California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: B. WING CA240000081 02/24/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8951 GRANITE HILL DRIVE MILLER'S PROGRESSIVE CARE RIVERSIDE, CA 92509 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 000 Initial Comments A 000 Miller's Progressive Care submits this response and Plan of Correction The following reflects the findings of the California as part of the requirements under the Department of Public Health during a staffing state and federal law. The plan of visit: Representing the Department: R.P., correction is submitted in accordance Associate Governmental Program Analyst. specific regulatory requirements. It shall not be Welfare and Institutions (W&I) Code section construed as admission of any alleged 14126.022 sets forth the Department's authority deficiency cited or any liability. The to conduct audits of direct caregiver nursing provider submits this plan of services provided to residents of skilled nursing facilities, and to establish procedures for correction with the intention that it is inadmissible by any third party in conducting such audits through All Facility Letters (AFLs). W&I Code section 14126.022 is attached civil. criminal action hereto and incorporated herein as 'Attachment A.' proceedings against the provider, of its employee, agents, directors. AFL 11-19, setting forth the audit process and officers or shareholders. guidelines for facilities is available through the The provider reserves the right to following link: http://www.cdph.ca.gov/certlic/facilities/Document challenge the cited findings if at any s/LNC-AFL-11-19.pdf. time the provider determines that the disputed findings are relied upon in a Health and Safety Code (HSC), setting forth the manner adverse to the interests of the requirements for Certified Nurse Assistants is provider either by the governmental available through the following link: agencies or third party. http://www.leginfo.ca.gov/cgi-bin/displaycode?sec tion=hsc&group=01001-02000&file=1337-1338.5 A 029 A 029 1276.5(a) HSC Section 1276 (a) The department shall adopt regulations setting forth the minimum number of equivalent nursing hours per patient required in skilled nursing and intermediate care facilities, subject to the specific requirements of Section 14110.7 of the Welfare and Institutions Code. However, notwithstanding Section 14110.7 or any other provision of law, commencing January 1, 2000, the minimum fumber of actual nursing hours per patient required in a skilled nursing facility shall be 3.2 hours except as provided in Section Licensing and Certification/Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

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If continuation sheet 1 of 3

FORM APPROVED California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING \_ CA240000081 02/24/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8951 GRANITE HILL DRIVE MILLER'S PROGRESSIVE CARE RIVERSIDE, CA 92509 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A 029 Continued From page 1 A 029 It is the intent of the facility to comply with Health and Safety Code 1276.9. 1276.5(a), the requirement for a minimum of 3.2 nursing hours per patient day. **Immediate Plan of Action:** This Statute is not met as evidenced by: Based on record review and interview, the above Licensed nurses are responsible to find 6/5/15 nursing facility was found out of compliance with a replacement for staff that did not work Health and Safety Code 1276.5(a), the scheduled. The facility requirement for a minimum of 3.2 nursing hours implemented the following: 1. A list of per patient day for 1 out of 24 randomly selected on call staff available to work on their days from November 03, 2014 through February days off 2. The facility has hired part 02, 2015: time employees who are available to work on all shifts. Findings: The facility has developed and will start 6/10/15 Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet a using the Nursing Staffing and Assignment Sheet to record daily minimum of 3.2 Nursing Hours per Patient Day. staffing assignments and document As a result, the total number of actual nursing hours performed by direct caregivers per patient nursing hours worked by nursing staff. day divided by the average census during the patient day failed to meet 3.2 Nursing Hours per System Place to Prevent Patient Day per AFL 11-19, Section 2(a-c). Recurrence: The total number of actual nursing hours An in-service was given to the staff 6/8/15 performed by direct caregivers per patient day regarding the following: 1. Compliance divided by the average census during the patient with the Health and Safety Code 1276.5

Licensing and Certification Division

DATE

12/26/14

deficiency in addition to a finding of

Day per AFL 11-19, Section 2(a-c).

NHPPD

3.17

day failed to meet 3.2 Nursing Hours per Patient

However, documentation requirements set forth

in All Facilities Letter (AFL) 11-19 were not met. In

the future, failure to properly complete the CDPH

530 form (or facility equivalent) will result in a

(a), the requirement for a minimum of

3.2 nursing hours per patient day, 2. Licensed nurses to utilize the on call list

for staffing needs and inform the DSD/ DON of any staffing concerns.

Nursing Staffing and Assignment Sheet.

Facility will maintain a list of on call

staff available to work on their days off.

This will be updated weekly by the

DSD.

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PRINTED: 05/19/2015 **FORM APPROVED** California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING CA240000081 02/24/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8951 GRANITE HILL DRIVE MILLER'S PROGRESSIVE CARE RIVERSIDE, CA 92509 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 029 Continued From page 2 A 029 **Monitoring Process:** non-compliance with the 3.2 minimum NHPDD requirement for each day that proper The Administrator will conduct weekly documentation is not provided. The following audit of nursing hours and nursing documentation requirements were not met as staffing and assignment sheet to ensure evidenced by AFL 11-19: compliance. Section II. Guidelines, All findings will be reported and Sub-Section 6: Documentation discussed at the quarterly QA meeting Facilities will be expected to meet the following documentation requirements no later than 14 days from the date of this All Facilities Letter. (a) The facility shall either create an assignment sheet or use the attached "Nursing Staffing Assignment and Sign-In Sheet " (CDPH 530 and instructions) to record daily staffing assignments to document nursing hours worked by employees not captured in payroll records or employees who are primarily engaged in duties other than nursing services, including employees who perform nursing services beyond the hours required to carry out their job duties. The "assignment sheet must be typed or printed legibly and be substantially similar to the attached CDPH 530 and instructions. The Director of Nursing (or designee) must sign the form verifying the information is complete, true, and accurate. Failure to provide a complete, signed and legible form will result in a finding of non-compliance with the 3.2 minimum NHPPD requirement for each

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day the form is not provided.