

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA950000040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/10/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COUNTRY OAKS CARE CENTER

**215 W PEARL ST
POMONA, CA 91768**

(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: L.T., 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.'	A 000	Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions in this statement of deficiencies. The plan of corrections is prepared and executed because it is required by the provisions of the Health and Safety Code section 1250 and CFR 405.1907.	
	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/Document/s/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		A029 The measures and systemic changes immediately put in place to ensure the deficient practice does not recur were: Country Oaks Care Center will schedule direct care nursing staff to meet or exceed the state required 3.2 nursing hours per patient day at all times. The facility will follow the CDPH "Guidelines for 3.2 nursing Hours per Patient Day (NHPPD) Staffing Audits." As described in AFL 11-19, dated January 31, 2011, for documentation and calculation of nursing hours.	12/9/2014
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	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: The monitoring process implemented to 3.2 compliance is, as follows; the Director of Staff Development (DSD) will calculate the NHPPD for the census day and staff as necessary to exceed or meet the 3.2 NHPPD requirement. Assignment Sheets and	

Licensing and Certification Division

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

TITLE

(X6) DATE

Richard Escontreas

Administrator

12/29/2014

STATE FORM

6899

90UC11

If continuation sheet 1 of 3

California Department of Public Health

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NAME OF PROVIDER OR SUPPLIER COUNTRY OAKS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 215 W PEARL ST POMONA, CA 91768		
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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 July 20, 2014 through October 19, 2014: Findings: · Cross-trained care givers failed to delineate time spent providing nursing services to skilled nursing care patients, as defined in CCR title 22, Section 72309, Section 72311 and Section 72315, and per AFL 11-19, Section 1(A). · 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). DATE NHPPD 10/12/14 2.92 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	A 029	Continue Page 2 CDPH 612 forms for day(s) will be provided to each nursing station for proper documentation, signatures, and any action deemed necessary to ensure proper staffing. The monitoring process and positions of persons responsible for corrective action plan are: Under the supervision of the Director of Nursing (DON) the DSD and/or designated staff member. DSD will complete the daily assignment sheet and CDPH 612 based on census. The DSD and or designated staff member will review for compliance. The DSD and the Staffer will train Licensed Nurses to replace staff as necessary to meet 3.2 compliance. In the event staffing is not in compliance with the 3.2 requirement, the DON will mandate appropriate staff members to report to facility to ensure that the staffing ratio is achieved and sustained. The DON and or designee will report compliance to QA Committee monthly for three months then quarterly to review any issues or concerns Date Corrective Action will be completed: All corrections will be completed no later than December 9, 2014	12/9/2014

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A 029	Continued From page 2 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 029		
	(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. (b) Each facility shall maintain current, complete, and accurate personnel and payroll records for all employees in accordance with Title 22, Section 72533. The facility shall provide the following documentation upon request: 1. Census and NHPPD (CDPH 612 or facility alternative form).			