

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA030000073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>STOCKTON NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4545 SHELLEY COURT STOCKTON, CA 95207</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 10/01/2019 to 12/31/2019.</p> <p>Representing the Department: M.S., 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 19-16, setting forth the audit process and guidelines for facilities is available through the following link: &lt;<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-16.pdf">https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-16.pdf</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>A000 Initial Comments</b></p> <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Stockton Nursing and Rehab Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p><b>A200 HSC 1276.65 © (1) (B) SAS – 3.5 Standard</b></p> <p>The facility contacted a few registry companies and obtained a contract with Clipboard Health. The scheduler and DSD remained in contact with Clipboard Health to cover shifts that were unfilled by current staff. A list of open positions was generated and ads were placed online in order to recruit more C.N.As and License</p>	

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

TITLE

(X6) DATE

STATE FORM

6899

VZM711

If continuation sheet 1 of 3

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.  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 000	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.	1/16/21
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 14 of 24 days.  The statute was not met as evidenced by the following findings:  The total number of actual nursing hours	A 200	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.	



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A 200	<p>Continued From page 2</p> <p>performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 3.5 Nursing Hours per Patient Day (NHPPD) per AFL 19-16, Section 1(A).</p> <p>Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result:</p> <table> <tr> <td>DATE</td> <td>3.5 DHPPD</td> </tr> <tr> <td>10/12/2019</td> <td>3.34</td> </tr> <tr> <td>10/14/2019</td> <td>3.34</td> </tr> <tr> <td>10/31/2019</td> <td>3.28</td> </tr> <tr> <td>11/01/2019</td> <td>3.20</td> </tr> <tr> <td>11/08/2019</td> <td>3.46</td> </tr> <tr> <td>11/10/2019</td> <td>3.13</td> </tr> <tr> <td>11/28/2019</td> <td>3.02</td> </tr> <tr> <td>11/29/2019</td> <td>3.05</td> </tr> <tr> <td>11/30/2019</td> <td>3.10</td> </tr> <tr> <td>12/02/2019</td> <td>3.41</td> </tr> <tr> <td>12/15/2019</td> <td>3.06</td> </tr> <tr> <td>12/18/2019</td> <td>3.34</td> </tr> <tr> <td>12/27/2019</td> <td>3.27</td> </tr> <tr> <td>12/30/2019</td> <td>3.22</td> </tr> </table>	DATE	3.5 DHPPD	10/12/2019	3.34	10/14/2019	3.34	10/31/2019	3.28	11/01/2019	3.20	11/08/2019	3.46	11/10/2019	3.13	11/28/2019	3.02	11/29/2019	3.05	11/30/2019	3.10	12/02/2019	3.41	12/15/2019	3.06	12/18/2019	3.34	12/27/2019	3.27	12/30/2019	3.22	A 200		1/16/21
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