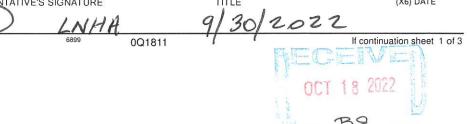
California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:			СОМ		
	CA240001081		B. WING		06/	14/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
LIEDITA		275 GAR		According to the proof of California, in the Administration and			
HERITAG	SE PARK NURSING C	ENTER	CA 91786				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFEREDULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
A 000	Initial Comments		A 000				
	Department of Pub	ets the findings of the California lic Health during a staffing indomly selected days from 1/2020.					
	Representing the Department: R.P., Associate Governmental Program Analyst.						
	14126.022 sets fort to conduct audits of services provided to facilities, and to est conducting such au (AFLs). http://leginfo.legisland	tions (W&I) Code section the the Department's authority fedirect caregiver nursing to residents of skilled nursing ablish procedures for dits through All Facility Letters ature.ca.gov/faces/codes_dis sectionNum=14126.022.&law					
	guidelines for facilit following link:	forth the audit process and ies is available through the ca.gov/Programs/CHCQ/LCP/spx>					
	forth the requirement Assistants is available https://leginfo.legis	Code (HSC) 1337-1338.5, sets nts for Certified Nurse ble through the following link: slature.ca.gov/faces/codes_dis sion=2.&chapter=2.&lawCode					
	to assess an admin the Department det meet the DHPPD re sections 1276.5 or shall assess an Adr facility that fails to n	.022 requires the Department istrative penalty to a SNF if ermines that the SNF fails to equirements pursuant to HSC 1276.65. The Department ministrative penalty to any neet the applicable standard					
	Certification Division	ER/SUPPLIER, REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE	



California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
CA240001081		B. WING	B. WING		06/14/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, 8	STATE, ZIP CODE			
HERITAGE PARK NURSING CENTER 275 GARNET UPLAND, CA							
(X4) ID PREFIX TAG	(EACH DEFICIEN	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	OTION SHOULD BE COMPLETE DATE		
A 000	Continued From page 1		A 000				
	applicable standa DHPPD (CNA), ui	ments on any given day. The rd is 3.5 DHPPD and 2.4 nless an approved Workforce Needs or COVID-19 Waiver is					
	The statute was n following findings:	et as evidenced by the					
	Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), the requirement for 3.5 Direct Care Service Hours Per Patient day based on an approved waiver.						
;	Final Audit Result:						
	Total Distinct Non-Compliant Day(s) = 0						
	10/06/2020 5 10/18/2020 4 10/19/2020 4 10/26/2020 4 10/28/2020 4 11/03/2020 5 11/05/2020 5 11/06/2020 4 11/13/2020 4 11/15/2020 4 11/15/2020 4 11/17/2020 4 11/17/2020 4 11/20/2020 4 11/23/2020 4 11/24/2020 4 11/27/2020 3 12/06/2020 3	5 2.4 00 3.10 53 2.98 51 2.78 75 2.99 80 3.21 92 2.90 39 3.37 44 3.66 81 2.85 13 3.44 07 2.78 66 3.01 33 3.25 48 2.63 52 3.01 49 2.84 94 2.41 56 2.12 89 2.58 58 2.91					

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PRINTED: 09/27/2022 FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
CA24000108		CA240001081	B. WING		06/14/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET A		STATE, ZIP CODE		_	
HERITAGE PARK NURSING CENTER 275 GARNET WAY UPLAND, CA 91786							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
A 000	Continued From pa 12/11/2020 4.8 12/19/2020 4.8 12/21/2020 4.8 12/30/2020 4.8	13 2.48 31 2.81 32 2.85	A 000	DETIGIENCY)			

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