PRINTED: 01/27/2012 FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER COMPLETED A, BUILDING B. WING CA030001534 12/21/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **678 THIRD STREET** WOODLAND SKILLED NURSING FACILITY WOODLAND, CA 95695 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) A 000 Initial Comments A 000 1/23/12 The following reflects the findings of the California Department of Public Health during the Office Manager will generate investigation of complaint #CA00292934. and mail Resident Trust quarterly statements to Representing the Department of Public Health: HFEN 1672/17121 resident and or responsible party. The inspection was limited to the specific Business Office Manager will complaint(s) investigated and does not represent generate and print resident the findings of the a full inspection of the facility. ledgers on a monthly basis. A 924 T22 DIV5 CH3 ART5-72529(a)(2) Safeguards for A 924 Copies of quarterly Patients' Monies and Valuables statements and monthly ledgers will be filed with (a) Each facility to whom a patient's money or valuables have been entrusted shall comply with Resident Trust monthly bank the following: account Reconciliation. Accounts Receivable (2) Each licensee shall maintain safeguards and Consultant and or accurate records of patients' monies and valuables entrusted to the licensee's care Administrator will perform including the maintenance of a detailed inventory audits to ensure quarterly and at least a quarterly accounting of financial statements were generated transactions made on the patient's behalf. and sent to resident and or This Statute is not met as evidenced by: responsible party. Based on interviews, document review and facility policy and procedure review, the facility failed to ensure a quarterly accounting of the patients' monies was made on behalf of 46 patients belonging to the Residents' Trust Fund Account (Patients 1-46). Findings:

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On 12/21/11 at 9:27 a.m., an interview was conducted with Patient 1 at her day program. When questioned about quarterly statements, Patient 1 stated she has "been there (at the

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

Authore Administrator

2/3/12

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 12/21/2011 CA030001534 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **678 THIRD STREET** WOODLAND SKILLED NURSING FACILITY WOODLAND, CA 95695 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY A 924 Continued From page 1 A 924 facility) for 5 years and has never received a quarterly statement." On 12/21/11 at 9:58 a.m., an unannounced visit was conducted at the facility to investigate a complaint related to "Misappropriation (the intentional, illegal use of the property or funds of another person for one's own use or other unauthorized purpose) of Property." The Executive Director (ED) was made aware of the complaint and documents were requested. On 12/21/11 at 10:47 a.m., an interview was conducted with the Business Office Manager (BOM) and the Accounts Receivable Consultant (ARC). When questioned about the quarterly statement, the ARC stated the last ones should have been sent out in September 2011. After looking in the patient's files and records, the ARC was unable to locate any quarterly statements. On 12/21/11 at 11:46 a.m., after the ARC looked for the quarterly statements, she stated "They should have gone out in June. There are no statements in here. I'm guessing they did not go. She (previous BOM) was trained to do them." On 12/21/11 at 12:17 p.m., an interview was conducted with Patient 8. Patient 8 was listed on his face sheet as his own responsible party. When questioned about the quarterly statements detailing the financial transactions from the Residents' Trust Fund Accounts, Patient 8 stated he did not receive any statements and was not aware of the balance in the account. On 12/21/11 at 12:25 p.m., an interview was conducted with Patient 18. Patient 18 was listed

on his face sheet as his own responsible party.

When questioned about the quarterly statements.

California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 12/21/2011 CA030001534 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **678 THIRD STREET** WOODLAND SKILLED NURSING FACILITY WOODLAND, CA 95695 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES PREFIX (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) 1/23/12 Business Office Manager and A 924 A 924 Continued From page 2 Administrative Assistant will Patient 18 stated he did not receive any meet monthly to reconcile statements and did not know how much many he residents account balances to had available in the Residents' Trust Fund Account ensure accounts do not get overdrawn. Items to be On 12/21/11 at 12:32 pm., an interview was reconciled: Residents conducted with Patient 23. Patient 23 was listed on his face sheet as being responsible for beginning balance, deposits, himself. When questioned about the quarterly expenditures / receipts, and statements, Patient 23 should have received ending balance. detailing his financial transactions, Patient 23 Business Office Manager will stated he did not receive any quarterly statements. give copies of Resident Trust Fund deposits to On 12/21/11 at 3:42 p.m., an interview was Administrative Assistant on conducted with the ED. The ED stated "It was not done. After speaking with the previous BOM, day of deposit. Administrative she did not send them (quarterly statements) Assistant will log deposit out." information to Residents ledger on day of deposit. According to the facility's undated policy "Patient Trust" the following should be done: "Quarterly Administrative Assistant will Statements: The Business Office Manager will turn in all receipts/ ensure that the Resident Trust Quarterly expenditures to Business Statement, which includes an itemization and complete description of all trust activity during the Office prior to last day of quarter, is generated and issued on a quarterly current month. basis to all residents or authorized agents or Business Office Manager will responsible parties for whom funds are held and post Resident receipts into managed." billing system by date of A 925 T22 DIV5 CH3 ART5-72529(a)(2)(A) Safeguards A 925 transaction to ensure for Patients' Monies and Valuables recording in chronological order. (a) Each facility to whom a patient's money or valuables have been entrusted shall comply with the following: (2) Each licensee shall maintain safeguards and accurate records of patients' monies and

Licensing and Certification Division

California Department of Pu statement of deficiencies and plan of correction		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 12/21/2011	
BC 2212 P. H	ROVIDER OR SUPPLIE	R	STREET ADD	DRESS, CITY, S D STREET ND, CA 9569	TATE, ZIP CODE		
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California Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 12/21/2011 CA030001534 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **678 THIRD STREET** WOODLAND SKILLED NURSING FACILITY WOODLAND, CA 95695 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 925 Continued From page 4 A 925 (BOM) and Accounts Receivable Consultant (ARC). Information was requested from the Residents' Trust Fund Accounts to include individual ledgers. Review of the "Residents Balance Report" dated 11/30/11 which contained the names and individual amounts for each patient in the Residents' Trust Fund Accounts contained a negative balance for Patient 3 in the amount of -5.95. Further review of the individual patient ledgers indicated Patient 1 had a negative balance in her account in the amount of -2.66; Patient 8 had a negative balance on two occasions 9/19/11 and 10/21/11; and Patient 44 had a negative on two occasions 9/19/11 and 10/21/11 both in the amount of -34.32. The ledgers for all three patients were from September 1, 2011 thru November 30, 2011. On 12/21/11 at 11:46 a.m., an interview was conducted with the ARC. After reviewing the above documents, the ARC stated "There should not be a negative balance." According to the facility's undated policy "Patient Trust" the following should be done: "Balancing the Trust Fund: The Business Office Manager or Designee will ensure the Resident Trust Fund petty cash, bank statement, and computer program are balanced monthly. Upon receipt of the bank statement, reconcile the account balance. Ensure that: ... No negative balances exists on any individual resident account."