

PRINTED: 04/10/2024
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA040000067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/01/2022
NAME OF PROVIDER OR SUPPLIER VINEYARD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1090 EAST DINUBA AVENUE REEDLEY, CA 93654		
(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 11/29/2020 to 02/28/2021.</p> <p>Representing the Department: R.H., 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			

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

0899

846Q11

If continuation sheet 1 of 4

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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) = 9</p> <table> <tr> <td>Date</td> <td>3.5</td> <td>2.4</td> </tr> <tr> <td>12/03/2020</td> <td>3.82</td> <td>2.61</td> </tr> <tr> <td>12/07/2020</td> <td>4.27</td> <td>2.59</td> </tr> <tr> <td>12/08/2020</td> <td>4.25</td> <td>2.79</td> </tr> <tr> <td>12/10/2020</td> <td>4.25</td> <td>2.84</td> </tr> <tr> <td>12/14/2020</td> <td>4.22</td> <td>2.88</td> </tr> <tr> <td>01/03/2021</td> <td>*3.44*</td> <td>2.33</td> </tr> <tr> <td>01/04/2021</td> <td>3.92</td> <td>2.56</td> </tr> <tr> <td>01/06/2021</td> <td>3.93</td> <td>2.42</td> </tr> <tr> <td>01/20/2021</td> <td>4.06</td> <td>2.59</td> </tr> <tr> <td>01/21/2021</td> <td>3.59</td> <td>2.22</td> </tr> <tr> <td>01/22/2021</td> <td>*3.39*</td> <td>1.88</td> </tr> <tr> <td>01/27/2021</td> <td>3.76</td> <td>2.41</td> </tr> <tr> <td>01/30/2021</td> <td>*3.40*</td> <td>2.44</td> </tr> <tr> <td>02/01/2021</td> <td>3.84</td> <td>2.37</td> </tr> <tr> <td>02/04/2021</td> <td>*3.34*</td> <td>2.29</td> </tr> <tr> <td>02/05/2021</td> <td>3.81</td> <td>2.66</td> </tr> <tr> <td>02/07/2021</td> <td>*3.24*</td> <td>2.31</td> </tr> <tr> <td>02/09/2021</td> <td>3.72</td> <td>2.54</td> </tr> <tr> <td>02/11/2021</td> <td>4.00</td> <td>2.65</td> </tr> <tr> <td>02/12/2021</td> <td>*3.34*</td> <td>2.00</td> </tr> <tr> <td>02/14/2021</td> <td>*3.28*</td> <td>2.09</td> </tr> <tr> <td>02/15/2021</td> <td>3.57</td> <td>2.13</td> </tr> <tr> <td>02/18/2021</td> <td>*3.33*</td> <td>2.16</td> </tr> <tr> <td>02/21/2021</td> <td>*3.16*</td> <td>2.38</td> </tr> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	12/03/2020	3.82	2.61	12/07/2020	4.27	2.59	12/08/2020	4.25	2.79	12/10/2020	4.25	2.84	12/14/2020	4.22	2.88	01/03/2021	*3.44*	2.33	01/04/2021	3.92	2.56	01/06/2021	3.93	2.42	01/20/2021	4.06	2.59	01/21/2021	3.59	2.22	01/22/2021	*3.39*	1.88	01/27/2021	3.76	2.41	01/30/2021	*3.40*	2.44	02/01/2021	3.84	2.37	02/04/2021	*3.34*	2.29	02/05/2021	3.81	2.66	02/07/2021	*3.24*	2.31	02/09/2021	3.72	2.54	02/11/2021	4.00	2.65	02/12/2021	*3.34*	2.00	02/14/2021	*3.28*	2.09	02/15/2021	3.57	2.13	02/18/2021	*3.33*	2.16	02/21/2021	*3.16*	2.38	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 9 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 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>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).</p> <p>The Director of Staff Development (DSD) failed to</p>	A 200		

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A 200	Continued From page 3 delineate time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DSD position.	A 200			
A 020	AFL 21-11 II.B SAS-Form 530 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 ensuring all entries are accurate and legible. This Statute is not met as evidenced by: Facility failed to use CDPH Form 530 per AFL 21-11, Section II, Guidelines, subsection B, and pursuant to W&I 14126.022.	A 020			