

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA970000062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/24/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GARDEN CREST REHABILITATION CENTER

**909 LUCILE AVE.
LOS ANGELES, CA 90026**

(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 audit visit for 24 randomly selected days from 10/01/2018 to 12/31/2018.</p> <p>Representing the Department: C.A., Associate Governmental Program Analyst.</p> <p>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_displaySection.xhtml?sectionNum=14126.022.&lawCode=WIC></p> <p>AFL 18-27, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-18-27.aspx></p> <p>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_displayText.xhtml?division=2.&chapter=2.&lawCode=HSC&article=9></p> <p>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</p>	A 000	<p>DISCLAIMER STATEMENT</p> <p>By Submitting this POC, Garden Crest Rehab and Nursing Center does not admit or concede the facts and contentions cited, or the existence or scope of severity of the deficiencies and conditions cited in the 2567. The POC is submitted to comply with Federal and State Law. Garden Crest Rehabilitation Center respects the allegations made in the 2567 have acted and will continue to act to implement this POC.</p> <p>A205 HSC 1276.65©(1)(C) SAS – 2.4 Standard</p> <p>IMMEDIATE CORRECTIVE ACTIONS:</p> <p>HSC 1276.65©(1)(C)SAS – 2.4 Standard The Facility failed to meet 2.4 direct care service hours per patient day (DHPPD), performed by certified nurse assistants, for 8 out of 24 days on October 2, 2018 thru December 31, 2018.</p> <p>The Facility will meet the 2.4 direct care service hours per patient day (DHPPD), performed by certified nurse assistants. DSD audited the NHPPD forms and was trained on how to calculate and to ensure that the 2.4 Standard is in place on 1-21-19.</p> <p>THOSE WHO ARE AFFECTED: Any Resident may be affected by this deficient practice. DSD will report NHPPD projected hours for 2.4 certified nurse assistants' hours and for 3.5 direct care hours, in the daily QA meeting (Stand up Meeting). Any shortage will be addressed immediately and on call staff will be called to come in.</p>	

Licensing and Certification Division

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

TITLE

(X6) DATE

Carol Lee

Administrator

01/03/20

California Department of Public Health

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A 000	Continued From page 1 for staffing requirements on any given day. Prior to July 1, 2019, the applicable standard for purposes of assessing this penalty is 3.2 NHPPD. On or after July 1, 2019, the applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage or Patients 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 1276.5(a), the requirement for 3.2 direct care hours per patient day. 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 hours per patient day.	A 000	MEASURES AND SYSTEM CHANGES: DSD, Director of Nursing, Administrator and Designees, will monitor 2.4 standard staffing using the NHPPD staffing Projections form, and reporting in the Daily QA meeting Stand Up Meeting) any call offs and issues. DSD, Director of Nursing will report Actual census 2.4 staffing to the Daily QA, calculating the NHPPD from the payroll actual time cards to ensure that the facility is meeting the DHPPD standard. DSD will keep NHPPD calculations in a binder. RN's and LVN's have been in-serviced on a nursing staffing ladder based on census and direct care DHPPD compliance for 2.4. Nursing staff in-serviced on attendance policy, giving the facility 2 hours' notice prior to start of shift to enable the facility to replace them on the schedule and to be compliant with the 2.4 DHPPD.	
A 205	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 8 out of 24 days.	A 205	HOW WILL THE FACILITY MONITOR FOR COMPLIANCE: DON, Administrator, DSD and Designee will monitor for compliance through the daily stand up meetings and the QAPI committee and will report any issues. Any issues will be addressed immediately. DATE OF COMPLETION: 5/27/19	