

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2019
---	---	--	--

NAME OF PROVIDER OR SUPPLIER NORTHBROOK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 64 NORTHBROOK WAY WILLITS, CA 95490
---	---

(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 03/17/2019 to 06/08/2019.</p> <p>Representing the Department: J.M., 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		

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Admin

3/05/20

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2019
NAME OF PROVIDER OR SUPPLIER NORTHBROOK HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 64 NORTHBROOK WAY WILLITS, CA 95490		
(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	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 Patients 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. 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 hours performed by certified nurse assistants (CNAs) based on an approved waiver.	A 000	A200 Payroll Representative was notified immediately by the Administrator that though the facility had a waiver for only 59 beds, it was communicated by CDPH that Director of Nursing Hours could not be included in the Nursing Home Patient Per Day Hours. Payroll recalculated the hours at that time. 8/31/2019 Director of Nursing Services signs the CDPH 612 and 530 forms post-calculation to assure appropriate staffing hours were utilized. 8/26/2019 Administrator will communicate any further changes or clarifications made concerning Nursing Home Patient Per Day Hours and calculations to both Director of Nursing Services and Payroll Representative. 8/26/2019 Director of Nursing or Payroll Representative will report on any variances or concerns to QAPI committee at least on a quarterly basis. 8/26/2019	8/31/2019 8/26/2019 8/26/2019
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 4	A 200		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/22/2019
NAME OF PROVIDER OR SUPPLIER NORTHBROOK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 64 NORTHBROOK WAY WILLITS, CA 95490		
(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 of 24 days.	A 200			

March 13, 2020

DISCLAIMER

Preparation and/or execution of this Plan of Correction does not constitute Lake Forest Nursing Center admission of or agreement with facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by The Provision of Federal and State Law.

This Plan of Correction constitutes my written credible allegations of compliance for the deficiencies noted.

A 200

Facility failed to meet 3.5 direct care service hours per patient day (DHPPD) for 1 of 24 days.

Director of Nursing/Designee shall implement system change that includes Director Staff Developer/Designee to staff a minimum of 3.5 direct care service hours per patient day. Director Staff Development/Designee to monitor for call-offs and census fluctuation every shift x 7days/week and ensure a minimum of 3.5 direct care service hours per patient day are provided.

Director of Nursing/Designee to in-service Director Staff Development/Designee on how to monitor for call-offs and census fluctuation every shift and staff to a minimum of 3.5 direct care service hours per patient day by March 27, 2020. Director of Nursing/Designee to review direct care service hours with Director Staffing Development/Designee 5x/week to ensure a minimum 3.5 direct care service hours per patient day is provided.

Date of compliance is March 27, 2020. Director of Nursing/Designee to audit direct care service hours per patient day 5x/week x 8 weeks to ensure compliance. Results of audit shall be submitted to the Quality Assurance & Performance improvement Committee for review and recommendation.

A 205

Facility failed to meet 2.4 direct care service hours per patient day (DHPPD), performed by CNAs, for 9 of 24 days.

Director of Nursing/Designee shall implement system change that includes Director of Staff Development/Designee to staff a minimum of 2.4 direct care service hours per patient day, performed by certified nursing aides. Director of Staff Development/Designee to monitor for call-offs and census fluctuation every shift x 7days/week and ensure a minimum of 2.4 direct care service hours per patient day, performed by CNAs, are provided.

Director of Nursing/Designee to in-service Director of Staff Development/Designee on how to monitor for call-offs and census fluctuation every shift and staff to a minimum of 2.4 direct care service hours per patient day, performed by certified nursing aides by March 27, 2020. Director of Nursing/Designee to review direct care service hours per patient day, performed by certified nursing aides with Director of Staffing Development/Designee 5x/week to ensure a minimum 2.4 direct care service hours per patient day is provided by CNAs.

Date of compliance is March 27, 2020. DON/Designee to audit NHPPD 5x/week x 8 weeks to ensure compliance. Results of audit shall be submitted to the Quality Assurance & Performance improvement Committee for review and recommendation.