

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA240000079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2019
NAME OF PROVIDER OR SUPPLIER CENTINELA GRAND INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2225 NORTH PERRIS BOULEVARD PERRIS, CA 92571		
(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 audit visit for 24 randomly selected days from 10/01/2018 to 12/31/2018.</p> <p>Representing the Department: W.E., 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). <http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&lawCode=WIC></p> <p>AFL 18-27, 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-18-27.aspx></p> <p>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_displayText.xhtml?division=2.&chapter=2.&lawCode=HSC&article=9></p> <p>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</p>	A 000	<p>A 000 – Please accept this Plan of Correction as our Credible Allegation Package. The deficiencies will be corrected as specified and they will be monitored to prevent recurrence no later than 4/27/20.</p> <p>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 conclusions set forth on the Statement of Deficiencies. The Provider submits this Plan of Corrections with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider, its employees, agents, officers, directors, or shareholders. This Plan of Correction is prepared and/or solely because required by the provision of the Health and Safety Code.</p>	4/27/2020

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

6889

[Signature] DIRECTOR OF NURSING ADMIN 4/27/20

14YV11

If continuation sheet 1 of 3

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A 000	Continued From page 1 for staffing requirements on any given day. Prior to July 1, 2019, the applicable standard for purposes of assessing this penalty is 3.2 NHPPD. On or after July 1, 2019, the applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless a requested Workforce Shortage or Patient Needs Waiver is approved. 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 1276.5(a), the requirement for 3.2 direct care hours per patient day.	A 000	A 200 – It is the policy of this facility to maintain a minimum 3.5 nursing hours per patient day as required in a skilled nursing facility. C.N.A. and licensed nurse's schedules were reviewed and revised, if necessary, to ensure a minimum 3.5 nursing hours per patient day is met. Current Director of Staff Developer (DSD) is using form CDPH 530 and form CDPH 612 to record daily staffing assignments and keep track of census and NHPPD. Corrective action was completed on 4/20/2020.	
A 200	HSC 1276.65(c)(1)(B) SAS - 3.5 Standard (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. 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 2 of 24 days.	A 200	Director of Staff Development (DSD) will ensure proper scheduling to meet the minimum 3.5 nursing hours per patient per day. DSD will also update and verify that licensed nurses and C.N.A.'s license is current and up to date. Supervisors and licensed nurses will try to replace staff when nurses call in. DSD will also hire, if necessary, sufficient staff to ensure adequate staffing. Facility is currently staffed to meet minimum NHPPD and residents needs. DSD and Director of Nursing will monitor nursing hours daily to ensure the minimum number of actual nursing hours per patient required shall be 3.5 hours. Director of Nursing or designee will sign forms from CDPH 530 and CDPH 612 verifying the information is complete, true and accurate. Results of NHPPD will be audited and findings to be discussed at the QAA committee meeting to ensure compliance.	4/27/2020
A 205	HSC 1276.65(c)(1)(C) SAS - 2.4 Standard (C) Skilled nursing facilities shall have a minimum of 2.4 hours per patient day for certified nurse assistants in order to meet the requirements in	A 205	A 205- It is the policy of this facility to maintain a minimum 2.4 hours per patient day for certified nurse assistants required in a skilled nursing facility. C.N.A. schedules were reviewed and revised, if necessary, to ensure a minimum 3.5 hours per patient	4/27/2020

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