

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA220000020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/13/2017
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHABILIT.		STREET ADDRESS, CITY, STATE, ZIP CODE 1575 7TH AVENUE SAN FRANCISCO, CA 94122		
(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	Initial Comments The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: M.I., 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). W&I Code section 14126.022 is attached hereto and incorporated herein as 'Attachment A.' AFL 11-19, setting forth the audit process and guidelines for facilities is available through the following link: http://www.cdph.ca.gov/certl/c/facilities/Documents/LNC-AFL-11-19.pdf . Health and Safety Code (HSC), setting forth the requirements for Certified Nurse Assistants is available through the following link: http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=01001-02000&file=1337-1338.5	A 000	The plan of correction is prepared in compliance with federal Regulations and is intended as Lawton Skilled Nursing & Rehabilitation Center's credible evidence of compliance. The submission of the plan of correction is not an admission by the facility that it agrees that the citations are correct or that it violated the law. <u>Organization Minutes:</u> The confidential and privileged Minutes are being retained at the Facility for agency review and verification if required. <u>Exhibits:</u> All exhibits including revisions to Medical staff bylaws. Reviewed/revised or promulgated policies and procedures, documentation of staff and medical Staff training/education are retained at the Facility for agency review and verification upon request.	
A 029	1276.5(a) HSC Section 1276 (a) The department shall adopt regulations setting forth the minimum number of equivalent nursing hours per patient required in skilled nursing and intermediate care facilities, subject to the specific requirements of Section 14110.7 of the Welfare and Institutions Code. However, notwithstanding Section 14110.7 or any other provision of law, commencing January 1, 2000, the minimum number of actual nursing hours per patient required in a skilled nursing facility shall be 3.2 hours, except as provided in Section	A 029	<u>Tag: A029</u> All residents have the potential to be affected by this practice. The facility will continue to follow company policy regarding nursing staffing information.	

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

N. Day

TITLE

RN, DON

(X6) DATE

8/7/18

California Department of Public Health

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A 029	<p>Continued From page 1</p> <p>1276.9.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the above nursing facility was found out of compliance with 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 days from February 21, 2017 through May 23, 2017:</p> <p>Findings:</p> <p>Documentation requirements set forth in All Facilities Letter (AFL) 11-19 were not met. In the future, failure to properly complete the CDPH 612 forms (or facility equivalent) will result in a deficiency in addition to a finding of non-compliance with the 3.2 minimum NHPDD requirement for each day that proper documentation is not provided. The following documentation requirements were not met as evidenced by AFL 11-19:</p> <p>Section II. Guidelines, Sub-Section 6: Documentation Facilities will be expected to meet the following documentation requirements no later than 14 days from the date of this All Facilities Letter.</p> <p>Each facility shall maintain current, complete, and accurate personnel and payroll records for all employees in accordance with Title 22, Section 72533. The facility shall provide the following documentation upon request: 1. Census and NHPDD (CDPH 612 or facility alternative form).</p>	A 029	<p>Tag: A029 CONT.</p> <p><u>Policy and Procedures:</u> The policy and procedure titled "Nursing Staffing Information" was reviewed by the Director of Nursing, Assistant Director of Nursing and Director of Staff Development and was not in need of revision.</p> <p><u>Training:</u> a.) The Director of Staff Development conducted an in-service on the Facility's policy titled "Nursing Staffing Information," minimum staffing requirements, and the accurate completion of the facility's equivalent form of the CDPH 612, "Nursing Staffing Information Sheet." In-serviced staff include but is not limited to the Director of Nursing, Assistant Director Of Nursing, Staffing Coordinator, Charge Nurse(s).</p> <p><u>Monitoring:</u> The staffing coordinator and the Assistant Director of Nursing has monitored and will continue to monitor the daily staffing sheets and the Facility's equivalent form of the CDPH 612, "Nursing Staffing Information," for accuracy and compliance with the requirement.</p>	<p>8/7/18</p> <p>8/7/18 & On-going</p>

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