

California Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA920000076 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 11/27/2018 |
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| NAME OF PROVIDER OR SUPPLIER VALLEY VISTA NURSING AND TRANSITIONAL | STREET ADDRESS, CITY, STATE, ZIP CODE 6120 N. VINELAND AVE NORTH HOLLYWOOD, CA 91606 |
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| (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 07/23/2018 to 10/22/2018.</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 18-27, 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-18-27.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

[Signature] *Administrator*

TITLE

04/27/20

(X6) DATE

STATE FORM 6899 CB1Q11 If continuation sheet 1 of 2

California Department of Public Health

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| A 000 | Continued From page 1 for staffing requirements on any given day. Prior to July 1, 2019, the applicable standard for purposes of assessing this penalty is 3.2 NHPPD. On or after July 1, 2019, the applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless a requested Workforce Shortage or Patient Needs Waiver is approved. The statute was met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.5(a), the requirement for 3.2 direct care hours per patient day. Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), the requirement for a minimum of 3.5 direct care hours per patient day. | A 000 | | |
| A 205 | HSC 1276.65(c)(1)(C) SAS - 2.4 Standard (C) Skilled nursing facilities shall have a minimum of 2.4 hours per patient day for certified nurse assistants in order to meet the requirements in subparagraph (B). This Statute is not met as evidenced by: Facility failed to meet 2.4 direct care service hours per patient day (DHPPD), performed by certified nurse assistants, pursuant to HSC 1276.65(c)(1)(C) for 1 out of 24 days. | A 205 | | |

Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the Federal and State laws and regulations.

A 205

It is the policy of the facility comply with HSC 1276.65(c)(1)(c) SAS-2.4 and provide every patient with a minimum 2.4 hours per patient day for certified nurse assistant in order to meet the required in subparagraph (B)

Corrective action(s) accomplished for those residents found to have been affected by this alleged statement of deficient practice:

On 11/27/18, an unannounced visit was made to the facility to conduct NHPPD staffing survey. Based on the finding, it was written that the facility failed to comply with the regulation of 2.4 PPD for one out of 24 audited days. Immediately after notification of the deficient practice DON and DSD review the NHPPD record and in-service all CNAs about the 2.4 NHPPD regulation.

Corrective action for other residents found to have been affected by the same deficiency.

In addition, the DSD posts the projected staffing ratio and daily assignment at the beginning of the day; the use of the required NHPPD 612 form is used to for the calculation of the staffing ratios. Staff PPD projections are reviewed and additional staff is added as needed to meet the requirements and census demands.

DSD will continue to review daily projection the day before and ensure that the facility is in compliance with minimum staffing requirements. DSD has conducted an in-service on 04/20/20 to all licensed staff regarding staffing requirements that any call offs within their shift should be replaced depending on the facility's census to meet requirements.

No residents were identified to have been affected by the deficient practice.

Systemic revisions completed by the facility to decrease risks for recurrence of alleged statement of deficient practice.

1. DON and/or DSD has conducted a re-in-service on NHPPD requirements to meet the 2.4 direct care service hours per patient day.
2. All nursing staff were re-in-service about the importance of the 2.4 direct care service compliance and requirements.

Facility plans to ensure alleged deficient practice correction is achieved, sustained, evaluated for effectiveness and integrated into the QAPI program.

The IDT will meet daily during stand up to address all concerns regarding 2.4 NHPPD compliance, staffing projection, and census to ensure the 2.4 requirement is achieved daily.

DON and/or qualified designee is responsible to report all findings to QAPI committee monthly then quarterly on the status of ongoing compliance.

The QAPI committee shall determine the agenda for further revision and /o revision to plan of correction.

The Administrator is responsible insuring compliance is achieved and sustained.

Date of completion: 04/24/20