

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA940000065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  02/03/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

INTERCOMMUNITY CARE CENTER

2626 GRAND AVENUE  
LONG BEACH, CA 90815

(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><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 07/01/2019 to 09/30/2019.</p> <p>Representing the Department: E.P., 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 19-16, 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/CDPH%20Document%20Library/AFL-19-16.pdf">https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-16.pdf</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>	A 000	<p><b>This plan of correction constitutes our written allegation of compliance for the deficiencies cited</b></p> <p><b>Submission of this plan of correction is not an admission that each alleged deficiency exists or that it is cited accurately. This plan of correction is submitted to meet state and federal requirements and without any admission of liability.</b></p> <p><b>A200</b></p> <p><u>Immediate Action:</u></p> <p>An in-service given to Director of Nursing (DON) in regards to "CDPH 530/CDPH 612 Form". When providing nursing services beyond the hours required to carry out the duties of their position will be recorded on the CDPH 530 Form.</p>	3/14/22

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

6099

POPF11

If continuation sheet 1 of 8

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA940000065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/03/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>INTERCOMMUNITY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2626 GRAND AVENUE LONG BEACH, CA 90815</b>		
(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 1  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.  Final Audit Result:  Total Distinct Non-Compliant Day(s) = 13	A 000	An in-service given to Director of Staff Development in regards to "CDPH 530/CDPH 612 Form". When providing nursing services beyond the hours required to carry out the duties of their position will be recorded on the CDPH 530 Form.	
A 200	HSC 1276.65(c)(1)(B) SAS - 3.5 Standard  (B) 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 1276.8.  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 10 of 24 days.  The statute was not met as evidenced by the following findings:  The Director of Nursing (DON) failed to delineate time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DON position per AFL 19-16, section II, D.5.  The Director of Staff Development (DSD) failed to delineate time spent providing nursing services to skilled nursing care patients beyond the hours	A 200	Outside resources such as; Registry staff, Nursing Assistants participating in an approved training program that are providing services to the facility will be in-service to record the direct care services hours and recorded on CDPH 530 Form.  An in-service given to Payroll Officer in regards to the importance of DHPPD Required Documentations in accordance with AFL 19-16 section II A and B.1. to ensure to maintain current, complete, accurate personnel and payroll records for all employees.	

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A 200	<p>Continued From page 2</p> <p>required to carry out the duties of the DSD position per AFL 19-16, section II, F.1.i.</p> <p>Employee(s) who fail 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 per AFL 19-16, section II, D.6.</p> <p>Documents/records, other than payroll records, were incomplete, illegible, or inaccurate [AFL 19-16, section II, B.1]. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533 and per AFL 19-16, section II, A. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Payroll records were incomplete, illegible or inaccurate [AFL 19-16, section II, A]. Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees per AFL 19-16, section II, A.</p>	A 200	<p><u>Systemic Changes:</u></p> <p>The facility has instituted and implemented a Recruitment and Retention Program which includes, but is not limited to, increase advertising of open positions; weekly and sometime daily contact via telephone and in person with nursing schools, vendors and other long term care industry.</p> <p>Initialing an Employee Referral Program to encourage and reward our employees who refer CNA's and nurses and opening an open contract from outside agencies such as Registries.</p> <p>The facility's Recruitment and Retention Program all of these actions and activities shall continue to be implemented going forward to achieve and maintain the 3.5 / 2.4 staffing levels.</p>	3/14/22

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA940000088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/03/2020</b>																						
NAME OF PROVIDER OR SUPPLIER  <b>INTERCOMMUNITY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2828 GRAND AVENUE LONG BEACH, CA 90815</b>																								
(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 200	Continued From page 3  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 AFL 19-16.  Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result:  <table border="0"> <tr> <td>DATE</td> <td>3.5 DHPPD</td> </tr> <tr> <td>07/06/2019</td> <td>3.35</td> </tr> <tr> <td>07/27/2019</td> <td>3.03</td> </tr> <tr> <td>08/03/2019</td> <td>3.36</td> </tr> <tr> <td>08/04/2019</td> <td>3.05</td> </tr> <tr> <td>08/05/2019</td> <td>3.36</td> </tr> <tr> <td>08/31/2019</td> <td>3.35</td> </tr> <tr> <td>09/01/2019</td> <td>3.40</td> </tr> <tr> <td>09/11/2019</td> <td>3.40</td> </tr> <tr> <td>09/17/2019</td> <td>3.41</td> </tr> <tr> <td>09/21/2019</td> <td>3.20</td> </tr> </table>	DATE	3.5 DHPPD	07/06/2019	3.35	07/27/2019	3.03	08/03/2019	3.36	08/04/2019	3.05	08/05/2019	3.36	08/31/2019	3.35	09/01/2019	3.40	09/11/2019	3.40	09/17/2019	3.41	09/21/2019	3.20	A 200	<u>Quality Assurance:</u>  Director of Staff Development (DSD) and/or designee will be responsible in monitoring the daily direct care hours per day to meet the 3.5 per patient day. Any non-compliance will report to the Administrator for corrective actions.  Administrator and/or designee will be responsible in monitoring the staff turn over rates in a monthly basis.  Payroll Officer and/or designee will be responsible in monitoring, maintaining, complete and accurate records in a monthly basis.  A report will be submitted to Quality Assurance (QA) / Utilization Review (UR) Committee in a monthly basis for review and/or recommendation.	3/14/22
DATE	3.5 DHPPD																									
07/06/2019	3.35																									
07/27/2019	3.03																									
08/03/2019	3.36																									
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08/31/2019	3.35																									
09/01/2019	3.40																									
09/11/2019	3.40																									
09/17/2019	3.41																									
09/21/2019	3.20																									
A 205	HSC 1276.65(c)(1)(C) SAS - 2.4 Standard  (C) 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 (B).  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 10 out of 24 days.	A 205																								

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A 205	<p>Continued From page 4</p> <p>The statute was not met as evidenced by the following findings:</p> <p>Employee(s) who fail 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 per AFL 19-16, section II, D.6.</p> <p>Documents/records, other than payroll records, were incomplete, illegible, or inaccurate [AFL 19-16, section II, B.1]. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533 and per AFL 19-16, section II, A. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Payroll records were incomplete, illegible or inaccurate [AFL 19-16, section II, A]. Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Per HSC, section 1337.2 (f) " ...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 certifications. This necessitated excluding all</p>	A 205	<p><b>A 205</b></p> <p><u>Immediate Action</u></p> <p>Outside resources such as; Registry staff, Nursing Assistants participating in an approved training program that are providing services to the facility will be in-service to record the direct care services hours and recorded on CDPH 530 Form.</p> <p>An in-service given to Payroll Officer in regards to the importance of DHPPD Required Documentations in accordance with AFL 19-16 section II A and B.1. to ensure to maintain current, complete, accurate personnel and payroll records for all employees.</p> <p><u>Systemic Changes:</u></p> <p>The facility has instituted and implemented a Recruitment and Retention Program which includes, but is not limited to, increase advertising of open positions; weekly and sometime daily contact via telephone and in person with nursing schools, vendors and other long term care industry.</p>	<p>3/14/22</p> <p>3/14/22</p>

Licensing and Certification Division

STATE FORM

9599

POPF11

If continuation sheet 5 of 6

California Department of Public Health

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	Initialing an Employee Referral Program to encourage and reward our employees who refer CNA's and nurses and opening an open contract from outside agencies such as Registries.  The facility's Recruitment and Retention Program all of these actions and activities shall continue to be implemented going forward to achieve and maintain the 3.5 / 2.4 staffing levels.  <u>Quality Assurance:</u>  Director of Staff Development (DSD) and/or designee will be responsible in monitoring the daily direct care hours per day to meet the 2.4 per patient day. Any non-compliance will report to the Administrator for corrective actions.  Administrator and/or designee will be responsible in monitoring the staff turnover rates in a monthly basis.  Payroll Officer and/or designee will be responsible in monitoring, maintaining, complete and accurate records in a monthly basis.	(X5) COMPLETE DATE
A 205	Continued From page 5  service hours for such employees per AFL 19-16, section II, D.3).  Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees per AFL 19-16, section II, A. 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).  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 AFL 19-16.  Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result:  DATE                      2.4 CNA DHPPD 07/06/2019              2.31 07/27/2019              1.92 08/03/2019              2.21 08/04/2019              1.98 09/11/2019              2.29 09/14/2019              2.34 09/17/2019              2.33 09/18/2019              2.24 09/21/2019              2.10 09/26/2019              2.27	A 205		

# Intercommunity Care Center

## In-Service Sign In Sheets

Date: 3/14/22

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of Presenter: RAY TIPLES, NHA Signature of Director of Staff Development: \_\_\_\_\_

Topic: CDPH-530 FORM AND CDPH-612 FORM

Brief summary of Lecture: TO UNDERPINNED THE IMPORTANCE OF CDPH - 530 AND  
CDPH - 612 FORM

**\* Please Print**

#	Name	Title	#	Name	Title
1	TERRELL PATI	WN/DSD	21		
2	Margaret S. S. S.	BOM	22		
3	Claudia S. S.	SUN	23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		

**NURSING STAFFING ASSIGNMENT AND SIGN-IN SHEET**  
(DHPPD SALARIED/DUAL ROLE/NURSE ASSISTANT)

1. FACILITY NAME \_\_\_\_\_ 2. DATE OF PATIENT DAY (MM/DD/YY) \_\_\_\_\_
3. DIRECTOR OF NURSING/DESIGNEE \_\_\_\_\_
4. SHIFT 1 ☐ 2 ☐ 3 ☐ 5. SHIFT START TIME (HH:MM AM/PM) \_\_\_\_\_
6. STATION/WING/UNIT/FLOOR \_\_\_\_\_
7. \_\_\_\_\_

NURSING SERVICES ASSIGNMENT	EMPLOYEE NAME	DISCIPLINE	ACTUAL SHIFT START/END	ACTUAL MEAL BREAK START/END	EMPLOYEE SIGNATURE
					X
					X
					X
					X
					X
					X
					X
					X
					X
					X

8. I have reviewed and verified all staffing assignments are true and accurate. Employees not captured in payroll records, nurse assistants or employees who are primarily engaged in duties other than nursing services that provided nursing services during the patient day are recorded and their direct care service hours to be included in Direct Care Service Hours Per Patient Day are accounted for with an original signature.

X \_\_\_\_\_  
DIRECTOR OF NURSING/DESIGNEE SIGNATURE



**Census and Direct Care Service Hours Per Patient Day (DHPPD)**

1. Patient Date (MM/DD/YY) \_\_\_\_\_ 2. Total Licensed Skilled Nursing Beds \_\_\_\_\_
3. Patient Date Start Time (HH:MM AM/PM) \_\_\_\_\_ 4. CDPH License # \_\_\_\_\_
5. Facility Name \_\_\_\_\_
6. Estimated Direct Care Service Hours and DHPPD

Scheduled Total  
Direct Care  
Service Hours

Beginning  
Patient  
Census

Scheduled  
DHPPD

Scheduled Total  
CNA Direct Care  
Service Hours

Scheduled  
CNA  
DHPPD

## 7. Daily Census Changes

Add or subtract from the Beginning Census each event during the designated census period.

Census Taken at:	12:00 AM	8:00 AM	4:00 PM
Beginning Census			
Admissions			
Discharges			
Transfers In			
Transfers Out			
Deaths			
Ending Census			

## 8. Actual Direct Care Service Hours and DHPPD

This section must be completed at the end of each 24-hour patient day.

Actual Total Direct  
Care Service Hours

Average  
Patient  
Census

Actual  
DHPPD

Actual Total CNA Direct  
Care Service Hours

Actual CNA  
DHPPD

9. I have reviewed the patient census and direct care service hours information and acknowledge the information is true and correct.

X \_\_\_\_\_ X \_\_\_\_\_

Director of Nursing/Designee (Print)

Director of Nursing/Designee (Signature)