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: __ CA040000023 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **851 LESLIE LANE** KINGS NURSING & REHABILITATION CENTER HANFORD, CA 93230 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 000 Initial Comments A 000 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. Representing the Department: V.M., Associate Governmental Program Analyst. 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-dis- playSection.xhtml?sectionNum=14126.022.&law Code=WIC> 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> 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 dis playText.xhtml?division=2.&chapter=2.&lawCode =HSC&article=9> 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

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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California Department of Public Health

NAME OF PROVIDER OR SUPPLIER KINGS NURSING & REHABILITATION CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), and (C), the requirement for a minimum of 3.5 Direct Care Service Hours and 2.4 Certified Nurse Assistant Direct Care Service Hours Per Patient Day.	11/16/2021		
KINGS NURSING & REHABILITATION CENTER AND SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX CROSS-REFERENCED TO THE DEFICIENCY A 000 Continued From page 1 A 000 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 met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), and (C), the requirement for a minimum of 3.5 Direct Care Service Hours and 2.4 Certified Nurse Assistant Direct Care Service			
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Final Audit Result:			
Total Distinct Non-Compliant Day(s) = 0			
Date 3.5 2.4 12/03/2020 5.71 3.26 12/07/2020 6.26 3.63 12/08/2020 5.53 3.09 12/09/2020 5.85 3.18 12/12/2020 6.20 3.88 12/31/2020 4.61 2.83 01/01/2021 4.10 2.59 01/02/2021 4.46 3.11 01/03/2021 4.43 3.11 01/04/2021 4.61 2.83 01/05/2021 4.93 3.09 01/06/2021 4.79 2.97 01/07/2021 4.41 2.67 01/13/2021 4.09 2.52 01/14/2021 4.24 2.69 01/15/2021 4.52 2.88 01/16/2021 4.09 2.86 01/20/2021 4.09 2.86 01/20/2021 4.09 2.86			

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PRINTED: 10/18/2022 **FORM APPROVED** 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: ___ B. WING _____ CA040000023 11/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **851 LESLIE LANE** KINGS NURSING & REHABILITATION CENTER HANFORD, CA 93230 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 000 Continued From page 2 A 000 01/27/2021 4.45 2.88 4.14 2.42 02/01/2021 4.97 2.98 02/18/2021 02/21/2021 3.71 2.65 02/25/2021 3.99 2.69

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