

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070000042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/27/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR THE RIDGE REHABILITATION CENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 IRIS DRIVE SALINAS, CA 93906</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	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: L.G., 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). W&amp;I Code section 14126.022 is available through the following link: <a href="http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&amp;group=14001-15000&amp;file=14126-14126.036">http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&amp;group=14001-15000&amp;file=14126-14126.036</a></p> <p>AFL 11-19, setting forth the audit process and guidelines for facilities is available through the following link: <a href="http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf">http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf</a>.</p> <p>Health and Safety Code (HSC), setting forth the requirements for Certified Nurse Assistants is available through the following link: <a href="http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&amp;group=01001-02000&amp;file=1337-1338.5">http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&amp;group=01001-02000&amp;file=1337-1338.5</a></p> <p>The statute was met as evidenced by the following findings:</p> <p>Based on record review and interview, the above nursing facility was found in compliance with Health and Safety Code 1276.5, the requirement for a minimum of 3.2 nursing hours per patient day, for 24 randomly selected days from</p> <p>March 17, 2016 to June 16, 2016.</p>	A 000	<p>"Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq."</p> <p><i>Rachyl Borden</i> Signature</p> <p><b>A-000</b> <b><u>CORRECTIVE ACTION:</u></b></p> <p>On 10/27/16 The facility began using the official CDPH 612 Form. The facility shall maintain daily compliance with the census and NHPPD documentation of Form 612 to meet the documentation requirements in AFL 11-19.</p> <p>Procedure:</p> <p>The Business Office Manager shall give to the Payroll Coordinator accurate daily census information documented on CPDH 612.</p>	10/27/16

Licensing and Certification Division

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

*Rachyl Borden*

TITLE

*Administrator*

(X6) DATE

*11/11/2016*

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A 000	<p>Continued From page 1</p> <p>However, documentation requirements set forth in All Facilities Letter (AFL) 11-19 were not met. In the future, failure to properly complete the CDPH 612 form (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>(b) 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:</p> <p>1. Census and NHPPD (CDPH 612 or facility alternative form).</p>	A 000	<p>The Payroll Coordinator shall complete CDPH 612 reporting the NHPPD. The Form 612 will then be given to the Director of Nursing for compliance review and signature.</p> <p>The Administrator is responsible for maintaining compliance of the CDPH 612 form requirements.</p>	