

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555866	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2025
NAME OF PROVIDER OR SUPPLIER Sierra Vista Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1715 South Cedar Fresno, CA 93702	

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>27137</p> <p>Based on interview and record review, the facility failed to administer an antibiotic (a medicine that inhibits the growth of or destroys disease causing microorganisms such as bacteria) as prescribed by a physician for one of three sampled residents (Resident 1).</p> <p>This failure resulted in Resident 1 not receiving antibiotics for an infected left ankle, potentially resulting in worsening infection.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR) , dated 4/21/25, the AR indicated Resident 1 was admitted to the facility with diagnoses that included aftercare for a fractured left ankle.</p> <p>During a review of Resident 1's Progress Note (PN) , dated 3/4/25, by Surgeon 1, the PN indicated, Surgeon 1 had performed surgery on Resident 1's fractured left ankle on 1/4/25. The PN indicated Resident 1 was seen for a follow up visit by Surgeon 1 on 3/3/25. The PN indicated, concern for surgical site infection. Bactrim [an antibiotic] ordered today. The PN indicated Bactrim DS 800-160 milligrams (a unit of measurement) per tablet take one tablet by mouth two times per day for 10 days to begin on 3/3/25 and end on 3/13/25.</p> <p>During a concurrent interview and record review on 4/16/25 at 1:43 p.m. with Director of Nursing (DON), Resident 1's clinical record was reviewed. The DON stated Surgeon 1's physician order for Bactrim to be given to Resident 1 starting on 3/3/25 Did not happen. The DON stated that a process is in place to start an antibiotic within four hours once the order is received.</p> <p>During a concurrent interview and record review on 4/21/25 at 10:21 a.m. with DON, the DON stated after Resident 1's appointment on 3/3/25 with Surgeon 1, Surgeon 1's PN was faxed to the facility and may have been placed in the medical records box and it should have been given to clinical staff, but it was not.</p> <p>During a concurrent interview and record review on 5/2/25 at 10: 40 a.m. with Medical Records (MR) staff, MR stated, the facility received Surgeon 1's PN on 3/4/25. MR stated that when faxes are received via fax, they are uploaded, given to the nurses, and put in the resident's chart. MR stated, Recently there was a hiccup with the nurse not getting it and now we have a follow up meeting the next day to discuss all previous appointments and follow up with paperwork.</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: 555866	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2025
NAME OF PROVIDER OR SUPPLIER Sierra Vista Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1715 South Cedar Fresno, CA 93702	

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>During an interview on 5/2/25 at 10:52 a.m. with DON, the DON stated, The risk of starting [Resident 1's] antibiotic late can lead to possible infection, which she did get.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medication and Treatment Orders , dated 7/16, the P&P indicated, Drug and biological orders must be recorded on the Physician's Order Sheet in the resident's chart.</p>