California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA240000723	A. BUILDING: _____ B. WING _____	05/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(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	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 10/01/2019 to 12/31/2019. Representing the Department: R.K., 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). <http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&lawCode=WIC> AFL 19-16, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-16.pdf> 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> 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	A 000	Monterey Palms Healthcare Center submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that is inadmissable by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors of shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by governmental agencies or third party.	

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

ADMINISTRATOR | 10/25/21

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A 000	Continued From page 1 for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage or Patient Needs Waiver is granted. Final Audit Result: Total Distinct Non-Compliant Day(s) = 3	A 000	What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not occur: The Director of Staff Development or designee conducted in-services to the nursing staff about clocking in and out for the shift and signing the 530 Nursing Staff Assignment Sheets for each of the shifts they work on. Staffing Coordinator and Administrator reviewed the current 530 Nursing Staff Assignment and Sign in forms to ensure the staff completed the forms correctly. The hours were also reviewed to match the Labor Management Key Factor Report on these dates 10/11/19, 12/24/19 and 12/25/19. No other issues noted.	
A 200	HSC 1276.65(c)(1)(B) SAS - 3.5 Standard (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 1 of 24 days. The statute was not met as evidenced by the following findings: The total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 3.5 Nursing Hours per Patient Day (NHPPD) per AFL 19-16, Section 1(A). Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.	A 200		

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A 200	Continued From page 2 Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result: DATE 3.5 DHPPD 12/25/2019 3.45	A 200	A description of the monitoring process and positions of persons responsible for monitoring(i.e.,Administrator, Director of Nursing, or other respsonsible supervisory personnel) as well as how the facility plans to monitor it's performance to ensure corrections are achieved and sustained.	
A 205	HSC 1276.65(c)(1)(C) SAS - 2.4 Standard (C) Skilled nursing facilities shall have a minimum of 2.4 hours per patient day for certified nurse assistants in order to meet the requirements in subparagraph (B). This Statute is not met as evidenced by: Facility failed to meet 2.4 direct care service hours per patient day (DHPPD), performed by certified nurse assistants, pursuant to HSC 1276.65(c)(1)(C) for 3 out of 24 days. The statute was not met as evidenced by the following findings: The total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 2.4 Nursing Hours per Patient Day (NHPPD) per AFL 19-16, Section 1(A). Facility failed to meet the NA orientation requirements and/or provide documentation; therefore, the hours do not count towards the 3.5 DHPPD per CCR Title 22, section 71833(e)(1)/(2).	A 205	Director of Staff Developement and or designee will in-service the Licensed Nurses and the C.n.a.'s regarding clocking in/out correctly for each shift they work and to complete the 530 Nursing Staff Assignment and Sign-In form completely for each shift that they work. Staffing Coordinator will monitor the 530 Nursing Staff Assignment and Sign In form daily to ensure it is accurate and complete with follow-up with the Director of Nursing for any issues noted. Also, facility will ensure that the registry agencies are used as a resource to meet our PPD. Administrator or designee will be in contact with all staffing agencies on how much staff are available and confirmed to work. Administrator and or designee will ensure all regulations required are met by utilizing all resources of staffing, including employees who are on a PRN (As Needed) status.	

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A 205	Continued From page 3 Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements. Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result: DATE 2.4 CNA DHPPD 10/11/19 2.31 12/24/19 2.34 12/25/19 2.39	A 205	Dates when corrective action will be completed. The corrective action completion date must be acceptable to the Department. The deficient practice should be corrected immediately. This date shall be no more than 30 days from the date the facility was notified of the non-compliance. The 530 Nursing Staff Assignment and Sign-In-Form will be reviewed and signed by the Director of Nursing/designee and reviewed by Administrator daily, Monday through Friday to ensure it is accurate and complete with follow-up as indicated. Staffing Coordinator will email the Reigonal Director of Clincal Operations and the Regional Vice President of Operations the completed 530 Nursing Staff Assignment and Sign in forms daily as indicated. Staffing Coordinator will review the staffing PPD daily Monday through Friday to ensure required Licensed Nurses and C.N.A. PPD is being met as per regulations with follow-up with the Administrator and Director of Nursing.	