

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA920000292</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/24/2013</b>
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NAME OF PROVIDER OR SUPPLIER

**ARARAT NURSING FACILITY**

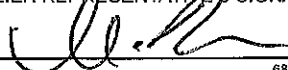
STREET ADDRESS, CITY, STATE, ZIP CODE

**15099 MISSION HILLS ROAD  
MISSION HILLS, CA 91345**

(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 visit: Representing the Department: J.F., 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). W&amp;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: <a href="http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf">http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf</a>.</p> <p>Health and Safety Code (HSC), setting forth the requirements for Certified Nurse Assistants is available through the following link: <a href="http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&amp;group=01001-02000&amp;file=1337-1338.5">http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&amp;group=01001-02000&amp;file=1337-1338.5</a>.</p> <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</p>	A 000		

Licensing and Certification Division

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



TITLE

*Administrator*

(X6) DATE

*2/5/14*

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NAME OF PROVIDER OR SUPPLIER  <b>ARARAT NURSING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>15099 MISSION HILLS ROAD MISSION HILLS, CA 91345</b>		
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A 000	Continued From page 1 Facilities will be expected to meet the following documentation requirements no later than 14 days from the date of this All Facilities Letter.  (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).	A 000	"Ararat Nursing Facility submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party."	
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 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 April 02, 2013 through July 11, 2013:  Findings:	A 029	A 029 1276.5(a) HSC Section 1276 A) Administrator provided an in-service to all administrative nurses –educated that when assisting with direct resident care, they must sign in on form CDPH 530. In-service included demonstration of the form and information on signing in legibly, accurately, and completely.  B) Staffing Coordinator will work with Director of Nursing and/or designee daily to staff at or above the minimum of 3.20 nursing hours per patient day. Administrator and/or designee will also verify that NHPPD requirement is met on a daily basis through review of payroll-based reports. Staffing Coordinator and Director of Nursing and/or designee will monitor form CDPH 530 daily and weekly, and Administrator and/or designee will monitor monthly to confirm that all forms are being completed accurately and fully, with signatures present.	2/5/14

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A 029	Continued From page 2  <ul style="list-style-type: none"> <li>Payroll records were incomplete, illegible or inaccurate [AFL 11-19, Section 1(A)]. Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</li> <li>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).</li> </ul> DATE            NHPPD 05/11/13        3.19	A 029		