Californ	ia Department of Put	olic_Health			. 01 1101	WELHOVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
CA920000020		B. WING		12/20/2016		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE			-0/2010
GLENDA	ALE POST ACUTE CEI		RDUGO RO LE, CA 9120			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	D PROVIDER'S PLAN OF CORRECTION EFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE
A 000	Initial Comments		A 000			
75	Department of Publi visit: Representing Associate Governm Welfare and Institut 14126.022 sets forth to conduct audits of	ts the findings of the California ic Health during a staffing the Department: C.A., ental Program Analyst. ions (W&I) Code section the Department's authority direct caregiver nursing presidents of skilled nursing		"This Plan of Correction constitutes the facility's credible allegation of compliance." Glendale Post Acute Center makes its best effort to operate in full compliance with both Federal and State Laws.		
	facilities, and to esta conducting such aud (AFLs). W&I Code available through the http://www.leginfo.co tion=wic&group=140 036 AFL 11-19, setting for guidelines for facilities following link:	ablish procedures for dits through All Facility Letters section 14126.022 is e following link; a.gov/cgi-bin/displaycode?sec 001-15000&file=14126-14126. orth the audit process and es is available through the gov/certlic/facilities/Document		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		*
	requirements for Ce available through the http://www.leginfo.ca	code (HSC), setting forth the rtified Nurse Assistants is e following link: a.gov/cgi-bin/displaycode?sec 001-02000&file=1337-1338.5		any of the deficiency findings alleged below and may take appropriate steps to appeal them.		
7.	The statute was met following findings:	t as evidenced by the				
	nursing facility was for Health and Safety Co	riew and interview, the above ound in compliance with ode 1276.5, the requirement oursing hours per patient relected days from				
	August 28, 2016 to N However, documents	November 27, 2016. ation requirements set forth				

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

If continuation sheet 1 of 2

STREET ADDRESS, CITY, STATE, ZIP CODE CA92000020 NAME OF PROVIDER OR SUPPLIER CA92000020 SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES GLENDALE, CA 91206 PREFIX TAG CA9100 SUMMARY STATEMENT OF DEFICIENCES GLENDALE, CA 91206 CA9100 PREFIX TAG CONTINUED FROM USE IDENTIFYING INFORMATION) A 000 COntinued From page 1 In All Facilities Letter (AFL) 11-19 were not met, in the future, failure to properly complete the CDPH S30 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: 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. (a) The facility shall either create an assignment sheet or use the attached " Nursing Staffing Assignment & Sign-in Sheet is appropriately completed daily with the sasignment & sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is appropriately completed daily with the assignment and sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet as a stated in the Staffing Assignment and Sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is appropriately completed daily with the assignment and Sign-in Sheet is approp	California Department of Public Health FORM APPROVE												
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