

PRINTED: 09/14/2022  
FORM APPROVED

## California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA970000062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/23/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>GARDEN CREST REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>909 LUCILE AVE. LOS ANGELES, CA 90026</b>		
(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><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 10/01/2020 to 12/31/2020.</p> <p>Representing the Department: E.P., 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 21-11, setting forth the audit process and guidelines for facilities is available through the following link: &lt;<a href="https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-11.aspx">https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-11.aspx</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>DISCLAIMER STATEMENT</b></p> <p>By Submitting this POC, Garden Crest Rehab and Nursing Center does not admit or concede the facts and contentions cited, or the existence or scope of severity of the deficiencies and conditions cited in the 2567. The POC is submitted to comply with Federal and State Law. Garden Crest Rehabilitation Center respects the allegations made in the 2567 have acted and will continue to act to implement this POC.</p> <p><b>IMMEDIATE CORRECTIVE ACTIONS</b></p> <p>The DSD will provide the projected DHPPD daily for Direct Caregivers and Overall PPD.</p> <p>When Direct Caregivers projected DHPPD falls short of 2.4 DHPPD, the DSD will call staff not scheduled for that day.</p>	

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

TITLE

*Administrator*

(X6) DATE

*9-26-22*

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A 000	<p>Continued From page 1</p> <p>for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage, Patient Needs, or COVID-19 Waiver is granted.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>Final Audit Result:</p> <p>Total Distinct Non-Compliant Day(s) = 2</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>10/04/2020</td><td>4.26</td><td>2.61</td></tr> <tr><td>10/07/2020</td><td>4.39</td><td>2.48</td></tr> <tr><td>10/08/2020</td><td>4.64</td><td>2.81</td></tr> <tr><td>10/10/2020</td><td>4.35</td><td>2.75</td></tr> <tr><td>10/14/2020</td><td>4.50</td><td>2.46</td></tr> <tr><td>10/15/2020</td><td>4.99</td><td>2.99</td></tr> <tr><td>10/20/2020</td><td>4.98</td><td>2.69</td></tr> <tr><td>10/27/2020</td><td>5.30</td><td>3.34</td></tr> <tr><td>11/06/2020</td><td>4.33</td><td>2.52</td></tr> <tr><td>11/09/2020</td><td>4.47</td><td>2.56</td></tr> <tr><td>11/10/2020</td><td>4.17</td><td>2.45</td></tr> <tr><td>11/12/2020</td><td>4.19</td><td>2.46</td></tr> <tr><td>11/18/2020</td><td>4.15</td><td>2.50</td></tr> <tr><td>11/29/2020</td><td>4.07</td><td>2.49</td></tr> <tr><td>12/02/2020</td><td>4.32</td><td>2.53</td></tr> <tr><td>12/06/2020</td><td>3.60</td><td>*2.05*</td></tr> <tr><td>12/07/2020</td><td>3.98</td><td>*2.33*</td></tr> <tr><td>12/08/2020</td><td>4.55</td><td>2.77</td></tr> <tr><td>12/09/2020</td><td>4.31</td><td>2.52</td></tr> <tr><td>12/11/2020</td><td>4.65</td><td>2.68</td></tr> <tr><td>12/12/2020</td><td>4.33</td><td>2.77</td></tr> <tr><td>12/15/2020</td><td>4.43</td><td>2.55</td></tr> <tr><td>12/24/2020</td><td>4.13</td><td>2.46</td></tr> <tr><td>12/25/2020</td><td>4.14</td><td>2.42</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	10/04/2020	4.26	2.61	10/07/2020	4.39	2.48	10/08/2020	4.64	2.81	10/10/2020	4.35	2.75	10/14/2020	4.50	2.46	10/15/2020	4.99	2.99	10/20/2020	4.98	2.69	10/27/2020	5.30	3.34	11/06/2020	4.33	2.52	11/09/2020	4.47	2.56	11/10/2020	4.17	2.45	11/12/2020	4.19	2.46	11/18/2020	4.15	2.50	11/29/2020	4.07	2.49	12/02/2020	4.32	2.53	12/06/2020	3.60	*2.05*	12/07/2020	3.98	*2.33*	12/08/2020	4.55	2.77	12/09/2020	4.31	2.52	12/11/2020	4.65	2.68	12/12/2020	4.33	2.77	12/15/2020	4.43	2.55	12/24/2020	4.13	2.46	12/25/2020	4.14	2.42	A 000	<p>Staff will be asked if they can work overtime or do a double shift. DSD will contact the Registries' the facility has a contract with and will request needed staff to comply with DHPPD. Projected DHPPD will be posted at Station B. If there are any call off's, RN will immediately contact the DSD and report all call offs. DHPPD will be recalculated and if DHPPD falls short, staff and registries will be called to replace staff that called off.</p> <p>An updated projected DHPPD will be completed and posted at Station B.</p> <p>HOW WILL THE FACILITY MONITOR FOR COMPLIANCE</p> <p>The Facility has created a Binder for each month with 30-31 tabs for each day.</p>	
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A 205	Continued From page 2	A 205	<p>In this Binder will be a copy of the Projected DHPPD, the Actual DHPPD, the census sheet, Nursing staff assignment sheet with signatures and the 530 form signed and hours worked, for any Licensed staff that worked as a DHPPD staff that day. This binder will also have the Time cards from Payroll, day before, day of, and day after that was used to calculated the DHPPD.</p> <p>The DSD and DON will monitor the DHPPD daily, and bi weekly to ensure that the DHPPD is in compliance with the required 2.4 PPD. The DON will monitor and acknowledge the information is complete and accurate and will sign the CDPH 612 form.</p> <p>The Administrator/DSD/DON will review the Binders bi-Monthly and will ensure that the DHPPD is in compliance.</p> <p>Any issues will be reported to the QAPI committee, any issues will be addressed immediately.</p> <p>DATE OF COMPLETION: 08/15/2021</p>		
A 205	<p>HSC 1276.65(c)(1)(C) SAS - 2.4 Standard</p> <p>(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).</p> <p>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 2 out of 24 days.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s).</p> <p>Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.</p>	A 205			

8/15/21