FORM APPROVED California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING CA030000091 02/03/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5901 LEMON HILL AVE **BRIARWOOD HEALTH CARE** SACRAMENTO, CA 95824 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 000 A 000 Initial Comments The following reflects the findings of the California Department of Public Health during a staffing visit: Representing the Department: M.I., 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). W&I Code section 14126.022 is available through the following link: http://www.leginfo.ca.gov/cgi-bin/displaycode?sec tion=wic&group=14001-15000&file=14126-14126. AFL 11-19, setting forth the audit process and quidelines for facilities is available through the following link: http://www.cdph.ca.gov/certlic/facilities/Document s/LNC-AFL-11-19.pdf. 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?sec tion=hsc&group=01001-02000&file=1337-1338.5 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 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

Licensing and Certification Division

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

October 09, 2015 to January 08, 2015.

STATE FORM () acarvas

Haministrator

01/14/14