PRINTED: 09/27/2022 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:	A. BUILDING:		COMPLETED	
		CA060000159	B. WING		06/2	2/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TOWN & COUNTRY 555 EAST MEM				ANE		
IOWN	COUNTRY	SANTA AN	IA, CA 9270	06		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	E ACTION SHOULD BE CO	
A 000	Initial Comments		A 000			
	Department of Publ	ets the findings of the California lic Health during a staffing adomly selected days from 1/2020.				
	Representing the Department: P.V., Associate Governmental Program Analyst.					
	14126.022 sets fort to conduct audits of services provided to facilities, and to est conducting such au (AFLs). <a href="https://leginfo.legisl">http://leginfo.legisl</a>	tions (W&I) Code section the Department's authority fidirect caregiver nursing presidents of skilled nursing ablish procedures for dits through All Facility Letters ature.ca.gov/faces/codes_dissectionNum=14126.022.&law				
	guidelines for facilit following link:	forth the audit process and ies is available through the ca.gov/Programs/CHCQ/LCP/spx>				
	forth the requireme Assistants is availal <a href="https://leginfo.legis">https://leginfo.legis</a>	Code (HSC) 1337-1338.5, sets nts for Certified Nurse ble through the following link: slature.ca.gov/faces/codes_dis sion=2.&chapter=2.&lawCode				
icensing	to assess an admin the Department det meet the DHPPD re sections 1276.5 or shall assess an Adr	.022 requires the Department istrative penalty to a SNF if ermines that the SNF fails to equirements pursuant to HSC 1276.65. The Department ministrative penalty to any neet the applicable standard				

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

STATE FORM



If continuation sheet 1 of 3

California Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMI	PLETED	
CA060000159		B. WING		06/:	06/22/2021		
NAME OF	PROVIDER OR SUPPLIER	R STREET AD	DRESS, CITY,	STATE, ZIP CODE			
555 EAST MEMORY LANE							
TOWN & COUNTRY SANTA ANA, CA				06			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
A 000	Continued From page 1		A 000				
	applicable standar DHPPD (CNA), ur	ments on any given day. The dis 3.5 DHPPD and 2.4 aless an approved Workforce Needs or COVID-19 Waiver is					
	The statute was material following findings:	net as evidenced by the					
	nursing facility was 1276.65(c)(1)(B), minimum of 3.5 D	eview and interview, the above is found in compliance with HSC and (C), the requirement for a sirect Care Service Hours and e Assistant Direct Care Service Day.					
	Final Audit Result:  Total Distinct Non-Compliant Day(s) = 0						
	10/07/2020 5. 10/08/2020 5. 10/15/2020 5. 10/17/2020 5. 10/22/2020 5. 10/25/2020 6. 10/26/2020 6. 10/28/2020 6. 11/08/2020 6. 11/08/2020 6. 11/10/2020 6. 11/10/2020 6. 11/11/2020 6. 11/19/2020 6. 11/19/2020 6.	59 3.76 51 3.65 66 3.94 08 3.13 65 3.68 50 3.75 28 3.41 71 4.49 06 3.86 32 4.04 15 3.94 37 4.17 34 4.19 13 3.81 40 4.40 48 4.01 03 3.93					
		51 3.42 62 3.47					

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California Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		CA060000159	B. WING		06/2	2/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE			
TOWN & COUNTRY 555 EAST MEMORY LANE SANTA ANA, CA 92706							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
A 000	Continued From pa 12/08/2020 5.4 12/09/2020 4.5 12/15/2020 6.5 12/25/2020 4.5 12/28/2020 8.5	46 3.37 53 2.66 91 4.47 50 3.08	A 000				

Licensing and Certification Division

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