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 CA030000091 04/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5901 LEMON HILL AVE BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE 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 07/01/2020 to 09/30/2020. Representing the Department: L.G., 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

Licensing and Certification Division

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

Administrator

(X6) DATE

If continuation sheet 1 of 2

California Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETE	
CA030000091 B. WING 04/28/20	2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
BRIARWOOD POST ACUTE 5901 LEMON HILL AVE SACRAMENTO, CA 95824	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000 Continued From page 1 for staffling 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. 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. Final Audit Result: Total Distinct Non-Compliant Day(s) = 0	