California Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ 08/10/2022 B. WNG CA040001040 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 650 W. ALLUVIAL WILLOW CREEK HEALTHCARE CENTER **CLOVIS, CA 93611** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 000 A 000 **Initial Comments** The following reflects the findings of the California Department of Public Health during a staffing audit visit for 24 randomly selected days from 07/01/2021 to 09/30/2021. Representing the Department: L.G., Associate Governmental Program Analyst. Health and Safety Code (HSC) section 1276.66 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). <a href="http://leginfo.legislature.ca.gov/faces/codes\_dis">http://leginfo.legislature.ca.gov/faces/codes\_dis</a> playSection.xhtml?sectionNum=1276.66&lawCod e=HSC> AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/">https://www.cdph.ca.gov/Programs/CHCQ/LCP/</a> Pages/AFL-21-11.aspx> HSC 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: <a href="https://leginfo.legislature.ca.gov/faces/codes\_dis">https://leginfo.legislature.ca.gov/faces/codes\_dis</a> playText.xhtml?division=2.&chapter=2.&lawCode =HSC&article=9> HSC section 1276.66 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 for staffing requirements on any given day. The

Licensing and Certification Division

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

Administrator

(X6) DATE

If continuation sheet 1 of 4

PRINTED: 01/16/2025 FORM APPROVED California Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 08/10/2022 CA040001040 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 650 W. ALLUVIAL WILLOW CREEK HEALTHCARE CENTER **CLOVIS, CA 93611** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** DEFICIENCY) A 000 A 000 Continued From page 1 applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage or Patient Needs Waiver is granted. The statute was not met as evidenced by the following findings: Final Audit Result: Total Distinct Non-Compliant Day(s) = 24 Date 3.5 2.4 07/04/2021 \*2.43\* \*1.54\* 07/05/2021 \*2.83\* \*1.83\* 07/08/2021 \*2.78\* \*1.64\* \*2.86\* \*1.77\* 07/09/2021 \*1.70\* 07/14/2021 \*3.00\* 07/16/2021 \*2.89\* \*1.62\* 07/18/2021 \*2.65\* \*1.62\* \*3.02\* \*1.70\* 07/20/2021 \*3.29\* \*2.05\* 08/03/2021 08/04/2021 \*3.06\* \*1.70\* 08/08/2021 \*3.38\* \*2.27\* 08/10/2021 \*3.40\* \*2.04\* \*3.22\* \*1.98\* 08/18/2021 \*1.84\* \*3.12\* 08/26/2021 \*1.88\* 08/28/2021 \*2.95\* \*3.12\* \*1.83\* 08/31/2021 \*3.28\* \*2.00\* 09/01/2021 \*2.23\* 09/02/2021 3.52 \*1.96\* \*3.25\* 09/03/2021 \*1.68\* 09/04/2021 \*2.70\* \*2.98\* \*1.69\* 09/13/2021

09/17/2021

09/26/2021

09/29/2021

\*3.01\*

\*2.63\*

\*2.88\*

\*x.xx\* = non-compliant date

\*1.88\*

\*1.60\*

\*1.61\*

1MMD11

California Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 08/10/2022 CA040001040 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 650 W. ALLUVIAL WILLOW CREEK HEALTHCARE CENTER **CLOVIS, CA 93611** PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 200 Continued From page 2 A 200 A 200 HSC 1276.65(c)(1)(B) SAS - 3.5 Standard A 200 (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. 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 23 of 24 days. The statute was not met as evidenced by the following findings: 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). Employee(s) failed to delineate time spent providing nursing services to skilled nursing care patients, as defined in HSC section 1276.65 and CCR Title 22, section 72309, section 72311 and section 72315, while assigned to perform other duties other than direct care. 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.

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