PRINTED: 07/18/2017 FORM APPROVED

If continuation sheet 1 of 2

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING CA240000079 12/19/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2225 NORTH PERRIS BOULEVARD CENTINELA GRAND INC **PERRIS, CA 92571** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 000 Initial Comments A 000 The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: K.J., Associate Governmental Program Analyst. 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). W&I Code section 14126.022 is available through the following link: http://www.leginfo.ca.gov/cgi-bin/displaycode?sec tion=wic&group=14001-15000&file=14126-14126. AFL 11-19, setting forth the audit process and guidelines for facilities is available through the following link: http://www.cdph.ca.gov/certlic/facilities/Document s/LNC-AFL-11-19.pdf. Health and Safety Code (HSC), setting forth the requirements for Certified Nurse Assistants is available through the following link: http://www.leginfo.ca.gov/cgi-bin/displaycode?sec tion=hsc&group=01001-02000&file=1337-1338.5 The statute was met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with Health and Safety Code 1276.5, the requirement for a minimum of 3.2 nursing hours per patient day, for 24 randomly selected days from August 28, 2016 to November 27, 2016. However, documentation requirements set forth

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FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING CA240000079 12/19/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2225 NORTH PERRIS BOULEVARD **CENTINELA GRAND INC PERRIS, CA 92571** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) A 000 | Continued From page 1 A 000 in All Facilities Letter (AFL) 11-19 were not met. In the future, failure to properly complete the CDPH 612 form (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: 1. Census and NHPPD (CDPH 612 or facility alternative form).

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