

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2022
NAME OF PROVIDER OR SUPPLIER SHERWOOD OAKS POST ACUTE CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 130 DANA STREET FORT BRAGG, CA 95437		
(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 11/29/2020 to 02/28/2021.</p> <p>Representing the Department: W.C., 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 21-11, 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-21-11.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>This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by state and federal law.</p>	5/14/24

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

TITLE

(X6) DATE

STATE FORM

5829

M4QC11

If continuation sheet 1 of 4

California Department of Public Health

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A 000	<p>Continued From page 1</p> <p>for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage, Patient Needs, or COVID-19 Waiver is granted.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>Final Audit Result:</p> <p>Total Distinct Non-Compliant Day(s) = 24</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>11/29/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>11/30/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>12/07/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>12/08/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>12/10/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>12/16/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>12/24/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>12/27/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>12/30/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>12/31/2020</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>01/01/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>01/02/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>01/05/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>01/20/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>01/22/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>01/24/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>01/25/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>01/31/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>02/01/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>02/03/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>02/09/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>02/11/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>02/17/2021</td><td>*.00*</td><td>*.00*</td></tr> <tr><td>02/25/2021</td><td>*.00*</td><td>*.00*</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	11/29/2020	*.00*	*.00*	11/30/2020	*.00*	*.00*	12/07/2020	*.00*	*.00*	12/08/2020	*.00*	*.00*	12/10/2020	*.00*	*.00*	12/16/2020	*.00*	*.00*	12/24/2020	*.00*	*.00*	12/27/2020	*.00*	*.00*	12/30/2020	*.00*	*.00*	12/31/2020	*.00*	*.00*	01/01/2021	*.00*	*.00*	01/02/2021	*.00*	*.00*	01/05/2021	*.00*	*.00*	01/20/2021	*.00*	*.00*	01/22/2021	*.00*	*.00*	01/24/2021	*.00*	*.00*	01/25/2021	*.00*	*.00*	01/31/2021	*.00*	*.00*	02/01/2021	*.00*	*.00*	02/03/2021	*.00*	*.00*	02/09/2021	*.00*	*.00*	02/11/2021	*.00*	*.00*	02/17/2021	*.00*	*.00*	02/25/2021	*.00*	*.00*	A 000		
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A 200	Continued From page 2	A 200	A 200	
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 24 of 24 days. The statute was not met as evidenced by the following findings: 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). CDPH shall not accept modifications made contemporaneously to the audit. 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.	A 200	A 200 This facility had change of ownership. The new administrative took over on 2/21/2022, and had not be able to locate the record from 11/2020 to 2/2021. The facility is met 3.5 direct care service hours per patient day. See attached nursing sign in sheet, nursing assignment sheet, schedule time sheet, and CDPH612 form. The administrator conducted a in-service regarding California Health and Safety Code HSC 1276.65. Skilled nursing facility shall have a minimum number of direct care service hours of 3.5 per patient day; and 2.4 hours per patient day for certified nurse assistants. The new administration consolidated storage in the building. All medical and business records are stored in one storage room, all are labeled by month/year for easy access. The administrator designated admin assistant to calculate the daily PPD, collect nursing sign in sheet, nursing schedule, and file it with payroll time sheet day by day.	5/14/24
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).	A 205	A 205 The administrator contracted with 2 staffing agency to ensure that 3.5 hours per patient day is met on daily base. Also limited the number of admission to ensure that 3.5 hours per patient day are met. We have 39% of occupancy rate currently.	

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A 205	Continued From page 3 This Statute is not met as evidenced by: Facility Failed to meet 2.4 Direct Care Service Hours Per Patient Day (DHPPD) performed by certified nurse assistants, pursuant to HSC 1276.65(c)(1)(C) for 24 out of 24 days. The statute was not met as evidenced by the following findings: 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). CDPH shall not accept modifications made contemporaneously to the audit. 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.	A 205	The admin assistant is responsible for track directed care staff's daily hours. The Administrator is responsible to ensure that all direct care services staff will meet 3.5 hours per day. QA/QAP 1 Committee will review admin assistant's report to ensure 100% compliance of 3.5/2.4 DHPPD. This report will be reviewed on Second quarter QA meeting. A 205 The facility is met 2.4 hour per day for certified nurse assistant. See attached nursing sign in sheet, nursing assignment sheet, schedule time sheet, and CDP H6 12 form. The administrator conducted a in-service regarding California Health and Safety Code HSC 1276.65. Skilled nursing facility shall have a minimum number of direct care service hours of 3.5 per patient day; and 2.4 hours per patient day for certified nurse assistants. The new administration consolidated storage in the building. All medical and business records are stored in one storage room, all are labeled by month/year for easy access. The administrator designated admin assistant to calculate the daily PPD, collect nursing sign in sheet, nursing schedule, and file it with payroll time sheet day by day. The administrator contracted with 2 staffing agency to ensure that 2.4 hours per patient day for certified nurse assistant is met on daily base. Also limited the number of admissions to ensure that 2.4 hours per patient day for nurse assistant are met. We have 39% of occupancy rate currently. The admin assistant is responsible for track directed care staff's daily hours. The Administrator is responsible to ensure that all direct care services staff will meet 3.5 hours per day. QA/QAP 1 Committee will review admin assistant's report to ensure 100% compliance of 3.5/2.4 DHPPD. This report will be reviewed on Second quarter QA meeting.	5/14/24