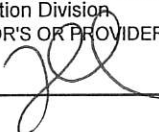


California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA920000024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2019
NAME OF PROVIDER OR SUPPLIER NORTH VALLEY NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7660 WYNGATE ST TUJUNGA, CA 91042		
(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 01/01/2019 to 03/31/2019.</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	<p>North Valley Nursing Center 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 of proceedings against the provider or its employees, 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.</p>	10/12/20

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



TITLE

Administrator

(X6) DATE

10/12/2020

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 an approved Workforce Shortage or Patients Needs Waiver is granted.	A 000	A-150 HSC 1276.5(a) SAS - 3.2 Standard Measures that will be put into place to ensure that this deficiency does not recur: DSD and or designee will report daily projected nursing hours to stand up meeting daily. Payroll to complete the CDPH 612 form daily to ensure compliance with the 3.2 DHPPD. How the facility plans to monitor its performance to make sure that solutions are sustained Within the beginning two hours of each shift DON/DSD or designee will review the daily ppd to assure we are in compliance with the 3.2 DHPPD. Any call offs for the day will be replaced immediately to ensure we are meeting the projected daily DHPPD. If unable to replace with off duty staff the on duty staff to remain covering shift to ensure facility hits our target PPD.	
A 150	HSC 1276.5(a) SAS - 3.2 Standard (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. 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. 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 (NHPPD) per AFL 18-27, Section 1(B).	A 150		10/12/2020

California Department of Public Health

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A 150	Continued From page 2 Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements. Review of the documentation provided for audited day(s) resulted in the following Non-Compliance: DATE 3.2 NHPPD 01/20/19 2.69 02/02/19 3.18 02/10/19 3.17 03/24/19 3.05	A 150	Administrator to review daily staffing needs for the facility to ensure sufficient staff for the building. Administrator or designee will review daily payroll report that was provided from payroll department to ensure licensed staffing working hours met the minimum requirement of 3.2 per patient day (PPD).	
A 200	HSC 1276.65(c)(1)(B) SAS - 3.5 Standard (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. 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 11 of 24 days.	A 200	If the PPD of licensed nurses is less than 3.2, Administrator or designee will provide additional in-service to licensed nurses to complete working hours as scheduled. A-200 HSC 1276.65(c)(1)(B) SAS - 3.5 Standard Measures that will be put into place to ensure that this deficiency does not recur:	10/12/2020
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	A 205		

If continuation sheet 4 of 4

Administrator to review daily staffing needs for the facility to ensure sufficient staff for the building. Administrator or designee will review daily payroll report that was provided from payroll department to ensure licensed staffing working hours met the minimum requirement of 3.5 per patient day (PPD).

If the PPD of licensed nurses less than 3.5, Administrator or designee will provide additional in-service to licensed nurses to complete working hours as scheduled.

10/12/20

**A-205 HSC 1276.65(c)(1)(C)
SAS – 2.4 Standard**

Measures that will be put into place to ensure that this deficiency does not recur:

DSD and or designee will report daily projected nursing hours to stand up meeting daily. Payroll to complete the CDPH 612 form daily to ensure compliance with the 2.4 DHPPD.

How the facility plans to monitor its performance to make sure that solutions are sustained

Within the beginning two hours of each shift DON/DSD or designee will review the daily ppd to assure we are in compliance with the 2.4 DHPPD.

Any call offs for the day will be replaced immediately to ensure we are meeting the projected daily DHPPD. If unable to replace with off duty staff the on duty staff to remain covering shift to ensure facility hits our target PPD.

10/12/2020

Administrator to review daily staffing needs for the facility to ensure sufficient staff for the building. Administrator or designee will review daily payroll report that was provided from payroll department to ensure licensed staffing working hours met the minimum requirement of 2.4 per patient day (PPD) for certified nursing assistants.

If the PPD of certified nursing assistants is less than 2.4, Administrator or designee will provide additional in-service to certified nursing assistants to complete working hours as scheduled.

10/12/2020