California Department of Public Health

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				D MINO			С	
		CA030000028		B. WING	***************************************	01/	29/2024	
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE			
MISSION	I CARMICHAEL HEAL	THCARE CENTE		SION AVENU IAEL, CA 95				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ION SHOULD BE COMPLETE DATE			
C 000	Initial Comments			C 000				
	Department of Publ abbreviated survey reported incident #0 Representing the Department of Publisher Publis	for the investigation CA00879984. epartment of Public I	of facility Health:					
	The inspection was reported incident inv	aluator Nurse, 29825 limited to the specifi vestigated and does gs of a full inspectior	c facility not					
C4770	T22 DIV5 CH3 ART Personnel Records	5-72533(a)(1)(E) En	nployee	C4770				
	(a) Each facility sha and accurate person employees.	II maintain current co nnel records for all	omplete					
The state of the s	(1) The record shall	include:						
	(E) Information as to qualifications.	o past employment a	nd					
	Based on interview failed to maintain or personnel records w	met as evidenced by and record review, the urrent complete and when reference chect of three sampled empthe DSD).	ne facility accurate ks were					
	to be hired who had	ed the potential for er poor performance re risk for mistreatmen	ecords					
	Findings:							
ioonoina and	The reference check	ks for Certified Nurse	es					

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

(X6) DATE

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	
			A. BUILDING.		С		
CA030000028		B. WING			01/29/2024		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
MISSION CARMICHAEL HEALTHCARE CENTE 3630 MISSION AVENUE CARMICHAEL, CA 95608							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
C4770	Continued From pa	ge 1	C4770				
C4770	Assistant (CNA) 1 were requested following two allegations of resident abuse, dated 10/2/23 and 1/16/24. During a review of an email dated 1/23/24 at 10:07 a.m., from Medical Records (MR), MR wrote, "Reference Check [for CNA 1] - none on file." During a telephone interview on 1/24/24 at 11:55 a.m. with the Director of Staff Development, the DSD was asked if she was able to locate the reference checks for CNA 1 and said, "No. I didn't do it. The previous DSD didn't even do mine. There were no reference checks done on [CNA 1]. The previous administrator [ADM 1] said we didn't have to do them" The reference checks were requested for CNA 2 and the DSD. During a review of a subsequent email dated 1/29/24 at 8:44 a.m., MR wrote, "Unfortunately, I did not find any reference checks [for CNA 2 or the DSD]. During an interview on 1/29/24 at 12:19 p.m. with the current Administrator (ADM 2), ADM 2 was asked what his expectations were for reference checks for new employees and said, "I'm not sure why it was dropped. We were supposed to be doing reference checks before hire such as a former employer, professional colleague, or a friend." During a review of the facility policy and procedure (P&P), titled "Abuse - Prevention		C4770	a.) What corrective action. was suspended immedia knowledge of the alleged b.) How other patients. No were affected by the def The employee was event terminated on 1-24-2024 action. c.) What immediate measur hires employees are subj background and employr verification and reference offer of employment. d.) DSD and or Payroll Coord conduct reference check employment verification of employment and do ba check (OIG clearance and check) once applicant acc position. DSD to report during QA r ensure all new hires were employment verification, and reference check to ev effectiveness of the hiring e.) All new hires effective Jan and ongoing, were subject reference check, backgrou employment verification.	ctive action. The employed immediately upon of the alleged incident. Datients. No other patients was eventually on 1-24-2024 as corrected to and employment and reference check prolonger and employment. Payroll Coordinator will rence check and everification prior to of ent and do background learance and Megan's lapplicant accepted the third whires were subjected to whires were subjected to echeck to evaluate of the hiring process. effective January 15, 2 were subjected to eck, background and		
	former employer, pr friend." During a review of t procedure (P&P), tit Program," revised 2 "Screening/Hiring P	ofessional colleague, or a he facility policy and		e.) All new hires effective Jan and ongoing, were subjec reference check, backgrou	nuary 15, 2024 cted to und and		

Licensing and Certification Division

California Department of Public Health

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		2		B. WING		С	
		CA030000028			01/2	01/29/2024	
	PROVIDER OR SUPPLIER	2020 MIC	DDRESS, CITY, SSION AVENU	STATE, ZIP CODE			
MISSION	I CARMICHAEL HEAL	I I HI.ARP L.PNIP	HAEL, CA 9				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	EX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE	
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