

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 04/10/2025
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>44134</p> <p>Based on observation, interview, and record review, the facility failed to ensure five of 28 sampled resident's (Resident 184, Resident 20, Resident 9, Resident 6, and Resident 134) head of bed (HOB) was elevated during G-tube feeding (gastrostomy tube - G tube a small flexible to tube surgical inserted through the abdomen and placed into the stomach to deliver nutrition, fluids, and medication directly into stomach). This failure had the potential to cause aspiration (liquid or food enters into the lungs instead of the stomach) and choking for Resident 184, Resident 20, Resident 9, Resident 6, and Resident 134.</p> <p>Findings:</p> <p>a. During a concurrent observation and interview on 4/6/25 at 11:06 a.m. with Registered Nurse Supervisor (RNS) in Resident 184's room, Resident 184 was laying in bed with the HOB elevated to 18 degrees (measured by the bed electronically). Resident 184 was receiving Jevity (tube feeding formula) 1.5 via a feeding pump connected to Resident 184's G-tube at a rate of 45 ml/hr. RNS stated Resident 184's HOB was elevated to 18 degrees and should have been elevated to 35 degrees while receiving G - tube feedings.</p> <p>During a review of Resident 184's Current Active Orders (CAO), dated 3/22/25, the CAO indicated, Jevity. Instructions: Run at 45 ml/hr x 22 hrs via pump.Ensure HOB is elevated to at least 35 degrees during feeding.</p> <p>b. During a concurrent observation and interview on 4/6/25 at 11:21 a.m. with Registered Nurse (RN) 1 in Resident 20's room, Resident 20 was laying in bed with the HOB elevated to 20 degrees. Resident 20 was receiving Jevity via a feeding pump connected to Resident 20's G-tube at a rate of 60 ml/hr. RN 1 stated Resident 20's HOB was elevated to 20 degrees and should have been elevated to 30 degrees while receiving G- tube feedings.</p> <p>During a review of Resident 20's Current Active Orders (CAO), dated 1/17/25, the CAO indicated, Jevity. Instructions: Via pump at 60 ml/hr for 22 hrs.Ensure HOB is elevated to at least 35 degrees during feeding.</p> <p>During a review of Resident 20's, Tube Feeding Care Plan (TFCP), dated 12/15/23, the TFCP indicated, [Resident 20's] HOB will be elevated to at least 35 degrees to preventing aspirations.</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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. During a concurrent observation and interview on 4/8/25 at 10:26 a.m. with Director of Nursing (DON) in Resident 9's room, Resident 9 was laying in bed with the HOB elevated to 23 degrees(measured by the bed electronically). Resident 9 was receiving Jevity via a feeding pump connected to Resident 9's G-tube at a rate of 45 ml/hr. DON stated Resident 9's HOB was elevated to 20 degrees and should have been elevated to 30 degrees unless there was a TFCP to indicate that 30 degrees was not tolerated by resident.</p> <p>During a concurrent observation and interview on 4/8/25 at 10:29 a.m. with RN 1 in Resident 9's room, Resident 9 was laying in bed with the HOB elevated to 23 degrees. Resident 9 was receiving Jevity via a feeding pump connected to Resident 9's G-tube at a rate of 45 ml/hr. RN 1 stated Resident 9's HOB should have been elevated to 30 degrees while receiving tube feeding.</p> <p>During a review of Resident 9's Current Active Orders (CAO), dated 9/1/23, the CAO indicated, Jevity. Instructions: Ensure HOB is at least 35 degrees during feeding.45 ml/hr x 22 hrs.</p> <p>During a review of Resident 9's, Tube Feeding Care Plan (TFCP), dated 9/13/23, the TFCP indicated, Ensure HOB elevate to 35 degrees during feeding.</p> <p>42148</p> <p>d. During an observation and interview on 4/6/25 at 11:20 a.m. with Licensed Vocational Nurse (LVN) 1 in Resident 6's room, Resident 6 was receiving a tube feeding via a feeding pump connected to Resident 6's G-tube . Resident 6's head of bed (HOB) was elevated 27 degrees (measured by the bed electronically). LVN 1 stated the HOB should be at least 30 degrees while receiving tube feeding.</p> <p>During a review of Resident 6's, Tube Feeding Order (TFO), dated 6/13/24, the TFO indicated, Promote with fiber [tube feeding formula] to 55 ml/hr [milliliters per hour] x 22 hrs [hours] via GT by pump.</p> <p>During a review of Resident 6's, Tube Feeding Care Plan (TFCP), dated 1/31/24, the TFCP indicated, HOB at least 35 degrees during feedings.</p> <p>e. During an observation and interview on 4/8/25 at 11:15 a.m. with LVN 1 in Resident 134's Room, Resident 134 was receiving Jevity via a feeding pump connected to Resident 134's G-tube . Resident 134's HOB was elevated 26 degrees (measured by the bed electronically). LVN 1 stated the HOB should be 30-35 degrees while receiving tube feeding.</p> <p>During a review of 134's, TFO, dated 4/4/25, the TFO indicated, Jevity 1.2 @ [at] 70 ml/hr x 22 hrs via G tube by pump.</p> <p>During a review of the facility's policy and procedure (P&P) titled, ADMINISTRATION OF FORMULA VIA FEEDING TUBE GRAVITY, BOLUS, PUMP. (undated), the P&P indicated, POLICY: Residents of [facility name] will receive enteral nutrition according to physician orders.PROCEDURE.Elevate head of bed at a 35-45 degree angle during feeding and for at least one hour after the feeding.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>42148</p> <p>Based on interview and record review, the facility failed to ensure their Policy and Procedure (P&P) titled, Medication Storage was followed when four of six sampled [facility name] Narcotic count check sheets [NCCS-requires two licensed nurses to sign and verify count accuracy], were not consistently completed. This failure had the potential for narcotic count errors, narcotic diversion [illegal use of controlled substance] or theft to not be identified.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 4/8/25 at 10:10 a.m. with Registered Nurse Supervisor (RNS), the NCCS, dated November 2024, December 2024, January 2025, February 2025, March 2025, and April 2025 were reviewed. The NCCS' indicated the following:</p> <p>November 2024:</p> <p>11/2/24 at 7 p.m. no licensed nurse signed.</p> <p>11/7/24 at 7 p.m. one licensed nurse signed.</p> <p>11/8/24 at 7 a.m. one licensed nurse signed.</p> <p>11/12/24 at 7 p.m. one licensed nurse signed.</p> <p>11/30/24 at 7 a.m. no licensed nurses signed.</p> <p>December 2024:</p> <p>12/12/24 at 7 p.m. no licensed nurses signed.</p> <p>12/17/24 at 7 a.m. one licensed nurse signed.</p> <p>12/31/24 at 7a.m. no license nurses signed.</p> <p>January 2025:</p> <p>1/14/25 at 7 a.m. one licensed nurse signed.</p> <p>1/20/25 at 7 a.m. no licensed nurses signed.</p> <p>1/28/25 at 7 a.m. no licensed nurses signed.</p> <p>1/31/25 at 7 a.m. one licensed nurse signed.</p> <p>March 2025:</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3/18/25 at 7 a.m. no licensed nurses signed.</p> <p>RNS stated two nurses required to complete the narcotic count at the beginning of each shift and should sign the NCCS to verify the narcotic count was completed. RNS stated dates and/or signature should not be missing on the NCCS logs.</p> <p>During an interview on 4/8/25 at 2:43 p.m. with Director of Nursing (DON), DON stated two nurses are responsible to count the narcotics at the beginning and end of each shift. The two nurses are to complete the NCCS. DON stated there should not be missing signatures on the NCCS.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Controlled Medication Storage, the P&P indicated, Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal and recordkeeping in the facility in accordance with federal, state and other applicable laws and regulations. D. At each shift change, a physical inventory of all controlled medications in Scheduled II-IV, including the emergency supply, is conducted by two license nurses and is documented on the controlled medication accountability record.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44134</p> <p>Based on observation, interview, and record review, the facility failed to ensure pre-made food items were labeled with the use-by date and opened food items were labeled with the opened date. These failures had the potential to result in decreased palatability (tastiness) and foodborne illnesses for residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 4/6/25 at 9:47 a.m. with Nutritional Lead (NL) 1 in the kitchen, 12 individual containers containing approximately one cup of sliced strawberries were in the refrigerator unlabeled and undated. NL 1 stated the strawberries should have been labeled with the prepared and use by date.</p> <p>During a concurrent observation and interview on 4/6/25 at 10:17 a.m. with NL 1 in the kitchen, the tray line refrigerator contained two uncovered and undated containers of strawberry puree and one uncovered and undated container of mixed fruit. NL 1 stated these food items should have been covered and dated with prepared and used by date.</p> <p>During a concurrent observation and interview on 4/6/25 at 10:04 a.m. with [NAME] 1 in the kitchen, [NAME] 1 removed an open 25-pound bag of brown rice from a plastic bin. The 25-pound bag of brown rice did not have an open date. [NAME] 1 stated the brown rice should have been dated with the opened date.</p> <p>During a concurrent observation and interview on 4/6/25 at 10:06 a.m. with [NAME] 1 in the kitchen, [NAME] 1 removed an open 25-pound bag of Panko [brand name] dry breadcrumbs from a plastic bin. The 25-pound bag of breadcrumbs did not have an open date. [NAME] 1 stated the breadcrumbs should have been dated with the opened date.</p> <p>During a review of the facility's policy and procedure (P&P) titled, FOOD SUPPLIES AND STORAGE, (undated), the P&P indicated, Food and supplies will be stored within regulatory guidelines to maintain optimal nutritional composition and prevent all sources of contamination. All foods in process will be covered, labeled when not clearly identifiable, and dated with the expiration date. Foods predated with an expiration date will be dated the day the container was opened.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44134</p> <p>Based on observation, interview, and record review, the facility failed to follow standard practice for infection control when:</p> <ol style="list-style-type: none"> 1. Water in the facility was not tested for legionella (bacteria found in various water sources and can pose a health risk when the bacteria grows and is inhaled by humans). 2. One of One Licensed Vocational Nurses (LVN) 2 did not wear proper Personal Protective Equipment (PPE-garment or device worn to shield an individual from potential harm) while providing respiratory care for one of two sampled residents (Resident 18) who were on contact precaution (Isolation of a resident when there is a high chance to spread contagious bacteria). These failures had the potential to spread disease causing organisms to residents, staff, and visitors. <p>Findings:</p> <p>During a concurrent interview and record review on 4/9/25 at 2:57 p.m. with Safety and Security Manager (SSM), the facility's Variable Legionella Analysis (VLA), dated 3/15/24, 6/3/24, 9/12/24, 12/9/24 and 2/25/25 were reviewed. The VLA dated 3/15/24 indicated, the facility was located on the first floor of the building and a staff restroom sink was tested for legionella. The VLA dated 6/3/24, 9/12/24, 12/9/24 and 2/25/25 indicated no areas of the facility were tested . SSM stated the facility was not tested for legionella on 6/3/24, 9/12/24, 12/9/24 and 2/25/24. SSM stated he was not sure why the facility's water had not been tested for legionella. SSM stated there was a request to start testing this facility for legionella last year and did not know why it was no longer on the list of areas to test. SSM stated the facility should have been tested for legionella on a quarterly basis. SSM stated the facility pipes and water faucets that connect to the hot water heaters should have been tested for legionella.</p> <p>During an interview on 4/10/25 at 9:50 a.m. with Director of Nursing (DON), DON stated she was unaware that the facility was not being tested for legionella.</p> <p>During a review of the facility's Water Management Program (WMP), dated 2024, the WMP indicated, This management plan is designed to control and manage microorganisms in water systems.To ensure levels remain at or below recommended levels, Legionella may be tested on a routine basis upon the discretion of the facility's Water Safety Team. Section 6 provides the details.6. Program Monitoring and Action Plans. Quarterly recommended Total: 26 Legionella samples.</p> <p>42148</p> <p>2. During an observation on 4/6/25 at 11:00 a.m. outside of Resident 18's room, there was signage on his door indicating he was on contact precautions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 4/7/25 at 9:25 a.m. with LVN 2 in Resident 18's room, LVN 2 entered Resident 18's room. Resident 18 was coughing. LVN 2 stated to Resident 18, I am going to suction [when secretions are sucked out of the throat and mouth] you. LVN 2 proceeded to suction Resident 18. LVN 2 was not wearing an isolation gown during suction treatments. LVN 2 stated Resident 18 was on contact precautions and enhanced barrier precautions (precautions used for a resident susceptible to infection). LVN 2 stated, I probably should have been wearing a gown, but I just tried not to get to close to the resident.</p> <p>During a review of facility's policy and procedure (P&P) titled, Contact Precautions, (undated), the P&P indicated, Contact Precautions shall be applied when a microorganism is identified or suspected in a resident that requires precautions beyond standard precautions. Direct contact transmission involves a direct body surface to body surface contact and physical transfer of microorganisms between a susceptible host and a person with known infection or a bacterial colonization as may occur when. resident care activities which require direct personal contact.2. Barrier Protection a. Staff members and visitors should wear gloves and gowns when entering the room. b. wear a gown when entering the room if substantial contact with the resident, body fluids, or environmental surface is anticipated.</p>		