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California Department of Public Health (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING CA030001534 12/14/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **678 THIRD STREET** WOODLAND SKILLED NURSING FACILITY WOODLAND, CA 95695 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) 7X43 ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 000 Initial Comments A 000 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. Representing the Department: N.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). <a href="http://leginfo.legislature.ca.gov/faces/codes\_dis-">http://leginfo.legislature.ca.gov/faces/codes\_dis-</a> playSection.xhtml?sectionNum=14126.022.&law Code=WIC> AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/">https://www.cdph.ca.gov/Programs/CHCQ/LCP/</a> Pages/AFL-21-11.aspx> Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: <a href="https://leginfo.legislature.ca.gov/faces/codes\_dis-">https://leginfo.legislature.ca.gov/faces/codes\_dis-</a> playText.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

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

- IN ISTRAIDE

(X6) DATE

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California Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		CA030001534	B. WING	B. WING		12/14/2021	
NAME OF	PROVIDER OR SUPPL	ER STREET	ADDRESS, CITY,	STATE, ZIP CODE	****		
WOODL	AND SKILLED NU	RSING FACILITY 678 TH WOOD	95				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETI  CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)			
A 000	Continued From	page 1	A 000				
	applicable stand DHPPD (CNA),	rements on any given day. The ard is 3.5 DHPPD and 2.4 unless an approved Workforce t Needs, or COVID-19 Waiver i					
	The statute was following finding	met as evidenced by the s:					
	Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), and (C), the requirement for a minimum of 3.5 Direct Care Service Hours and 2.4 Certified Nurse Assistant Direct Care Service Hours Per Patient Day.						
	Final Audit Resu	lt:					
	Total Distinct No	n-Compliant Day(s) = 0					
	Date 12/02/2020 12/04/2020 12/04/2020 12/07/2020 12/18/2020 12/23/2020 12/31/2020 01/08/2021 01/10/2021 01/15/2021 01/17/2021 01/19/2021 01/20/2021 01/30/2021 02/02/2021 02/08/2021	3.5					

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California Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		CA030001534	B. WING		12/14	4/2021						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
WOODLAND SKILLED NURSING FACILITY  678 THIRD STREET  WOODLAND, CA 95695												
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE						
A 000	Continued From pa 02/11/2021 4. 02/12/2021 4. 02/13/2021 3.	age 2 27 2.72 43 2.82 74 2.53 75 2.43	A 000									

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