

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA070000025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/17/2022</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**VALLEY HOUSE REHABILITATION CENTER**

**991 CLYDE AVENUE  
SANTA CLARA, CA 95054**

(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 11/29/2020 to 02/28/2021.</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 21-11, 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/Pages/AFL-21-11.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx</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>DISCLAIMER:</p> <p>Preparation and /or execution of the Plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of correction is prepared and/or executed solely because it is required by the provision of Health and Safety section 1280 and 42 CFR et seq. This plan of correction constitutes facility's credible allegation of compliance.</p>	3/17/24

Licensing and Certification Division

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

*Heenaleshi Duggamall*

TITLE

*Administrator*

(X6) DATE

*03/13/2024*

STATE FORM

6899

WQH011

If continuation sheet 1 of 5

California Department of Public Health

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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) = 6</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>12/02/2020</td><td>3.89</td><td>2.41</td></tr> <tr><td>12/09/2020</td><td>3.79</td><td>*2.36*</td></tr> <tr><td>12/10/2020</td><td>4.17</td><td>2.62</td></tr> <tr><td>12/11/2020</td><td>3.96</td><td>*2.37*</td></tr> <tr><td>12/15/2020</td><td>3.78</td><td>*2.33*</td></tr> <tr><td>12/22/2020</td><td>4.10</td><td>2.65</td></tr> <tr><td>12/25/2020</td><td>3.53</td><td>*2.36*</td></tr> <tr><td>12/26/2020</td><td>*3.16*</td><td>*1.99*</td></tr> <tr><td>01/20/2021</td><td>4.25</td><td>2.67</td></tr> <tr><td>01/22/2021</td><td>3.85</td><td>2.40</td></tr> <tr><td>01/24/2021</td><td>*3.48*</td><td>*2.27*</td></tr> <tr><td>01/25/2021</td><td>4.42</td><td>2.58</td></tr> <tr><td>01/27/2021</td><td>4.20</td><td>2.56</td></tr> <tr><td>01/29/2021</td><td>4.16</td><td>2.54</td></tr> <tr><td>01/30/2021</td><td>3.88</td><td>2.46</td></tr> <tr><td>01/31/2021</td><td>4.00</td><td>2.53</td></tr> <tr><td>02/01/2021</td><td>4.24</td><td>2.53</td></tr> <tr><td>02/02/2021</td><td>4.34</td><td>2.61</td></tr> <tr><td>02/08/2021</td><td>4.21</td><td>2.50</td></tr> <tr><td>02/12/2021</td><td>4.11</td><td>2.52</td></tr> <tr><td>02/18/2021</td><td>4.13</td><td>2.47</td></tr> <tr><td>02/19/2021</td><td>3.91</td><td>2.55</td></tr> <tr><td>02/21/2021</td><td>4.27</td><td>2.80</td></tr> <tr><td>02/23/2021</td><td>3.86</td><td>2.43</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	12/02/2020	3.89	2.41	12/09/2020	3.79	*2.36*	12/10/2020	4.17	2.62	12/11/2020	3.96	*2.37*	12/15/2020	3.78	*2.33*	12/22/2020	4.10	2.65	12/25/2020	3.53	*2.36*	12/26/2020	*3.16*	*1.99*	01/20/2021	4.25	2.67	01/22/2021	3.85	2.40	01/24/2021	*3.48*	*2.27*	01/25/2021	4.42	2.58	01/27/2021	4.20	2.56	01/29/2021	4.16	2.54	01/30/2021	3.88	2.46	01/31/2021	4.00	2.53	02/01/2021	4.24	2.53	02/02/2021	4.34	2.61	02/08/2021	4.21	2.50	02/12/2021	4.11	2.52	02/18/2021	4.13	2.47	02/19/2021	3.91	2.55	02/21/2021	4.27	2.80	02/23/2021	3.86	2.43	A 000	<p><b>CORRECTIVE ACTION DONE:</b></p> <p>DHPPD audits for current quarter were done by Scheduler and DSD on 3/12/2024 to ensure facility is meeting minimum staffing requirements of 3.5/2.4 and above. Assignments sheets, form 612 and 530 for accuracy and completion. 3/17/24</p> <p>All active nursing staff audited to make sure there licenses are current and active.</p> <p><b>SYSTEMIC CHANGES IMPLEMENTED TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR:</b></p> <ol style="list-style-type: none"> <li>1. Administrator provided in-service to Scheduler, DSD, and DSD assistant regarding mandatory minimum staffing requirements, completion of Forms 612 and 530, replacing call off staff and open shifts promptly. Date of in service: 3/12/2024</li> <li>2. Scheduler will prepare monthly schedule for CNA, LVNs, and RNs to ensure facility has sufficient staff scheduled to meet DHPPD at/and above 3.5 at all times.</li> <li>3. Scheduler and /or designee will provide projected DHPPD for the day in the morning meeting along with plans/efforts to replace call off staff.</li> <li>4. DHPPD hours will be reviewed again by end of the morning shift by Scheduler to ensure compliance with corrective action.</li> </ol>	
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A 200	Continued From page 2	A 200		
A 200	<p>HSC 1276.65(c)(1)(B) SAS - 3.5 Standard</p> <p>(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.</p> <p>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 2 of 24 days.</p> <p>The statute was not met as evidenced by the following findings:</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> <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>Time spent providing nursing services could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p> <p>Facility failed to replace staff that did not work as</p>	A 200	<p>Any deficient practice will be reported immediately to Administrator, and/or Director of Nursing .</p> <p>5. CDPH forms 612 and 530 will be prepared every day by Scheduler and DSD to capture all hours worked by Direct Care Staff. They will be audited by Administrator and/or DON every Friday for completion and accuracy.</p> <p>6. DSD and /or designee do monthly audits and record keeping to ensure staff licenses are current and active.</p> <p><b>MONITORING PROCESS AND PERSON RESPONSIBLE FOR MONITORING CORRECTIVE ACTION:</b></p> <p>1. Administrator is the person responsible for monitoring process.</p> <p>2. Administrator will monitor DHPPD projections and actual hours being worked at the start and end of the day including weekends to ensure facility is compliant with minimum staffing requirements.</p> <p>3. Administrator and /or designee will monitor daily Key Performance Indicators reports for alerts about daily staffing hours and to ensure corrective action is sustained.</p> <p>4. Facility has a system, Certiphi, to monitor all nursing staff maintains active, employable licenses. Payroll monitors it once a week to alert staff about upcoming license renewals.</p>	3/17/24

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A 200	Continued From page 3  scheduled, and/or did not schedule to meet the minimum staffing requirements.	A 200	<b>MONITORING OF PERFORMANCE:</b>  Daily DHPPD audits will be reviewed and included in monthly QAPI/QAA meetings to ensure facility is monitoring the corrective action for compliance. Monthly audits for compliance with active nursing staff license will be discussed in QAPI meeting. Date of completion of corrective action  03/17/2024.	
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 6 out of 24 days.  The statute was not met as evidenced by the following findings:  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).  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).  Per HSC, section 1337.2 (g) " ...It shall be unlawful for any person not certified under this article to hold himself or herself out to be a certified nurse assistant. " CDPH found staff with lapsed, suspended, expired, or revoked	A 205		