California Department of Public Health FORM APPROVED											
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:				(X3) DATE SURVEY COMPLETED			
		CA070000764		B. WING			07/	10/2020			
	ROVIDER OR SUPPLIER	22			TATE, ZIP CODE	CT 2 1 2021	Transier of the Contract of th				
HEALTH CARE CTR AT THE FORUM AT RANCHO SAN CUPERTINO, CA 95014											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATICIENCY)	ΤE	(X5) COMPLETE DATE			
A 000	A 000 Initial Comments			A 000							
	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. Representing the Department: W.C, Associate Governmental Program Analyst. 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). <http: code="WIC" codes_displaysection.xhtml?sectionnum="14126.022.&law" faces="" leginfo.legislature.ca.gov=""> AFL 19-16, setting forth the audit process and guidelines for facilities is available through the following link: <https: <="" chcq="" lcp="" programs="" td="" www.cdph.ca.gov=""><td>y ers is w</td><td></td><td></td><td></td><td></td><td></td></https:></http:>		y ers is w								
	CDPH%20Document%	20Library/AFL-19-16.pdf	>								
	forth the requirements t Assistants is available t <https: leginfo.legislatu<="" td=""><td>e (HSC) 1337-1338.5, se for Certified Nurse through the following link: ure.ca.gov/faces/codes_d =2.&chapter=2.&lawCode</td><td>lis</td><td></td><td></td><td></td><td></td><td></td></https:>	e (HSC) 1337-1338.5, se for Certified Nurse through the following link: ure.ca.gov/faces/codes_d =2.&chapter=2.&lawCode	lis								
t r s s	to assess an administrate the Department determined the DHPPD required the DHPPD required to 1276.5 or 1276 and assess an Administrations.	requires the Department tive penalty to a SNF if nes that the SNF fails to ements pursuant to HSC 6.65. The Department trative penalty to any the applicable standard									

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

U8PS11

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California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
				A. BOILDING.									
		CA070000764		B. WING		07/	10/2020						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
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A 000	for staffing requireme applicable standard is DHPPD (CNA), unless Shortage or Patient North and the statute was met following findings: Based on record reviews as a statute was for the	nts on any given day. s 3.5 DHPPD and 2.4 s an approved Workfor leeds Waiver is granted	ce d. bove HSC r a nd	A 000	DEFICIE	NCY)							

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