California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ CA970000070 06/02/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 101 S FICKETT STREET INFINITY CARE OF EAST LOS ANGELES LOS ANGELES, CA 90033 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 000 A 000 **Initial Comments** Plan of Correction The following reflects the findings of the Infinity Care of East Los California Department of Public Health during a staffing audit visit for 24 randomly selected days Angeles makes every effort to from 10/01/2019 to 12/31/2019. comply with State and Federal regulations. Nothing in this plan Representing the Department: E.L., Associate of correction is an admission Governmental Program Analyst. otherwise. Infinity Care of East Welfare and Institutions (W&I) Code section Los Angeles has submitted this 14126.022 sets forth the Department's authority plan of correction to comply to conduct audits of direct caregiver nursing services provided to residents of skilled nursing with the regulatory obligation facilities, and to establish procedures for and does not waive any conducting such audits through All Facility Letters objections obtained therein. (AFLs). This Plan of Correction is http://leginfo.legislature.ca.gov/faces/codes_dis playSection.xhtml?sectionNum=14126.022.&law Infinity Care of East Los Code=WIC> Angeles' credible allegation of compliance. AFL 19-16, setting forth the audit process and guidelines for facilities is available through the following link: https://www.cdph.ca.gov/Programs/CHCQ/LCP/ CDPH%20Document%20Library/AFL-19-16.pdf> 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-di- splayText.xhtml?division=2.&chapter=2.&lawCod e=HSC&article=9> 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

Licensing and Certification Division

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

ELGENE TITO

City

AMMINUTIZATOR

(X6) DATE

4-22-2022

California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING CA970000070 06/02/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 S FICKETT STREET INFINITY CARE OF EAST LOS ANGELES LOS ANGELES, CA 90033 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 000 A 000 Continued From page 1 for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage or Patient Needs Waiver is granted. Final Audit Result: Total Distinct Non-Compliant Day(s) = 11 A 200 A 200 HSC 1276.65(c)(1)(B) SAS - 3.5 Standard A 200 - 3.5 Standard (B) Effective July 1, 2018, skilled nursing It is the policy of the facility to facilities, except those skilled nursing facilities meet 3.5 direct care services that are a distinct part of a general acute care hours per patient day (DHPPD). facility or a state-owned hospital or developmental center, shall have a minimum number of direct care services hours of 3.5 per Corrective action: patient day, except as set forth in Section 1276.9. After the deficient practice was identified, Administrator instructed the Director of This Statute is not met as evidenced by: Nursing (DON) and Director of Facility failed to meet 3.5 direct care service Staff Development (DSD) to hours per patient day (DHPPD), pursuant to HSC coordinate with staffing to 1276.65(c)(1)(B) for 7 of 24 days. make sure Facility is meeting the required number of direct The statute was not met as evidenced by the following findings: care services hours of 3.5 per patient day (DHPPD). The total number of actual nursing hours Instruction given to the performed by direct caregivers per patient day Admission Coordinator to divided by the average census during the patient day failed to meet 3.5 Nursing Hours per Patient coordinate with the DSD and Day (NHPPD) per AFL 19-16, Section 1(A). DON of any admission for that day to make sure facility has enough staffing. Administrator Per HSC, section 1337.2 (f) " ... It shall be unlawful for any person not certified under this article to hold himself or herself out to be a

California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING; B. WING CA970000070 06/02/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **101 S FICKETT STREET** INFINITY CARE OF EAST LOS ANGELES LOS ANGELES, CA 90033 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY A 000 Continued From page 1 A 000 instructed Licensed Nurses to coordinate with the DSD if for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 there's a call-in-sick from the DHPPD (CNA), unless an approved Workforce C.N.A. and or Licensed Nurses Shortage or Patient Needs Waiver is granted. to make sure that the Staff who called off will be replaced and Final Audit Result: Total Distinct Non-Compliant Day(s) = 11 to make sure facility is meeting the required number of direct A 200 A 200 HSC 1276.65(c)(1)(B) SAS - 3.5 Standard care services of 3.5 per patient day (DHPPD). On a daily basis, (B) Effective July 1, 2018, skilled nursing DSD will do the projection facilities, except those skilled nursing facilities staffing hours and will be that are a distinct part of a general acute care discussed during Stand-up facility or a state-owned hospital or meeting whether to add more developmental center, shall have a minimum number of direct care services hours of 3.5 per staff to meet the 3.5 DHPPD. If patient day, except as set forth in Section 1276.9. there's no available staff. facility will utilize registry to make sure facility is meeting the 3.5 DHPPD. This Statute is not met as evidenced by: Facility failed to meet 3.5 direct care service Other residents potentially hours per patient day (DHPPD), pursuant to HSC affected: 1276.65(c)(1)(B) for 7 of 24 days. All residents are affected by this The statute was not met as evidenced by the deficient practice. An in-service following findings: given by the Administrator on The total number of actual nursing hours 2/2/2022 to the DON, DSD. performed by direct caregivers per patient day Licensed Nurses, and Admission divided by the average census during the patient Coordinator re: Staffing. day failed to meet 3.5 Nursing Hours per Patient Emphasized given to the Day (NHPPD) per AFL 19-16, Section 1(A). participants that Facility shall have a minimum of 3.5 per Per HSC, section 1337.2 (f) " ... It shall be patient day (DHPPD). No other unlawful for any person not certified under this article to hold himself or herself out to be a

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California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A, BUILDING: ____ CA970000070 06/02/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **101 S FICKETT STREET** INFINITY CARE OF EAST LOS ANGELES LOS ANGELES, CA 90033 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 000 A 000 Continued From page 1 residents were identified to be for staffing requirements on any given day. The affected by the same practice. applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Measures and Systemic Shortage or Patient Needs Waiver is granted. changes: Final Audit Result: Total Distinct Non-Compliant Day(s) = 11 Under the supervision of the Administrator, DON and DSD A 200 HSC 1276.65(c)(1)(B) SAS - 3.5 Standard A 200 will coordinate with staffing. DSD on a daily basis will do the (B) Effective July 1, 2018, skilled nursing projection of staffing hours facilities, except those skilled nursing facilities based on the census and will that are a distinct part of a general acute care make sure that facility has facility or a state-owned hospital or developmental center, shall have a minimum enough Certified Nursing number of direct care services hours of 3.5 per Assistant (C.N.A.) and DON will patient day, except as set forth in Section 1276.9. make sure facility has enough Licensed Nurses, Admission Coordinator will coordinate with the DON and DSD if there's This Statute is not met as evidenced by: a possible admission in order to Facility failed to meet 3.5 direct care service adjust the staffing. Licensed hours per patient day (DHPPD), pursuant to HSC Nurses will coordinate with the 1276.65(c)(1)(B) for 7 of 24 days. DON and DSD for any call-ins of The statute was not met as evidenced by the C.N.A. and Licensed Nurses. following findings: Performance monitoring: The total number of actual nursing hours performed by direct caregivers per patient day · All findings will be presented by divided by the average census during the patient day failed to meet 3.5 Nursing Hours per Patient the Director of Staff Day (NHPPD) per AFL 19-16, Section 1(A). Development (DSD) to the QAPI Committee monthly, then quarterly thereafter on the Per HSC, section 1337.2 (f) " ... It shall be unlawful for any person not certified under this

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article to hold himself or herself out to be a

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PRINTED: 01/27/2022 FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA970000070 06/02/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 S FICKETT STREET INFINITY CARE OF EAST LOS ANGELES LOS ANGELES, CA 90033 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) A 200 Continued From page 2 A 200 status of on-going compliance. certified nurse assistant. " CDPH found staff with The QAPI Committee shall lapsed, suspended, expired or revoked determine agenda for further certifications. This necessitated excluding all revision and/or revision to plan service hours for such employees per AFL 19-16. section II, D.3). of correction. Facility failed to replace staff that did not work as Completion Date: 4-22-22 scheduled, and/or did not schedule to meet the minimum staffing requirements. Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result: DATE 3.5 DHPPD 10/03/2019 3.44 10/11/2019 3,46 10/15/2019 3.44 11/05/2019 3.43 11/13/2019 3.41 11/16/2019 3.48 11/18/2019 3,49 A 205 HSC 1276.65(c)(1)(C) SAS - 2.4 Standard A 205 A 205 - 2-4 Standard (C) Skilled nursing facilities shall have a It is the policy of the facility to minimum of 2.4 hours per patient day for certified meet 2.4 direct care services nurse assistants in order to meet the hours per patient day (DHPPD) requirements in subparagraph (B). performed by Certified Nursing Assistant (C.N.A.)

Licensing and Certification Division

This Statute is not met as evidenced by: Facility failed to meet 2.4 direct care service hours per patient day (DHPPD), performed by

certified nurse assistants, pursuant to HSC

1276.65(c)(1)(C) for 8 out of 24 days.

Corrective action:

After the deficient practice was

identified, Administrator

FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ CA970000070 B. WING 06/02/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **101 S FICKETT STREET** INFINITY CARE OF EAST LOS ANGELES LOS ANGELES, CA 90033 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY A 205 Continued From page 3 A 205 instructed the Director of The statute was not met as evidenced by the Nursing (DON) and Director of following findings: Staff Development (DSD) to coordinate with staffing to The total number of actual nursing hours make sure Facility is meeting performed by direct caregivers per patient day the required number of direct divided by the average census during the patient day failed to meet 2.4 Nursing Hours per Patient care services hours of 2.4 per Day (NHPPD) per AFL 19-16, Section 1(A). patient day (DHPPD), performed by Certified Nursing Assistant (C.N.A.) Instruction Per HSC, section 1337.2 (f) "...It shall be given to the Admission unlawful for any person not certified under this Coordinator to coordinate with article to hold himself or herself out to be a certified nurse assistant. " CDPH found staff with the DSD and DON of any lapsed, suspended, expired or revoked admission for that day to make certifications. This necessitated excluding all sure facility has enough service hours for such employees per AFL 19-16. staffing. Administrator section II, D.3). instructed Licensed Nurses to Review of the documentation provided for coordinate with the DSD if audited day(s) resulted in the following there's a call-in-sick from the Non-Compliant DHPPD result: C.N.A. to make sure that the Staff who called off will be 2.4 CNA DHPPD DATE 10/03/2019 2.27 replaced and to make sure 10/15/2019 2.30 facility is meeting the required 11/13/2019 2.34 number of direct care services 11/15/2019 2.31 of 2.4 per patient day (DHPPD) 11/16/2019 2.33 performed by the C.N.A. On a 11/22/2019 2.39 11/23/2019 daily basis, DSD will do the 2.33 12/08/2019 2.37 projection staffing hours and will be discussed during Standup meeting whether to add more staff to meet the minimum 2.4 DHPPD performed by the C.N.A. If

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
THE PERIOD CONTROL TO THE PERIOD OF THE PERI		A. DUILDING:				
		CA970000070	B. WING		06/02/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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INFINITY CARE OF EAST LOS ANGELES LOS ANGELES, CA 90033						
(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 CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTIES.	HOULD BE COMPLETE	
A 205	5 Continued From page 3		A 205 there's no available staff,			
	The statute was not met as evidenced by the following findings: The total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient		facility will utilize registry to			
				make sure facility is meeting		
				the 2.4 DHPPD performed by		
				the C.N.A.		
				Other residents potentially		
		2.4 Nursing Hours per Patient AFL 19-16, Section 1(A).		affected:		
	Per HSC, section 1337.2 (f) "lt shall be unlawful for any person not certified under this article to hold himself or herself out to be a certified nurse assistant." CDPH found staff with lapsed, suspended, expired or revoked certifications. This necessitated excluding all service hours for such employees per AFL 19-16, section II, D.3).			All residents are affected by t	his	
			deficient practice. An in-serve given by the Administrator of 2/2/2022 to the DON, DSD, Licensed Nurses, and Admiss Coordinator re: Staffing. Emphasized given to the participants that Facility sha		I	
					on	
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	Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result: DATE 2.4 CNA DHPPD			have a minimum of 2.4 per		
				patient day (DHPPD) perform	ed	
			by the C.N.A.s. No other residents were identified to			
					e	
	10/03/2019 2.2 10/15/2019 2.3	7	ĺ	affected by the same practice	2,	
	11/13/2019 2.3	ę		Measures and Systemic		
	11/15/2019 2.3	1		changes:		
	11/16/2019 2.3			-		
	11/22/2019 2.3 11/23/2019 2.3			Under the supervision of the		
	11/23/2019 2.3 12/08/2019 2.3			Administrator, DSD will make		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		sure facility is meeting the 2.4	1 1	
				DHPPD performed by the		
				C.N.A.s. DSD on a daily basis	will	
				do the projection of staffing		
			Ì	hours based on the census ar	nd	
		1		will make sure that facility ha	s	

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California Department of Public Health (X1) PROVIDER/SUPPLIER/CL/A (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING CA970000070 06/02/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 101 S FICKETT STREET INFINITY CARE OF EAST LOS ANGELES LOS ANGELES, CA 90033 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) A 205 Continued From page 3 A 205 enough Certified Nursing Assistant (C.N.A.). Admission The statute was not met as evidenced by the Coordinator will coordinate following findings: with the DSD if there's a The total number of actual nursing hours possible admission in order to performed by direct caregivers per patient day adjust the staffing. Licensed divided by the average census during the patient Nurses will coordinate with the day failed to meet 2.4 Nursing Hours per Patient Day (NHPPD) per AFL 19-16, Section 1(A). DSD for any call-ins of C.N.A. in order to be replaced.. Performance monitoring: Per HSC, section 1337.2 (f) "...lt shall be unlawful for any person not certified under this All findings will be presented by article to hold himself or herself out to be a certified nurse assistant. " CDPH found staff with the Director of Staff lapsed, suspended, expired or revoked Development (DSD) to the QAPI certifications. This necessitated excluding all Committee monthly, then service hours for such employees per AFL 19-16. quarterly thereafter on the section II, D.3). status of on-going compliance. Review of the documentation provided for The QAPI Committee shall audited day(s) resulted in the following determine agenda for further Non-Compliant DHPPD result: revision and/or revision to plan of correction. DATE 2.4 CNA DHPPD 10/03/2019 2.27 10/15/2019 2.30 Completion Date: 4-22-22 11/13/2019 2.34 11/15/2019 2.31 11/16/2019 2.33 11/22/2019 2.39 11/23/2019 2.33 12/08/2019 2.37