

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA920000020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/20/2016</b>
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NAME OF PROVIDER OR SUPPLIER

**GLENDALE POST ACUTE CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE

**250 N. VERDUGO ROAD  
GLENDALE, CA 91206**

(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><b>Initial Comments</b></p> <p>The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: C.A., Associate Governmental Program Analyst.</p> <p>Welfare and Institutions (W&amp;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&amp;I Code section 14126.022 is available through the following link: <a href="http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&amp;group=14001-15000&amp;file=14126-14126.036">http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&amp;group=14001-15000&amp;file=14126-14126.036</a></p> <p>AFL 11-19, setting forth the audit process and guidelines for facilities is available through the following link: <a href="http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf">http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf</a>.</p> <p>Health and Safety Code (HSC), setting forth the requirements for Certified Nurse Assistants is available through the following link: <a href="http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&amp;group=01001-02000&amp;file=1337-1338.5">http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&amp;group=01001-02000&amp;file=1337-1338.5</a></p> <p>The statute was met as evidenced by the following findings:</p> <p>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</p> <p>August 28, 2016 to November 27, 2016. However, documentation requirements set forth</p>	A 000	<p>"This Plan of Correction constitutes the facility's credible allegation of compliance."</p> <p>Glendale Post Acute Center makes its best effort to operate in full compliance with both Federal and State Laws. Nothing included in this Plan of Correction is an admission otherwise. Glendale Health Care Center has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form of any allegations contained herein. Please note that Glendale Health Care Center may contest the merits and/or form of any of the deficiency findings alleged below and may take appropriate steps to appeal them.</p>	

Licensing and Certification Division

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

DATE FORM

TITLE

(X6) DATE

43J711

If continuation sheet 1 of 2

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NAME OF PROVIDER OR SUPPLIER  <b>GLENDAL POST ACUTE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 N. VERDUGO ROAD GLENDAL, CA 91206</b>			
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A 000	<p>Continued From page 1</p> <p>in All Facilities Letter (AFL) 11-19 were not met. In the future, failure to properly complete the CDPH 530 form (or facility equivalent) will result in a deficiency in addition to a finding of non-compliance with the 3.2 minimum NHPPD requirement for each day that proper documentation is not provided. The following documentation requirements were not met as evidenced by AFL 11-19:</p> <p>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.</p> <p>(a) The facility shall either create an assignment sheet or use the attached "Nursing Staffing Assignment and Sign-In Sheet" (CDPH 530 and instructions) to record daily staffing assignments to document nursing hours worked by employees not captured in payroll records or employees who are primarily engaged in duties other than nursing services, including employees who perform nursing services beyond the hours required to carry out their job duties. The "assignment sheet" must be typed or printed legibly and be substantially similar to the attached CDPH 530 and instructions. The Director of Nursing (or designee) must sign the form verifying the information is complete, true, and accurate. Failure to provide a complete, signed and legible form will result in a finding of non-compliance with the 3.2 minimum NHPPD requirement for each day the form is not provided.</p>	A 000	<p>The facility will implement form CDPH530 Nursing Staffing Assignment and Sign-in Sheet as stated in the guidelines set forth in the (AFL) 11-9.</p> <p>The Administrator will in-service the Staffing Coordinator and DSD on the use of the form CDPH 530 The DSD will be responsible for ensuring that the Staffing Assignment &amp; Sign-in Sheet is appropriately completed daily with the assignments and that all nursing staff who worked that particular day has signed in. When a nursing staff works 2 positions those hours worked that count towards the PPD will be recorded on the CDPH 530.</p> <p>The Administrator will audit the Staffing Assignments &amp; Sign-in Sheets quarterly and report findings to the QA Committee for recommendations as necessary. If after 3 quarters there are no concerns the deficiency will be considered corrected</p>	<p>4/25/17</p> <p>4/24/17</p>	