

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA240000150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/20/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REDLANDS HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1620 WEST FERN AVENUE REDLANDS, CA 92373</b>
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(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
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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 visit: Representing the Department: L.T., Staff Services 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). W&amp;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: <a href="http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf">http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-11-19.pdf</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</p>	A 000	<p><b>A 029</b></p> <p>The Administrator in-serviced the Director of Staff Development (DSD) and Director of Nursing (DON) on December 23, 2013 regarding documentation requirements set forth in All Facilities Letter (AFL) 11-19. The facility will use CDPH form 530 to delineate time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DSD or DON positions per AFL 11-19, Section 1 (A).</p> <p>The Payroll manager and Administrator reviewed NHPPD incurred between September 23, 2013 and December 23, 2013 and no days were identified with NHPPD below 3.2.</p> <p>Continue to page 2</p>	12/24/2013
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Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>None</i>	TITLE <i>Administration</i>	(X6) DATE <i>12/30/2013</i>
STATE FORM 6599	SYIO11	If continuation sheet 1 of 3

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A 000	Continued From page 1  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 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	Continued from page 1  The Director of Nursing and Director of Staff Development in-serviced the RN Supervisors on 12/23/13 and 12/24/13 to check for adequate staffing to ensure meeting the required NHPPD of 3.2 during each shift and the incoming shift and to timely communicate staffing needs to the DSD and/or DON. Furthermore, staffing will be discussed daily at the morning department head meeting while the Director of Nursing and the Administrator will review the binder (Staffing Documentation) maintained by the Director of Staff Development (DSD) meeting for compliance.  Any findings will be reported to the QA Committee for review and recommendations. Further monitoring will be based on the analysis of those findings.	
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	A 029		

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A 029	<p>Continued From page 2</p> <p>Health and Safety Code 1276.5(a), the requirement for a minimum of 3.2 nursing hours per patient day for 2 out of 24 randomly selected days from August 16, 2012 through November 14, 2012:</p> <p>Findings:</p> <ul style="list-style-type: none"> <li>The Director of Staff Development (DSD) failed to delineate time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DSD position per AFL 11-19, Section 1(A).</li> <li>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 3.2 Nursing Hours per Patient Day per AFL 11-19, Section 2(a-c).</li> </ul> <table border="0"> <tr> <td>DATE</td> <td>NHPPD</td> </tr> <tr> <td>09/29/12</td> <td>3.06</td> </tr> <tr> <td>10/27/12</td> <td>3.15</td> </tr> </table>	DATE	NHPPD	09/29/12	3.06	10/27/12	3.15	A 029	See page 2	
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