California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA080000062	A. BUILDING: _____ B. WING _____	02/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HILLS NURSING & REHABILITATIOI	7760 PARKWAY DRIVE LA MESA, CA 91942

(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	Initial Comments The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: K.D., 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 (AFLs). W&I Code section 14126.022 is attached hereto and incorporated herein as 'Attachment A.' AFL 11-19, setting forth the audit process and guidelines for facilities is available through the following link: http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf. Health and Safety Code (HSC), setting forth the requirements for Certified Nurse Assistants is available through the following link: http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=01001-02000&file=1337-1338.5	A 000	RECEIVED CA DEPT OF PUBLIC HEALTH APR 19 2018 LICENSING & CERTIFICATION SAN DIEGO DISTRICT OFFICE	
A 029	1276.5(a) HSC Section 1276 (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 provision of 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	A 029		

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A 029	Continued From page 1 1276.9. This Statute is not met as evidenced by: Based on record review and interview, the above nursing facility was found out of compliance with Health and Safety Code 1276.5(a), the requirement for a minimum of 3.2 nursing hours per patient day for 1 out of 24 randomly selected days from August 13, 2017 through November 12, 2017: Findings: · The total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 3.2 Nursing Hours per Patient Day per AFL 11-19, Section 2(a-c). · Documents and/or records were incomplete, illegible, or inaccurate [AFL 11-19, Section 1(A)]. 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 employees. · Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet a minimum of 3.2 Nursing Hours per Patient Day. As a result, the total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 3.2 Nursing Hours per Patient Day per AFL 11-19, Section 2(a-c). Documentation requirements set forth in All Facilities Letter (AFL) 11-19 were not met. In the	A 029	This document will serve as a credible allegation of our intent to correct the deficient practices identified. The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This plan of correction is filed as evidence of the facility to comply with the requirements of participation and to continue to provide high quality resident care. **A 029 Corrective action for residents found to have been affected by this deficiency:** All residents have the potential to be affected. On 4/11/18, upon receiving the 2567 from the February 2018 3.2 audit, the Administrator, Director of Nursing, and Staff Scheduler reviewed scheduling practices to ensure there were current systems in place to meet the 3.2 staffing requirement on a daily basis. Current systems were found to be in place and 3.2 PPD compliance was evident. **Measures and systemic changes that will be put into place to ensure that this deficiency does not recur:** The Staff Scheduler will revise the schedule daily according to facility census to ensure appropriate staffing is in place to meet the minimum 3.2 staffing mandate. The facility will continue to build a staffing pool that includes appropriate amounts of staff to cover for call offs or other unexpected staffing changes or census growth. The DON and Administrator will hold the Staff Scheduler accountable daily at the morning stand up meeting.	

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A 029	Continued From page 2 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: 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. (a) The facility shall either create an assignment sheet or use the attached " Nursing Staffing Assignment and Sign-In Sheet " (CDPH 530 and 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. DATE NHPPD 10/31/2017 2.98	A 029	**Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained:** On a daily basis, the Staff Scheduler or designee will review the schedule and census to ensure there is an appropriate amount of staffing to meet the 3.2 requirement. In the event that there is an anticipated need of additional staff, on call staff will be asked to work and department heads with CNA licenses will be asked to work on the floor as direct patient caregivers where appropriate and within state and federal regulations. The Staff Scheduler or designee will bring the staffing ratios to the monthly QA meeting to present any trends or findings related to the 3.2 regulations. The DON will monitor each month in QAPI to ensure compliance to the 3.2 regulation. **Date of Completion:** 4/18/18	