includes nausea, painful mouth sores/ulceration [open sore] in the mouth or throat), and caused Resident 1's body's immune system to not have the ability to fight off infection (the invasion and growth of germs [tiny living things that cause disease] in the body), damaged her kidneys (a pair of bean-shaped, reddish-brown organs located on either side of the spine) and resulted in Resident 1's death.Findings:During a review of Resident 1's acute hospital Discharge Instructions, Orders and Medications (DIOM), dated 11/19/25, the DIOM indicated, Resident 1 was to discharge from the acute hospital to the facility on [DATE] with an order for methotrexate 20 milligrams (mg - unit of measurement) by mouth every Friday (every seven days). The DIOM indicated Resident 1 had a diagnosis of RA.During a review of Resident 1s facility admission RECORD (AR), dated 1/14/26, the AR indicated, Resident 1 was admitted to the facility on [DATE], with diagnoses including RA, shortness of breath, and difficulty walking.During a review of Resident 1's Minimum Data Set (MDS) Assessment (a standardized assessment to evaluate a resident's functional abilities and healthcare needs), dated 11/26/25, under the section I (Active Diagnosis), Resident 1 had a diagnosis of RA.During a review of Resident 1's facility Physician's Order Sheet (POS), dated 11/19/25, the POS indicated Resident 1's was on methotrexate 20 mg by mouth every day (not every Friday as indicated in the acute hospital DIOM on 11/19/25). The POS indicated a medication alert note when the methotrexate order was inputted in the facility computer system. The POS medication alert indicated, This order is outside of the recommended dose or frequency . The dosing regimen (a prescribed course of medical treatment) of 2 tablets daily exceeds the usual dosing regimen of 0.25 (mg) to 2.5 (mg) tablets every 7 days. The frequency of daily exceeds the usual frequency of every 7 days.During a review of Resident 1's MEDICATION ADMINISTRATION RECORD (MAR), dated 11/2025 and 12/2025, the MAR indicated, methotrexate 20 mg by mouth every day. Resident 1 was administered methotrexate 20 mg daily by mouth on the following dates/times:a. 11/20/25 at 9 a.m.b. 11/21/25 at 8 a.m.c. 11/26/25 at 8 a.m.d. 11/27/25 at 8 a.m.e. 11/28/25 at 8 a.m.f. 11/29/25 at 8 a.m.g 11/30/25 at 8 a.m.h. 12/1/25 at 8 a.m.i. 12/2/25 at 8 a.m.j. 12/3/25 at 8 a.m.k. 12/4/25 at 8 a.m.l. 12/5/25 at 8 a.m.m. 12/6/25 at 8 a.m.n. 12/7/25 at 8 a.m.o. 12/8/25 at 8 a.m.p. 12/9/25 at 8 a.m.q. 12/10/25 at 8 (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

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F 0760 Level of Harm - Actual harm Residents Affected - Few	a.m.r. 12/11/25 at 8 a.m.s. 12/12/25 at 8 a.m.t. 12/13/25 at 8 a.m.u. 12/14/25 at 8 a.m.v. 12/15/25 at 8 a.m.w. 2/16/25 at 8 a.m.During a review of Resident 1's Care Plan Report (CP - written, individualized document detailing a resident's health conditions, specific needs, and the tailored actions or services required to manage them) for methotrexate dated 11/19/25, the CP indicated, Resident 1 is on a medication (methotrexate) with a black box warning (the strictest, most serious safety alert required by the FDA [U.S. Food and Drug Administration] for prescription medications. It indicates risks of severe injury or death. It signifies that the drug has dangerous, potentially life-threatening side effects). The CP indicated methotrexate medication caused bone marrow (the soft, spongy, jelly - like tissue found in the hollow center of your bones, primarily acting as the body's main blood-cell factory. It produces red blood cells [RBC - for oxygen], white blood cells [WBC - to fight infection], and platelets [for clotting - the manner in which the body stops itself from bleeding]) suppression (the condition when the bone marrow stops producing new blood cells [cells produced in the bone marrow and found in the blood]). The CP indicated interventions for Resident 1 would be to have a monthly drug regimen review (DRR - a thorough, top-to-bottom check of all the medications a resident is taking) by a pharmacist (a healthcare professional and medication expert who ensures drugs are safe and effective).During a review of the facility document titled Rx (prescription) Order History ([NAME]) [documented by the facility pharmacist], undated, the [NAME] indicated, Resident 1's methotrexate 20 mg by mouth daily medication order was reviewed on 11/24/25 and 11/25/25 with no recommendations.During a review of the facility document titled Consultant Pharmacist's Medication Regimen Review: Listing of Residents Reviewed with No Recommendations (DRR), dated 11/29/25, the DRR indicated, For Recommendation Created Between 11/1/2025 And 11/29/2025 .reviewed during the consultant pharmacist's visit but did not require any recommendations . (Resident 1).During a review of facility Resident 1's Progress Notes (PN), the PN indicated the following:a. On 12/16/25 at 9:12 p.m. - resident (1) . to be monitor for trouble swallowing . Resident (1) continues to have sore throat and difficulty with swallowing. Resident (1) noted with episode of epistaxis (nose bleeding) and bottom lip swelling. MD (medical doctor) . aware no new orders obtain at this time.b. On 12/17/25 at 7:46 a.m. - resident (1) continuing with epistaxis . Mouth is noted with dry blood around the bottom gums .CNAs (certified nursing assistants) alerted . of resident (1) having bloody stool. MD updated on status of resident (1) and gave the order to send resident out for further evaluation (at acute hospital) . Resident (1) picked up at approximately 1130 (a.m.).c. On 12/17/25 at 7:50 a.m. - LATE ENTRY . Resident (1) on monitoring for trouble swallowing . Resident (1) chin is swollen and red .Resident to have labs (laboratory) drawn 12/17/2025.d. On 12/17/25 at 8:36 a.m. - Resident (1) continues to have episodes of epistaxis . MD .notified at this time and advised with new orders for Afrin (nose medication for allergies . (for) 3 days. will continue to monitor for any changes r/t (related to) epistaxis at thistime (sic).e. On 12/18/26 at 3:47 a.m. - Resident (1) admitted to (acute hospital) .During an interview on 1/12/26 at 11:28 a.m. with Director of Nursing (DON), DON stated Resident 1 was admitted to the facility on [DATE], and around the middle of December (date not specified) Resident 1 started to have problems with swallowing and nose bleeding for approximately two days. DON stated Resident 1 was sent to the acute hospital due to continuing problems with nose bleeding. DON stated on approximately 12/31/25 she received a call from the hospital case manager stating Resident 1 appeared to have been getting her methotrexate daily instead of weekly. DON stated she checked Resident 1's MAR against the acute hospital discharge orders on 11/19/25 and validated the facility was not giving the appropriate dosage of methotrexate as ordered. DON stated Resident 1 was getting two 10 mg tablets of methotrexate (20 mg total) daily instead of the ordered 20 mg of methotrexate every Friday (per DIOM on 11/19/25). DON stated she called the facility (approximate date 12/31/25) pharmacy and spoke to a pharmacist regarding the medication error not being identified and the pharmacist response to the DON was, Oh my God. DON stated the methotrexate medication bubble pack (a type of pharmaceutical packaging where individual doses of medication are sealed in separate cavities or bubbles) provided by the pharmacy was labeled (continued on next page)

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F 0760 Level of Harm - Actual harm Residents Affected - Few	to give daily and not weekly.During an interview on 1/12/26 at 12:04 p.m. with Licensed Vocational Nurse (LVN 1), LVN 1 stated she admitted Resident 1 to the facility on [DATE]. LVN 1 stated she was the nurse who placed the acute hospital discharge orders into the facility computer system but could not remember how or why the order for methotrexate was changed from weekly to daily.During a review of Resident 1's acute hospital Emergency Documentation ([NAME]), dated 12/17/25, at 5:59 PM, the [NAME] indicated, The (Resident 1) presented with life-threatening cytopenias (Cytopenia means that you have low levels of red blood cells [anemia - a common condition characterized by a lack of healthy red blood cells or hemoglobin (an iron-rich protein in red blood cells that transports oxygen from the lungs to the body's tissues. Normal levels are generally 13.8 - 18.0) to carry sufficient oxygen to body tissues, resulting in fatigue, weakness, and pale skin], white blood cells [leukopenia] or platelets [thrombocytopenia]) and acute bleeding, evidenced by critical neutropenia (a condition characterized by an abnormally low count of neutrophils [a type of white blood cell essential for fighting bacterial infections. Neutrophils normally range from 1,500 to 8,000].) . WBC 0.24 [normal is 4,500 to 11,000] . neutrophil 0.00, thrombocytopenia (a condition characterized by a low blood platelet count, which is below 150,000. It can cause increased bruising [discoloration] and bleeding) . and anemia . hemoglobin 7.0 . along with organ (Body organs are specialized organized structures made of tissues that perform vital functions to keep us alive. An example would be the brain and lungs) dysfunction . Diagnosis is methotrexate toxicity with multi-organ involvement. admission to the hospital for critical care, transfusion support (when blood or blood products are placed into the body), and ongoing monitoring was required due to high risk of infection, bleeding, and further organ compromise. Acute bleeding manifested as epistaxis (bloody nose) required oxymetazoline nasal spray (medication that decreases blood vessels [structures in the body that circulate blood throughout your body]), tranexamic acid (medication to prevent heavy bleeding), and pending platelet transfusion (a procedure that injects donor platelets into a patient's vein to stop or prevent bleeding when their own platelet count is too low). Organ dysfunction is evidenced by acute kidney injury (a sudden, often reversible, drop in kidney function occurring within hours or days) . transaminitis (inflammation [the body's natural response to injury or infection] and/or damage to the liver [functions as a vital processing plant, filtering blood, breaking down toxins, producing bile for digestion, and storing energy]). Given the critical nature of the cytopenias, active bleeding, and multi-organ involvement, the patient requires admission to a monitored setting for ongoing critical care, transfusion support, and specialist consultation. The patient meets criteria for sepsis (a life-threatening reaction to an infection that causes your immune system to harm healthy tissues and organs) with suspected infection and systemic inflammatory response (SIRS - the body's massive, widespread alarm reaction to severe stress, such as infection and trauma. If left untreated, it can lead to organ failure). Critical Care Statement: Given that this (Resident 1's) symptoms presented the potential for a high probability of imminent deterioration in the patient's condition, I spent 47 minutes exclusive of other billable procedures involved in direct patient care of high-complexity medical decision making that required constant attendance, otherwise there was the likely sudden, significant deterioration in the patient's condition from respiratory failure (occurs when your lungs cannot get enough oxygen into your blood or cannot remove enough carbon dioxide from it, making it difficult to breathe). (Resident 1) requires inpatient admission for life-threatening cytopenias, including severe neutropenia (low levels of neutrophils) and thrombocytopenia (low level of platelets), with active bleeding and multi-organ dysfunction. Primary Diagnosis . Methotrexate toxicity . Secondary Diagnosis . Neutropenia . Thrombocytopenia . Anemia . Acute Kidney Failure (sudden decrease in kidney function).During a review of Resident 1's acute hospital History and Physical Reports (HPR), dated 12/17/25, at 10:12 PM, the HPR indicated, the acute hospital, Confirmed with nursing home, (Resident 1) was getting methotrexate . daily, suspect methotrexate overdose (happens when a toxic amount of a drug, or combination of drugs overwhelms the body).During a review of Resident 1's acute hospital Discharge Documentation (DD), dated 1/29/26, at 12:02 PM, the DD indicated, (continued on next page)

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F 0760 Level of Harm - Actual harm Residents Affected - Few	(Resident 1) had a prolonged hospital course . general, (Resident 1) was admitted for epistaxis found to have a suspected methotrexate toxicity with severe acute thrombocytopenia as well as pancytopenia (blood disorder defined by low counts of three blood types [red cells, white cells, platelets]. Hematology (medical study of blood) team was consulted and reversal agents (medications) were started immediately. (Resident 1) subsequently developed septic shock (a life-threatening medical emergency where a severe, widespread infection causes the immune system to overreact, leading to dangerously low blood pressure and poor blood flow) . (Resident 1) also developed acute renal failure (loss of kidney function) requiring dialysis (a life-sustaining medical treatment that filters waste products and excess fluid from the blood when the kidneys fail) . (Resident 1) . unfortunately developed respiratory failure . At this time (Resident 1) was transition to comfort care (approach focused on improving quality of life by relieving pain, symptoms, and stress when facing serious or terminal illness [a condition that cannot be cured or treated effectively leading to death]) will be discharged . on hospice (specialty that is used for end-of-life care).During a review of Resident 1's Certification of Vital Record (CVR - death certificate), the CVR indicated, Resident 1 passed away on 1/31/26 with the following diagnoses:a. Acute Renal Failureb. Methotrexate Toxicityc. Rheumatoid ArthritisThe CVR indicated, THE (Resident 1) INGESTED A TOXIC AMOUNT OF METHOTREXATE.During an interview on 3/11/26 at 11:33 a.m. with LVN 2, LVN 2 stated a medication alert means there is a contraindication or concern with the medication. LVN 2 stated staff are supposed to contact the facility pharmacy or the MD to see if it is safe to give the medication to Resident 1.During an interview on 3/11/26 at 11:35 a.m. with Registered Nurse (RN 1), RN 1 stated the purpose of a medication alert is to have staff make sure the medication is safe to give to the residents.During an interview on 3/11/26 at 11:41 a.m. with LVN 3, LVN 3 stated a medication alert is a notification for staff to call the pharmacy and the MD to clarify the medication order. LVN 3 stated a medication alert can come up for a resident if there is a dosage concern, a concern of the medication interacting with another medication, and/or if the medication order was inputted incorrectly in the computer system.During an interview on 3/12/26 at 3:34 p.m. with Assistant Director of Nurses (ADON), ADON stated I (ADON) feel like this could have been caught and not sure why the system failed.During a review of the Manufacturer's black box warning dated 3/18, the black box warning indicated under Warnings: .Methotrexate should be used only by physicians whose knowledge and experience include the use of antimetabolite (chemotherapy drugs that prevent cancer cells from making more cancer cells) therapy because of the possibility of serious toxic reactions (which can be fatal). Deaths have been reported with the use of Methotrexate in the treatment of malignancy (presence of cancerous cells), psoriasis (is a skin disease that causes a rash with itchy, scaly patches) and RA.During a review of the facility's policy and procedure (P&P) titled, Medication Administration, undated, the P&P indicated, Medication are administered by licensed nurses or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice . Ensure that the six rights of medication administration are followed . right dosage . right time . Refer to drug reference material if unfamiliar with the medication, including its mechanism of action or common side effects. If administering . immunosuppressant medications (medications that calm or weaken the immune system), follow pharmacy instructions for handling and administering of those specific medications. Report and document any adverse side effects . Correct any discrepancies and report to nurse manager.