STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: CA060000045 04/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7781 GARFIELD AVENUE BEACHSIDE NURSING CENTER **HUNTINGTON BEACH, CA 92648** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PRFFIX** 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 10/01/2019 to 12/31/2019. Representing the Department: C.V., 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_dis playSection.xhtml?sectionNum=14126.022.&law Code=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 dis 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 Licensing and Certification Division

California Department of Public Health

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

TITLE ADM-NISTMODA (X6) DATE

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If continuation sheet 1 of 3

California Department of Public Health

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applicable standard is DHPPD (CNA), unles Shortage or Patient N The statute was met a following findings: Based on record revienursing facility was fo 1276.65(c)(1)(B), the Care Service Hours F Final Audit Result:	s 3.5 DHPPD and 2.4 s an approved Workforce leeds Waiver is granted. as evidenced by the ew and interview, the above und in compliance with HSC requirement for 3.5 Direct Per Patient day.								
HSC 1276.65(c)(1)(C) SAS - 2.4 Standard	A 205		ļ					
of 2.4 hours per patie	nt day for certified nurse								
Facility failed to meet hours per patient day certified nurse assista 1276.65(c)(1)(C) for 9. The statute was not in following findings: The total number of a performed by direct calivided by the averaged day failed to meet 2.4	2.4 direct care service (DHPPD), performed by ents, pursuant to HSC out of 24 days. net as evidenced by the ctual nursing hours aregivers per patient day e census during the patient Nursing Hours per Patient								
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETT CENTER CONTINUED FOR LETT CENTER CONTINUED FOR LETT CENTER CONTINUED FOR LETT CENTER CE	CA06000045 ROVIDER OR SUPPLIER T781 GAR HUNTING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. The statute was met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), the requirement for 3.5 Direct Care Service Hours Per Patient day. Final Audit Result: Total Distinct Non-Compliant Day(s) = 9 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 9 out of 24 days. The statute was not met as evidenced by the	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 7781 GARFIELD AVENUE HUNTINGTON BEACH, C SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. The statute was met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), the requirement for 3.5 Direct Care Service Hours Per Patient day. Final Audit Result: Total Distinct Non-Compliant Day(s) = 9 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 9 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	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7781 GARFIELD AVENUE HUNTINGTON BEACH, CA 92848 SUMMARY STREMENT OF IMPRICIENCES [EACH INFOCIENCY TAILS ED PRECEDED BY THALL REGULATORY OR LOS DIENTIFYING INFORMATION) Continued From page 1 A 000 Continued From page 1 Continued From page 1 A 000 Continued From page 1 Continued From page 1 A 000 Continued From page 1 Continued From page 1 A 000 Continued From page 1 Continued From page 1 A 000 Continue					

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California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ·	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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A 205	Continued From page 2		A 205						
	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:	CNA DHPPD 3 7 2 2 1 1 2 0 9							
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