

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA020000115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2021
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

OAKLAND HEALTHCARE & WELLNESS CENTI 3030 WEBSTER STREET
OAKLAND, CA 94609

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a staffing audit visit for 24 randomly selected days from 10/01/2020 to 12/31/2020.</p> <p>Representing the Department: B.T., Associate Governmental Program Analyst.</p> <p>Welfare and Institutions (W&I) Code section 14126.022 sets forth the Department's authority to conduct audits of direct caregiver nursing services provided to residents of skilled nursing facilities, and to establish procedures for conducting such audits through All Facility Letters (AFLs). <http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&lawCode=WIC></p> <p>AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx></p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: <https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&chapter=2.&lawCode=HSC&article=9></p> <p>W&I section 14126.022 requires the Department to assess an administrative penalty to a SNF if the Department determines that the SNF fails to meet the DHPPD requirements pursuant to HSC sections 1276.5 or 1276.65. The Department shall assess an administrative penalty to any facility that fails to meet the applicable standard</p>	A 000	<p>Complaint Number CA02000015</p> <p>Oakland Healthcare and Wellness Center submitted this response and Plan of Correction as part of the requirements under state and federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan or correction with the intention that it is admissible by any third party to any civil, criminal action, or proceedings against the provider or its employees, agents, offers, director, or stakeholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party. The facility desires that this plan of correction be considered the facility's allegation of compliance.</p>	06/20/23

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Ad Administrator

06/20/2023

STATE FORM

6999

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If continuation sheet 1 of 4

California Department of Public Health

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A 000	<p>Continued From page 1</p> <p>for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage, Patient Needs, or COVID-19 Waiver is granted.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>Final Audit Result:</p> <p>Total Distinct Non-Compliant Day(s) = 14</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>10/01/2020</td><td>3.76</td><td>2.58</td></tr> <tr><td>10/02/2020</td><td>3.70</td><td>2.40</td></tr> <tr><td>10/05/2020</td><td>3.65</td><td>2.21</td></tr> <tr><td>10/09/2020</td><td>3.68</td><td>2.27</td></tr> <tr><td>10/10/2020</td><td>3.57</td><td>2.19</td></tr> <tr><td>10/16/2020</td><td>*3.40*</td><td>2.28</td></tr> <tr><td>10/17/2020</td><td>3.62</td><td>2.18</td></tr> <tr><td>10/20/2020</td><td>3.54</td><td>2.17</td></tr> <tr><td>10/23/2020</td><td>*3.43*</td><td>2.04</td></tr> <tr><td>10/24/2020</td><td>3.60</td><td>2.54</td></tr> <tr><td>10/27/2020</td><td>3.64</td><td>2.22</td></tr> <tr><td>11/06/2020</td><td>3.56</td><td>2.21</td></tr> <tr><td>11/13/2020</td><td>*3.16*</td><td>1.80</td></tr> <tr><td>11/17/2020</td><td>*3.38*</td><td>2.05</td></tr> <tr><td>11/24/2020</td><td>*3.17*</td><td>1.98</td></tr> <tr><td>12/01/2020</td><td>*3.40*</td><td>2.05</td></tr> <tr><td>12/11/2020</td><td>*3.36*</td><td>2.09</td></tr> <tr><td>12/12/2020</td><td>*3.21*</td><td>1.93</td></tr> <tr><td>12/13/2020</td><td>*3.35*</td><td>2.03</td></tr> <tr><td>12/16/2020</td><td>*2.18*</td><td>1.38</td></tr> <tr><td>12/17/2020</td><td>*2.57*</td><td>1.55</td></tr> <tr><td>12/22/2020</td><td>*1.59*</td><td>.71</td></tr> <tr><td>12/25/2020</td><td>*2.44*</td><td>1.40</td></tr> <tr><td>12/29/2020</td><td>*3.43*</td><td>1.86</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	10/01/2020	3.76	2.58	10/02/2020	3.70	2.40	10/05/2020	3.65	2.21	10/09/2020	3.68	2.27	10/10/2020	3.57	2.19	10/16/2020	*3.40*	2.28	10/17/2020	3.62	2.18	10/20/2020	3.54	2.17	10/23/2020	*3.43*	2.04	10/24/2020	3.60	2.54	10/27/2020	3.64	2.22	11/06/2020	3.56	2.21	11/13/2020	*3.16*	1.80	11/17/2020	*3.38*	2.05	11/24/2020	*3.17*	1.98	12/01/2020	*3.40*	2.05	12/11/2020	*3.36*	2.09	12/12/2020	*3.21*	1.93	12/13/2020	*3.35*	2.03	12/16/2020	*2.18*	1.38	12/17/2020	*2.57*	1.55	12/22/2020	*1.59*	.71	12/25/2020	*2.44*	1.40	12/29/2020	*3.43*	1.86	A 000	<p>Staffing requirements and current staffing ratios are reviewed daily by managers, including the DON and Administrator. Interventions will be implemented at the time of review. A list of shift needs for CNAs and LNs will be reviewed weekly by nursing management (DON or designee: MDS, DSD, IP, Unit Managers) and staffing coordinators will ensure proper staffing ratios are scheduled each week.</p> <p>The DON and Administrator will monitor staffing needs and review staffing ratios daily to ensure compliance with statutes and regulations. The daily staffing ratios will be reviewed for three months through the QAPI program and evaluated by the Administrator weekly for sustainable compliance. Additional interventions of reduction of census, use of registry staff, increased advertisement will be utilized as necessary.</p> <p>Corrective actions will be completed by 06/30/2023.</p>	06/20/23
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A 200	<p>HSC 1276.65(c)(1)(B) SAS - 3.5 Standard</p> <p>(B) Effective July 1, 2018, skilled nursing facilities, except those skilled nursing facilities that are a distinct part of a general acute care facility or a state-owned hospital or developmental center, shall have a minimum number of direct care services hours of 3.5 per patient day, except as set forth in Section 1276.9.</p> <p>This Statute is not met as evidenced by: Facility failed to meet 3.5 Direct Care Service Hours Per Patient Day (DHPPD), Pursuant to HSC 1276.65(c)(1)(B) for 14 of 24 days.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s).</p> <p>The Director of Nursing (DON) failed to delineate time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DON position.</p> <p>Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22,</p>	A 200		06/20/23	

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A 200	Continued From page 3 section 72533. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees. Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.	A 200		06/20/23	