

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Surprise Valley Community Hospital D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 741 N. Main Street Cedarville, CA 96104	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interviews and record reviews the facility failed to develop and implement a care policy for residents that required end of life care. This had the potential for residents not to receive compassionate, dignified, and personalized care during their final days. Findings:During a concurrent interview and record review on 1/15/26 at 8:50 am, with Medical Records Manager (MRM), the undated policy and procedure (P&P) titled, Comfort Care and End-of-Life was reviewed. MRM indicated the facility did not have an official P&P in place and stated, we just started the development of the comfort care policy, it's developed, but has not been approved.During an interview on 2/26/26 at 3:58 pm, the Director of Nursing indicated they were unaware if the facility had a policy on end-of-life care before developing the Comfort Care and End of Life policy.</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