California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ CA030090021 12/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10410 COLOMA RD CASA COLOMA HEALTH CARE CENTER RANCHO CORDOVA, CA 95670 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5). COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY A 000 A 000 **Initial Comments** The following reflects the findings of the California What measures will be put into place or Department of Public Health during a staffing what systematic changes will the facility audit visit for 24 randomly selected days from make to ensure that the deficient 11/29/2020 to 02/28/2021. practice does not recur: Facility will ensure sufficient staffing to Representing the Department: M.D., Associate reach the required PPD numbers by Governmental Program Analyst. using the recruiting site Indeed to Weifare and Institutions (W&I) Code section recruit CNAs, LVNs, RNs. See the 14126,022 sets forth the Department's authority attached receipts for the month of to conduct audits of direct caregiver nursing January 2024 as a proof. services provided to residents of skilled nursing Facility has contracted with staffing facilities, and to establish procedures for agencies to ensure adequate staffing in conducting such audits through All Facility Letters the event of a shortage. (AFLs). If the facility sees that with current <a href="http://leginfo.legislature.ca.gov/faces/codes\_dis-">http://leginfo.legislature.ca.gov/faces/codes\_dis-</a> staffing levels that it will not reach the playSection.xhtml?sectionNum=14126.022.&law required PPD, the facility will have staff Code=WIC> stay for double shifts or any required extra hours to reach PPD. AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: How the facility plans to monitor its <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/">https://www.cdph.ca.gov/Programs/CHCQ/LCP/</a> performance to make sure that solutions Pages/AFL-21-11.aspx> are sustained: PPD will be monitored 2x daily by the Health and Safety Code (HSC) 1337-1338.5, sets director of payroll/staffing and the forth the requirements for Certified Nurse administrator, PPD is logged daily in an Assistants is available through the following link: excel spreadsheet to ensure that it is <a href="https://leginfo.legislature.ca.gov/faces/codes\_dis">https://leginfo.legislature.ca.gov/faces/codes\_dis</a> tracked correctly and consistently. See playText.xhtml?division=2.&chapter=2.&lawCode attached example. =HSC&article=9> W&I section 14126.022 requires the Department Date of Compliance: 2/2/24 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 Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ CA030000021 8. WNG 12/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10410 COLOMA RD CASA COLOMA HEALTH CARE CENTER RANCHO CORDOVA, CA 95570 (X5) COMPLETE DATE (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION 1D PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 000 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, Patient Needs, or COVID-19 Waiver is granted. The statute was not met as evidenced by the following findings: Final Audit Result: Total Distinct Non-Compliant Day(s) = 3 3.5 2.4 Date 12/04/2020 4.60 2.87 12/06/2020 4.49 2.91 12/16/2020 4.25 2.71 4.26 2.72 12/22/2020 4.48 2.86 12/23/2020 3.88 2.70 12/26/2020 12/31/2020 4.46 2.78 01/01/2021 4.23 2.74 01/06/2021 4.17 2.50 01/17/2021 3.70 2.47 01/19/2021 . 4.32 2.80 4.08 01/21/2021 2.47 01/25/2021 3.97 2.51 01/27/2021 3.99 2.49 01/28/2021 4.00 2.47 01/29/2021 4.05 2.40 02/09/2021 4.00 2,56 4.07 02/11/2021 2.40 3.83 \*2.33\* 02/12/2021 02/14/2021 4.13 2.76 02/22/2021 4.06 2.41 02/23/2021 4.01 2.60 02/26/2021 3.87 \*2.31\* 3.65 \*2.33\* 02/27/2021 \*x.xx\* = non-compliant date Licensing and Certification Division

| California Department of Public Health              |  |   |  |   |                               |
|---|--|---|--|---|-------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING:  |   | (X3) DATE SURVEY<br>COMPLETED |
|   |  |   |  |   |                               |
| CA030000021   |  | B. WNG  | Control of the Contro | 12/14/2021  |                               |
| NAME OF PROVIDER OR SUPPLIER STREET ADDR            |  |   | RESS, CITY, STATE, ZIP CODE  |   |                               |
| CASA COLOMA HEALTH CARE CENTER 18410 COLOMA RD      |  |   |  |   |                               |
| RANCHO CORDOVA, CA 95670                            |  |   |  |   |                               |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION (XS)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE DEFICIENCY)   |                               |
| A 205   | Continued From page 2  |   | A 205  |   | 1<br>1<br>1<br>1              |
| 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 certified nurse assistants, pursuant to HSC 1276.65(c)(1)(C) for 3 out of 24 days.  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).  Employee(s) failed to delineate time spent providing nursing services to skilled nursing care patients, as defined in HSC section 1276.65 and CCR Title 22, section 72309, section 72311 and section 72315, while assigned to perform other duties other than direct care.  Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for |   | A 205  | What measures will be put into place or what systematic changes will the facility make to ensure that the deficient practice does not recur: Facility will ensure sufficient staffing to reach the required ppd numbers by using the recruiting site Indeed to recruit CNAs, IVNs, RNs. See the attached receipts for the month of January 2024 as a proof. Facility has contracted with staffing agencies to ensure adequate staffing in the event of a shortage. If the facility sees that with current staffing levels that it will not reach the required ppd, the facility will have staff stay for double shifts or any required extra hours to reach ppd.  How the facility plans to monitor its performance to make sure that solutions are sustained: ppd will be monitored 2x daily by the director of payroll/staffing and the administrator, ppd is logged daily in an excel spreadsheet to ensure that it is tracked correctly and consistently. See |                               |
|   |  |   |  | attached example.   | y. <del>Gee</del>             |
|   | resulted in the exclus<br>such employees.  | ion of all service nours for                          |  | Date of Compliance: 2/2/24  | -                             |