(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING; CA020000115 B. WING 09/19/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3030 WEBSTER ST. OAKLAND HEALTHCARE AND WELLNESS CE OAKLAND, CA 94609 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 000 Initial Comments A 000 A 029 What immediate measures and systemic changes will be put into place The following reflects the findings of the California Department of Public Health during a staffing to ensure that the deficient practice visit: Representing the Department: J.L., does not recur. Associate Governmental Program Analyst. The following documentation Welfare and Institutions Code Section 14126.022 is attached hereto and incorporated herein as requirements was instated immediately 'Attachment A.' the form CDPH 530 and form CDPH 612. Administrator in serviced Staffing However, documentation requirements set forth in All Facilities Letter (AFL) 11-19 were not met. In Director, Director of Nursing, and the future, failure to properly complete the CDPH Director of Staff Development on 530 or CDPH 612 forms (or facility equivalent) will 6/28/2013 completing forms accurately. Currently result in a deficiency in addition to a finding of non-compliance with the 3,2 minimum NHPDD all employees are captured in payroll requirement for each day that proper records. On a daily basis Staffing documentation is not provided. The following Director completes form CDPH 612 documentation requirements were not met as evidenced by AFL 11-19: entering projected census and projected staffing hours for a 24 hour Section II. Guidelines. period based on projected census. The Sub-Section 6: Documentation Facilities will be expected to meet the following Director of Nursing and or Designee documentation requirements no later than 14 signs the form CDPH 530 and Form days from the date of this All Facilities Letter. CDPH 612 verifying information is (a) The facility shall either create an assignment complete, true, and accurate. sheet or use the attached "Nursing Staffing Assignment and Sign-In Sheet " (CDPH 530 and A Description of the Monitoring instructions) to record daily staffing assignments to document nursing hours worked by employees Process and positions of persons not captured in payroll records or employees who responsible for monitoring as well as are primarily engaged in duties other than nursing how the facility plans to monitor its services, including employees who perform nursing services beyond the hours required to performance to ensure corrections are carry out their job duties. The "assignment sheet achieved and sustained. " must be typed or printed legibly and be substantially similar to the attached CDPH 530 and instructions. The Director of Nursing (or Licensing and Certification Division

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

California Department of Public Health

(X6) DATE

California Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| CA020000115 | | B. WING | | 09/19/2012 | | |
| | PROVIDER OR SUPPLIER ID HEALTHCARE ANI | WELLNESS CEL 3030 WEB | | STATE, ZIP CODE | | , |
| (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 CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | TION SHOULD BE THE APPROPRIATE | |
| A 029 | designee) must sig information is comp Failure to provide a form will result in a the 3.2 minimum N day the form is not (b) Each facility shand accurate perso employees in accor 72533. The facility documentation upo 1. Census and NH alternative form). 1276.5(a) HSC Sec (a) The department setting forth the minursing hours per pnursing and intermet the Specific required the Welfare and Insonotwithstanding Sec provision of law, cothe minimum numb patient required in a | n the form verifying the plete, true, and accurate complete, signed and legible finding of non-compliance with HPPD requirement for each provided. all maintain current, complete, nnel and payroll records for all dance with Title 22, Section shall provide the following n request: PPD (CDPH 612 or facility | A 029 | Census is balanced at midnight projected PPD is discussed on e shift and daily between Administ Director of Nurses, and staffing director. The Form 612 NHPPD reconciled on a daily basis and I of Nursing or Designee signs off CDPH Form 530 and Form 612 the information is complete, truaccurate. Administrator audits daily both CDPH 530 and 612 to make sure information is true and accurate forms including sign in sheets, precords, CDPH 530 and CDPH 63 kept in separate binder and filed month. Administrator audits all daily. All staffing issues are discussed during the morning stand up me and throughout the day. Staffin will be discussed during monthly assurance committee. | very strator, is Director on o verify ie, and forms e. All ayroll 12 is d by forms daily eeting g issues | 6/28/2013 |
| | Based on record renursing facility was Health and Safety Cofor a minimum of 3. | met as evidenced by: view and interview, the above found out of compliance with code 1276.5, the requirement 2 nursing hours per patient andomly selected days from | | | | |

PRINTED: 02/27/2014 FORM APPROVED

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: B. WING CA020000115 09/19/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3030 WEBSTER ST. **OAKLAND HEALTHCARE AND WELLNESS CEI** OAKLAND, CA 94609 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) A 029 Continued From page 2 A 029 The staffing director prepares on a daily April 02, 2012 through September 10, 2012: basis and ahead of projected 24 hour DATE **NHPPD** period form CDPH 612 with a projected number of census and total staffing 04/06/12 3.12 04/13/12 3.17 hours. Census is balanced on the form 05/04/12 3,14 every shift with admission and discharges and average census for each shift. Staffing hours are calculated accordingly depending on average census and total admissions and discharges. Administrator monitors the process on a daily basis.

Licensing and Certification Division