PRINTED: 12/26/2012

FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING CA940000065 09/20/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2626 GRAND AVENUE INTERCOMMUNITY CARE CENTER LONG BEACH, CA 90815 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 000 Initial Comments A 000 The following reflects the findings of the California This plan of correction constitutes Department of Public Health during a staffing our written credible allegation of visit: Representing the Department: M.P., compliance for the deficiencies Associate Governmental Program Analyst. noted. Welfare and Institutions Code Section 14126.022 is attached hereto and incorporated herein as 'Attachment A.' However, documentation requirements set forth in All Facilities Letter (AFL) 11-19 were not met. In the future, failure to properly complete the CDPH 530 or CDPH 612 forms (or facility equivalent) will result in a deficiency in addition to a finding of non-compliance with the 3.2 minimum NHPDD requirement for each day that proper documentation is not provided. The following documentation requirements were not met as evidenced by AFL 11-19: Section II. Guidelines, Sub-Section 6: Documentation Facilities will be expected to meet the following documentation requirements no later than 14 days from the date of this All Facilities Letter. (b) Each facility shall maintain current, complete. and accurate personnel and payroll records for all employees in accordance with Title 22, Section 72533. The facility shall provide the following documentation upon request: Staffing plan examples will be 1/7/13 1. Census and NHPPD (CDPH 612 or facility developed and implemented detailing alternative form). A 029 1276.5(a) HSC Section 1276 A 029 This plan of correction is prepared in compliance with state and federal regulations, and is not intended to be an admission to or agreement of (a) The department shall adopt regulations the allegations contained in the survey document. setting forth the minimum number of equivalent nursing hours per patient required in skilled

Licensing and Certification Division

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

administrator

(X6) DATE

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California Department of Public Health

STATEMENT	OF	DEFICIENCIES
AND PLAN OF	- C.	ORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

CA940000065

B. WING _____

09/20/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX	SUMMARY STATEMENT OF DE (EACH DEFICIENCY MUST BE PREC	CEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETE
TAG	TAG REGULATORY OR LSC IDENTIFYING INFORMATION	SINFORMATION)	ON) TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
A 029	Continued From page 1 nursing and intermediate care fathe specific requirements of Section 14110.7 provision of law, commencing Jathe minimum number of actual repatient required in a skilled nurs be 3.2 hours, except as provided 1276.9.	ction 14110.7 of de. However, 7 or any other anuary 1, 2000, nursing hours per ing facility shall	A 029	the number of CNA's needed per day and per shift for a particular resident census to meet or exceed 3.2 nursing hours per resident. The RN Supervisor on each shift will be responsible for monitoring any callins, comparing the numbers with the staffing examples worksheet and if short, find a replacement staff member.	
	This Statute is not met as evided Based on record review and intenursing facility was found out of Health and Safety Code 1276.5, for a minimum of 3.2 nursing ho day for 9 out of 24 randomly self-April 02, 2012 through Septembod DATE NHPPD 04/06/12 3.05	crview, the above compliance with the requirement urs per patient ected days from		It should also be noted that on the days showing 0.00 and 0.35 our time clock had broken and was not allowing employees to clock in. Since the department would only use time clock generated information, they listed these days as though no employees were present which is erroneous.	
	04/07/12 3.09 04/08/12 3.00 06/01/12 0.35 06/02/12 0.00 06/11/12 3.03 06/12/12 3.10 06/14/12 3.10 06/16/12 3.13			Future compliance will be monitored by the Director of Nursing by monitoring the 3.2 staffing reports. Any short comings will be reported to the Quality Assurance Committee for review and followup if needed.	
類		a.		This plan of correction is prepared in compliance with state and federal regulations, and is not intended to be an admission to or agreement of the allegations contained in the survey document.	

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