

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA020000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. _____	(X3) DATE SURVEY COMPLETED  04/13/2022
NAME OF PROVIDER OR SUPPLIER  PITTSBURG SKILLED NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 535 SCHOOL STREET PITTSBURG, CA 94665		
(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
A000	<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: P.V., 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>	A000	The following plan of correction constitute our written allegation of compliance for the deficiencies noted in the last staffing audit conducted in April 13, 2022.	

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

*[Signature]* NHA

TITLE

*Administrator*

(X6) DATE

*8/31/24*

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA020000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  BWJING	(X3) DATE SURVEY COMPLETED  04/13/2022																																																																											
NAME OF PROVIDER OR SUPPLIER  PITTSBURG SKILLED NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 535 SCHOOL STREET PITTSBURG, CA 94565																																																																													
(4) 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																																																																											
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) = 6</p> <table> <tr> <td>Date</td> <td>3.5</td> <td>2.4</td> </tr> <tr> <td>07/02/2021</td> <td>*3.28*</td> <td>*2.05*</td> </tr> <tr> <td>07/11/2021</td> <td>3.88</td> <td>*2.23*</td> </tr> <tr> <td>07/12/2021</td> <td>*3.47*</td> <td>*2.23*</td> </tr> <tr> <td>07/13/2021</td> <td>3.98</td> <td>*2.34*</td> </tr> <tr> <td>07/15/2021</td> <td>3.86</td> <td>2.40</td> </tr> <tr> <td>07/17/2021</td> <td>4.30</td> <td>2.59</td> </tr> <tr> <td>07/12/2021</td> <td>5.46</td> <td>2.80</td> </tr> <tr> <td>07/23/2021</td> <td>5.08</td> <td>2.64</td> </tr> <tr> <td>07/24/2021</td> <td>4.51</td> <td>2.57</td> </tr> <tr> <td>08/02/2021</td> <td>5.13</td> <td>3.02</td> </tr> <tr> <td>08/05/2021</td> <td>5.38</td> <td>3.01</td> </tr> <tr> <td>08/07/2021</td> <td>4.69</td> <td>2.66</td> </tr> <tr> <td>08/13/2021</td> <td>5.18</td> <td>2.76</td> </tr> <tr> <td>08/20/2021</td> <td>4.51</td> <td>2.66</td> </tr> <tr> <td>08/25/2021</td> <td>4.03</td> <td>2.45</td> </tr> <tr> <td>08/30/2021</td> <td>4.16</td> <td>2.41</td> </tr> <tr> <td>09/06/2021</td> <td>3.72</td> <td>*2.38*</td> </tr> <tr> <td>09/13/2021</td> <td>3.93</td> <td>2.40</td> </tr> <tr> <td>09/12/2021</td> <td>4.39</td> <td>2.42</td> </tr> <tr> <td>09/22/2021</td> <td>4.02</td> <td>*2.25*</td> </tr> <tr> <td>09/23/2021</td> <td>4.54</td> <td>2.70</td> </tr> <tr> <td>09/25/2021</td> <td>4.08</td> <td>2.71</td> </tr> <tr> <td>09/27/2021</td> <td>4.06</td> <td>2.62</td> </tr> <tr> <td>09/30/2021</td> <td>4.21</td> <td>2.54</td> </tr> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	07/02/2021	*3.28*	*2.05*	07/11/2021	3.88	*2.23*	07/12/2021	*3.47*	*2.23*	07/13/2021	3.98	*2.34*	07/15/2021	3.86	2.40	07/17/2021	4.30	2.59	07/12/2021	5.46	2.80	07/23/2021	5.08	2.64	07/24/2021	4.51	2.57	08/02/2021	5.13	3.02	08/05/2021	5.38	3.01	08/07/2021	4.69	2.66	08/13/2021	5.18	2.76	08/20/2021	4.51	2.66	08/25/2021	4.03	2.45	08/30/2021	4.16	2.41	09/06/2021	3.72	*2.38*	09/13/2021	3.93	2.40	09/12/2021	4.39	2.42	09/22/2021	4.02	*2.25*	09/23/2021	4.54	2.70	09/25/2021	4.08	2.71	09/27/2021	4.06	2.62	09/30/2021	4.21	2.54	A000		
Date	3.5	2.4																																																																													
07/02/2021	*3.28*	*2.05*																																																																													
07/11/2021	3.88	*2.23*																																																																													
07/12/2021	*3.47*	*2.23*																																																																													
07/13/2021	3.98	*2.34*																																																																													
07/15/2021	3.86	2.40																																																																													
07/17/2021	4.30	2.59																																																																													
07/12/2021	5.46	2.80																																																																													
07/23/2021	5.08	2.64																																																																													
07/24/2021	4.51	2.57																																																																													
08/02/2021	5.13	3.02																																																																													
08/05/2021	5.38	3.01																																																																													
08/07/2021	4.69	2.66																																																																													
08/13/2021	5.18	2.76																																																																													
08/20/2021	4.51	2.66																																																																													
08/25/2021	4.03	2.45																																																																													
08/30/2021	4.16	2.41																																																																													
09/06/2021	3.72	*2.38*																																																																													
09/13/2021	3.93	2.40																																																																													
09/12/2021	4.39	2.42																																																																													
09/22/2021	4.02	*2.25*																																																																													
09/23/2021	4.54	2.70																																																																													
09/25/2021	4.08	2.71																																																																													
09/27/2021	4.06	2.62																																																																													
09/30/2021	4.21	2.54																																																																													

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA020000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B.WING _____	(X3) DATE SURVEY COMPLETED  04/13/2022
NAME OF PROVIDER OR SUPPLIER  PITTSBURG SKILLED NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 535 SCHOOL STREET PITTSBURG, CA 94565		
(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) COMPLE TE DATE
A 200	Continued From page 2	A200		
A200	<p>HSC 1276.65(c)(1)(8) SAS - 3.5 Standard</p> <p>(8) 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.</p> <p>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)(B) for 2 of 24 days.</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>The Director of Staff Development (DSD) failed to delineate time spent providing nursing services to</p>	A200	<p>Aware of the results of staffing audit, the Director of Staff Development (DSD) and Director of Nursing (DON) reviewed and updated staffing schedule with the goal of complying with minimum of 3.5 Direct Hours per patient Day (DHPPD) and minimum of 2.4 Certified Nursing Assistant (CNA) DHPPD.</p> <p>The Facility shall use form 530 to log the names of nurses and CNAs with their corresponding assigned residents. Entries like hours shall be clear and legible. The DSD and DON are responsible for updating the schedule daily based on current census to comply with required DHPPD.</p> <p>Daily schedules are posted and reviewed each morning to identify potential staffing issues and solutions. Final DHPPD are documented daily and reported to DON and Administrator.</p> <p>The Administrator and DON will continue to monitor daily DHPPD to ensure compliance. The Facility will continue to contract with staffing agencies to address immediate staffing shortages like call-offs. Identified issues will be discussed in the Quality Assessment and Assurance meetings for recommendations and solutions.</p> <p>Completion Date: September 15, 2024</p>	9/15/2024

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA020000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  NEWBORG		(X3) DATE SURVEY COMPLETED  04/13/2022
NAME OF PROVIDER OR SUPPLIER  PITTSBURG SKILLED NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 535 SCHOOL STREET PITTSBURG, CA 94565			
(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) COMPLET E DATE
A 200	Continued From page 3  skilled nursing care patients beyond the hours required to carry out the duties of the DSD position.	A200			
A205	HSC 1276.65(c)(1)(C) SAS -2.4 Standard  (CJ 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 (BJ).  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 6 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.  Employee(s) failed to delineate time spent providing nursing services to skilled nursing care	A205	At present, the Facility no longer employs non-certified Nursing Assistant after the end of Covid Pandemic, unless the Facility develops NATP. The Facility was misguided when Governor made an Executive order number N-39-20 stating the California Department of Public Health (CDPH) may waive any professional certification requirements and amend scopes of practice of Chapter 2 of division 2 of Health and Safety Code and accompanying regulations with respect to CNAs.  The DSD and DON will continue to review and update daily staff schedules to comply with 3.5 DHPPD and 2.4 DHPPD for CNAs. The DSD shall make sure that entries in form 530 are clearly and legibly documented with staff assigned residents, their hours of work and staff signature.  The DON and Administrator will monitor for compliance and trending shall be reported in the monthly QAA meetings. The facility shall renew staffing waiver yearly.  Completion Date: September 15, 2024		9/15/2024

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA020000962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  04/13/2022
NAME OF PROVIDER OR SUPPLIER  PITTSBURG SKILLED NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 535 SCHOOL STREET PITTSBURG, CA 94566		
(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 205	Continued From page 4  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		
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 DSD will continue to use form 530 to document the name of staff, their hours of work assigned resident and staff signature. All entries shall be clear and legible.  Final DHPPD are documented daily by DSD and reported to DON and Administrator.  The Administrator will monitor for compliance. Compliance shall be reported in monthly QAA meeting.  Completion Date: September 15, 2024.	9/15/2024