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California Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ 07/13/2021 B WING CA9500076 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1267 SAN GABRIEL BLVD MONTEREY HEALTHCARE & WELLNESS CEN ROSEMEAD, CA 91770 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES 1D COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG A 000 A 000 Initial Comments 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. Representing the Department: M.L., Associate Governmental Program Analyst. 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 http://leginfo.legislature.ca.gov/faces/codes_dis playSection.xhtml?sectionNum=14126.022.&law Code=WIC> 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> 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 dis playText.xhtml?division=2.&chapter=2.&lawCode =HSC&article=9> 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

Licensing and Certification Division

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

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California Department of Public Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MONTEREY HEALTHCARE & WELLINESS CEN 1267 SAN GABRIEL BLVD			CA9500076	B. WING		07/13/2021		
MONTEREY HEALTHCARE & WELLINESS CEN ROSEMEAD, CA 91770	NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
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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. 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 1276.65(c)(1)(B), and (C), the requirement for a minimum of 3.5 Direct Care Service Hours and 2.4 Certified Nurse Assistant Direct Care Service Hours Per Patient Day. Final Audit Result: Total Distinct Non-Compliant Day(s) = 0 Date 3.5 2.4 10/02/2020 3.76 2.50 10/04/2020 3.81 2.84 10/07/2020 3.71 2.43 10/08/2020 4.13 2.71 10/10/2020 3.80 2.68 10/12/2020 3.80 2.68 10/12/2020 3.80 2.68 10/12/2020 3.80 2.68 10/12/2020 4.50 2.75 10/16/2020 4.50 2.75 10/16/2020 4.97 3.02 11/03/2020 4.08 2.47 10/24/2020 4.07 2.75 11/06/2020 4.97 3.02 11/05/2020 4.70 2.75 11/06/2020 3.76 2.56	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE		
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