California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ CA030000073 B. WING 12/16/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4545 SHELLEY COURT STOCKTON NURSING CENTER STOCKTON, CA 95207 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) **A000 Initial Comments** A 000 Initial Comments A 000 "This Plan of Correction is The following reflects the findings of the California prepared and submitted Department of Public Health during a staffing required by law. By submitting audit visit for 24 randomly selected days from this Plan of Correction, Stockton 10/01/2019 to 12/31/2019. Nursing and Rehab Center does Representing the Department: M.S., Associate not admit that the deficiency listed Governmental Program Analyst. on this form exist, nor does the Center admit to any statements, Welfare and Institutions (W&I) Code section findings, facts, or conclusions that 14126.022 sets forth the Department's authority form the basis for the alleged to conduct audits of direct caregiver nursing services provided to residents of skilled nursing deficiency. The Center reserves facilities, and to establish procedures for the right to challenge in legal conducting such audits through All Facility Letters and/or regulatory or administrative (AFLs). <a href="http://leginfo.legislature.ca.gov/faces/codes">http://leginfo.legislature.ca.gov/faces/codes</a> dis proceedings the deficiency. playSection.xhtml?sectionNum=14126.022.&law statements, facts, and conclusions Code=WIC> that form the basis for the deficiency." AFL 19-16, setting forth the audit process and quidelines for facilities is available through the following link: A200 HSC 1276.65 © (1) (B) <a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/">https://www.cdph.ca.gov/Programs/CHCQ/LCP/</a> SAS - 3.5 Standard CDPH%20Document%20Library/AFL-19-16.pdf> The facility contacted a few Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse registry companies and obtained a Assistants is available through the following link: contract with Clipboard Health. <a href="https://leginfo.legislature.ca.gov/faces/codes\_dis">https://leginfo.legislature.ca.gov/faces/codes\_dis</a> playText.xhtml?division=2.&chapter=2.&lawCode The scheduler and DSD remained =HSC&article=9> in contact with Clipboard Health W&I section 14126.022 requires the Department to cover shifts that were unfilled to assess an administrative penalty to a SNF if by current staff. A list of open the Department determines that the SNF fails to positions was generated and ads meet the DHPPD requirements pursuant to HSC sections 1276.5 or 1276.65. The Department were placed online in order to

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

shall assess an Administrative penalty to any

facility that fails to meet the applicable standard

TITLE

recruit more C.N.As and License

(X6) DATE

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California Department of Public Health

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4545 SHELLEY COURT STOCKTON NURSING CENTER  SUMMARY STATEMENT OF DEFICIENCIES  (C44) ID SUMMARY STATEMENT OF DEFICIENCIES (CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  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.  The statute was met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(C), the requirement for 2.4 Direct Care Service Hours Fer Patient Day for Certified Nurse Assistants based on an approved waiver.  Final Audit Result: Total Distinct Non-Compliant Day(s) = 14  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, 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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					(3) DATE SURVEY COMPLETED						
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 Near Serice Large Gazier Care Service Hours Per Patient Day for Carefided Nurse Assistants based on an approved waiver.  Tinal Audit Result: Total Distinct Non-Compliant Day(s) = 14  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 contert, shall have a minimum number of direct care services hours of 3.5 per patient day, except as set forth in Section 1276.9.			CA030000073	B. WING		12/16/2020						
STOCKTON NURSING CENTER  ### STOCKTON, CA 95207    (A4) ID	NAME OF	PROVIDER OR SUPPLIER		DRESS CITY								
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PRÉFIX TAG  REQULATORY OR LSC IDENTIFYING INFORMATION)  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.  The statute was met as evidenced by the following findings: Based on record review and interview, the above nursing facilities and proved waiver.  Tinal Audit Result: Total Distinct Non-Compliant Day(s) = 14  A 200  A 200  A 200  A 200  Nurses. Sign on bonuses and referral bonuses were given out to new staff who were hired full time.  The scheduler, the DSD and D.O.N changed the license nurses schedule to 12 hour shifts with every other weekend off. The DON put the schedule on his door and highlighted open shifts for staff to sign up for.  The Director of Nursing inserviced the scheduler, DSD and other department managers to properly record their time sheets and record hours on the CDPH 530 form. The DSD and DON monitored the schedule PPD by meeting daily and reviewing the schedule.	STOCKTON NURSING CENTER STOCKTON, CA 95207											
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.  The statute was met as evidenced by the following findings: Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(C), the requirement for 2.4 Direct Care Service Hours Per Patient Day for Certified Nurse Assistants based on an approved waiver.  Final Audit Result: Total Distinct Non-Compliant Day(s) = 14  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, except those 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:	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	LD BE COMPLETE						
hours per patient day (DHPPD), pursuant to HSC 1276.65(c)(1)(B) for 14 of 24 days.  The statute was not met as evidenced by the following findings:  The total number of actual nursing hours		for staffing requirem applicable standard DHPPD (CNA), unles Shortage or Patient The statute was me following findings: Based on record requirements facility was 1276.65(c)(1)(C), the Care Service Hours Nurse Assistants based on the Company of the Statute Service Hours Nurse Assistants based on the Statute Service Hours Nurse Assistants based on the Statute Service Hours Nurse Assistants based on the Statute Service Hours HSC 1276.65(c)(1)(C) (B) Effective July 1, facilities, except tho that are a distinct partial facility or a state-ow developmental cent number of direct carpatient day, except and the Statute Statute is not refacility failed to meet hours per patient day 1276.65(c)(1)(B) for The statute was not following findings:	nents on any given day. The is 3.5 DHPPD and 2.4 less an approved Workforce Needs Waiver is granted.  It as evidenced by the view and interview, the above found in compliance with HSC e requirement for 2.4 Direct Per Patient Day for Certified ised on an approved waiver.  It as evidenced by the view and interview, the above found in compliance with HSC e requirement for 2.4 Direct Per Patient Day for Certified ised on an approved waiver.  It as exilled nursing set skilled nursing facilities and of a general acute care ned hospital or er, shall have a minimum re services hours of 3.5 per eas set forth in Section 1276.9.  In et as evidenced by: et 3.5 direct care service y (DHPPD), pursuant to HSC 14 of 24 days.  In et as evidenced by the in the service of the ser		referral bonuses were given ou new staff who were hired full time.  The scheduler, the DSD and D.O.N changed the license nur schedule to 12 hour shifts with every other weekend off. The DON put the schedule on his d and highlighted open shifts for staff to sign up for.  The Director of Nursing inserviced the scheduler, DSD and other department managers properly record their time shee and record hours on the CDPH 530 form. The DSD and DON monitored the schedule PPD by meeting daily and reviewing the	ses oor s to ts	1/16/21					

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