

November 20, 2023

A rebuttal of the deficiency is not a Plan of Correction. California Health and Safety Code, Section 1280, requires a Plan of Correction for all deficiencies. By providing a Plan of Correction, a licensee or designee does not necessarily admit guilt of any violation nor does this interfere with the right to contest or appeal any alleged violation.


If your Plan of Correction is unacceptable to the Department, you will be notified in writing. You are ultimately accountable for compliance and responsibility is not alleviated when notification of the acceptability of the Plan of Correction is not timely. Your Plan of Correction will serve as the facility's allegation of compliance. The original signed Plan of Correction must be maintained at the facility for a minimum of three years.

Please retain a copy of the completed Statement of Deficiencies for your records. If you have any questions, please contact LNCStaffingAudits@cdph.ca.gov.

Sincerely,

POC Coordinator
Staffing Audits Section

Enclosures: Statement of Deficiencies and Plan of Correction Form
Final Facility Audit Dates and DHPPD Summary Report
Final Facility DHPPD Non-Compliant Days Summary Report



Signature of Facility Representative
Receiving Letter

11/28/23

Date Letter Returned with
Plan of Correction

Daenen Merrill

Complete, Printed Name of Facility Representative
Receiving Letter

NOTE: Sign, date and return this letter with the Plan of Correction.

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA230000277	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/10/2021
NAME OF PROVIDER OR SUPPLIER WOLF CREEK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 107 CATHERINE LANE GRASS VALLEY, CA 95945		
(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: J.M., 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

Today's Date	27-Nov-23	Letter Received from CDPH from Staffing Survey done in Q4 2020	
a)	The measures and systemic changes immediately put in place to ensure the deficient practice does not occur	Wolf Creek has implemented a new staffing tracking system to specifically ensure that DHPD and CNA DHPD are in compliance as required by HSC 1276.65. The new system tracks the daily PPD with more accuracy and consistency. Additionally, the Director of Staffing and Administrator meet regularly to review the daily staffing requirements and make adjustments as needed timely.	
b)	A description of the monitoring process and positions of persons responsible for monitoring, and how the facility plans to monitor its performance to ensure corrections are achieved and sustained.	Director of Staffing, Staffing assistant and Administrator meet daily to review DHPD and CNA DHPD and staffing requirements. Our new staffing system reviews the daily, weekly and monthly PPD to ensure we are prepared to meet the requirements. When we run short we have contracts with local registry companies who fill unexpected call offs.	
c)	Date when corrective actions will be completed, no more than 30 calendar days from the date the facility was notified of the non compliance	Corrective actions have already been implemented as of 10/1/2023.	

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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) = 3</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.2</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>10/01/2020</td><td></td><td>3.76</td><td>2.29</td></tr> <tr><td>10/02/2020</td><td></td><td>3.71</td><td>2.36</td></tr> <tr><td>10/03/2020</td><td></td><td>3.70</td><td>2.55</td></tr> <tr><td>10/05/2020</td><td></td><td>3.33</td><td>1.83</td></tr> <tr><td>10/18/2020</td><td></td><td>3.47</td><td>2.28</td></tr> <tr><td>10/19/2020</td><td></td><td>3.77</td><td>2.36</td></tr> <tr><td>10/20/2020</td><td></td><td>3.20</td><td>1.83</td></tr> <tr><td>10/23/2020</td><td></td><td>3.31</td><td>2.10</td></tr> <tr><td>11/04/2020</td><td>*3.10*</td><td>3.10</td><td>1.73</td></tr> <tr><td>11/05/2020</td><td>*3.17*</td><td>3.17</td><td>1.68</td></tr> <tr><td>11/07/2020</td><td>*2.67*</td><td>2.67</td><td>1.56</td></tr> <tr><td>11/11/2020</td><td></td><td>3.34</td><td>2.00</td></tr> <tr><td>11/12/2020</td><td></td><td>3.62</td><td>2.03</td></tr> <tr><td>11/18/2020</td><td></td><td>3.39</td><td>2.06</td></tr> <tr><td>11/25/2020</td><td></td><td>3.25</td><td>1.75</td></tr> <tr><td>11/27/2020</td><td></td><td>3.21</td><td>1.89</td></tr> <tr><td>12/06/2020</td><td></td><td>4.39</td><td>2.50</td></tr> <tr><td>12/07/2020</td><td></td><td>3.92</td><td>2.27</td></tr> <tr><td>12/08/2020</td><td></td><td>3.79</td><td>2.18</td></tr> <tr><td>12/09/2020</td><td></td><td>4.33</td><td>2.46</td></tr> <tr><td>12/27/2020</td><td></td><td>3.73</td><td>2.17</td></tr> <tr><td>12/28/2020</td><td></td><td>5.13</td><td>3.04</td></tr> <tr><td>12/30/2020</td><td></td><td>4.14</td><td>2.46</td></tr> <tr><td>12/31/2020</td><td></td><td>4.37</td><td>2.58</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.2	3.5	2.4	10/01/2020		3.76	2.29	10/02/2020		3.71	2.36	10/03/2020		3.70	2.55	10/05/2020		3.33	1.83	10/18/2020		3.47	2.28	10/19/2020		3.77	2.36	10/20/2020		3.20	1.83	10/23/2020		3.31	2.10	11/04/2020	*3.10*	3.10	1.73	11/05/2020	*3.17*	3.17	1.68	11/07/2020	*2.67*	2.67	1.56	11/11/2020		3.34	2.00	11/12/2020		3.62	2.03	11/18/2020		3.39	2.06	11/25/2020		3.25	1.75	11/27/2020		3.21	1.89	12/06/2020		4.39	2.50	12/07/2020		3.92	2.27	12/08/2020		3.79	2.18	12/09/2020		4.33	2.46	12/27/2020		3.73	2.17	12/28/2020		5.13	3.04	12/30/2020		4.14	2.46	12/31/2020		4.37	2.58	A 000		
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A 150	<p>HSC 1276.5(a) SAS - 3.2 Standard</p> <p>(a) The department shall adopt regulations setting forth the minimum number of equivalent nursing hours per patient required in skilled nursing and intermediate care facilities, subject to the specific requirements of Section 14110.7 of the Welfare and Institutions Code. However, notwithstanding Section 14110.7 or any other law, commencing January 1, 2000, the minimum number of actual nursing hours per patient required in a skilled nursing facility shall be 3.2 hours, except as provided in Section 1276.9.</p> <p>This Statute is not met as evidenced by: Facility failed to meet 3.2 Direct Care Service Hours per Patient Day (DHPPD) pursuant to HSC section 1276.5(a) for 3 out of 24 days.</p> <p>The statute was not met as evidenced by the following findings:</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>The Director of Staff Development (DSD) failed to delineate time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DSD position.</p> <p>Review of Form 280A (Facility: Nurse Assistant Training Program Notice) states " Hire CNA Only, " therefore, the nurse assistant(s) do not</p>	A 150		

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A 150	<p>Continued From page 3</p> <p>count towards the 3.5 DHPPD per HSC, section 1337.1(b)(6).</p> <p>Per HSC, section 1337.2 (g) " ...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 certification(s) and/or nurse assistants in training without active certification(s). This necessitated excluding all CNA service hours for such employees.</p> <p>Employee(s) failed to delineate time spent providing nursing services to skilled nursing care patients, as defined in HSC section 1276.65 and CCR Title 22, section 72309, section 72311 and section 72315, while assigned to perform other duties other than direct care.</p>	A 150		