

PRINTED: 06/07/2019
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA030000022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/31/2018
NAME OF PROVIDER OR SUPPLIER ARBOR REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH CHURCH STREET LODI, CA 95240		
(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 visit: Representing the Department: L.G., 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). W&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: http://www.cdph.ca.gov/certific/facilities/Documents/LNC-AFL-11-19.pdf.</p> <p>Health and Safety Code (HSC), setting forth the requirements for Certified Nurse Assistants is available through the following link: http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=01001-02000&file=1337-1338.5</p>	A 000	<p>This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483.</p>		
A 029	<p>1276.5(a) HSC Section 1276</p> <p>(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</p>	A 029	<p>A029</p> <p>Immediate corrective action for those Residents affected by the deficient practice; No resident was identified.</p> <p>Plan/Process to identify other residents potentially affected by the same deficient practice and corrective action to be taken; All residents have the potential to be affected.</p> <p>Facility measures and systemic changes to ensure the deficient practice does not recur;</p> <p>The CDPH 530 form was reviewed. Training was provided by the Administrator to the Payroll Specialist regarding the completion of the form. In all 3 cases, the facility had scheduled appropriate nursing staff to meet more than the minimum required.</p> <p>There were numerous call ins each of those days. The facility staff followed protocol to utilize the nursing staff phone list to call off-duty staff in. On 3/4/2018, the 3 nurses (2 Registered Nurses and 1 Licensed Vocational Nurse) did complete the CDPH 530 form incorrectly; however, they did complete direct care nursing assignments. The residents were being cared for by these 3</p>		

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

0889

FU3F11

If continuation sheet 1 of 3

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A 029	<p>Continued From page 1 1276.9.</p> <p>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 3 out of 24 randomly selected days from February 4, 2018 through May 08, 2018:</p> <p>Findings:</p> <ul style="list-style-type: none"> 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 11-10, Section 2(a-c). Salaried employee(s) failed to document: actual shift and meal break start and end times, along with their nursing services assignment, discipline, printed name and signature when providing nursing services to skilled nursing patients. 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 per AFL 11-10, Section 6(a). Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet a minimum of 3.2 Nursing Hours per Patient Day. As a result, 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 	A 029	<p>nurses. This was verified per the residents' medical records.</p> <p>Payroll Employees were made aware to audit the CDPH 530 form for accuracy on a daily basis and will ensure corrections are made per the regulation.</p> <p>Licensed nurses were trained on 4/27/18 on the process of staffing, including calculations, calling in staff as needed, the absence policy and proper completion of the time clock adjustment form.</p> <p>The Administrator will review all staffing information after payroll employees have reviewed the forms to ensure that the minimum number of staffing has been met and to ensure all forms are completed accurately.</p> <p>During 2018, the facility followed an action plan to increase the number of nursing staff. The plan included several goals. We focused on using our online application system, using our company recruiters to assist in scheduling interviews and complete the hiring process. We reached out to several community colleges to request they use Arbor as a clinical site; however, we are located too far away. We applied for and began a facility based nursing assistant training program. We have held 1 class in 2018 and are on our second class in 2019. We utilized both licensed nurse and CNA registry staff during 2018 in order to meet our staffing needs. We have promoted our education reimbursement and new employee referral programs. We have held 3 monthly bonus campaigns for nursing employees who work extra shifts. The company does 2 employee satisfaction surveys each year and we address these in our action plan as well.</p> <p>We have continued to update our Recruitment plan for 2019 to continue to aggressively staff the nursing department.</p> <p>This action plan and retention and turnover data are reviewed monthly during Quality Assessment & Process Improvement (QAPI).</p> <p>Facility plan to monitor corrective actions and sustain compliance; integrate QA Process;</p>		

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A 029	Continued From page 2 Patient Day per AFL 11-19, Section 2(a-c). DATE NHPPD 03/04/18 3.08 03/31/18 3.18 04/08/18 3.18	A 029	Trends are brought to Quality Assessment & Process Improvement (QAPI). These trends are reviewed and recommended changes brought back to the Recruitment Committee. Completion Date: 05/15/2019		