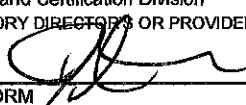


California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA030001534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OR SUPPLIER WOODLAND SKILLED NURSING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 678 THIRD STREET WOODLAND, CA 95695		
(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)	(X6) 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 10/01/2019 to 12/31/2019.</p> <p>Representing the Department: M.I., 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 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></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>Preparation and/or correction of this plan of correction does not constitute admission of agreement by the Provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by Provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907</p> <p>A200 – HSC 1276.65(c)(1)(B) SAS – 3.5 Standard</p> <p><u>Immediate Measures & Changes</u></p> <p>The facility regularly holds contracts with various registry companies and seek to find contracted staff to work at the facility to ensure that the proper PPD ratios are met. The facility reaches out to these companies regularly.</p> <p><u>Monitoring</u></p> <p>The DON, ADON, Administrator & Staffing Coordinator (or delegates) meet, and are in regular</p>	

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



TITLE

ADMINISTRATOR

(X6) DATE

6/28/22

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. Final Audit Result: Total Distinct Non-Compliant Day(s) = 03	A 000	contact to review the staffing needs of the facility. Staffing is reviewed throughout the week and on a daily basis as needed to identify and correct any potential issues or problems with staffing. The Administrator reviews opportunities for new registry contracts to ensure that the pool of available workers is sufficient.	
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. The statute was not met as evidenced by the following findings: Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533 and per AFL 19-16, section II, A. Time spent providing direct care could not be verified. Failure to provide the information has	A 200	<u>The date when corrective action will be completed</u> 7/21/2022 A205 – HSC 1276.65(c)(1)(C) SAS – 2.4 Standard <u>Immediate Measures & Changes</u> The facility regularly holds contracts with various registry companies and seek to find contracted staff to work at the facility to ensure that the proper PPD ratios are met. The facility reaches out to these companies regularly.	

California Department of Public Health

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A 200	Continued From page 2 resulted in the exclusion of all service hours for such employees. 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. Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements. The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s) per AFL 19-16. Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result: DATE 3.5 DHPPD 10/13/2019 3.44 12/21/2019 3.33	A 200	<u>Monitoring</u> The DON, ADON, Administrator & Staffing Coordinator (or delegates) meet, and are in regular contact to review the staffing needs of the facility. Staffing is reviewed throughout the week and on a daily basis as needed to identify and correct any potential issues or problems with staffing. The Administrator reviews opportunities for new registry contracts to ensure that the pool of available workers is sufficient. <u>The date when corrective action will be completed</u> 7/21/2022	
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 subparagraph (B). This Statute is not met as evidenced by: Facility failed to meet 2.4 direct care service hours per patient day (DHPPD), performed by	A 205		

California Department of Public Health

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A 205	<p>Continued From page 3</p> <p>certified nurse assistants, pursuant to HSC 1276.65(c)(1)(C) for 2 out of 24 days.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533 and per AFL 19-16, section II, A. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.</p> <p>The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s) per AFL 19-16.</p> <p>Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result:</p> <table border="0"> <tr> <td>DATE</td> <td>2.4 CNA DHPPD</td> </tr> <tr> <td>11/09/2019</td> <td>2.37</td> </tr> <tr> <td>12/21/2019</td> <td>2.25</td> </tr> </table>	DATE	2.4 CNA DHPPD	11/09/2019	2.37	12/21/2019	2.25	A 205			
DATE	2.4 CNA DHPPD										
11/09/2019	2.37										
12/21/2019	2.25										