

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA240000106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2017
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NAME OF PROVIDER OR SUPPLIER ARROWHEAD HEALTHCARE CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4343 N. SIERRA WAY SAN BERNARDINO, CA 92407
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A 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: R.O., 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). W&I Code section 14126.022 is attached hereto and incorporated herein as 'Attachment A.'</p> <p>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.</p> <p>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</p>	A 000	<p>This plan of correction constitutes the licensee's written credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute and admission of the facts alleged or the conclusion set forth in the statement of deficiencies. The plan of correction is submitted as part of the statutory requirements set forth in the Code of Federal Regulations, Title 42, Section 489.13; State Operations Manual, Section 2612; and California Health and Safety Code, Section 1280.</p>	
A 029	<p>1276.5(a) HSC Section 1276</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 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</p>	A 029	<p>A 029</p> <p>Immediate Measures:</p>	

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

[Signature] TITLE *Administrator* (X6) DATE *09/24/18*

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A 029	<p>Continued From page 1</p> <p>1276.9.</p> <p>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 January 9, 2017 through April 10, 2017:</p> <p>Findings:</p> <ul style="list-style-type: none"> 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). <p>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 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:</p> <p>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.</p> <p>(a) The facility shall either create an assignment</p>	A 029	<p>1. 1:1 in-service provided to assigned personnel for staffing in the facility/ DSD by VPO on 8/20/18 in regards to importance of keeping track of projected NHPPD daily for the next 24H to monitor and maintain staffing compliance, in accordance to State and Federal regulations.</p> <p>Systemic Changes:</p> <ol style="list-style-type: none"> Director of Staff Development / Designee will audit form 530 for completeness of required signature of staff to comply with AFL 11-19 5x/week. Director of Nursing/Designee will inspect CDPH 612 for accuracy of calculations and other required data on the form prior to signing for accuracy 5x/week. Director of Staff Development / Designee will check staffing record to ensure that the facility will have more than adequate staff to comply with 3.2 NHPPD, by 	
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A 029	<p>Continued From page 2</p> <p>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.</p> <p>(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:</p> <p>1. Census and NHPPD (CDPH 612 or facility alternative form).</p> <p>DATE NHPPD</p> <p>01/15/17 2.72</p>	A 029	<p>allowing staff to have overtime (OT), and calling additional staff for census changes daily 5x/week.</p> <p>Monitoring Process:</p> <p>1. Forms and audits will be presented to QA Committee monthly for further recommendations and resolutions.</p> <p>Completion Date: 8/31/18</p>	
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