

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA940000116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/05/2021
NAME OF PROVIDER OR SUPPLIER WHITTIER PACIFIC CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7716 S PICKERING AVENUE WHITTIER, CA 90602		
(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 10/01/2020 to 12/31/2020.</p> <p>Representing the Department: E.P., 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 21-11, 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-21-11.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>Whittier Pacific Care Center makes its best efforts to operate in full compliance with both the Federal and State regulations. Nothing included in this plan of correction is an admission otherwise.</p> <p>Whittier Pacific Care Center has submitted this plan of correction in order to comply with its regulatory obligation and does not waive any objection to the merit or form of allegation contained herein.</p> <p>The submission of this plan of correction constitutes our allegation of compliance.</p>	

Licensing and Certification Division
LABORATORY, DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]
STATE FORM

TITLE

Administrator

(X6) DATE

6/19/23

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If continuation sheet 1 of 4

California Department of Public Health

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A 000	<p>Continued From page 1</p> <p>for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage, Patient Needs, or COVID-19 Waiver is granted.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>Final Audit Result:</p> <p>Total Distinct Non-Compliant Day(s) = 5</p> <table> <tr> <td>Date</td> <td>3.5</td> <td>2.4</td> </tr> <tr> <td>10/09/2020</td> <td>3.77</td> <td>2.42</td> </tr> <tr> <td>10/14/2020</td> <td>4.16</td> <td>2.50</td> </tr> <tr> <td>10/18/2020</td> <td>3.92</td> <td>2.48</td> </tr> <tr> <td>10/20/2020</td> <td>3.64</td> <td>2.53</td> </tr> <tr> <td>10/25/2020</td> <td>3.76</td> <td>2.65</td> </tr> <tr> <td>10/27/2020</td> <td>3.97</td> <td>2.51</td> </tr> <tr> <td>10/29/2020</td> <td>4.02</td> <td>2.32</td> </tr> <tr> <td>10/30/2020</td> <td>3.76</td> <td>2.13</td> </tr> <tr> <td>11/05/2020</td> <td>3.66</td> <td>2.00</td> </tr> <tr> <td>11/11/2020</td> <td>*3.26*</td> <td>2.15</td> </tr> <tr> <td>11/16/2020</td> <td>*3.27*</td> <td>1.77</td> </tr> <tr> <td>11/18/2020</td> <td>3.64</td> <td>2.27</td> </tr> <tr> <td>11/20/2020</td> <td>3.84</td> <td>2.32</td> </tr> <tr> <td>12/04/2020</td> <td>3.68</td> <td>2.16</td> </tr> <tr> <td>12/05/2020</td> <td>3.73</td> <td>2.53</td> </tr> <tr> <td>12/06/2020</td> <td>*3.42*</td> <td>2.40</td> </tr> <tr> <td>12/08/2020</td> <td>3.54</td> <td>2.19</td> </tr> <tr> <td>12/10/2020</td> <td>3.60</td> <td>1.87</td> </tr> <tr> <td>12/11/2020</td> <td>3.67</td> <td>2.16</td> </tr> <tr> <td>12/12/2020</td> <td>4.06</td> <td>2.66</td> </tr> <tr> <td>12/14/2020</td> <td>3.98</td> <td>2.47</td> </tr> <tr> <td>12/15/2020</td> <td>4.22</td> <td>2.63</td> </tr> <tr> <td>12/22/2020</td> <td>*3.30*</td> <td>1.78</td> </tr> <tr> <td>12/25/2020</td> <td>*3.09*</td> <td>1.99</td> </tr> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	10/09/2020	3.77	2.42	10/14/2020	4.16	2.50	10/18/2020	3.92	2.48	10/20/2020	3.64	2.53	10/25/2020	3.76	2.65	10/27/2020	3.97	2.51	10/29/2020	4.02	2.32	10/30/2020	3.76	2.13	11/05/2020	3.66	2.00	11/11/2020	*3.26*	2.15	11/16/2020	*3.27*	1.77	11/18/2020	3.64	2.27	11/20/2020	3.84	2.32	12/04/2020	3.68	2.16	12/05/2020	3.73	2.53	12/06/2020	*3.42*	2.40	12/08/2020	3.54	2.19	12/10/2020	3.60	1.87	12/11/2020	3.67	2.16	12/12/2020	4.06	2.66	12/14/2020	3.98	2.47	12/15/2020	4.22	2.63	12/22/2020	*3.30*	1.78	12/25/2020	*3.09*	1.99	A 000		
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A 200	Continued From page 2	A 200		
A 200	<p>HSC 1276.65(c)(1)(B) SAS - 3.5 Standard</p> <p>(B) Effective July 1, 2018, skilled nursing facilities, except those skilled nursing facilities that are a distinct part of a general acute care facility or a state-owned hospital or developmental center, shall have a minimum number of direct care services hours of 3.5 per patient day, except as set forth in Section 1276.9.</p> <p>This Statute is not met as evidenced by: Facility failed to meet 3.5 Direct Care Service Hours Per Patient Day (DHPPD), Pursuant to HSC 1276.65(c)(1)(B) for 5 of 24 days.</p> <p>The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s).</p> <p>Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.</p> <p>Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p>	A 200	<p>Corrective Action/Systemic Changes to Ensure the Deficient Practice Does Not Recur</p> <p>The Administrator gave an in-service to the Director of Nursing, the Director of Staff Developer and the payroll clerk on 8/6/2021 regarding providing the minimum staffing requirements in the skilled nursing unit and to communicate daily per shift any changes in staffing and census.</p> <p>The DON and/or Designee will conduct a daily meeting with the Director of Staff Developer and the payroll clerk to ensure that licensed and certified nursing staff hours are meeting the minimum daily requirement.</p> <p>The Director of Staff Developer in collaboration with the payroll clerk will review and maintain accurate payroll records in order to properly verify the hours spent on direct care.</p> <p>Monitoring Performance</p> <p>The DON will report any non-compliance to the Administrator and Quality Assurance Committee during the monthly meeting for review and corrective action. The Committee was informed on 8/18/21 and will continue to review for three months and as needed thereafter.</p>	8/6/21
A 040	AFL 21-11 II.B SAS-Form 612	A 040	Corrective Action/Systemic Changes to Ensure the Deficient Practice Does Not Recur	8/18/21

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