

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA230000279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  01/12/2012
NAME OF PROVIDER OR SUPPLIER  CRYSTAL RIDGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 396 DORSEY DRIVE GRASS VALLEY, CA 95945		
(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: J.M., Associate Governmental Program Analyst.</p> <p>Welfare and Institutions Code Section 14126.022 is attached hereto and incorporated herein as 'Attachment A.'</p> <p>Documentation requirements set forth in All Facilities Letter (AFL) 11-19 were not met. In the future, failure to properly complete the CDPH 530 or CDPH 612 forms (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>(a) The facility shall either create an assignment sheet or use the attached "Nursing Staffing Assignment and Sign-In Sheet" (CDPH 530 and instructions) to record daily staffing assignments to document nursing hours worked by employees not captured in payroll records or employees who are primarily engaged in duties other than nursing services, including employees who perform nursing services beyond the hours required to carry out their job duties. The "assignment sheet" must be typed or printed legibly and be substantially similar to the attached CDPH 530 and instructions. The Director of Nursing (or</p>	A 000	<p>This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery.</p> <p>This plan of correction is prepared, submitted and/or executed solely because it is required by local, state and/or federal regulations, codes and/or guidelines. As this transmission is required by law, it is not a waiver of the provisions within applicable laws and regulations or any other codes, statutes or regulations.</p> <p>We have hired a Staffing person to keep record of schedule and call offs and to make adjustment as necessary to meet the 3.2</p> <p>The director of nurses will make out the schedule and give to the Staffing person to implement, we have also informed the Union regarding call offs and how it is a deterrent to our business and for the care of the resident's. we will keep a log of call off and discipline as need in order not have issue reoccur. We will have log of offenders and PPD list to ensure we are above 3.2 and this will be brought to QA for compliance</p> <p>Corrective action was completed new staffing person started march 28, 2012 Oct 1 2012 we review staffing</p>		

Licensing and Certification Division

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

STATE FORM

TITLE

(X6) DATE

6899

RQ6X11

If continuation sheet 1 of 2

California Department of Public Health

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A 000	Continued From page 1  designee) must sign the form verifying the information is complete, true, and accurate. Failure to provide a complete, signed and legible form will result in a finding of non-compliance with the 3.2 minimum NHPPD requirement for each day the form is not provided.	A 000			
A 029	1276.5(a) HSC Section 1276  (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 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, the requirement for a minimum of 3.2 nursing hours per patient day for 2 out of 24 randomly selected days from October 10, 2011 through January 06, 2012:  DATE                      NHPPD  12/31/11                      3.03 01/06/12                      3.06	A 029			