

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 04/21/2026
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 0826</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor.</p> <p>Based on interview and record review, the facility failed to verify one of four sampled respiratory therapists (RT 1) were licensed by the state, prior to hiring and performing respiratory care. This failure resulted in RT 1 providing respiratory care to residents without a state license and the potential to put residents at risk for harm. Findings:During a review of RT 1's New Hire Form (NHF) dated 7/14/25, the NHF indicated, Date of Hire.7/14/25.Position Title.RT.During a review of RT 1's Termination Form (TF) dated 4/14/26, the TF indicated, (RT 1) .termination date.4/14/26.failure to possess the licensure/certification required by the position.During an interview on 4/21/26 at 12:48 p.m. with Human Resources (HR), HR stated RT 1 was hired on 7/14/25 and worked as an RT. HR stated when an RT was hired their license was to be verified with the Department of Consumer Affairs prior to being employed. HR was unable to provide evidence of RT 1's state licensure being verified prior to hire. HR stated RT 1 did not have a state license prior to being hired or at time of termination. During a review of the Respiratory Therapist - Job Description (RTJD) undated, the RTJD indicated, Required Qualification.The respiratory therapist must possess.a valid, unrestricted license in his/her therapy discipline in the state.During a review of the facility's policy and procedure (P&P) titled, License Verification undated, the P&P indicated, The Human Resources Director, or designee, is responsible for maintaining and ensuring the validity and current status of individual certification/licensure.</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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