PRINTED: 12/02/2013 FORM APPROVED

California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING CA060000147 08/24/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W BALL ROAD PARK ANAHEIM HEALTHCARE CENTER ANAHEIM, CA 92804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 000 Initial Comments A 000 The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: Associate Governmental Program Analyst. Welfare and Institutions Code Section 14126.022 is attached hereto and incorporated herein as 'Attachment A.' The statute was met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with Health and Safety Code 1276.5, the requirement for a minimum of 3.2 nursing hours per patient day, for 24 randomly selected days from April 2, 2012 through June 16, 2012 However, 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: 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. (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: Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

STATE FORM

PRINTED: 10/03/2013 FORM APPROVED

California Department of Public Health							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
CA060000147		CA060000147	B. WING		08/24/2012		
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, STATE, ZIP CODE		1 00.2		
PARK ANAHEIM HEALTHCARE CENTER  3435 W BALL ROAD ANAHEIM, CA 92804							
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE		
A 029	Continued From page 1		A 029				
	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:						
	documentation requ						
	and accurate person employees in according 72533. The facility documentation upon	all maintain current, complete, nnel and payroll records for all dance with Title 22, Section shall provide the following n request: PPD (CDPH 612 or facility					
THE PARTY OF THE P	a A						
THE CONTRACT OF THE CONTRACT O			10				
			a	il .			

PRINTED: 10/03/2013 FORM APPROVED

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 08/24/2012 CA060000147 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3435 W BALL ROAD PARK ANAHEIM HEALTHCARE CENTER ANAHEIM, CA 92804 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (FACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 000 A 000 Initial Comments The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: P.V., Associate Governmental Program Analyst. Welfare and Institutions Code Section 14126.022 is attached hereto and incorporated herein as 'Attachment A.' The statute was met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with Health and Safety Code 1276.5, the requirement for a minimum of 3.2 nursing hours per patient day, for 24 randomly selected days from April 2, 2012 through June 16, 2012 A 029 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: However, documentation requirements set forth in All Facilities Letter (AFL) 11-19 were not met. Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRI GNATURE

6899

**EZS311** 

California Department of Public Health

PRINTED: 12/02/2013 FORM APPROVED

California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING CA060000147 08/24/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W BALL ROAD PARK ANAHEIM HEALTHCARE CENTER ANAHEIM, CA 92804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 000 Continued From page 1 A 000 1. Census and NHPPD (CDPH 612 or facility alternative form).

Licensing and Certification Division

EZS311