

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05A027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2025
NAME OF PROVIDER OR SUPPLIER  Sierra Vista		STREET ADDRESS, CITY, STATE, ZIP CODE  3455 East Highland Ave Highland, CA 92346	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure resident's rights to be free from physical restraint (a manual method, physical or mechanical device or material that restricts the resident's freedom of movement or normal access to his/her body), for one of one resident (Resident 1), were followed when a Certified Nursing Assistant (CNA 1) placed his arm over Resident 1's shoulders, restricting his movement, on June 8, 2025.</p> <p>This failure had the potential for Resident 1 to be at risk for physical and psychological harm (the unpleasant emotional or psychological symptoms that individuals experience when they feel overwhelmed, impacting their quality of life).</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record (clinical record with demographic information), the admission Record indicated, Resident 1 was admitted to the facility on [NAME] 3, 2025, with diagnoses which included schizophrenia unspecified (a chronic mental illness characterized by significant disturbances in thought, perception, emotion, and behavior), and functional dyspepsia (a condition characterized by persistent or recurring pain or discomfort in the upper abdomen).</p> <p>During a concurrent observation and interview, on June 26, 2025, at 3:20PM, with Resident 1, in his room sitting on bed. Resident 1 stated, on June 8, 2024, at approximately 6:10 PM, he was in the room (an area in which residents are typically not permitted without supervision that had a vending machine).</p> <p>During a concurrent observation and interview, on June 26, 2025, at 3:35 PM, with the Administrator (Admin), in the hallway, there was a small room with open door next to a bathroom, inside the room, there was a vending machine and microwave. The admin stated that it was the room where the incident took place. The admin further stated Resident 1 was inside the room, unsupervised. CNA 1 then entered the room and asked him to leave but Resident 1 repeatedly calling him Fagette and refuse to leave the room. Resident 1 became agitated, and CNA 1 puts his hands over Resident 1's shoulder, to escort him out the room.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05A027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2025
NAME OF PROVIDER OR SUPPLIER  Sierra Vista		STREET ADDRESS, CITY, STATE, ZIP CODE  3455 East Highland Ave Highland, CA 92346	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Nurses Progress Notes, dated June 8, 2025, at 6:41 PM, the Nurses Progress Notes indicated, Documenting staff was on lunch break and saw [name of Resident 1] using the vending machine unsupervised. Document staff was asking [name of Resident 1] what he was doing. While trying to answer, another staff member [CNA 1] came and began to say that he's seen [name of Resident 1] do this before. [name of Resident 1] and the other staff member [CNA 1] started engaging in a verbal altercation. During the verbal altercation, 2 additional staff members came to help de-escalate the situation. The staff member [CNA 1] that [name of Resident 1] was arguing with pushed him [Resident 1] against the wall and held his arm there. They were separated and [name of Resident 1] returned to his visit and was given a grievance form to fill out.</p> <p>During a review of the facility's document titled, Event Summary Report, dated June 13, 2025, the Event Summary Report, indicated, . The identified Staff initiated capture of Resident by taking hold of Resident and holding him to the wall against which Resident was already standing . investigators determined Resident's [Resident 1] behavior did not pose an imminent danger and, therefore, capture was not indicated. The identified staff's actions were not consistent with facility policy regarding criteria for restrictive behavioral intervention .</p> <p>During a concurrent interview and record review on June 26, 2025, at 3:50 PM with the Admin, the facility's policy and procedure (P&amp;P) titled, STP305-CA Restrictive Behavioral Interventions (RBI): Philosophy of Care, dated November 01, 2017, was reviewed. The P&amp;P indicated, . Prior to the use of physical and /or psychopharmacological restraints: .Will only be used as emergency measures to protect the resident from injury to self or to others . Containment means a brief physical restraint of a person for the purpose of effectively gaining quick control of a person who is aggressive or agitated, or is a danger to self or others . The Admin stated CNA1 did not follow the procedure. The Admin further stated, Resident 1 was not a danger to himself, or others and CNA 1 should not have used its arm to restrain Resident 1, even though it was with good intention. Admin stated, it did not need to be escalated to that.</p>		