

California Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA080000094 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 03/09/2020 |
| NAME OF PROVIDER OR SUPPLIER BRADLEY COURT | | STREET ADDRESS, CITY, STATE, ZIP CODE 675 E BRADLEY EL CAJON, CA 92021 | | | |
| (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 07/01/2019 to 09/30/2019.</p> <p>Representing the Department: K.D., 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 19-16, setting forth the audit process and guidelines for facilities is available through the following link: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-16.pdf></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 1276.5 or 1276.65. The Department shall assess an Administrative penalty to any facility that fails to meet the applicable standard</p> | A 000 | <p>This document will serve as a credible allegation of our intent to correct the deficient practice identified. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907</p> | | |

Licensing and Certification Division

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

Jake Schlottman

TITLE

Administrator

(X6) DATE

2/4/2022

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. Final Audit Result: Total Distinct Non-Compliant Day(s) = 2 | A 000 | | | |
| 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 1 of 24 days. The statute was not met as evidenced by the following findings: The total number of actual nursing hours 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). Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements. Review of the documentation provided for audited | A 200 | A200 HSC 1276.65(c)(1)(B) A. The Administrator provided an in-service to the Director of Nursing (DON), Director of Staff Development (DSD), Staffing Coordinator and Payroll Coordinator on the staffing requirements of providing 3.5 direct care service hours per patient day (DHPPD) and 2.4 direct care service hours per patient day (DHPPD), performed by certified nursing assistants. In-service conducted on 2/4/2022. B. The Staffing Coordinator will schedule staff based on the staffing requirements. The 3.5 DHPPD staffing requirement, of which 2.4 hours per patient day must be performed by certified nursing assistants. The Staffing Coordinator will initiate the required Census and Direct Care Service Hours Per Patient Day (DHPPD) (CDPH Form 612) and Nursing Staffing Assignment and Sign-In Sheet (DHPPD Salaried/Dual Role/Nurse Assistant) (CDPH Form 530) daily to document DHPPD. The DSD and Staffing Coordinator will schedule and replace staff as needed to meet the minimum requirements of staff. The DON will ensure the facility schedules staff and replaces staff as needed to meet the minimum requirements of staffing. Continued on page 3. | | 2/4/2022 |

California Department of Public Health

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| A 200 | Continued From page 2 day(s) resulted in the following Non-Compliant DHPPD result: DATE 3.5 DHPPD 08/24/2019 3.45 | A 200 | Continued from page 2. At the conclusion of each day the DON and/or designee will verify the information on the Census and Direct Care Service Hours Per Patient Day (CDPH Form 612) and the Nursing Staffing Assignment and Sign-In Sheet (CDPH Form 530) is complete, true and accurate by signing the forms. | |
| 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 1 out of 24 days. The statute was not met as evidenced by the following findings: The total number of actual nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet 2.4 Nursing Hours per Patient Day (NHPPD) per AFL 19-16, Section 1(A). Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements. Review of the documentation provided for audited day(s) resulted in the following Non-Compliant DHPPD result: | A 205 | Payroll and/or designee will complete weekly audits of the CDPH Form 530 and 612 to ensure the required documentation is legible, accurate and complete. Any irregularities will be identified and addressed. After the close of each pay period, the staffing hours will be scanned to the corporate office to ensure correct calculations by the staffing compliance department. Findings will be discussed at the facility Quality Assessment and Assurance (QA&A) committee meeting monthly and any necessary changes or action plans will be developed and implemented immediately. C. Date Certain: 2/4/2022 A205 HSC 1276.65(c)(1)(C) A. The Administrator provided an in-service to the Director of Nursing (DON), Director of Staff Development (DSD), Staffing Coordinator and Payroll Coordinator on the staffing requirements of providing 3.5 direct care service hours per patient day (DHPPD) and 2.4 direct care service hours per patient day (DHPPD), performed by certified nursing assistants. In-service conducted on 2/04/2022. Continued on page 4. | 2/4/2022 |

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| A 205 | Continued From page 3 DATE 08/11/2019 2.4 CNA DHPPD 2.39 | A 205 | Continued from page 3. B. The Staffing Coordinator will schedule staff based on the staffing requirements. The 3.5 DHPPD staffing requirement, of which 2.4 hours per patient day must be performed by certified nursing assistants. The Staffing Coordinator will initiate the required Census and Direct Care Service Hours Per Patient Day (DHPPD) (CDPH Form 612) and Nursing Staffing Assignment and Sign-in Sheet (DHPPD Salaried/Dual Role/Nurse Assistant) (CDPH Form 530) daily to document DHPPD. The DSD and Staffing Coordinator will schedule and replace staff as needed to meet the minimum requirements of staff. The DON will ensure the facility schedules staff and replaces staff as needed to meet the minimum requirements of staffing. At the conclusion of each day the DON and/or designee will verify the information on the Census and Direct Care Service Hours Per Patient Day (CDPH Form 612) and the Nursing Staffing Assignment and Sign-In Sheet (CDPH Form 530) is complete, true and accurate by signing the forms. Payroll Coordinator and/or designee will complete weekly audits of the CDPH Form 530 and 612 to ensure the required documentation is legible, accurate and complete. Any irregularities will be identified and addressed. After the close of each pay period, the staffing hours will be scanned to the corporate office to ensure correct calculations by the staffing compliance department. Findings will be discussed at the facility Quality Assessment and Assurance (QA&A) committee meeting monthly and any necessary changes or action plans will be developed and implemented immediately. C. Date Certain; 2/07/2022 | | |