

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA950000042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2021</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**COUNTRY VILLA CLAREMONT HEALTH CENTER**

**590 S. INDIAN HILL BLVD.  
CLAREMONT, CA 91711**

(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><b>Initial Comments</b></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 07/01/2020 to 09/30/2020.</p> <p>Representing the Department: R.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). &lt;<a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC</a>&gt;</p> <p>AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: &lt;<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx</a>&gt;</p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: &lt;<a href="https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9">https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9</a>&gt;</p> <p>W&amp;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		

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



TITLE

Administrator

(X6) DATE

1/31/23

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA950000042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2021</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COUNTRY VILLA CLAREMONT HEALTH CENTER**

**590 S. INDIAN HILL BLVD.**

**CLAREMONT, CA 91711**

(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>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) = 4</p> <table> <tr> <td>Date</td> <td>3.5</td> <td>2.4</td> </tr> <tr> <td>07/06/2020</td> <td>3.86</td> <td>2.43</td> </tr> <tr> <td>07/07/2020</td> <td>3.68</td> <td>2.29</td> </tr> <tr> <td>07/11/2020</td> <td>3.54</td> <td>*2.24*</td> </tr> <tr> <td>07/13/2020</td> <td>3.91</td> <td>2.48</td> </tr> <tr> <td>07/15/2020</td> <td>3.77</td> <td>*2.28*</td> </tr> <tr> <td>07/18/2020</td> <td>3.54</td> <td>2.47</td> </tr> <tr> <td>07/27/2020</td> <td>3.89</td> <td>2.42</td> </tr> <tr> <td>08/07/2020</td> <td>3.75</td> <td>*2.39*</td> </tr> <tr> <td>08/10/2020</td> <td>*3.45*</td> <td>*2.35*</td> </tr> <tr> <td>08/15/2020</td> <td>3.65</td> <td>2.45</td> </tr> <tr> <td>08/21/2020</td> <td>3.74</td> <td>2.38</td> </tr> <tr> <td>08/28/2020</td> <td>3.32</td> <td>2.23</td> </tr> <tr> <td>08/30/2020</td> <td>3.51</td> <td>2.22</td> </tr> <tr> <td>09/02/2020</td> <td>3.72</td> <td>2.30</td> </tr> <tr> <td>09/03/2020</td> <td>3.47</td> <td>2.02</td> </tr> <tr> <td>09/04/2020</td> <td>3.60</td> <td>2.31</td> </tr> <tr> <td>09/05/2020</td> <td>3.42</td> <td>2.32</td> </tr> <tr> <td>09/07/2020</td> <td>3.38</td> <td>2.23</td> </tr> <tr> <td>09/09/2020</td> <td>3.69</td> <td>2.07</td> </tr> <tr> <td>09/11/2020</td> <td>3.57</td> <td>2.29</td> </tr> <tr> <td>09/17/2020</td> <td>3.42</td> <td>2.22</td> </tr> <tr> <td>09/23/2020</td> <td>3.93</td> <td>2.36</td> </tr> <tr> <td>09/24/2020</td> <td>3.40</td> <td>2.04</td> </tr> <tr> <td>09/30/2020</td> <td>3.76</td> <td>2.47</td> </tr> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	07/06/2020	3.86	2.43	07/07/2020	3.68	2.29	07/11/2020	3.54	*2.24*	07/13/2020	3.91	2.48	07/15/2020	3.77	*2.28*	07/18/2020	3.54	2.47	07/27/2020	3.89	2.42	08/07/2020	3.75	*2.39*	08/10/2020	*3.45*	*2.35*	08/15/2020	3.65	2.45	08/21/2020	3.74	2.38	08/28/2020	3.32	2.23	08/30/2020	3.51	2.22	09/02/2020	3.72	2.30	09/03/2020	3.47	2.02	09/04/2020	3.60	2.31	09/05/2020	3.42	2.32	09/07/2020	3.38	2.23	09/09/2020	3.69	2.07	09/11/2020	3.57	2.29	09/17/2020	3.42	2.22	09/23/2020	3.93	2.36	09/24/2020	3.40	2.04	09/30/2020	3.76	2.47	A 000		
Date	3.5	2.4																																																																													
07/06/2020	3.86	2.43																																																																													
07/07/2020	3.68	2.29																																																																													
07/11/2020	3.54	*2.24*																																																																													
07/13/2020	3.91	2.48																																																																													
07/15/2020	3.77	*2.28*																																																																													
07/18/2020	3.54	2.47																																																																													
07/27/2020	3.89	2.42																																																																													
08/07/2020	3.75	*2.39*																																																																													
08/10/2020	*3.45*	*2.35*																																																																													
08/15/2020	3.65	2.45																																																																													
08/21/2020	3.74	2.38																																																																													
08/28/2020	3.32	2.23																																																																													
08/30/2020	3.51	2.22																																																																													
09/02/2020	3.72	2.30																																																																													
09/03/2020	3.47	2.02																																																																													
09/04/2020	3.60	2.31																																																																													
09/05/2020	3.42	2.32																																																																													
09/07/2020	3.38	2.23																																																																													
09/09/2020	3.69	2.07																																																																													
09/11/2020	3.57	2.29																																																																													
09/17/2020	3.42	2.22																																																																													
09/23/2020	3.93	2.36																																																																													
09/24/2020	3.40	2.04																																																																													
09/30/2020	3.76	2.47																																																																													

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA950000042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY VILLA CLAREMONT HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>690 S. INDIAN HILL BLVD. CLAREMONT, CA 91711</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 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 1 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>Employee(s) failed to document actual shift and meal break start and end times, along with their nursing services assignment, discipline, printed name and signature when providing nursing services to skilled nursing patients (such as salaried staff). Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employee(s).</p> <p>Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22,</p>	A 200		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA950000042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/15/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY VILLA CLAREMONT HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>590 S. INDIAN HILL BLVD. CLAREMONT, CA 91711</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 200	Continued From page 3  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.  Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.  Review of Form 280A (Facility: Nurse Assistant Training Program Notice) states " Hire CNA Only, " therefore, the nurse assistant(s) do not count towards the 3.5 DHPPD per HSC, section 1337.1(b)(6).	A 200			
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 4 out of 24 days.  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).	A 205			

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA950000042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/15/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY VILLA CLAREMONT HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>590 S. INDIAN HILL BLVD. CLAREMONT, CA 91711</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 205	<p>Continued From page 4</p> <p>Employee(s) failed to document actual shift and meal break start and end times, along with their nursing services assignment, discipline, printed name and signature when providing nursing services to skilled nursing patients (such as salaried staff). Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employee(s).</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> <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>Per HSC, section 1337.2 (f) " ...It shall be unlawful for any person not certified under this article to hold himself or herself out to be a certified nurse assistant. " CDPH found staff with lapsed, suspended, expired or revoked certifications. This necessitated excluding all service hours for such employees.</p>	A 205			
A 020	<p>AFL 21-11 II.B SAS-Form 530</p> <p>B. Facilities must use CDPH 530. Failure to use this CDPH required form will result in a finding of non-compliance for each audited day the form is not available. The facility is responsible for</p>	A 020			

Licensing and Certification Division  
STATE FORM

**Plan of Correction**  
**Country Villa Claremont Healthcare Center**  
**Submitted on January 31, 2023**  
**Submitted by: Colleen Christensen, Administrator**

Country Villa Claremont Healthcare Center submits this response and Plan of Correction as state and federal law requirements. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited or any liability.

The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders.

The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.

The facility desires that this plan of correction be considered the facility's allegation of compliance.

"Preparation, submission, and execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted, and executed solely because the provision requires it of federal and state law."

**A200 HSC 12.76.659(c)(1)(B) SAS- 3.5 Standard**

**A205 HSC 1276.65(c)(1)(C) SAS – 2.4 Standard**

**What immediate measures and systematic changes will be put into place to ensure that the deficient practice does not recur:**

The facility will employ nursing staff on duty with the qualifications required to provide the necessary nursing services for the residents admitted for care. The facility will schedule adequate nursing personnel to meet the required 3.5 direct patient care and 2.4 CNA staffing requirements to meet resident needs, and such information will be posted, as required.

On 1/30/2023, the Administrator provided education to the Director of Staff Development and Director of Nursing on the requirement of meeting the minimal 3.5 direct patient care and 2.4 CNA staffing requirements to meet resident needs.

On 1/30/2023, the Administrator provided education to the Director of Staff Development/Designee and Director of Nursing/Designee regarding utilization of the CDPH 530 form, per AFL 21-11, Section II, Guidelines, Subsection B and pursuant W&I 14126.022.

The Director of Staff Development/Designee will prepare the daily schedule to meet the required 3.5 direct care staffing and 2.4 CNA staffing requirement in relation to the facility's census. The Director of Staff Development will notify the Director of Nursing and Administrator/Designee if the projected DHPPD falls below the required staffing standards.

**Plan of Correction**  
**Country Villa Claremont Healthcare Center**  
**Submitted on January 31, 2023**  
**Submitted by: Colleen Christensen, Administrator**

The Director of Staff Development/Designee, Director of Nursing/Designee and Administrator/Designee will review the daily staffing projection and schedule during daily stand-up meetings to ensure the facility complies with the required DHPPD of 3.5 and 2.4 direct care staffing requirements.

**A description of the monitoring process and positions of persons responsible for monitoring (i.e. Administrator, Director of Nursing, or other responsible supervisory personnel) as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.**

The Director of Staff Development/Designee and the Director of Nursing will monitor and review the DHPPD staffing schedule, daily.

The Administrator will randomly audit the DHPPD staffing schedule with the Director of Staff Development/Designee for compliance.

The Administrator will randomly audit the completion of CDPH 530 forms with the Director of Staff Development/Designee for compliance.

The Director of Staff Development/Designee will provide results to the Quality Assurance and Performance Improvement Committee for review and recommendations monthly for 3 months, then quarterly thereafter until substantial compliance is achieved.

The Director of Staff Development and Director of Nursing are responsible for monitoring sustained compliance.

**Dates when corrective action will be completed. The corrective action completion dates must be acceptable to the Department. The deficient practice should be corrected immediately. This date shall be no more than 30 calendar days from the date the facility was notified of the non-compliance.**

Completion date: February 24, 2023

**A020 AFL 21-11 II.B SAS- Form 530**

**What immediate measures and systematic changes will be put into place to ensure that the deficient practice does not recur:**

The facility will utilize CDPH 530 as per AFL 21-11, Section II, Guidelines, Subsection B and pursuant W&I 14126.022.

On 1/30/2023, the Administrator provided education to the Director of Staff Development/Designee and Director of Nursing/Designee regarding utilization of the CDPH 530 form, per AFL 21-11, Section II, Guidelines, Subsection B and pursuant W&I 14126.022.



**Plan of Correction**  
**Country Villa Claremont Healthcare Center**  
**Submitted on January 31, 2023**  
**Submitted by: Colleen Christensen, Administrator**

**A description of the monitoring process and positions of persons responsible for monitoring (i.e. Administrator, Director of Nursing, or other responsible supervisory personnel) as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.**

The Director of Staff Development/Designee and the Director of Nursing will monitor and review completion of CDPH 530 forms, as indicated.

The Administrator will randomly audit the completion of CDPH 530 forms with the Director of Staff Development/Designee for compliance.

The Director of Staff Development/Designee will provide results to the Quality Assurance and Performance Improvement Committee for review and recommendations monthly for 3 months, then quarterly thereafter until substantial compliance is achieved.

The Director of Staff Development and Director of Nursing are responsible for monitoring sustained compliance.

**Dates when corrective action will be completed. The corrective action completion dates must be acceptable to the Department. The deficient practice should be corrected immediately. This date shall be no more than 30 calendar days from the date the facility was notified of the non-compliance.**

Completion date: February 24, 2023



# Country Villa Health Services

## In-Service/Meeting Sign-In Sheet

Date:

1/30/2023

Start Time:

10:00 AM

End Time:

11:00 AM

Course Title:

DHPPD STAFFING REQUIREMENT / CRITERIA

Lesson Plan Attached: ☒

Instructor

Name: Colleen Christensen

Instructor

Signature:

Instructor

Name:

Instructor

Signature:

Target Audience

(check all that apply):

☐ All Staff

☐ Licensed Nurses

☐ Certified Nurse  
Assistants

☒ Other:

Teaching Method:

(check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

☒ Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Glisa Nkomo			WN / OSM	7-3
2. Anne Landinger			non / RN	7-3
3. William Gonzalez			Payroll	7-3
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Version 1.0

Last Revised: February 20, 2020

CONFIDENTIAL AND PROPRIETARY INFORMATION

Form A  
Policy No. - HR-02  
Page 1 of 3

# COUNTRY VILLA CLAREMONT

CLASS TITLE: NHPPD STAFFING MEETING CRITERIA

TIME: 10:00 AM

Date: 01/30/2023

PROGRAM TYPE: IN-SERVICE

INSTRUCTOR: COLLEEN CHRISTENSEN, ADMINISTRATOR

BEHAVIORAL OBJECTIVES	COURSE CONTENT	TEACHING METHOD	EVALUATION
<p>At the conclusion of the presentation, the participants will be able to:</p> <ul style="list-style-type: none"> <li>State the importance of ensuring that the facility provides the adequate provision of nursing hours required for each resident.</li> <li>State the Guidelines regarding 3.5 Nursing Hours per Patient Day.</li> <li>State the Guideline regarding 2.4 CNA hours</li> </ul>	<ol style="list-style-type: none"> <li>I. Introduction</li> <li>II. Policy and Procedure of NHPPD Staffing Guidelines</li> <li>III. Purpose</li> <li>IV. Procedural Steps               <ol style="list-style-type: none"> <li>a. Nursing staffing assignment and sign-in sheet</li> <li>b. Census and Nursing Hours Per Patient Day</li> <li>c. Proper Calculation of Nursing Hours per day.</li> </ol> </li> <li>V. Conclusion</li> </ol>	Lecture	Q&A



# Country Villa Health Services

## In-Service/Meeting Sign-In Sheet

Date:

1/30/2023

Start Time:

10:00 am

End Time:

11:00 am

Course Title:

completion of the CDP# 530 Form

Lesson Plan Attached: ☒

Instructor

Name: Colleen Christensen

Instructor

Signature:

Instructor

Name:

Instructor

Signature:

Target Audience

(check all that apply):

☐ All Staff

☐ Licensed Nurses

☐ Certified Nurse  
Assistants

☒ Other:

Teaching Method:

(check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

☒ Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Glaisa Nantrem			LTN/OSM	7-3
2. Anne Landinger			RN/OSM	7-3
3. Evelyn Gonzalez			Payroll	7-3
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

# COUNTRY VILLA CLAREMONT

CLASS TITLE: CDPH FORM 530

TIME: 10:00 AM

Date: 01/30/2023

PROGRAM TYPE: IN-SERVICE

INSTRUCTOR: COLLEEN CHRISTENSEN, ADMINISTRATOR

BEHAVIORAL OBJECTIVES	COURSE CONTENT	TEACHING METHOD	EVALUATION
<p>At the conclusion of the presentation, the participants will be able to:</p> <ul style="list-style-type: none"><li>State the Process of Utilization of the CDPH 530 Form</li></ul>	<p>I. CDPH 530</p> <p>a. Components:</p> <ul style="list-style-type: none"><li>➤ employee name</li><li>➤ Discipline</li><li>➤ Actual shift start/end</li><li>➤ Actual meal break start/end</li><li>➤ Employee signature</li></ul> <p>b. Employees should sign the form each shift</p>	<p>Lecture</p>	<p>Q&amp;A</p>