

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2022
NAME OF PROVIDER OR SUPPLIER PINERS NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 PUEBLO AVE NAPA, CA 94558		
(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 11/29/2020 to 02/28/2021.</p> <p>Representing the Department: N.K., 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		

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0899

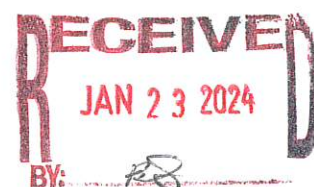
2MQM11

TITLE
Administrator

(X6) DATE

1/19/24

If continuation sheet 1 of 3



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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) = 1</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>12/03/2020</td><td>4.54</td><td>3.04</td></tr> <tr><td>12/08/2020</td><td>4.67</td><td>3.06</td></tr> <tr><td>12/17/2020</td><td>4.98</td><td>3.42</td></tr> <tr><td>12/21/2020</td><td>4.82</td><td>2.92</td></tr> <tr><td>12/24/2020</td><td>4.70</td><td>3.22</td></tr> <tr><td>12/29/2020</td><td>5.44</td><td>3.50</td></tr> <tr><td>01/01/2021</td><td>3.87</td><td>2.77</td></tr> <tr><td>01/02/2021</td><td>3.80</td><td>2.79</td></tr> <tr><td>01/06/2021</td><td>4.67</td><td>3.04</td></tr> <tr><td>01/14/2021</td><td>4.88</td><td>3.10</td></tr> <tr><td>01/24/2021</td><td>*3.24*</td><td>2.19</td></tr> <tr><td>01/25/2021</td><td>4.95</td><td>3.48</td></tr> <tr><td>01/26/2021</td><td>4.98</td><td>3.38</td></tr> <tr><td>01/27/2021</td><td>4.42</td><td>2.79</td></tr> <tr><td>02/03/2021</td><td>4.73</td><td>2.90</td></tr> <tr><td>02/09/2021</td><td>4.58</td><td>2.71</td></tr> <tr><td>02/11/2021</td><td>4.69</td><td>2.94</td></tr> <tr><td>02/12/2021</td><td>4.71</td><td>2.95</td></tr> <tr><td>02/14/2021</td><td>3.73</td><td>2.55</td></tr> <tr><td>02/16/2021</td><td>4.70</td><td>3.18</td></tr> <tr><td>02/18/2021</td><td>4.33</td><td>2.88</td></tr> <tr><td>02/20/2021</td><td>3.56</td><td>2.58</td></tr> <tr><td>02/26/2021</td><td>4.31</td><td>2.90</td></tr> <tr><td>02/28/2021</td><td>4.07</td><td>3.12</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	12/03/2020	4.54	3.04	12/08/2020	4.67	3.06	12/17/2020	4.98	3.42	12/21/2020	4.82	2.92	12/24/2020	4.70	3.22	12/29/2020	5.44	3.50	01/01/2021	3.87	2.77	01/02/2021	3.80	2.79	01/06/2021	4.67	3.04	01/14/2021	4.88	3.10	01/24/2021	*3.24*	2.19	01/25/2021	4.95	3.48	01/26/2021	4.98	3.38	01/27/2021	4.42	2.79	02/03/2021	4.73	2.90	02/09/2021	4.58	2.71	02/11/2021	4.69	2.94	02/12/2021	4.71	2.95	02/14/2021	3.73	2.55	02/16/2021	4.70	3.18	02/18/2021	4.33	2.88	02/20/2021	3.56	2.58	02/26/2021	4.31	2.90	02/28/2021	4.07	3.12	A 000	<p>Piner's Nursing Home maintains a 4.0 DHPPD budget for direct care staffing and we strive to exceed our client's expectations in all areas of their quality of life. As with all other SNFs and Health Care settings in our area, we have been challenged with finding and retaining staff.</p> <p>Our measures and system changes from our one day of below required staffing have been to aggressively and continually recruit and hire CNAs. We have contracts with multiple registry staffing agencies to fill open scheduling holes. Our main agency utilizes technology to allow for quick shift postings and shift acceptance.</p> <p>Staffing schedules are completed with sufficient time to fill open shifts with unscheduled staff or registry staff. Daily schedules and call offs are actively monitored daily at our stand up meeting. The staffing coordinator contacts available staff and posts open shifts on the registry's website. The Director of Nursing and Administrator act as back up to work on urgent shifts that haven't been filled.</p>	1/22/24	
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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 1 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>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 replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.</p>	A 200	The Administrator reviews DHPPD compliance daily and brings trend analysis to our Quarterly Quality Assurance Meeting to ensure that staffing levels are appropriate to meet our 4.0 DHPPD staffing budget.	1/22/24