

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA080000222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2013
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ESCONDIDO		STREET ADDRESS, CITY, STATE, ZIP CODE 1980 FELICITA ROAD ESCONDIDO, CA 92025		
(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: E.B., 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). W&I Code section 14126.022 is attached hereto and incorporated herein as 'Attachment A.'</p> <p>AFL 11-19, setting forth the audit process and guidelines for facilities is available through the following link: http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf.</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>(b) Each facility shall maintain current, complete, and accurate personnel and payroll records for all</p>	A 000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.</p> <p>Please accept this Plan of Correction as our allegation of compliance.</p> <p>1. The facility's staffing for these dates 11/25/12, 12/17/12 and 01/01/13 were reviewed and noted NHPPD to be 3.16 on 11/25/12 and 3.17 on 01/01/13. On 12/17/12, the NHPPD based on the punch detail summary was 3.32. Please see attached summary report. Review of the labor/hour analysis report for all of the above mentioned dates showed staff</p>	

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6699

SSZ911

If continuation sheet 1 of 3

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A 000	Continued From page 1 employees in accordance with Title 22, Section 72533. The facility shall provide the following documentation upon request: 1. Census and NHPPD (CDPH 612 or facility alternative form).	A 000	were already at the facility were asked to stay and cover the shifts. Staff who were off for the day were contacted to come in and help with the staffing needs. Patient care was not negatively impacted by the PPD of 3.16 and 3.17.	
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(a), the requirement for a minimum of 3.2 nursing hours per patient day for 3 out of 24 randomly selected days from November 15, 2012 through January 30, 2013: Findings: Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet a minimum of 3.2 Nursing Hours per Patient Day. As a result, the total number of actual nursing	A 029	2. It is the policy of Life Care Center of Escondido to staff its nursing department above the 3.2 minimum daily requirement for nursing hours per patient per day. There were no other residents negatively impacted by the drop in the NHPPD. 3. The facility will continue to follow its policy of staffing above the 3,2 requirement. Upon receiving a call in, the Staffing Coordinator will document every attempt to cover the open shifts to ensure that the minimum PPD of 3.2 is met. The Coordinator will also document and make every attempt to request from the Licensed Nurses and CNAs who are at work to stay over in order to cover the staffing needs.	

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A 029	Continued From page 2 hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 3.2 Nursing Hours per Patient Day per AFL 11-19, Section 2(a-c). DATE NHPPD 11/25/12 3.16 12/17/12 3.17 01/01/13 3.17	A 029	Instructions were given to the nursing staff by the DON about the importance of providing appropriate notice to any call in according to the Life Care policy. The attendance policy, along with the potential impact of their attendance on patient care was discussed at length with the nursing staff. 4. Compliance will be monitored by daily staffing reports/audits by the Staffing Coordinator. Results will be reported to the DON and ED who will oversee. Any incidence of staffing that is below the minimum of 3.2 will be recorded and reviewed in the monthly CQI meeting until the 100% compliance of the 3.2 PPD is achieved. 5. Date certain: 01/09/2014.	