

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/16/2021
NAME OF PROVIDER OR SUPPLIER NEW VISTA NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8647 FENWICK STREET. SUNLAND, CA 91040		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an investigation of a complaint. Complaint Number: CA00753289 Representing the California Department of Public Health: Surveyor Number: 42867, Health Facilities Evaluator Nurse The inspection was limited to the specific complaint and does not represent the findings of a full inspection of the facility. A deficiency was written for Complaint Number: CA00753289	F 000	New Vista Nursing and Rehab submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider of its employee, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.		
F 732 SS=B	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.	F 732			

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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PRINTED: 11/16/2021
FORM APPROVED
OMB NO. 0938-0391

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F 732	<p>Continued From page 1</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow their policy and procedure of meeting the staff posting requirements by posting projected nursing hours instead of actual nursing hours per shift.</p> <p>This deficient practice had the potential to keep residents and visitors unaware of the actual hours worked by staff in the facility.</p> <p>Findings:</p> <p>During a concurrent observation, interview, and record review with the Director of Staff Development (DSD) on 9/22/21 at 4:35 p.m., observed a posting of the Direct Care Service Hours Per Patient Day (DHPPD - refers to the</p>	F 732	<p><u>F 732 Posted Nursing Staffing Information</u></p> <p>A. Immediate Corrective action for Resident identified as being affected.</p> <p>- On November 18, 2021, the Executive Director and Activity Director interviewed alert residents regarding the posting of Direct Hours Per Patient Day. Informed residents that a new form will be used and it will reflect the projected and actual nursing hours that were provided to all residents. The residents were satisfied and don't have any concerns on posting of nursing hours.</p> <p>B. Process of Identifying other Residents with potential to be affected.</p> <p>- On November 18, 2021, the Executive Director and Activity Director interviewed alert residents regarding the posting of Direct Hours Per Patient Day. Informed residents that a new form will be used and it will reflect the projected and actual nursing</p>		

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F 732	<p>Continued From page 2</p> <p>actual hours of work performed per patient day by a direct caregiver)dated 9/22/21 at Nurse Station 1. The DHPPD indicated the projected hours for the day instead of actual hours worked by Registered Nurses (RNs), Licensed Vocation Nurses (LVNs), or Certified Nurse Assistants (CNAs) for each shift. DSD confirmed that the DHPPD dated 9/22/21 reflected the projected hours instead of the actual hours.</p> <p>During a concurrent interview and record review on 9/28/21 at 12:26 p.m., with the Director of Nursing (DON), the DHPPD hours and employee sign in sheets for the month of September 2021 were reviewed. The DON stated the DHPPD hours are completed on the 11 p.m. -7 a.m. shift before the next day's shifts and reflect projected hours.</p> <p>A review of the facility's policy and procedures titled, "Nurse Staffing Information," dated 12/9/19, indicated the facility will post the following nursing information on a daily basis including the facility name, the current date, the total number, and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: registered nurses, licensed vocational nurses, certified nurse aides, and the resident census. The policy also indicated the facility must post the nurse staffing date on a daily basis at the beginning of each shift.</p>	F 732	<p>hours that were provided to all residents. The residents were satisfied and don't have any concerns on posting of nursing hours.</p> <p>C. Systemic measures to prevent recurrence</p> <ul style="list-style-type: none"> - On November 22, 2021, the DON provided in-service to all staff regarding the posting of Direct Hours Per Patient Day (DHPPD). The DON emphasized to staff the process in posting the DHPPD. - DSD department will create a census-based Nurses' schedule and sign in sheets daily. A copy will be given to the RN supervisors. - The facility will use CDPH 612 form in posting the DHPPD hours. The 11-7 RN supervisor will initiate filling out the form. - The following information will be put in the form: date, start time, bed capacity, CDPH License number for the facility, facility name, Total direct care hours that have been scheduled for the patient day, the scheduled total 		

CNA direct care service hours and the beginning and ending census for the shift.

- Throughout each shift, RN supervisors will record admissions, discharges, transfers, and deaths or other changes in the census.

- At the end of each 24-hour patient day, the payroll department will give nursing department the actual hours that were provided to the residents.

- The DON or Designee will review and validate the actual hours daily.

- Then the actual direct care service hours and actual CNA direct care service hours will be reflected in the CDPH 612 form. The DHPPD will be posted near the entrance to the facility.

- On November 24, 2021, the Activity Director and Executive Director held a resident council meeting and informed all alert residents about the DHPPD posting. Explained to residents that a new form will be used in posting of Direct Hours Per Patient Day.

The new form will reflect the projected and actual nursing hours that were provided to all residents. The residents were satisfied and don't have any concerns about nursing hours posting.

D. How system changes will be monitored.

- DON, DSD and or designee will monitor the accuracy of the posted DHPPD daily.

- Any findings will be reported by the DON in the daily operation meeting.

- Trends will be reported by the Administrator to the monthly QA/compliance committee meeting for further interventions and develop QAPI-PIP as necessary.

E. Date deficiency was corrected on November 24, 2021