

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2025
NAME OF PROVIDER OR SUPPLIER Sierra View Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 465 W Putnam Ave Porterville, CA 93257	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to implement their policy and procedure for INFECTION CONTROL GUIDELINE FOR PEOPLE WITH HEAD LICE (PEDICULUS HUMANUS CARPITIS- tiny, wingless, blood-feeding insects that live on the human scalp and hair) for one of three sampled residents (Resident 1). This failure resulted in delayed treatment for Resident 1 and had the potential for lice to spread throughout the facility affecting other residents, staff, and visitors. Findings: During an interview on 12/17/25 at 8:56 a.m. with complainant, complainant stated on 11/6/25 at approximately 8:13 p.m. they found Resident 1 with lice on his pillow. Complainant stated she reported the finding of lice to staff (unable to identify). Complainant stated on 11/16/25 she found Resident 1 with more lice and reported it to staff (unable to identify). Complainant stated on 11/17/25 she found lice on Resident 1 again and reported it to staff (unable to identify). Complainant on 11/17/25 staff she spoke to had no knowledge of the previous complaints about lice and placed Resident 1 on isolation (State of being separated from others. Isolation is sometimes used to prevent disease, infection, and/or other contagious issues from spreading). During a review of Resident 1's Progress Note - Subacute (PNS), dated 10/30/25, the PNS indicated, Resident 1 was admitted to the facility on [DATE] with diagnosis of persistent vegetative state (someone's brain is severely damaged, so they seem awake (eyes open, sleep-wake cycles) but are totally unaware of themselves or their surroundings, lacking thinking or purposeful actions, though basic reflexes and body functions (like breathing) can still work), chronic respiratory failure (lungs gradually become too weak or damaged over time to do their main job: getting enough oxygen into your blood), and ventilator dependence (relying on a machine to breathe due to the body being unable to do it on its own). During an interview on 12/17/25 at 12:52 p.m. with Licensed Vocational Nurse (LVN) , LVN 1 stated he had worked with Resident 1 on 11/6/25 but was not made aware of any lice from family and/or staff. LVN 1 stated if he had been made aware he would have placed Resident 1 immediately on isolation. During an interview on 12/17/25 at 12:55 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated she had worked with Resident 1 on 11/6/25. CNA 1 stated complainant had told her about Resident 1 having head lice. CNA 1 stated complainant showed her a picture of the lice on 11/6/25. CNA 1 stated she could not remember if she had reported the lice to her nurse and stated she could not remember who the nurse was. During a concurrent interview and record review on 12/17/25 at 1:02 p.m. with Infection Control Nurse (ICN), Resident 1's Electronic Medical Chart (EMC), was reviewed. ICN stated she was not notified of Resident 1's lice infestation on 11/6/25. ICN stated Resident 1 was placed on isolation for lice on 11/16/25 (10 days after the lice were initially observed). ICN stated the facility interventions for lice is to immediately place the resident or residents on isolation and notify the physician. ICN stated there was no physician notification about Resident 1 having a lice infestation made on 11/6/25. During an interview on 12/17/25 at 1:05 p.m. with Registered Nurse (RN) 1, RN 1 stated he had worked with Resident 1 on 11/16/25 and noted family had made a complaint about him</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>having lice. RN 1 stated he assessed Resident 1 and noted lice. RN 1 stated he immediately placed Resident 1 on isolation. RN 1 stated he had not received any type of report prior indicating Resident 1 had lice. RN 1 stated complainant had stated she reported the issue with lice with other staff in the past (not identified). During a review of the facility's policy and procedure (P&P) titled, INFECTION CONTROL GUIDELINE FOR PEOPLE WITH HEAD LICE (PEDICULUS HUMANUS CARPITIS), undated, the P&P indicated, Pediculosis (head lice infestation) is caused by a parasitic insect Pediculus humanus capitis that feeds on human blood. Although they are found throughout the world P. humanus capitis is not known to spread disease. Head lice move by crawling and do no [sic] jump, hop or fly, thus requiring close contact to spread. Infestation is most likely to occur among children attending day care, elementary school and the family members of those children. This policy covers information to prevent the transmission of lice within the healthcare setting . PURPOSE . To prevent the transmission of lice within the healthcare setting. AFFECTED PERSONNEL AND AREAS . All staff in clinical areas, all employees and all patients . Lice have an incubation period of 7 - 14 days from the time of exposure to the causative agent until the first symptoms develop. The mode of transition requires direct person-to-person contact or contact with infected combs, brushes, towels, bedding or furniture. Transmission may occur as long as the nits are viable and/or the lice are alive on the infested person or object . PATIENT PRECAUTIONS . Place patient in Contact Isolation . Place patient in Contact Isolation . Gown and gloves for contact with patient, patient's clothing and bed linens (long hair should be pulled back and placed in a disposable hair bonnet). All bed linens must be bagged in a plastic bag. Tie bag closed; change into a clean pair of gloves and take to laundry bag. Place patient's clothing and headwear in a plastic bag and send home. Notify Physician and get an order for head lice treatment. DURATION OF PRECAUTIONS: Until 24 hours after therapy has been given. Examine patient 48 hours after therapy administered to verify effectiveness. REPORTING . Report all inpatient cases to the Infection Prevention Department . ENVIRONMENTAL CLEANING Routine cleaning by Housekeeping .</p>		