

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA970000070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>INFINITY CARE OF EAST LOS ANGELES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 S FICKETT STREET LOS ANGELES, CA 90033</b>		
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A 000	<p><b>Initial Comments</b></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 10/01/2019 to 12/31/2019.</p> <p>Representing the Department: E.L., 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). &lt;<a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC</a>&gt;</p> <p>AFL 19-16, setting forth the audit process and guidelines for facilities is available through the following link: &lt;<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-16.pdf">https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-16.pdf</a>&gt;</p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: &lt;<a href="https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9">https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9</a>&gt;</p> <p>W&amp;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	<p><b>Plan of Correction</b></p> <p>Infinity Care of East Los Angeles makes every effort to comply with State and Federal regulations. Nothing in this plan of correction is an admission otherwise. Infinity Care of East Los Angeles has submitted this plan of correction to comply with the regulatory obligation and does not waive any objections obtained therein. This Plan of Correction is Infinity Care of East Los Angeles' credible allegation of compliance.</p>	

Licensing and Certification Division

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

ENGINE TITO

*[Signature]*

TITLE

ADMINISTRATOR

(X6) DATE

8-22-2022

California Department of Public Health

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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 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 7 of 24 days.  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 day failed to meet 3.5 Nursing Hours per Patient Day (NHPPD) per AFL 19-16, Section 1(A).  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	A 200	<b>A 200 – 3.5 Standard</b>  It is the policy of the facility to meet 3.5 direct care services hours per patient day (DHPPD).  <b>Corrective action:</b>  After the deficient practice was identified, Administrator instructed the Director of Nursing (DON) and Director of Staff Development (DSD) to coordinate with staffing to make sure Facility is meeting the required number of direct care services hours of 3.5 per patient day (DHPPD). Instruction given to the Admission Coordinator to coordinate with the DSD and DON of any admission for that day to make sure facility has enough staffing. Administrator	

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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 000	residents were identified to be affected by the same practice.  <b>Measures and Systemic changes:</b>  Under the supervision of the Administrator, DON and DSD will coordinate with staffing. DSD on a daily basis will do the projection of staffing hours based on the census and will make sure that facility has enough Certified Nursing Assistant (C.N.A.) and DON will make sure facility has enough Licensed Nurses. Admission Coordinator will coordinate with the DON and DSD if there's a possible admission in order to adjust the staffing. Licensed Nurses will coordinate with the DON and DSD for any call-ins of C.N.A. and Licensed Nurses.	
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 7 of 24 days.  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 day failed to meet 3.5 Nursing Hours per Patient Day (NHPPD) per AFL 19-16, Section 1(A).  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	A 200	<b>Performance monitoring:</b>  All findings will be presented by the Director of Staff Development (DSD) to the QAPI Committee monthly, then quarterly thereafter on the	

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A 200	Continued From page 2  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).  Facility failed to replace staff that did not work as 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 200	status of on-going compliance. The QAPI Committee shall determine agenda for further revision and/or revision to plan of correction.  <b>Completion Date: 4-22-22</b>	
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 subparagraph (B).  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.	A 205	<b>A 205 – 2-4 Standard</b>  It is the policy of the facility to meet 2.4 direct care services hours per patient day (DHPPD) performed by Certified Nursing Assistant (C.N.A.)  <b>Corrective action:</b>  After the deficient practice was identified, Administrator	

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A 205	<p>Continued From page 3</p> <p>The statute was not met as evidenced by the following findings:</p> <p>The total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 2.4 Nursing Hours per Patient Day (NHPPD) per AFL 19-16, Section 1(A).</p> <p>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 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).</p> <p>Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result:</p> <table border="1"> <thead> <tr> <th>DATE</th> <th>2.4 CNA DHPPD</th> </tr> </thead> <tbody> <tr> <td>10/03/2019</td> <td>2.27</td> </tr> <tr> <td>10/15/2019</td> <td>2.30</td> </tr> <tr> <td>11/13/2019</td> <td>2.34</td> </tr> <tr> <td>11/15/2019</td> <td>2.31</td> </tr> <tr> <td>11/16/2019</td> <td>2.33</td> </tr> <tr> <td>11/22/2019</td> <td>2.39</td> </tr> <tr> <td>11/23/2019</td> <td>2.33</td> </tr> <tr> <td>12/08/2019</td> <td>2.37</td> </tr> </tbody> </table>	DATE	2.4 CNA DHPPD	10/03/2019	2.27	10/15/2019	2.30	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	A 205	<p>instructed the Director of Nursing (DON) and Director of Staff Development (DSD) to coordinate with staffing to make sure Facility is meeting the required number of direct care services hours of 2.4 per patient day (DHPPD), performed by Certified Nursing Assistant (C.N.A.) Instruction given to the Admission Coordinator to coordinate with the DSD and DON of any admission for that day to make sure facility has enough staffing. Administrator instructed Licensed Nurses to coordinate with the DSD if there's a call-in-sick from the C.N.A. to make sure that the Staff who called off will be replaced and to make sure facility is meeting the required number of direct care services of 2.4 per patient day (DHPPD) performed by the C.N.A. On a daily basis, DSD will do the projection staffing hours and will be discussed during Stand-up meeting whether to add more staff to meet the minimum 2.4 DHPPD performed by the C.N.A. If</p>	
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A 205	<p>Continued From page 3</p> <p>The statute was not met as evidenced by the following findings:</p> <p>The total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 2.4 Nursing Hours per Patient Day (NHPPD) per AFL 19-16, Section 1(A).</p> <p>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 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).</p> <p>Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result:</p> <table border="1"> <thead> <tr> <th>DATE</th> <th>2.4 CNA DHPPD</th> </tr> </thead> <tbody> <tr> <td>10/03/2019</td> <td>2.27</td> </tr> <tr> <td>10/15/2019</td> <td>2.30</td> </tr> <tr> <td>11/13/2019</td> <td>2.34</td> </tr> <tr> <td>11/15/2019</td> <td>2.31</td> </tr> <tr> <td>11/16/2019</td> <td>2.33</td> </tr> <tr> <td>11/22/2019</td> <td>2.39</td> </tr> <tr> <td>11/23/2019</td> <td>2.33</td> </tr> <tr> <td>12/08/2019</td> <td>2.37</td> </tr> </tbody> </table>	DATE	2.4 CNA DHPPD	10/03/2019	2.27	10/15/2019	2.30	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	A 205	<p>there's no available staff, facility will utilize registry to make sure facility is meeting the 2.4 DHPPD performed by the C.N.A.</p> <p><b>Other residents potentially affected:</b></p> <p>All residents are affected by this deficient practice. An in-service given by the Administrator on 2/2/2022 to the DON, DSD, Licensed Nurses, and Admission Coordinator re: Staffing. Emphasized given to the participants that Facility shall have a minimum of 2.4 per patient day (DHPPD) performed by the C.N.A.s. No other residents were identified to be affected by the same practice.</p> <p><b>Measures and Systemic changes:</b></p> <p>Under the supervision of the Administrator, DSD will make sure facility is meeting the 2.4 DHPPD performed by the C.N.A.s. DSD on a daily basis will do the projection of staffing hours based on the census and will make sure that facility has</p>	
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