

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA950000012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR GLEN CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1033 E. ARROW HIGHWAY GLENDORA, CA 91740</b>		
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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 07/01/2021 to 09/30/2021.</p> <p>Representing the Department: K.D., Associate Governmental Program Analyst.</p> <p>Welfare and Institutions (W&amp;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). &lt;<a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC</a>&gt;</p> <p>AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: &lt;<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx</a>&gt;</p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: &lt;<a href="https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9">https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9</a>&gt;</p> <p>W&amp;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>The following Plan of Correction is submitted by Arbor Glen Care Center in accordance with the pertinent terms and provisions of 42 CFR Section 483.80 and/or related state regulations, and is intended to serve as credible allegation of our intent to correct the practices identified as deficient. The plan of correction should not be construed or interpreted as an admission that the deficiencies alleged did, in fact, exist; rather, Arbor Glen Care Center is submitting this document in order to comply with its obligations as a provider participating in Medicare/ Medicaid program(s).</p>	

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

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TITLE *Administrator* (X6) DATE *9/12/2024*

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A 200	<p><b>HSC 1276.65(c)(1)(B) SAS - 3.5 Standard</b></p> <p>(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.</p> <p>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 4 of 24 days.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s).</p> <p>Employee(s) failed to delineate time spent providing nursing services to skilled nursing care patients, as defined in HSC section 1276.65 and CCR Title 22, section 72309, section 72311 and section 72315, while assigned to perform other duties other than direct care.</p> <p>Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.</p>	A 200	<p><b>B. A description of the monitoring process and positions of persons responsible for monitoring as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained:</b></p> <ul style="list-style-type: none"> <li>- DON/designee to review CDPH 612 form to monitor DHPPD and all necessary CDPH 530 forms are signed and accounted for 5x/week.</li> <li>- DON and DSD will monitor verification of certification of newly hired CNAs weekly and monthly for current employed CNAs for validity.</li> <li>- DON and DSD will monitor staffing DHPPD daily by checking staff sign in / daily assignment sheet and sign after verifying the staffing DHPPD met the requirement.</li> <li>- This plan of correction is integrated into the Quality Assurance Performance Improvement (QAPI). The QAPI Committee will monitor the effectiveness of the interventions, modify the interventions as necessary and review on the quarterly basis to ensure this correction is achieved and sustained</li> </ul> <p><b>C. Dates when corrective action will be completed:</b></p> <ul style="list-style-type: none"> <li>- September 12, 2024</li> </ul>	

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09/23/2021	3.69	2.18																																																																													
09/29/2021	3.75	2.15																																																																													
09/30/2021	*3.44*	2.01																																																																													

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA960000012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR GLEN CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1033 E. ARROW HIGHWAY GLEN DORA, CA 91740</b>		
(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 200	Continued From page 2	A 200		
A 200	<p><b>HSC 1276.65(c)(1)(B) SAS - 3.5 Standard</b></p> <p>(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.</p> <p>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 4 of 24 days.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s).</p> <p>Employee(s) failed to delineate time spent providing nursing services to skilled nursing care patients, as defined in HSC section 1276.65 and CCR Title 22, section 72309, section 72311 and section 72315, while assigned to perform other duties other than direct care.</p> <p>Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.</p>	A 200	<p><b>B. A description of the monitoring process and positions of persons responsible for monitoring as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained:</b></p> <ul style="list-style-type: none"> <li>- DON/designee to review CDPH 612 form to monitor DHPPD and all necessary CDPH 530 forms are signed and accounted for 5x/week.</li> <li>- DON and DSD will monitor verification of certification of newly hired CNAs weekly and monthly for current employed CNAs for validity.</li> <li>- DON and DSD will monitor staffing DHPPD daily by checking staff sign in / daily assignment sheet and sign after verifying the staffing DHPPD met the requirement.</li> <li>- This plan of correction is integrated into the Quality Assurance Performance Improvement (QAPI). The QAPI Committee will monitor the effectiveness of the interventions, modify the interventions as necessary and review on the quarterly basis to ensure this correction is achieved and sustained</li> </ul> <p><b>C. Dates when corrective action will be completed:</b></p> <ul style="list-style-type: none"> <li>- September 12, 2024</li> </ul>	