

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA940000078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/22/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENFIELD CARE CENTER OF SOUTH GATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8455 STATE STREET SOUTH GATE, CA 90280</b>		
(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>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: E.P., 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 attached hereto and incorporated herein as 'Attachment 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>Documentation requirements set forth in All Facilities Letter (AFL) 11-19 were not met. In the future, failure to properly complete the CDPH 530 or CDPH 612 forms (or facility equivalent) will result in a deficiency in addition to a finding of non-compliance with the 3.2 minimum NHPDD 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</p>	A 000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged on conclusion set forth on the statement of deficiencies. This plan of correction prepared or executed solely because it is required by the provisions of Health &amp; Safety Code Sections 1280 &amp; 42 CFR 483 et seq. This plan of correction serves as our written credible allegation of compliance for the deficiencies noted.</p>	

Licensing and Certification Division

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

TITLE

(X6) DATE

*Rensie Nagao*

Assistant Administrator

05/6/14

STATE FORM

6899

5FE11

If continuation sheet 1 of 3

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A 000	Continued From page 1  Facilities will be expected to meet the following documentation requirements no later than 14 days from the date of this All Facilities Letter.  (b) Each facility shall maintain current, complete, and accurate personnel and payroll records for all employees in accordance with Title 22, Section 72533. The facility shall provide the following documentation upon request: 1. Census and NHPPD (CDPH 612 or facility alternative form).	A 000		
A 029	1276.5(a) HSC Section 1276  (a) The department shall adopt regulations setting forth the minimum number of equivalent nursing hours per patient required in skilled nursing and intermediate care facilities, subject to the specific requirements of Section 14110.7 of the Welfare and Institutions Code. However, notwithstanding Section 14110.7 or any other provision of law, commencing January 1, 2000, the minimum number of actual nursing hours per patient required in a skilled nursing facility shall be 3.2 hours, except as provided in Section 1276.9.  This Statute is not met as evidenced by: Based on record review and interview, the above nursing facility was found out of compliance with Health and Safety Code 1276.5(a), the requirement for a minimum of 3.2 nursing hours per patient day for 1 out of 24 randomly selected days from November 21, 2012 through February 19, 2013:	A 029	Administrator called attention of DSD and DON to check nursing schedule to make sure that it complied with requirement of minimum daily average of 3.2 nursing hours per patient per day. Both were reinstructed the "must" of ensuring that the minimum daily average of 3.2 nursing hours per patient per day should be met daily. 02/22/13  DON and DSD checked the whole nursing schedule for the month to find out if there was any day that the minimum daily average of 3.2 nursing hours per patient per day. None was noted.  Administrator re-in serviced DON and DSD to have systematic method in making nursing schedule. It included but not limited to having enough nursing staffs schedule daily to meet the requirement of the minimum daily average of 3.2 nursing hours per patient per day. Moreover all call off should be resolved by having on-call staff stand by. DSD also in-serviced CNA to ensure that they report to work as schedule and to be comply with call-off notification prior to their schedule work.	

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A 029	Continued From page 2  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 3.2 Nursing Hours per Patient Day per AFL 11-19, Section 2(a-c).  DATE                      NHPPD 02/03/13                  3.14	A 029	In order that facility to find replacement in timely manner to prevent insufficient nursing hour requirement.  <u>Monitoring Process</u> Monthly schedules will be done 2 weeks prior to the beginning of the new month. DON/Administrator and/or Designee will review monthly schedule prior to posting to ensure the 3.2 staffing is met on a daily basis. Any days identified as falling below 3.2 will be replaced prior to the posting of the monthly schedule.  Daily assignment sheets will be done by the DSD, or designee a day prior to ensure facility meets the 3.2 based on the expected admissions/discharges. Additional staff will be pre-scheduled based on facility needs and meeting the 3.2 requirement.  On a daily basis DON, DSD and/or shift supervisor will check daily shift assignment sheets for compliance with the 3.2 staffing hours based on increase or decrease of daily census. DSD/Charge nurse and/or supervisor will add additional staff as needed prior to the beginning of the shift to ensure the daily average of 3.2 requirements is met.  QA will be done monthly to check system effectiveness.	02/25/13