

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA970000117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/20/2021
NAME OF PROVIDER OR SUPPLIER HIGHLAND PARK SKILLED NURSING AND WE			STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MONTE VISTA ST. LOS ANGELES, CA 90042		
(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 10/01/2020 to 12/31/2020.</p> <p>Representing the Department: M.L., 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			

Licensing and Certification Division

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

Angela Arakian

[Signature]

TITLE

Administrator

(X6) DATE

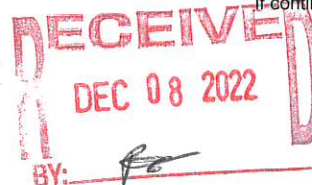
11/21/22

STATE FORM

6899

NW1W11

If continuation sheet 1 of 3



California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA970000117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/20/2021
---	---	--	--

NAME OF PROVIDER OR SUPPLIER HIGHLAND PARK SKILLED NURSING AND WE	STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MONTE VISTA ST. LOS ANGELES, CA 90042
---	--

(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>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 met as evidenced by the following findings:</p> <p>Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), the requirement for 3.5 Direct Care Service Hours Per Patient day based on an approved waiver.</p> <p>Final Audit Result:</p> <p>Total Distinct Non-Compliant Day(s) = 0</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>10/01/2020</td><td>4.13</td><td>2.61</td></tr> <tr><td>10/03/2020</td><td>3.61</td><td>1.89</td></tr> <tr><td>10/08/2020</td><td>3.79</td><td>2.34</td></tr> <tr><td>10/10/2020</td><td>3.61</td><td>1.76</td></tr> <tr><td>10/15/2020</td><td>4.28</td><td>2.77</td></tr> <tr><td>10/19/2020</td><td>3.87</td><td>2.51</td></tr> <tr><td>10/20/2020</td><td>4.24</td><td>2.57</td></tr> <tr><td>10/21/2020</td><td>3.63</td><td>2.29</td></tr> <tr><td>10/29/2020</td><td>3.79</td><td>2.55</td></tr> <tr><td>11/08/2020</td><td>3.54</td><td>2.09</td></tr> <tr><td>11/10/2020</td><td>3.66</td><td>2.00</td></tr> <tr><td>11/11/2020</td><td>3.69</td><td>2.32</td></tr> <tr><td>11/12/2020</td><td>3.66</td><td>2.49</td></tr> <tr><td>11/14/2020</td><td>3.75</td><td>2.26</td></tr> <tr><td>11/18/2020</td><td>4.16</td><td>2.33</td></tr> <tr><td>11/19/2020</td><td>3.80</td><td>2.26</td></tr> <tr><td>11/26/2020</td><td>3.69</td><td>2.23</td></tr> <tr><td>12/07/2020</td><td>3.72</td><td>2.09</td></tr> <tr><td>12/08/2020</td><td>3.60</td><td>2.00</td></tr> <tr><td>12/11/2020</td><td>4.07</td><td>2.11</td></tr> </tbody> </table>	Date	3.5	2.4	10/01/2020	4.13	2.61	10/03/2020	3.61	1.89	10/08/2020	3.79	2.34	10/10/2020	3.61	1.76	10/15/2020	4.28	2.77	10/19/2020	3.87	2.51	10/20/2020	4.24	2.57	10/21/2020	3.63	2.29	10/29/2020	3.79	2.55	11/08/2020	3.54	2.09	11/10/2020	3.66	2.00	11/11/2020	3.69	2.32	11/12/2020	3.66	2.49	11/14/2020	3.75	2.26	11/18/2020	4.16	2.33	11/19/2020	3.80	2.26	11/26/2020	3.69	2.23	12/07/2020	3.72	2.09	12/08/2020	3.60	2.00	12/11/2020	4.07	2.11	A 000		
Date	3.5	2.4																																																																	
10/01/2020	4.13	2.61																																																																	
10/03/2020	3.61	1.89																																																																	
10/08/2020	3.79	2.34																																																																	
10/10/2020	3.61	1.76																																																																	
10/15/2020	4.28	2.77																																																																	
10/19/2020	3.87	2.51																																																																	
10/20/2020	4.24	2.57																																																																	
10/21/2020	3.63	2.29																																																																	
10/29/2020	3.79	2.55																																																																	
11/08/2020	3.54	2.09																																																																	
11/10/2020	3.66	2.00																																																																	
11/11/2020	3.69	2.32																																																																	
11/12/2020	3.66	2.49																																																																	
11/14/2020	3.75	2.26																																																																	
11/18/2020	4.16	2.33																																																																	
11/19/2020	3.80	2.26																																																																	
11/26/2020	3.69	2.23																																																																	
12/07/2020	3.72	2.09																																																																	
12/08/2020	3.60	2.00																																																																	
12/11/2020	4.07	2.11																																																																	

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA970000117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/20/2021
NAME OF PROVIDER OR SUPPLIER HIGHLAND PARK SKILLED NURSING AND WE			STREET ADDRESS, CITY, STATE, ZIP CODE 5125 MONTE VISTA ST. LOS ANGELES, CA 90042		
(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	Continued From page 2 12/17/2020 3.81 2.16 12/27/2020 3.59 1.92 12/30/2020 4.08 2.40 12/31/2020 3.58 2.11		A 000		