

Licensing and Certification Division

TITLE

(X6) DATE

11713

California Department of Public Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>CA940000065</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/20/2012</b> |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |       |  |  |
|---|---|--|--|--|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|-------|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTERCOMMUNITY CARE CENTER</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2626 GRAND AVENUE<br/>LONG BEACH, CA 90815</b> |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |       |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |       |  |  |
| A 029   | <p>Continued From page 1</p> <p>nursing and intermediate care facilities, subject to the specific requirements of Section 14110.7 of the Welfare and Institutions Code. However, notwithstanding Section 14110.7 or any other provision of law, commencing January 1, 2000, the minimum number of actual nursing hours per patient required in a skilled nursing facility shall be 3.2 hours, except as provided in Section 1276.9.</p> <p>This Statute is not met as evidenced by:<br/>Based on record review and interview, the above nursing facility was found out of compliance with Health and Safety Code 1276.5, the requirement for a minimum of 3.2 nursing hours per patient day for 9 out of 24 randomly selected days from April 02, 2012 through September 10, 2012:</p> <table> <thead> <tr> <th>DATE</th> <th>NHPPD</th> </tr> </thead> <tbody> <tr><td>04/06/12</td><td>3.05</td></tr> <tr><td>04/07/12</td><td>3.09</td></tr> <tr><td>04/08/12</td><td>3.00</td></tr> <tr><td>06/01/12</td><td>0.35</td></tr> <tr><td>06/02/12</td><td>0.00</td></tr> <tr><td>06/11/12</td><td>3.03</td></tr> <tr><td>06/12/12</td><td>3.10</td></tr> <tr><td>06/14/12</td><td>3.10</td></tr> <tr><td>06/16/12</td><td>3.13</td></tr> </tbody> </table> | DATE   | NHPPD  | 04/06/12   | 3.05 | 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 | A 029 | <p>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.</p> <p>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.</p> <p>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.</p> <p><i>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.</i></p> |  |
| DATE  | NHPPD   |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |       |  |  |
| 04/06/12  | 3.05  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |       |  |  |
| 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  |  |  |  |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |          |      |       |  |  |