

PRINTED: 10/23/2018
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA920000049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2017
NAME OF PROVIDER OR SUPPLIER BERKLEY VALLEY CONV HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 SEPULVEDA BLVD. VAN NUYS, CA 91411		
(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>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: M.F., Associate Governmental Program Analyst.</p> <p>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.'</p> <p>AFL 11-19, setting forth the audit process and guidelines for facilities is available through the following link: http://www.cdph.ca.gov/certific/facilities/Documents/LNC-AFL-11-19.pdf.</p> <p>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</p>	A 000	<p>This plan of correction shall constitute our written credible allegation of compliance for the deficiencies noted. The facility will be complying by 11/2/2018. The responses contained herein do not represent an admission of guilt on behalf of the facility.</p> <p>A029: The facility will ensure compliance with Health and Safety Code 1276.5(a) for a minimum of 3.2 hours per patient day based on the average census in the building.</p> <p>The staff developer will try to include one extra certified nurse assistance in the 7A-3P and 3P-11P shifts above the 3.2 nursing hours per patient (NHPPD) when nurse's schedules are prepared, and the ratio calculation rate (minimum 3.2 nursing hours per patient) is double-checked in a daily basis. The nursing hours calculation shall be considering with an average resident census factor such as the current and potential admissions coming to ensure enough nursing hours are scheduled. The Admission coordinator to inform the staff developer of the potential resident's admissions in-progress status and/or when the transfer confirmation is received from the hospital. The Nurse Supervisor will identify at the beginning of their working shift that all the nurses being schedule clocked-in to work and/or their attendance checked. If a nurse is coming late, absent or calling sick at the last minute the nurse supervisor shall keep a nurse from the prior nursing-shift and authorize the covering nurse extra working hours to ensure the nursing hours per patient (NHPPD) is accurate.</p>	
A 029	<p>1276.5(a) HSC Section 1276</p> <p>(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</p>	A 029		

Licensing and Certification Division

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

TITLE

(X5) DATE

STATE FORM

6899

C8TW11

11/02/2018
If continuation sheet 1 of 2

California Department of Public Health

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A 029	Continued From page 1 1276.9. 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 3 out of 24 randomly selected days from January 1, 2017 through March 31, 2017: Findings: The total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 3.2 Nursing Hours per Patient Day per AFL 11-19, Section 2(a-c). Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet a minimum of 3.2 Nursing Hours per Patient Day. As a result, the total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 3.2 Nursing Hours per Patient Day per AFL 11-19, Section 2(a-c). DATE NHPPD 02/26/17 3.07 03/04/17 3.17 03/17/17 3.19	A 029	Note that in some of these circumstances, the facility can be above 3.2 hours, but the tardiness of a few staff can cause ratio to go down to 3.196 for example. The date of the initial CDPH staffing audit was August 21, 2017, at which time the requirement was 3.2 hours. The date of the 2567 provided to us for this audit came from your offices dated October 23, 2018, and as you know the current requirement is 3.5 hours. We are answering this plan of correction based on the regulatory requirements of August 2017. The Administrator will monitor the nursing hours per patient is under compliance when auditing the Census and Nursing Hours Per Patient Day (NHPPD) CDPH 612 form on a weekly basis. In addition, the staff members tardiness, absenteeism and last-minute calling sick will be monitored during every payroll processing cycle to observed for existing patterns scenarios and the implementation of the corrective action as needed. The Administrator will report any findings at the quarterly Quality Assurance Committee meetings to discuss and monitor as well as ask for recommendations in order to achieve continued compliance. The facility will be in compliance by 11/02/18.	