

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA030000071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  12/06/2012
NAME OF PROVIDER OR SUPPLIER  ESKATON CARE CENTER FAIR OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628		
(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: [REDACTED] Associate Governmental Program Analyst.</p> <p>Welfare and Institutions Code Section 14126.022 is attached hereto and incorporated herein as 'Attachment A.' The statute was met as evidenced by the following findings:</p> <p>Based on record review and interview, the above nursing facility was found in compliance with Health and Safety Code 1276.5, the requirement for a minimum of 3.2 nursing hours per patient day, for 24 randomly selected days from August 31, 2012 through November 29, 2012.</p> <p>However, 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 Facilities will be expected to meet the following documentation requirements no later than 14 days from the date of this All Facilities Letter.</p> <p>(a) The facility shall either create an assignment sheet or use the attached "Nursing Staffing Assignment and Sign-In Sheet" (CDPH 530 and</p>	A 000	<p>Compliant Number CA0030000071</p> <p>Eskaton Care Center Fair oaks, without admitting fault submits the following plan of correction in accordance with the regulatory requirements found in Title 22, Code of Federal Regulation (DFR).</p> <p>a. No residents were affected by not including the Director of Nursing / Designee on the CDPH 530 form.</p> <p>b. The CDPH 530 equivalent form currently used by the Eskaton Care Center Fair Oaks was modified to show the "Director of Nursing / Designee" position, since this position is salaried and not captured by the time clock/ payroll records. The form will also show that an individual occupies that assignment daily.</p> <p>c. The Staffing coordinator has been designated to complete the form and to see that the modifications are followed.</p> <p>d. An inservice was given to the Staffing coordinator on the 14<sup>th</sup> of May 2013.</p> <p>e. Corrections were completed on May 15<sup>th</sup> of 2013.</p>		

Licensing and Certification Division

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

STATE FORM

TITLE

(X6) DATE

Administrator

5/14/13

6899

72S611

If continuation sheet 1 of 2

California Department of Public Health

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A 000	Continued From page 1  instructions) to record daily staffing assignments to document nursing hours worked by employees not captured in payroll records or employees who are primarily engaged in duties other than nursing services, including employees who perform nursing services beyond the hours required to carry out their job duties. The " assignment sheet " must be typed or printed legibly and be substantially similar to the attached CDPH 530 and instructions. The Director of Nursing (or designee) must sign the form verifying the information is complete, true, and accurate. Failure to provide a complete, signed and legible form will result in a finding of non-compliance with the 3.2 minimum NHPPD requirement for each day the form is not provided.	A 000			