

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA920000020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENDALE POST ACUTE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 N. VERDUGO ROAD GLENDALE, CA 91206</b>		
(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><b>Initial Comments</b></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: M.P., Associate Governmental Program Analyst.</p> <p>Welfare and Institutions (W&amp;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). &lt;<a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC</a>&gt;</p> <p>AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: &lt;<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx</a>&gt;</p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: &lt;<a href="https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9">https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9</a>&gt;</p> <p>W&amp;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	<p>Glendale Post-Acute Center submits this POC Analysis in response to Statement of Deficiencies from staffing audit 11/16/21, as part of the requirements under state and federal law. This POC is submitted in accordance with the specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or liability.</p> <ul style="list-style-type: none"> <li>• <b>What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur:</b> DON and Staff Developer and or designee will monitor nursing staff hours daily. Scheduling will be done according to current census average with changes made according to planned admissions, to maintain adequate staff of 3.5 or greater</li> </ul>	

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 4

California Department of Public Health

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GLENDALE POST ACUTE CENTER**

**250 N. VERDUGO ROAD  
GLENDALE, CA 91206**

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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) = 4</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>4.15</td><td>2.55</td></tr> <tr><td>10/08/2020</td><td></td><td>3.60</td><td>2.26</td></tr> <tr><td>10/09/2020</td><td></td><td>3.72</td><td>2.37</td></tr> <tr><td>10/15/2020</td><td></td><td>3.80</td><td>2.20</td></tr> <tr><td>10/16/2020</td><td></td><td>3.66</td><td>2.25</td></tr> <tr><td>10/17/2020</td><td></td><td>3.30</td><td>2.08</td></tr> <tr><td>10/19/2020</td><td></td><td>4.10</td><td>2.46</td></tr> <tr><td>10/20/2020</td><td></td><td>4.09</td><td>2.55</td></tr> <tr><td>10/21/2020</td><td></td><td>3.67</td><td>2.34</td></tr> <tr><td>10/23/2020</td><td></td><td>3.76</td><td>2.32</td></tr> <tr><td>10/24/2020</td><td></td><td>3.47</td><td>2.22</td></tr> <tr><td>10/30/2020</td><td></td><td>3.72</td><td>2.39</td></tr> <tr><td>11/04/2020</td><td></td><td>3.83</td><td>2.42</td></tr> <tr><td>11/10/2020</td><td></td><td>3.80</td><td>2.24</td></tr> <tr><td>11/26/2020</td><td>*3.07*</td><td>3.07</td><td>1.93</td></tr> <tr><td>12/03/2020</td><td></td><td>3.71</td><td>2.33</td></tr> <tr><td>12/04/2020</td><td></td><td>3.48</td><td>2.17</td></tr> <tr><td>12/05/2020</td><td></td><td>3.24</td><td>2.05</td></tr> <tr><td>12/08/2020</td><td></td><td>3.68</td><td>2.17</td></tr> <tr><td>12/13/2020</td><td>*3.02*</td><td>3.02</td><td>1.85</td></tr> <tr><td>12/16/2020</td><td></td><td>3.49</td><td>2.14</td></tr> <tr><td>12/17/2020</td><td></td><td>3.35</td><td>2.12</td></tr> <tr><td>12/27/2020</td><td>*3.08*</td><td>3.08</td><td>1.91</td></tr> <tr><td>12/31/2020</td><td>*3.00*</td><td>3.00</td><td>2.01</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.2	3.5	2.4	10/01/2020		4.15	2.55	10/08/2020		3.60	2.26	10/09/2020		3.72	2.37	10/15/2020		3.80	2.20	10/16/2020		3.66	2.25	10/17/2020		3.30	2.08	10/19/2020		4.10	2.46	10/20/2020		4.09	2.55	10/21/2020		3.67	2.34	10/23/2020		3.76	2.32	10/24/2020		3.47	2.22	10/30/2020		3.72	2.39	11/04/2020		3.83	2.42	11/10/2020		3.80	2.24	11/26/2020	*3.07*	3.07	1.93	12/03/2020		3.71	2.33	12/04/2020		3.48	2.17	12/05/2020		3.24	2.05	12/08/2020		3.68	2.17	12/13/2020	*3.02*	3.02	1.85	12/16/2020		3.49	2.14	12/17/2020		3.35	2.12	12/27/2020	*3.08*	3.08	1.91	12/31/2020	*3.00*	3.00	2.01	A 000	<p>and 2.4 or greater C.N.A. DON and Staff Developer will be on call to assist with staffing challenges. All call-offs will go directly to the DON, DSD, or designee to ensure adequate staff replacement at such time as needed. Glendale Post-Acute Center has contracts with four different nursing registries to utilize in the event of staffing challenges.</p> <p>The facility continues to focus on recruitment and retention efforts. Employment ad's are frequently updated and responded to. The facility has also implemented:</p> <ul style="list-style-type: none"> <li>○ Sign-on bonus</li> <li>○ Referral bonus</li> <li>○ Shift pick up Incentives</li> <li>○ Wage adjustments</li> <li>○ Weekend incentive programming</li> </ul>	
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A 150	Continued From page 2	A 150		
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 4 out 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>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>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</p>	A 150	<ul style="list-style-type: none"> <li>• <b>A description of the monitoring process and positions of the persons responsible for monitoring:</b> Administrator will ensure that the above process is ongoing and sustained. Any challenges will be discussed with the QAPI committee monthly for review and further plan of action.</li> <li>• <b>Corrective Action will be completed:</b> by 3/1/2023</li> </ul>	

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