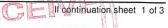
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California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ CA050000049 B. WING 08/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 118 B ST GREENFIELD CARE CENTER OF FILLMORE, L FILLMORE, CA 93015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 000 Initial Comments A 000 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. Representing the Department: E.P., Associate Governmental Program Analyst. 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_dis playSection.xhtml?sectionNum=14126.022.&law Code=WIC> AFL 21-11, 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-21-11.aspx> 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_dis playText.xhtml?division=2.&chapter=2.&lawCode =HSC&article=9> 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 Licensing and Certification Division

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

STATE FORM



California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING CA050000049 08/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 118 B ST GREENFIELD CARE CENTER OF FILLMORE, L FILLMORE, CA 93015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 000 l Continued From page 1 A 000 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. 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 HSC 1276.65(c)(1)(B), the requirement for 3.5 Direct Care Service Hours Per Patient day based on an approved waiver. Final Audit Result: Total Distinct Non-Compliant Day(s) = 0 Date 3.5 2.4 10/05/2020 4.37 2.94 10/09/2020 4.45 2.87 10/13/2020 3.64 2.70 10/16/2020 4.07 2.65 10/18/2020 3.85 2.70 10/20/2020 4.62 2.72 10/29/2020 4.13 2.68 10/30/2020 4.50 2.83 11/04/2020 4.41 2.88 11/06/2020 4.31 2.76 11/15/2020 3.79 2.40 11/16/2020 4.10 2.33 11/18/2020 5.17 2.83 11/19/2020 4.59 3.20 11/21/2020 4.53 2.92 11/25/2020 5.03 2.92 11/26/2020 4.04 2.78 12/06/2020 4.32 3.03 12/09/2020 5.44 3.09 12/10/2020 4.73 2.90

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FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED B. WING __ CA050000049 08/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 118 B ST GREENFIELD CARE CENTER OF FILLMORE, L FILLMORE, CA 93015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 2 A 000 A 000 12/13/2020 4.06 2.66 12/16/2020 4.41 2.66 12/21/2020 4.65 2.55 12/30/2020 4.12 2.64

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