

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA030000008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/11/2019
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COTTONWOOD HEALTH CARE CENTER

**625 COTTONWOOD STREET
WOODLAND, CA 95695**

(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)	(X6) COMPLETE DATE
A 000	<p>Initial Comments</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 11/18/2018 to 02/17/2019.</p> <p>Representing the Department: L.G., 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). <http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&lawCode=WIC></p> <p>AFL 18-27, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-18-27.aspx></p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: <https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&chapter=2.&lawCode=HSC&article=9></p> <p>W&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		

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

6899

RTGC11

If continuation sheet 1 of 3

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA030000008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/11/2019
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COTTONWOOD HEALTH CARE CENTER

**625 COTTONWOOD STREET
WOODLAND, CA 95695**

(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. Prior to July 1, 2019, the applicable standard for purposes of assessing this penalty is 3.2 NHPPD. On or after July 1, 2019, the applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage or Patients Needs Waiver is granted. 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 HSC 1276.5(a), the requirement for 3.2 direct care hours per patient day.	A 000		
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 1276.9. 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.	A 200	The following constitutes the facilities response to the findings of the Department of Public Health Services and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies. This plan of correction is prepared as required by the provisions of the Health and Safety Code, 42 CFR and constitutes the facilities written credible allegation of compliance. A200 HSC 1276.65(C) (1)(B) SAS- 3.5 Standard Please see attached POC	
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	A 205		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COTTONWOOD HEALTH CARE CENTER

625 COTTONWOOD STREET
WOODLAND, CA 95695

Licensing and Certification Division
STATE FORM

A200 HSC 1276.65(C) (1)(B) SAS- 3.5 Standard

Immediate measures and systemic changes that will be out into place to ensure that the deficient practice does not recur.

Nursing staffing for the current day and the following days I reviewed each day by Administrator, Director of Staff Development and or the Director of Nursing and Staffing Coordinator. Friday staffing review through Monday.

Projected admissions/ discharges and staffing reviewed. Staffing adjustments identified, with Staffing Coordinator obtaining additional staffing utilizing Cottonwood Nursing staff or registry employees.

Cottonwood has contracts with 5 staffing registries to enable adequate nursing staff to meet the required PPD.

Hire and referral bonuses are offered for Licensed Nurses and Certified Nursing Assistant's.

Monitoring process and positions of persons responsible for monitoring as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.

Administrator reviews the previous days PPD each morning, monitoring for required PPD compliance. Any non-compliance to the PPD requirement and the process to meet the requirement is reviewed for plan of correction.

Staffing Coordinator schedules nursing staffing to meet PPD.

Administrator, Director of Nursing/ Director of Staff Development and Staffing Coordinator meet daily to monitor staffing needs. Scheduling of required staff to meet PPD.

Corrective Action Date:

March 6, 2020

A205 HSC 1276.65 (C) (1) (C) SAS 2.4 Standard.

Immediate measures and systemic changes to ensure that the deficient practice does not recur.

Nursing staffing for the current day and the following days I reviewed each day by Administrator, Director of Staff Development and or the Director of Nursing and Staffing Coordinator. Friday staffing review through Monday.

Projected admissions/ discharges and staffing reviewed. Staffing adjustments identified, with Staffing Coordinator obtaining additional staffing utilizing Cottonwood Nursing staff or registry employees.

Cottonwood has contracts with 5 staffing registries to enable adequate nursing staff to meet the required PPD.

Hire and referral bonuses are offered for Licensed Nurses and Certified Nursing Assistant's.

Monitoring process and positions of persons responsible for monitoring as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.

Administrator reviews the previous days PPD each morning, monitoring for required PPD compliance. Any non-compliance to the PPD requirement and the process to meet the requirement is reviewed for plan of correction.

Staffing Coordinator schedules nursing staffing to meet PPD.

Administrator, Director of Nursing/ Director of Staff Development and Staffing Coordinator meet daily to monitor staffing needs. Scheduling of required staff to meet PPD.

Corrective Action Date:

March 6, 2020