California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA220000089	A. BUILDING: _____ B. WING _____	12/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST. FRANCIS CONVALESCENT PAVILION	99 ESCUELA DRIVE DALY CITY, CA 94015

RECEIVED AUG 02 2021

(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	Initial Comments The following reflects the findings of the California Department of Public Health during a staffing audit visit for 24 randomly selected days from 10/01/2019 to 12/31/2019. Representing the Department: K.D, Associate Governmental Program Analyst. 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> AFL 19-16, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-16.pdf> 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> 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	A 000	The plan of correction is prepared in compliance with state and federal statutes and regulations, and is not intended to be an admission to or agreement with the allegations contained herein. This plan of Correction constitutes the facility's written credible allegation of compliance for the deficiencies noted. Signed _____	

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 7/28/21

California Department of Public Health

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A 000	Continued From page 1 for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage or Patient Needs Waiver is granted. 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 1276.65(c)(1)(C), the requirement for 2.4 Direct Care Service Hours Per Patient Day for Certified Nurse Assistants based on an approved waiver. Final Audit Result: Total Distinct Non-Compliant Day(s) = 1	A 000		
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 1 of 24 days. The statute was not met as evidenced by the following findings:	A 200	The facility time detail report and CDPH 530 forms reflect that there was over 3.5 nursing hours PPD on 11/10/19. It is unclear why the surveyor did not count all hours reflected through payroll and state designated sign-in sheets. The facility payroll and CDPH 530 forms were reviewed by the facility Administrator and the payroll supervisor. All current payroll and CDPH 530 forms were reviewed for the current month during the staffing audit to assure that the required staffing was provided. All met or exceeded the required 3.5 PPD staffing ratio. The Administrator reviewed the requirements	

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A 200	Continued From page 2 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 (such as salaried staff). 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 employee(s) per AFL 19-16, section II, F.1. 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 19-16, section II, A. Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result: DATE 3.5 DHPPD 11/10/2019 3.43	A 200	with the Business Office Manager and Payroll Supervisor at the completion of the Staffing Audit to assure that everyone was aware of the documentation requirements for the Staffing Audit. The facility Administrator will review all CDPH 530 and 612 forms on a weekly basis for three months. The facility Business Office Manager and/or Payroll Supervisor will review and report to the facility Administrator on a monthly basis. The Administrator will monitor and report to the QAA/QAPI on a quarterly basis.	