

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA240000023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>BWING</b>	(X3) DATE SURVEY COMPLETED  <b>04/18/2022</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**YUCAIPA HILLS POST ACUTE**

**13542 SECOND ST.**

**YUCAIPA, CA 92399**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A coo	<p><b>Initial Comments</b></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 07/01/2021 to 09/30/2021.</p> <p>Representing the Department: R.P., Associate Governmental Program Analyst.</p> <p>Welfare and Institutions (W&amp;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). &lt;<a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC</a>&gt;</p> <p>AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: &lt;<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx</a>&gt;</p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: &lt;<a href="https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9">https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9</a>&gt;</p> <p>W&amp;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>	ACCO		

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

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A000	<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 or Patient Needs 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) = 19</p> <table> <tr> <td>Date</td> <td>3.5</td> <td>2.4</td> </tr> <tr> <td>07/04/2021</td> <td>*3.37*</td> <td>2.47</td> </tr> <tr> <td>07/23/2021</td> <td>*3.01*</td> <td>*1.85*</td> </tr> <tr> <td>07/26/2021</td> <td>*3.31*</td> <td>*2.37*</td> </tr> <tr> <td>07/28/2021</td> <td>*3.49*</td> <td>2.42</td> </tr> <tr> <td>07/29/2021</td> <td>*3.34*</td> <td>*2.19*</td> </tr> <tr> <td>08/02/2021</td> <td>3.63</td> <td>*2.24*</td> </tr> <tr> <td>08/03/2021</td> <td>4.03</td> <td>2.69</td> </tr> <tr> <td>08/05/2021</td> <td>4.17</td> <td>2.95</td> </tr> <tr> <td>08/07/2021</td> <td>*3.18*</td> <td>*2.22*</td> </tr> <tr> <td>08/12/2021</td> <td>*3.31*</td> <td>"2.23"</td> </tr> <tr> <td>08/18/2021</td> <td>3.83</td> <td>"2.30"</td> </tr> <tr> <td>08/20/2021</td> <td>*3.26*</td> <td>*1.85*</td> </tr> <tr> <td>08/26/2021</td> <td>*3.36*</td> <td>"2.04"</td> </tr> <tr> <td>08/27/2021</td> <td>*3.35*</td> <td>*1.99*</td> </tr> <tr> <td>08/29/2021</td> <td>*3.43*</td> <td>*2.25*</td> </tr> <tr> <td>08/30/2021</td> <td>3.67</td> <td>"2.28"</td> </tr> <tr> <td>08/31/2021</td> <td>*3.11*</td> <td>*1.99*</td> </tr> <tr> <td>09/03/2021</td> <td>3.97</td> <td>2.55</td> </tr> <tr> <td>09/05/2021</td> <td>3.93</td> <td>2.44</td> </tr> <tr> <td>09/08/2021</td> <td>3.80</td> <td>"2.21"</td> </tr> <tr> <td>09/12/2021</td> <td>"3.39"</td> <td>"2.20"</td> </tr> <tr> <td>09/16/2021</td> <td>3.92</td> <td>2.41</td> </tr> <tr> <td>09/26/2021</td> <td>*3.17*</td> <td>*2.15*</td> </tr> <tr> <td>09/28/2021</td> <td>3.59</td> <td>*2.31*</td> </tr> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	07/04/2021	*3.37*	2.47	07/23/2021	*3.01*	*1.85*	07/26/2021	*3.31*	*2.37*	07/28/2021	*3.49*	2.42	07/29/2021	*3.34*	*2.19*	08/02/2021	3.63	*2.24*	08/03/2021	4.03	2.69	08/05/2021	4.17	2.95	08/07/2021	*3.18*	*2.22*	08/12/2021	*3.31*	"2.23"	08/18/2021	3.83	"2.30"	08/20/2021	*3.26*	*1.85*	08/26/2021	*3.36*	"2.04"	08/27/2021	*3.35*	*1.99*	08/29/2021	*3.43*	*2.25*	08/30/2021	3.67	"2.28"	08/31/2021	*3.11*	*1.99*	09/03/2021	3.97	2.55	09/05/2021	3.93	2.44	09/08/2021	3.80	"2.21"	09/12/2021	"3.39"	"2.20"	09/16/2021	3.92	2.41	09/26/2021	*3.17*	*2.15*	09/28/2021	3.59	*2.31*	AOO0		
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NAME OF PROVIDER OR SUPPLIER  <b>YUCAIPA HILLS POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13542 SECOND ST. YUCAIPA, CA 92399</b>		
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A200	Continued From page 2	A200	<b>A200/A205</b>	
A200	HSC 1276.65(c)(1)(8) 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)(8) for 14 0124 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).  Review of Form 280A (Facility: Nurse Assistant Training Program Notice) states " Hire CNA Only, " therefore, the nurse assistant(s) do not count towards the 3.5 DHPPD per HSC, section 1337.1(b)(6).  Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533. 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.  Employee(s) failed to delineate time spent	A200  A200	<b>What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.</b>  The Administrator and Director of Nursing met with the Director of Staff Development, Staffing Coordinator and assigned Payroll designee on 9/10/2024 to discuss the findings of the NHPPD Audit completed for inclusive dates 07/01/2021 to 09/30/2021. Areas of concern were identified.  <b>A description of the monitoring process and positions of person responsible for monitoring (i.e. Administrator, Director of Nursing, or other responsible supervisory personnel), and how the facility plans to monitor its performance to ensure corrections are achieved and sustained.</b>  A review of AFL 19-16 and AFL 21-11 was completed by the Administrator and Director of Nursing on 9/10/2024 with the Payroll designee, Director of Staff Development and Staffing Coordinator.  Job responsibilities and tasks related to the facility compliance to the Health and Safety Code (HSC) sections 1276.5 and 1276.65 as well as the Welfare and Institution Code (W&I) section 14126.022 were identified.	

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A200	Continued From page 3  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.	A200	A workflow process was discussed identifying tasks and completion of required documentation for purposes of staffing compliance to include among others a complete facility staff assignment and for employees with both non-nursing and direct patient care responsibilities, documentation that delineates the actual direct caregiver time to be counted towards 3.5 and 2.4 DHPPD and the utilization of the CDPH 530 form or as delineated in payroll codes.	
A205	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 17 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).  Per HSC, section 1337.2 (g) "...It shall be unlawful for any person not certified under this article to hold himself or herself out to be a certified nurse assistant." CDPH found staff with lapsed, suspended, expired, or revoked certification(s) and/or nurse assistants in training without active certification(s). This necessitated excluding all CNA service hours for such employees.	A205	The Payroll designee generated a current list of staff roster on 9/10/2024. The Director of Staff Development, Payroll and staffing coordinator initiated on 9/10/2024 a review of Employee files. The files were updated from this list and the review include verifying the employee ID number and classification code assigned to them and ensuring that their licenses and certifications are without issues and are current.  The results of the review were submitted to the Administrator and Director of Nursing for further recommendations. A staff in-service on completion of the necessary sections of the facility staff assignment was initiated by the Director of Staff Development on 9/10/2024.	

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A205	Continued From page 4  Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533. 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.  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.	A205	A sample NHPPD calculation was completed by the Director of Staff Development based on current census on 9/10/2024. The workflow process and tasks were reviewed, revised and refined by the Administrator and Director of Nursing to meet the standard. Weekly NHPPD completed calculation with attached supporting documentation will be submitted by the Director of Staff Development to the Director of Nursing or the Administrator in her absence for review and signature attesting compliance.  The Director of Nursing will discuss with the Administrator the facility compliance to the NHPPD regulatory requirements weekly.	
A020	AFL21-11 II.B SAS-Form 530  B. Facilities must use CDPH 530. Failure to use this CDPH required form will result in a finding of non-compliance for each audited day the form is not available. The facility is responsible for ensuring all entries are accurate and legible.  This Statute is not met as evidenced by: Facility failed to use CDPH Form 530 per AFL 21-11, Section 11, Guidelines, subsection B, and pursuant to W&I 14126.022.	A020	The facility Medical Director was made aware of the focus on NHPPD compliance by the Administrator on 9/10/2024 and has concurred with the plan.  A visit by the corporate consultant to review the facility's compliance will be made every month for three months. Results of these visits will be discussed with the Director of Nursing and Administrator for review.  <b>A description of the monitoring process and positions of persons responsible for monitoring as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.</b>  Results of the weekly NHPPD review of the Director of Nursing and Administrator and the monthly visit and NHPPD audit by the corporate consultant will be presented to the monthly Quality Assurance Performance Improvement (QAPI) for further recommendations.  <b>Date when Corrective Actions will be completed: 9/15/2024</b>	

**A020**

**What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.**

The facility conducted an internal audit on any days that were missing a CDPH 530 form and ensured that the correct form was being used and filled out correctly.

**A description of the monitoring process and positions of person responsible for monitoring (i.e. Administrator, Director of Nursing, or other responsible supervisory personnel), and how the facility plans to monitor its performance to ensure corrections are achieved and sustained.**

The staff were in-serviced on the importance of signing the CDPH 530 form on 9/10/2024. The Director of Nursing or designee will be responsible for checking that the CDPH 530 forms have been signed and submitted weekly during the facility's internal NHPPD audit once a week.

**Date when Corrective Actions will be completed: 9/15/2024**