

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 12/12/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47098</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were administered according to the facility's policies and procedures (P&P) for two of 71 residents (Resident 22 and 85) when:</p> <ol style="list-style-type: none"> 1. For Resident 22, 11 tablets of Clozapine (medication used to treat severely ill patients with serious mental illness that have difficulty distinguishing what is real and what is not) 50 mg (milligrams- unit of measurement) were found with an expiration date of August 9, 2024 (expired 124 days) and were available for resident use when stored in Unit 2's medication cart (Cart 2). 2. For Resident 85, five tablets of Vitamin B6 (a vitamin used to treat movement disorder) 100 mg were found with an expiration date of December 3, 2024 (expired 8 days) and were available for resident use when stored in Unit 2's medication cart (Cart 1). <p>These failures had the potential for the medications to lose their potency over time, making them less effective and to adversely affect the health and safety of Residents 22 and 85.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 22's clinical records, the Admission Record (contains demographic and medical information) indicated, Resident 22 was admitted to the facility on [DATE], with diagnoses of paranoid schizophrenia (mental illness characterized by significant disruptions in thought processes, perceptions, emotions, and social interactions with false beliefs or sensory experiences that are not real), insomnia (difficulty falling or staying asleep), and hyperlipidemia (high concentration of fats in the blood). <p>During a review of Resident 22's physician order, dated May 25, 2023, the physician order indicated, Resident 22 had an order for Clozapine 50 mg by mouth three times a day for Disrobing in Public related to PARANOID SCHIZOPHRENIA).</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
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on December 11, 2024, at 7:55 AM, with the Registered Nurse (RN 1). The RN 1 opened the contents of medication cart 2 and found a bubble pack (a card that packages doses of medication within small plastic bubbles) containing Resident 22's tablets of Clozapine 50mg. The RN 1 stated the label on the bubble pack indicated an expiration date of August 9, 2024 (expired 124 days). The RN 1 counted the contents of the bubble pack and stated there were 11 remaining tablets.</p> <p>During a concurrent interview and record review on December 11, 2024, at 9:11 AM with the Director of Nursing (DON), the facility's P&P titled, Medication storage in the facility, dated April 2008 was reviewed. The P&P indicated, .Outdated .medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed or according to procedures for medication disposal, and reordered from the pharmacy if a current order exists. The DON stated the policy was not followed and further stated there should be no expired medication stored in the medication cart.</p> <p>2. During a review of Resident 85's clinical record, the Admission Record, indicated, Resident 85 was admitted to the facility on [DATE], with diagnoses of schizophrenia, neutropenia (a abnormally low number of white blood cells that fights infection), and astigmatism (eye condition where the lens on the eye has an irregular curvature)</p> <p>During a review of Resident 85's physician's order dated February 27, 2023, the physician order indicated, Resident 85 had an order for Vitamin B6 100 MG tablets.</p> <p>During concurrent observation and interview on December 11, 2024, at 8:10 AM, with a Licensed Vocational Nurse (LVN 1), LVN 1 opened the contents of medication cart 1 and found a bubble pack containing Resident 85's tablets of Vitamin B6 100 mg. LVN 1 stated the label on the bubble pack indicated an expiration date of December 3, 2024 (expired 8 days). LVN 1 counted the contents of the bubble pack and stated there were five remaining tablets.</p> <p>During an concurrent interview and record review on December 11, 2024, at 9:14 AM with the DON, the facility's P&P titled, Disposal of medications and medication-related supplies, effective date December 2018, which indicated If a medication expires .[medication] shall be marked or otherwise identified and shall be stored in a separate location designated solely for this purpose .and destroyed in accordance with the Medication Destruction policy. The DON stated the policy was not followed and further stated there should be no expired medications stored in the medication cart.</p> <p>During a telephone interview on December 11, 2024, at 11:03 AM, with the facility's Pharmacy Consultant (PC), the PC stated non-controlled expired medications should not be left in medication carts and be removed to disposal area, so it does not get mixed up with non-expired medications and be given to residents.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47098</p> <p>Based on observation, interview, and record review, the facility failed to ensure secure storage of medications when one of two medication rooms (Unit 2's medication room) and two of three medication carts (Medication Cart 1 and 2 in Unit 2's medication room - carts used by licensed nurses and Psych technicians [PT] to hold medications for all residents) were found unlocked and unattended by a licensed nurse and PT.</p> <p>This failure had the potential for medications to be accessed and dispersed by an unauthorized person, in a vulnerable population of 71 residents.</p> <p>Findings:</p> <p>During an observation on December 10, 2024, at 4:40 PM, PT 1 was inside Unit 2's medication room, using medication cart 1 and 2. Psych Tech left the nurses station and went across the hall to a locked closet to assist a resident. PT 1 left Unit 2's medication room, medication cart 1, and medication cart 2 unlocked and unattended.</p> <p>During a concurrent observation and interview on December 10, 2024, at 4:45 PM, with PT 1, PT 1 walked towards the opened Unit 2's medication room door and went inside. When PT 1 was asked about the opened medication room and unattended unlocked carts, he stated, If the medication room door is locked, cart 1 and cart 2 does not have to be locked. Oh but I see now that the medication room door was not closed all the way and the carts are not locked. PT1 then went to medication cart 1 and medication cart 2 and proceeded to lock them. PT 1 further stated it should have been locked when unattended to prevent unauthorized people from opening the cart.</p> <p>During a concurrent interview and record review, on December 10,2024, at 4:49 PM, with the Director of Nursing (DON), the facility's policy and procedure (P&P) titled, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier., dated, April 2008. was reviewed. The P&P indicated, .Medication cart is locked at all times unless in use and under the direct observations of the medication nurse . The DON stated the policy was not followed and further stated the medication carts were expected to be kept locked when unattended because someone who was not authorized can take the medications away from the cart.</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>47098</p> <p>Based on observation, interview, record review, the facility failed to prepare food in a form designed to meet the need of one resident (Resident 28) when Resident 28's lunch on Monday, December 9, 2024, had visible chunks of food. This failure had the potential to result in Resident 28 choking during the meal.</p> <p>Findings:</p> <p>During an observation on December 9, 2024, at 12:24 AM, in Unit 2's dining room, Resident 28's tray consisted of chicken potpie and carrots with notable lumps present. Resident 28's diet ticket stated dysphagia puree. (food texture that is smooth).</p> <p>During an interview on December 10, 2024, at 11:40 AM with the Dietary Supervisor (DS), in the kitchen, the DS stated that Resident 28's diet order is dysphagia puree. The DS further stated the meal should have had a smooth texture with no lumps.</p> <p>During an interview on December 11, 2024, at 8:15 AM with the Registered Dietician, the RD stated that Resident 28's diet order is dysphagia puree and that the order should have been followed. The RD further stated the expectation for a dysphagia puree diet is to have no lumps and to be smooth like pudding.</p> <p>During a review of the Physician Orders for Resident 28, the ordered diet stated Resident 28 is to have a consistent carbohydrate (CCD) diet; dysphagia puree texture, pureed meats with gravy/sauce.</p> <p>During a review of the Nutritional Assessment, dated November 11, 2024, the nutritional assessment indicated the dysphagia puree diet for Resident 28 was appropriate for chewing ease and swallowing safety due to Resident 28's seven missing teeth.</p> <p>During a concurrent interview and record review on December 11, 2024, at 10:20 AM with the Facility Administrator, the facility's policy and procedure (P&P) titled, Menu, revised September 2017 was reviewed. The P&P indicated, Menus will be served as written, unless a substitution is provided in response to preference, unavailability of an item, or a special meal. The facility administrator stated the facility staff should have followed the P&P.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47098</p> <p>Based on observation, interview, and record review, the facility failed to store and prepare food in accordance with professional standards for food safety when:</p> <ol style="list-style-type: none"> 1. A toaster was stored in the dry storage, and it had an accumulation of food residue. 2. On the floor under the industrial mixer, there was black grime, food crumbs, and paint splashes. 3. The shelf under the cook's preparation area that was storing clean pans had crusted food and debris. 4. In the Unit 2 kitchen area where food is served to the residents, the refrigerator door handle had crusted food and smudges. Under the steam table, there was a storage compartment that had black grime and food debris. <p>These failures had the potential to result in accumulating pathogenic microorganisms (germs or infectious agents that can cause disease) and to attract insects or rodents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on December 9, 2024, at 8:10 AM, in the kitchen's dry storage room, an unused toaster with crusted debris and crumbs was observed on a shelf rack. The Dietary Supervisor (DS) stated that the toaster works but is not currently in function. The DS further stated the unused toaster should not have been stored in the dry storage room and will be removed and cleaned. <p>During an interview on December 11, 2024, at 8:15 AM, with the Registered Dietician (RD), the RD stated the expectation for the kitchen is to be cleaned, with no presence of grime or crusted food.</p> <p>During a review of the FDA Federal Food Code, dated 2022, section 6-601.11, titled, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, indicated, Equipment food-contact surfaces and utensils shall be clean to sight and touch .The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations .Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. The FDA Food Code, Section 4-601.11, further indicated, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted.</p> <ol style="list-style-type: none"> 2. During a concurrent observation and interview on December 9, 2024, at 8:18 AM, in the kitchen, paint splashes, crumbs, and black grime were observed on the floor behind underneath the industrial mixer. The DS stated that the kitchen was recently painted, but there should not be any paint on the floor. The DS further stated that the kitchen is deep-cleaned every Thursday, but it was not done the week prior. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on December 11, 2024, at 8:15 AM, with the Registered Dietician, the RD stated that the expectation is for the kitchen to be cleaned weekly, with no presence of paint splashes, crumbs, and black grime.</p> <p>During a concurrent and record review on December 11, 2024, at 10:20 AM with the Facility Administrator, the facility's policy and procedure (P&P) titled, Environment, revised September 2017 was reviewed. The P&P indicated, All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition .Ensure the kitchen is maintained in a clean, sanitary manner, including floors, walls. ceiling, lighting, and ventilation. The facility administrator stated the facility staff should have followed the P&P.</p> <p>3. During an observation on December 9, 2024, at 8:25 AM, in the kitchen, crusted food and stains were observed on the metal pans and trays underneath the cook's prep table. The DS stated the pans and trays were cleaned by the cooks every day. The DS further stated it should have been cleaned.</p> <p>During a concurrent and record review on December 11, 2024, at 10:20 AM with the Facility Administrator, the facility's policy and procedure (P&P) titled, Environment, revised September 2017 was reviewed. The P&P indicated, All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition .Ensure the kitchen is maintained in a clean, sanitary manner, including floors, walls. ceiling, lighting, and ventilation. The facility administrator stated the facility staff should have followed the P&P.</p> <p>4. During an observation on December 9, 2024, at 9:03 AM, in unit 2's kitchenette, the refrigerator handle had sticky residue. The compartment underneath the steam table had black residue and debris. The DS stated that it was not acceptable, and both had to be cleaned.</p> <p>During a concurrent and record review on December 11, 2024, at 10:20 AM with the Facility Administrator, the facility's policy and procedure (P&P) titled, Environment, revised September 2017 was reviewed. The P&P indicated, All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition .Ensure the kitchen is maintained in a clean, sanitary manner, including floors, walls. ceiling, lighting, and ventilation. The facility administrator stated the facility staff should have followed the P&P.</p> <p>During a review of the FDA Federal Food Code, dated 2022, section 6-601.11, titled, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, indicated, Equipment food-contact surfaces and utensils shall be clean to sight and touch .The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations .Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. The FDA Food Code, Section 4-601.11, further indicated, The objective of cleaning focuses on the need to remove organic matter from food-contact surfaces so that sanitization can occur and to remove soil from nonfood contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>47098</p> <p>Based on observation, interview, and record review, the facility failed to maintain equipment in safe operating condition when the refrigerator had corrosion on the walls and expanding foam visible from behind the refrigerator wall. This failure had the potential to result in unsafe temperature control for safety foods and the accumulation of bacterial growth (germs that can cause illness).</p> <p>Findings:</p> <p>During an observation on December 9, 2024, at 8:18 AM, in the kitchen, corrosion on the bottom walls of the walk-in refrigerator was observed. There was a yellow expanding foam visible from behind the posterior refrigerator wall. The Dietary Supervisor (DS) stated the foam was from the previous maintenance repair, and it should not have been visible. The DS further stated there should not be corrosion on the walls.</p> <p>During an interview on December 11, 2024, at 8:15 AM, with the Registered Dietician (RD), the RD stated the fridge should not have had corrosion on the walls and visible expanding foam from repair.</p> <p>During a concurrent interview and record review on December 11, 2024, at 10:20 AM with the Facility Administrator, the facility's policy and procedure (P&P) titled, Equipment, revised September 2017, was reviewed. The P&P indicated, All foodservice equipment will be clean, sanitary, and in proper working order. All non-food contact equipment will be clean and free of debris. The facility administrator stated that the facility did not follow the P&P.</p> <p>During a review of the FDA Federal Food Code, dated 2022, section 4-501.11, titled, Good Repair and Proper Adjustment, indicated, Equipment shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. The FDA Food Code, Section 4-501.11, further indicated, Proper maintenance of equipment to manufacturer specifications helps ensure that it will continue to operate as designed. Failure to properly maintain equipment could lead to violations of the associated requirements of the Code that place the health of the consumer at risk. For example, refrigeration units in disrepair may no longer be capable of properly cooling or holding time/temperature control for safety foods at safe temperatures.</p>		