

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA970000009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/24/2021
NAME OF PROVIDER OR SUPPLIER VIEW PARK CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3737 DON FELIPE DRIVE LOS ANGELES, CA 90008		
(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 10/01/2020 to 12/31/2020.</p> <p>Representing the Department: J.M., 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 21-11, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx></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 1276.6 or 1276.65. The Department shall assess an administrative penalty to any facility that fails to meet the applicable standard</p>	A 000	<p>Corrective Action:</p> <p>Upon notification, administrator in-serviced to director of staff developer, scheduler and payroll on 02/08/24 re: the daily applicable standard staffing requirements: 3.5 DHPPD and 2.4 DHPPD (CNA) including the minimum 2.4 hours per patient day for certified nurse assistance to meet requirements on the daily basis.</p> <p>Identification of other</p> <p>Administrator and DSD reviewed form CDPH 612 and actual CNAs and total direct service care hours for December 25, January 1, 6, & 14 to ensure facility met the minimum staffing requirements. No further findings.</p>	02/08/24

Licensing and Certification Division

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

STATE FORM

0000

WNNQ11

TITLE

(X6) DATE

If continuation sheet 1 of 4

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA970000009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/24/2021																																																																											
NAME OF PROVIDER OR SUPPLIER VIEW PARK CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3737 DON FELIPE DRIVE LOS ANGELES, CA 90008																																																																													
(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>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) = 18</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>10/01/2020</td><td>*2.84*</td><td>*1.89*</td></tr> <tr><td>10/02/2020</td><td>*3.13*</td><td>*2.15*</td></tr> <tr><td>10/03/2020</td><td>*3.06*</td><td>*1.79*</td></tr> <tr><td>10/04/2020</td><td>*2.89*</td><td>*1.96*</td></tr> <tr><td>10/05/2020</td><td>*3.17*</td><td>*1.99*</td></tr> <tr><td>10/06/2020</td><td>*3.20*</td><td>*2.07*</td></tr> <tr><td>10/10/2020</td><td>*3.07*</td><td>*2.09*</td></tr> <tr><td>10/11/2020</td><td>*2.80*</td><td>*1.95*</td></tr> <tr><td>10/13/2020</td><td>*3.31*</td><td>*2.00*</td></tr> <tr><td>10/14/2020</td><td>*3.09*</td><td>*2.01*</td></tr> <tr><td>10/15/2020</td><td>*3.13*</td><td>*2.07*</td></tr> <tr><td>10/16/2020</td><td>*3.43*</td><td>*2.20*</td></tr> <tr><td>10/17/2020</td><td>3.52</td><td>*2.34*</td></tr> <tr><td>10/18/2020</td><td>*3.28*</td><td>*2.03*</td></tr> <tr><td>10/19/2020</td><td>*3.30*</td><td>*2.02*</td></tr> <tr><td>10/20/2020</td><td>3.67</td><td>2.55</td></tr> <tr><td>11/21/2020</td><td>3.71</td><td>2.52</td></tr> <tr><td>11/22/2020</td><td>*3.16*</td><td>*2.06*</td></tr> <tr><td>11/23/2020</td><td>4.29</td><td>2.69</td></tr> <tr><td>11/26/2020</td><td>3.76</td><td>2.62</td></tr> <tr><td>12/08/2020</td><td>3.89</td><td>2.54</td></tr> <tr><td>12/14/2020</td><td>*3.48*</td><td>*2.15*</td></tr> <tr><td>12/21/2020</td><td>3.79</td><td>2.60</td></tr> <tr><td>12/31/2020</td><td>*3.17*</td><td>*2.12*</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	10/01/2020	*2.84*	*1.89*	10/02/2020	*3.13*	*2.15*	10/03/2020	*3.06*	*1.79*	10/04/2020	*2.89*	*1.96*	10/05/2020	*3.17*	*1.99*	10/06/2020	*3.20*	*2.07*	10/10/2020	*3.07*	*2.09*	10/11/2020	*2.80*	*1.95*	10/13/2020	*3.31*	*2.00*	10/14/2020	*3.09*	*2.01*	10/15/2020	*3.13*	*2.07*	10/16/2020	*3.43*	*2.20*	10/17/2020	3.52	*2.34*	10/18/2020	*3.28*	*2.03*	10/19/2020	*3.30*	*2.02*	10/20/2020	3.67	2.55	11/21/2020	3.71	2.52	11/22/2020	*3.16*	*2.06*	11/23/2020	4.29	2.69	11/26/2020	3.76	2.62	12/08/2020	3.89	2.54	12/14/2020	*3.48*	*2.15*	12/21/2020	3.79	2.60	12/31/2020	*3.17*	*2.12*	A 000	<p>Measure to prevent reoccurring.</p> <p>Administrator provided in-service to DSD, payroll, scheduler and licensed nurses on 02/08/24 re: daily census and direct care service hours per patient day (DHPPD), forms 612 & 530 and daily minimum staffing requirements 2.4 for CNA and 3.5 total direct care service hours per day; the importance of scheduling extra CNAs especially weekend and replacing call offs to meet the minimum requirement.</p> <p>DSD will review daily nursing assignments including form CDPH 530 & 612 ensuring that facility meet the minimum requirements 3.5 DHPPD and 2.4 CNA DHPPD.</p> <p>Monitoring performance</p> <p>DSD will audit the daily nursing assignments & sign-in sheet(CDPH 530) and DHPPD (CDPH 612) and actual nursing hours to ensure that facility meets the required nursing hours on the daily basis. Findings will be corrected immediately and presented to QA monthly times ninety days to review and if further action needed.</p>	02/08/24
Date	3.5	2.4																																																																													
10/01/2020	*2.84*	*1.89*																																																																													
10/02/2020	*3.13*	*2.15*																																																																													
10/03/2020	*3.06*	*1.79*																																																																													
10/04/2020	*2.89*	*1.96*																																																																													
10/05/2020	*3.17*	*1.99*																																																																													
10/06/2020	*3.20*	*2.07*																																																																													
10/10/2020	*3.07*	*2.09*																																																																													
10/11/2020	*2.80*	*1.95*																																																																													
10/13/2020	*3.31*	*2.00*																																																																													
10/14/2020	*3.09*	*2.01*																																																																													
10/15/2020	*3.13*	*2.07*																																																																													
10/16/2020	*3.43*	*2.20*																																																																													
10/17/2020	3.52	*2.34*																																																																													
10/18/2020	*3.28*	*2.03*																																																																													
10/19/2020	*3.30*	*2.02*																																																																													
10/20/2020	3.67	2.55																																																																													
11/21/2020	3.71	2.52																																																																													
11/22/2020	*3.16*	*2.06*																																																																													
11/23/2020	4.29	2.69																																																																													
11/26/2020	3.76	2.62																																																																													
12/08/2020	3.89	2.54																																																																													
12/14/2020	*3.48*	*2.15*																																																																													
12/21/2020	3.79	2.60																																																																													
12/31/2020	*3.17*	*2.12*																																																																													

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0A970000009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/24/2021
NAME OF PROVIDER OR SUPPLIER VIEW PARK CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3737 DON FELIPE DRIVE LOS ANGELES, CA 90008		
(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 200	Continued From page 2	A 200		
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 17 of 24 days. Review of Form 280A (Facility: Nurse Assistant Training Program Notice) states " Hire CNA Only, " therefore, the nurse assistant(s) do not count towards the 3.5 DHPPD per HSC, section 1337.1(b)(6). 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).	A 200		
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).	A 205		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA970000009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/24/2021
NAME OF PROVIDER OR SUPPLIER VIEW PARK CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3737 DON FELIPE DRIVE LOS ANGELES, CA 90008		
(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 205	<p>Continued From page 3</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 18 out of 24 days.</p> <p>Review of Form 280A (Facility: Nurse Assistant Training Program Notice) states " Hire CNA Only, " therefore, the nurse assistant(s) do not count towards the 3.5 DHPPD per HSC, section 1337.1(b)(6).</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>	A 205		