

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA920000060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2012
NAME OF PROVIDER OR SUPPLIER GRANCELL VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 7150 TAMPA AVE RESEDA, CA 91335		
(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 visit: Representing the Department: [REDACTED] Associate Governmental Program Analyst.</p> <p>Welfare and Institutions Code Section 14126.022 is attached hereto and incorporated herein as 'Attachment A.' The statute was met as evidenced by the following findings:</p> <p>Based on record review and interview, the above nursing facility was found in compliance with Health and Safety Code 1276.5, the requirement for a minimum of 3.2 nursing hours per patient day, for 24 randomly selected days from April 2, 2012 through June 16, 2012.</p> <p>However, documentation requirements set forth in All Facilities Letter (AFL) 11-19 were not met. In the future, failure to properly complete the CDPH 530 or CDPH 612 forms (or facility equivalent) will result in a deficiency in addition to a finding of non-compliance with the 3.2 minimum NHPDD requirement for each day that proper documentation is not provided. The following documentation requirements were not met as evidenced by AFL 11-19:</p> <p>Section II. Guidelines, Sub-Section 6: Documentation Facilities will be expected to meet the following documentation requirements no later than 14 days from the date of this All Facilities Letter.</p> <p>(b) Each facility shall maintain current, complete, and accurate personnel and payroll records for all employees in accordance with Title 22, Section 72533. The facility shall provide the following</p>	A 000	<p>This plan of correction constitutes our allegation of compliance. Submission of the Plan of Correction is not an admission of any fact or that any deficiency whatsoever exists or that any deficiency was cited correctly.</p> <p>A 000</p> <ol style="list-style-type: none"> 1. Facility will implement usage of CDPH Form 530 or facility equivalent for proper documentation to meet 3.2 staffing requirements. 2. The usage of CDPH Form 530 or facility equivalent will be used on a daily basis to ensure proper documentation of the 3.2 requirement as met for each day. 3. The Director of Nursing or designee will provide In-Services to staff in regards to proper utilization of CDPH Form 530 or facility equivalent to ensure ongoing compliance. 4. The Director of Nursing will be responsible for ongoing compliance in regards to proper documentation by providing random audits of CDPH Form 530 or facility equivalent and reporting to the Quality Assurance and Assessment Committee any trends that require timely resolve. 	

Licensing and Certification Division

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

STATE FORM

6899

WQVH11

TITLE

(X6) DATE

If continuation sheet 1 of 2