California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: ___ CA220000020 B. WING _ 07/13/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1575 7TH AVENUE KINDRED TRANSITIONAL CARE & REHABILITA SAN FRANCISCO, CA 94122 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL' PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) The plan of correction is prepared A 000 A 000 Initial Comments In compliance with federal The following reflects the findings of the California Regulations and is intended as Department of Public Health during a staffing Lawton Skilled Nursing & visit: Representing the Department: M.I., Rehabilitation Center's credible Associate Governmental Program Analyst. evidence of compliance. The Welfare and Institutions (W&I) Code section submission of the plan of correction 14126,022 sets forth the Department's authority is not an admission by the facility to conduct audits of direct caregiver nursing that it agrees that the citations are services provided to residents of skilled nursing correct or that it violated the law. facilities, and to establish procedures for conducting such audits through All Facility Letters (AFLs). W&I Code section 14126.022 is attached Organization Minutes: hereto and incorporated herein as 'Attachment A.' The confidential and privileged Minutes are being retained at the AFL 11-19, setting forth the audit process and Facility for agency review and guidelines for facilities is available through the following link: verification if required. http://www.cdph.ca.gov/certllc/facilities/Document s/LNC-AFL-11-19.pdf. Exhibits: All exhibits including revisions to Health and Safety Code (HSC), setting forth the requirements for Certified Nurse Assistants Is Medical staff bylaws. available through the following link: Reviewed/revised or promulgated http://www.leginfo.ca.gov/cgi-bin/displaycode?sec policies and procedures, tion=hse&group=01001-02000&file=1337-1338.5 documentation of staff and medical Staff training/education are retained at A 029 A 029 1276.5(a) HSC Section 1276 the Facility for agency review and (a) The department shall adopt regulations verification upon request. setting forth the minimum number of equivalent nursing hours per patient required in skilled Tag: A029 nursing and intermediate care facilities, subject to All residents have the potential to be the specific requirements of Section 14110.7 of the Welfare and Institutions Code. However, affected by this practice. The facility notwithstanding Section 14110.7 or any other will continue to follow company provision of law, commencing January 1, 2000, policy regarding nursing staffing the minimum number of actual nursing hours per information. patient required in a skilled nursing facility shall be 3.2 hours, except as provided in Section Licensing and Certification Division

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

RN, DON

FORM APPROVED California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ____ B. WING _ CA220000020 07/13/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1575 7TH AVENUE KINDRED TRANSITIONAL CARE & REHABILITA SAN FRANCISCO, CA 94122 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Tag: A029 CONT. A 029 A 029 Continued From page 1 Policy and Procedures: 8/7/18 1276.9. The policy and procedure titled "Nursing Staffing Information" was reviewed by the Director of Nursing, Assistant Director of This Statute is not met as evidenced by: Nursing and Director of Staff Based on record review and interview, the above Development and was not in nursing facility was found out of compliance with need of revision. Health and Safety Code 1276.5(a), the requirement for a minimum of 3.2 nursing hours per patient day for 2 out of 24 randomly selected Training: days from February 21, 2017 through May 23, a.) The Director of Staff Development 2017: conducted an in-service on the Facility's policy titled "Nursing Staffing Findings: Information," minimum staffing Documentation requirements set forth in All requirements, and the accurate Facilities Letter (AFL) 11-19 were not met. In the completion of the facility's equivalent future, failure to properly complete the CDPH 612 forms (or facility equivalent) will result in a form of the CDPH 612, "Nursing deficiency in addition to a finding of Staffing Information Sheet." In-serviced non-compliance with the 3.2 minimum NHPDD staff include but is not limited to the requirement for each day that proper Director of Nursing, Assistant Director documentation is not provided. The following Of Nursing, Staffing Coordinator, documentation requirements were not met as evidenced by AEL 11-19: Charge Nurse(s). Section II. Guidelines. Monitoring: 8/7/18 & Sub-Section 6: Documentation The staffing coordinator and the Assistant Facilities will be expected to meet the following On-going Director of Nursing has monitored documentation requirements no later than 14 days from the date of this All Facilities Letter. and will continue to monitor the daily staffing sheets and the Facility's equivalent Each facility shall maintain current, complete, and form of the CDPH 612, "Nursing Staffing accurate personnel and payroll records for all Information," for accuracy and employees in accordance with Title 22, Section compliance with the requirement. 72533. The facility shall provide the following

Licensing and Certification Division

alternative form).

documentation upon request:

1. Census and NHPPD (CDPH 612 or facility

011\$11

California Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A, BUILDING: _ B. WING 07/13/2017 CA220000020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1575 7TH AVENUE KINDRED TRANSITIONAL CARE & REHABILITA SAN FRANCISCO, CA 94122 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Tag: A029 CONT. A 029 A 029 Continued From page 2 Other corrective actions: 8/7/18 & a.) Facility staff will complete the Nursing On-going Staffing Information daily. The Nursing The total number of actual nursing hours Staffing Information will be adjusted performed by direct caregivers per patient day divided by the average census during the patient according to changes in census. In the event day failed to meet 3.2 Nursing Hours per Patient of a call off the appropriate adjustments will Day per AFL 11-19, Section 2(a-c). be made if a replacement is needed. The Facility also utilizes registry in the event that Facility falled to replace staff that did not work as scheduled, and/or did not schedule to meet a Facility staff is not available to work. minimum of 3.2 Nursing Hours per Patient Day. As a result, the total number of actual nursing 8/7/18 & b.) The staffing coordinator audited The hours performed by direct caregivers per patient Facility's Nursing Staffing Information to On-going day divided by the average census during the ensure 100% compliance. Audits will be patient day falled to meet 3.2 Nursing Hours per Patient Day per AFL 11-19, Section 2(a-c). completed for a minimum of 3 months and until 100% compliance is met. The results of the monitoring will be presented quarterly DATE NHPPD at the Continuous Quality Improvement meeting. 2.51 04/29/17 3.02 05/14/17 Responsible Person(s): Staffing Coordinator Charge Nurse(s) Assistant Director of Nursing Director of Nursing Director of Staff Development Administrator Disciplinary Action: Non-compliance with the corrective action by Facility staff will result in immediate remediation and appropriate disciplinary action in accordance with the Facility's Human Resources policies and procedures.

OIIS11