

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA910000059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/11/2020
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NAME OF PROVIDER OR SUPPLIER MARINA POINTE HEALTHCARE & SUBACUTE	STREET ADDRESS, CITY, STATE, ZIP CODE 5240 SEPULVEDA BLVD CULVER CITY, CA 90230
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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
A 000	<p>Initial Comments</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 10/01/2019 to 12/31/2019.</p> <p>Representing the Department: R.S., 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). <http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&lawCode=WIC></p> <p>AFL 19-16, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-16.pdf></p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: <https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&chapter=2.&lawCode=HSC&article=9></p> <p>W&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><i>What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.</i></p> <p>Further attempts made on 7/28/2022 to procure personnel and payroll records for the months of October, November, December 2019.</p> <p>The facility formulated a fact-finding committee with the Assistant Administrator, Director of Nursing, Director of Staff Development, Facility Human Resource/Payroll Coordinator on 7/28/2022 to maintain current, complete and accurate payroll and personnel records for all employees and reevaluate the facility's process to identify any trends and analyze root cause related to cited deficient practice.</p> <p>An in service was conducted by the Facility Nurse Consultant on 8/3/2022 with the Director of Staff Development, Staffing Assistant, Payroll Staff, Director of Nursing and Assistant Administrator regarding the facility's policy and procedure on maintaining current, complete, accurate personnel and payroll records for all employees. staffing assignment and to document nursing hours worked by the employees and Registry nursing staff hours not captured in payroll records.</p>	

Licensing and Certification Division

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

TITLE

(X6) DATE

Signature For Administrator

08/06/2022

California Department of Public Health

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A 000	Continued From page 1 for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage or Patient Needs Waiver is granted. Final Audit Result: Total Distinct Non-Compliant Day(s) = 16	A 000	<i>A description of the monitoring process and positions of persons responsible for monitoring as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.</i>	
A 200	HSC 1276.65(c)(1)(B) SAS - 3.5 Standard (B) Effective July 1, 2018, skilled nursing facilities, except those skilled nursing facilities that are a distinct part of a general acute care facility or a state-owned hospital or developmental center, shall have a minimum number of direct care services hours of 3.5 per patient day, except as set forth in Section 1276.9. This Statute is not met as evidenced by: Facility failed to meet 3.5 direct care service hours per patient day (DHPPD), pursuant to HSC 1276.65(c)(1)(B) for 7 of 24 days. The statute was not met as evidenced by the following findings: Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533 and per AFL 19-16, section II, A. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.	A 200	The Director of Staff Development, Facility Human Resource/Payroll Staff will be responsible for monitoring continued compliance through review of Personnel records initiated at the time of onboarding for newly hired staff and quarterly ongoing review process. Facility Administrator will perform review of personnel file/payroll records monthly x 3 months and quarterly thereafter to ensure compliance. Issues will be analyzed and any trends will be reported to the Administrator to be reviewed by QAPI Committee every month for recommendations and follow through. <i>Dates when corrective action will be completed.</i> Date of Completion: 08/22/2022	

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A 200	Continued From page 2 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) per AFL 19-16. Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result: <table border="0"> <tr> <td>DATE</td> <td>3.5 DHPPD</td> </tr> <tr> <td>10/26/2019</td> <td>3.43</td> </tr> <tr> <td>11/09/2019</td> <td>3.37</td> </tr> <tr> <td>11/19/2019</td> <td>3.41</td> </tr> <tr> <td>11/21/2019</td> <td>3.49</td> </tr> <tr> <td>11/25/2019</td> <td>3.39</td> </tr> <tr> <td>12/14/2019</td> <td>3.15</td> </tr> <tr> <td>12/18/2019</td> <td>3.44</td> </tr> </table>	DATE	3.5 DHPPD	10/26/2019	3.43	11/09/2019	3.37	11/19/2019	3.41	11/21/2019	3.49	11/25/2019	3.39	12/14/2019	3.15	12/18/2019	3.44	A 200	<i>What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.</i> Further attempts made on 7/28/2022 to procure requested staffing documentation for the months of October, November, December 2019. The facility formulated a fact-finding committee with the Assistant Administrator, Director of Nursing, Director of Staff Development, Staffing Assistant, Facility Human Resource/Payroll Coordinator on 7/28/2022 reevaluate the facility's staffing process to identify any trends and analyze root cause related to cited deficient practice.	
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A 205	HSC 1276.65(c)(1)(C) SAS - 2.4 Standard (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). 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 16 out of 24 days. The statute was not met as evidenced by the following findings: Facility failed to maintain current, complete and	A 205	An in service was conducted by the Facility Nurse Consultant on 8/3/2022 with the Director of Staff Development, Staffing Assistant, Payroll Staff, Director of Nursing and Assistant Administrator regarding the facility's policy and procedure on 1) maintaining current, complete, accurate personnel and payroll records for all employees 2) staffing hours and review of the CDPH AFL 19, Health and Safety Code (HSC) 1337-1338.5 with emphasis on the following: Minimum staffing requirement of 3.5 total direct hours per patient day and minimum CNA hours per day of 2.4.																	

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A 205	<p>Continued From page 3</p> <p>accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533 and per AFL 19-16, section II, A. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</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) per AFL 19-16.</p> <p>Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result:</p> <table border="1"> <thead> <tr> <th>DATE</th> <th>2.4 CNA DHPPD</th> </tr> </thead> <tbody> <tr><td>10/12/2019</td><td>2.23</td></tr> <tr><td>10/23/2019</td><td>2.35</td></tr> <tr><td>10/26/2019</td><td>2.30</td></tr> <tr><td>11/09/2019</td><td>2.29</td></tr> <tr><td>11/13/2019</td><td>2.34</td></tr> <tr><td>11/19/2019</td><td>1.97</td></tr> <tr><td>11/21/2019</td><td>2.38</td></tr> <tr><td>11/22/2019</td><td>2.19</td></tr> <tr><td>11/25/2019</td><td>2.14</td></tr> <tr><td>12/05/2019</td><td>2.25</td></tr> <tr><td>12/10/2019</td><td>2.24</td></tr> <tr><td>12/12/2019</td><td>2.23</td></tr> <tr><td>12/14/2019</td><td>2.25</td></tr> <tr><td>12/18/2019</td><td>2.35</td></tr> <tr><td>12/19/2019</td><td>2.36</td></tr> <tr><td>12/23/2019</td><td>2.02</td></tr> </tbody> </table>	DATE	2.4 CNA DHPPD	10/12/2019	2.23	10/23/2019	2.35	10/26/2019	2.30	11/09/2019	2.29	11/13/2019	2.34	11/19/2019	1.97	11/21/2019	2.38	11/22/2019	2.19	11/25/2019	2.14	12/05/2019	2.25	12/10/2019	2.24	12/12/2019	2.23	12/14/2019	2.25	12/18/2019	2.35	12/19/2019	2.36	12/23/2019	2.02	A 205	<p>Patient day start time at midnight. The Patient Day is a prospective, 24-hour period starting midnight (12:00 a.m.) and ending 23 hours, 59 minutes and 59 seconds later.</p> <p>Use of the CDPH Form 530 (Nursing Staff Assignment and Sign-In Sheet) and CDPH Form 612 (Census and Direct Care Service Hours Per Patient Day) to record daily staffing assignment and to document nursing hours worked by the employees and Registry nursing staff hours not captured in payroll records.</p> <p><i>A description of the monitoring process and positions of persons responsible for monitoring as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.</i></p> <p>The facility Director of Staff Development and Payroll Staff will review staffing and payroll records daily 5x a week to ensure accuracy.</p> <p>The Director of Nursing will be responsible for monitoring continued compliance 5x/week through daily observation rounds, review of Form 530 and Form 612, review of the daily projected staffing schedules and review of the daily payroll report. Issues will be analyzed and any trends will be reported to the QAPI Committee every month for recommendations and follow through.</p>	08/22/2022	
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