

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA240000023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  BUILDING _____	(X3) DATE SURVEY COMPLETED  08/25/2021
NAME OF PROVIDER OR SUPPLIER  CALIMESA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 13542 SECOND ST. YUCAIPA, CA 92399		
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A00C	<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 10/01/2020 to 12/31/2020.</p> <p>Representing the Department M.D., 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>AFL21-11, setting forth the audit process and guidelines for facilities is available through the following link: &lt;<a href="https://www.cdph.ca.gov/Programs/CHQ/JLCP/Pages/AFL-21-11.aspx">https://www.cdph.ca.gov/Programs/CHQ/JLCP/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>	A000		

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

TITLE

STATE FORM

DFVX11

If continuation sheet 1 of 5

*[Signature]*

*Administrator*

4/3/23

California Department of Public Health

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A000	<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) = 23</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>10/09/2020</td><td>*2.99*</td><td>*1.5r</td></tr> <tr><td>10/11/2020</td><td>*3.00*</td><td>*1.92*</td></tr> <tr><td>10/13/2020</td><td>3.73</td><td>2.41</td></tr> <tr><td>10/18/2020</td><td>*2.95*</td><td>*1.90*</td></tr> <tr><td>10/19/2020</td><td>*3.01*</td><td>*1.74*</td></tr> <tr><td>10/25/2020</td><td>*3.04*</td><td>*1.46*</td></tr> <tr><td>10/27/2020</td><td>3.71</td><td>*2.31*</td></tr> <tr><td>10/28/2020</td><td>3.57</td><td>*2.07*</td></tr> <tr><td>10/30/2020</td><td>*2.58*</td><td>*1.39*</td></tr> <tr><td>11/09/2020</td><td>*2.71*</td><td>*1.54*</td></tr> <tr><td>11/24/2020</td><td>*2.44*</td><td>*1.44*</td></tr> <tr><td>11/26/2020</td><td>*2.2r.....</td><td>1.37*</td></tr> <tr><td>11/28/2020</td><td>*1.97"</td><td>*1.20*</td></tr> <tr><td>11/30/2020</td><td>*2.43*</td><td>*1.09*</td></tr> <tr><td>12/02/2020</td><td>*3.21*</td><td>*1.56*</td></tr> <tr><td>12/07/2020</td><td>*2.72*</td><td>*1.50*</td></tr> <tr><td>12/08/2020</td><td>*3.19*</td><td>*1.67*</td></tr> <tr><td>12/10/2020</td><td>*3.10*</td><td>*1.78*</td></tr> <tr><td>12/12/2020</td><td>*2.20*</td><td>*1.28*</td></tr> <tr><td>12/14/2020</td><td>*2.90*</td><td>*1.38*</td></tr> <tr><td>12/15/2020</td><td>*3.30*</td><td>*1.72*</td></tr> <tr><td>12/16/2020</td><td>*2.91*</td><td>*1.51*</td></tr> <tr><td>12/17/2020</td><td>*2.95*</td><td>*1.46*</td></tr> <tr><td>12/21/2020</td><td>*2.63*</td><td>*1.34"</td></tr> </tbody> </table> <p>"x.xx" = non-compliant date</p>	Date	3.5	2.4	10/09/2020	*2.99*	*1.5r	10/11/2020	*3.00*	*1.92*	10/13/2020	3.73	2.41	10/18/2020	*2.95*	*1.90*	10/19/2020	*3.01*	*1.74*	10/25/2020	*3.04*	*1.46*	10/27/2020	3.71	*2.31*	10/28/2020	3.57	*2.07*	10/30/2020	*2.58*	*1.39*	11/09/2020	*2.71*	*1.54*	11/24/2020	*2.44*	*1.44*	11/26/2020	*2.2r.....	1.37*	11/28/2020	*1.97"	*1.20*	11/30/2020	*2.43*	*1.09*	12/02/2020	*3.21*	*1.56*	12/07/2020	*2.72*	*1.50*	12/08/2020	*3.19*	*1.67*	12/10/2020	*3.10*	*1.78*	12/12/2020	*2.20*	*1.28*	12/14/2020	*2.90*	*1.38*	12/15/2020	*3.30*	*1.72*	12/16/2020	*2.91*	*1.51*	12/17/2020	*2.95*	*1.46*	12/21/2020	*2.63*	*1.34"	A000	<p><b>What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.</b></p> <p>The immediate measures and systemic changes that we will put into place to ensure the deficient practice does not recur are the facility will maintain daily reporting of NHPPD hours for both CNAs and Licensed nurses to ensure compliance is met daily. Monthly reviews will also be held to ensure anything found on the daily reviews are corrected and finalized.</p> <p>The facility will look specifically for the 530 forms to ensure that they have been signed by personnel who are not included or who work outside of their salary hours. These would include staff such as the DSD or DON. This will ensure that their direct patient hours are captured every day.</p> <p>The 612 forms will also be reviewed daily by the Director of Nursing and the designee.</p> <p><b>A description of the monitoring process and positions of persons responsible for monitoring (i.e., Administrator, Director of Nursing, or other responsible supervisory personnel)</b></p>	
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A200	Continued From page 2			A200	<b>as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.</b>		
A200	<p>HSC 1276.65(c)(1)(B) SAS- 3.5 Standard</p> <p>(B) Effective July 1, 2018, skilled nursing facilities, except those skilled nursing facilities that are a distinct part of a general acute care facility or a state-owned hospital or developmental center, shall have a minimum number of direct care services hours of 3.5 per patient day, except as set forth in Section 1276.9.</p> <p>This Statute is not met as evidenced by: Facility failed to meet 3.5 Direct Care Service Hours Per Patient Day (DHPPD), Pursuant to HSC 1276.65(c)(1)(B) for 21 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 Nursing (DON) failed to delineate time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DON position.</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>Employee(s) failed to delineate time spent providing nursing services to skilled nursing care patients, as defined in HSC section 1276.65 and</p>			A200	<p>The monitoring process will consist of the Assistant Director of Staff Development or the Director of Staff Development reporting in morning meetings on the daily NHPPD hours to ensure the 2.4 CNA and 3.5 total nursing hours are met.</p> <p>The administrator will monitor the performance of the Assistant Director of Staff Development and the Director of Staff Development monthly to catch anything which is not resolved from the daily reports.</p> <p>Proper forms will be checked to ensure that 530s are filled out by those who do not show up on payroll reports or are working outside of their salary hours to make sure their direct patient care hours are accounted for. This would include staff such as the DON and DSD.</p> <p>CDPH 612 forms will be reviewed by the administrator monthly to ensure constant compliance.</p> <p><b>Dates when corrective action will be completed. The corrective action completion date must be acceptable to the Department.</b></p>		

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A200	Continued From page 3  CCR Title 22, section 72309, section 72311 and section 72315, while assigned to perform other duties other than direct care.  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 information has resulted in the exclusion of all service hours for such employees.  Per HSC, section 1337.2 (f) " ...It shall be unlawful for any person not certified under this article to hold himself or herself out to be a certified nurse assistant." CDPH found staff with lapsed, suspended, expired or revoked certifications. This necessitated excluding all service hours for such employees.  Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.  Review of Form 280A (Facility: Nurse Assistant Training Program Notice) states " Hire CNA Only, " therefore, the nurse assistant(s) do not count towards the 3.5 DHPPD per HSC, section 1337.1(b)(6).	A200	<b>The deficient practice should be corrected immediately. This date shall be no more than 30 calendar days from the date the facility was notified of the non-compliance.</b>  The facility will have all corrective action completed by the 3 <sup>rd</sup> of March. Daily reports have started being reported on as of March 1, 2023. Monthly reviews will be held on the 3 <sup>rd</sup> Friday of the month.  Complete CDPH 530 forms and CDPH 612 forms will be reviewed for completion each day starting on the 1 <sup>st</sup> of March, 2023 to ensure that patient care hours have been accounted for and all staff who do not show up under payroll records or who work outside of their regular salary hours to provide direct patient care are also accounted for. This includes the DSD and the DON among other salary nursing staff.		
A205	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 (8).	A205			

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A205	<p>Continued From page 4</p> <p>This Statute is not met as evidenced by: Facility Failed to meet 2.4 Direct Care Services Vice Hours Per Patient Day (OHPPO) performed by certified nurse assistants, pursuant to HSC 1276.65(c)(1)(C) for 23 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>Employee(s) failed to delineate time spent providing nursing services to skilled nursing care patients, as defined in HSC section 1276.65 and CCR title 22, section 72309, section 72311 and section 72315, while assigned to perform other duties other than direct care.</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 information has resulted in the exclusion of all service hours for such employees.</p> <p>Per HSC, section 1337.2(f) " ...It shall be unlawful for any person not certified under this article to hold himself or herself out to be a certified nurse assistant" CDPH found staff with lapsed, suspended, expired or revoked certifications. This necessitated excluding all services hours for such employees.</p> <p>Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.</p>			A205			

Licensing and Certification Division

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If continuation sheet 5 of 6

California Department of Public Health

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A020	AFL21-11 11.B SAS-Form 530  B. Facilities must use CDPH 530. Failure to use this CDPH required form will result in a finding of non-compliance for each audited day the form is not available. The facility is responsible for ensuring all entries are accurate and legible.  This Statute is not met as evidenced by: Facility failed to use CDPH Form 530 per AFL 21-11, Section II, Guidelines, subsection 8, and pursuant to W&I 14126.022.	A020		
A040	AFL21-11 11.B SAS-Form 612  B. Facilities must use CDPH 612. Failure to use this CDPH required form will result in a finding of non-compliance for each audited day the form is not available. The facility is responsible for ensuring all entries are accurate and legible.  This Statute is not met as evidenced by: Facility failed to use CDPH Form 612 per AFL 21-11, Section II, Guidelines, subsection B, pursuant to W&I 14126.022.	A040		