

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA040000047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2022
NAME OF PROVIDER OR SUPPLIER HEALTHCARE CENTRE OF FRESNO		STREET ADDRESS, CITY, STATE, ZIP CODE 1665 M STREET FRESNO, CA 93721		
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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.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 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 1276.5 or 1276.65. The Department shall assess an administrative penalty to any facility that fails to meet the applicable standard</p>	A 000	<p>A000</p> <p><i>The preparation and/or the execution of this plan of correction does not constitute admission of agreement by the provider of true facts alleged or conclusions set forth in the statement of deficiencies. This plan of corrections is prepared and/or executed solely because the provisions of the federal and state law require. This plan of correction constitutes the facilities credible allegation of compliance.</i></p> <p>A200</p> <p>Corrective Action(s)</p> <p>The facility has reviewed its staffing practices to include delineation of time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DON. The facility has reviewed staffing practices of the DSD to include the delineation of hours provided for resident care and those as duties of the DSD role. The DSD and /or Staffing Coordinator ensures that schedules are created to meet at least the minimum staffing requirements. Adn additionally, that any staff that did not work as scheduled are replaced.</p>	<i>1/26/24</i>

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

6889

XBKU11

If continuation sheet 1 of 5

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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) = 19</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>11/30/2020</td><td>3.72</td><td>*2.12*</td></tr> <tr><td>12/07/2020</td><td>*2.89*</td><td>*1.79*</td></tr> <tr><td>12/08/2020</td><td>3.57</td><td>2.47</td></tr> <tr><td>12/18/2020</td><td>*3.29*</td><td>*2.00*</td></tr> <tr><td>12/29/2020</td><td>4.23</td><td>2.44</td></tr> <tr><td>01/03/2021</td><td>3.86</td><td>*2.06*</td></tr> <tr><td>01/04/2021</td><td>4.26</td><td>*2.24*</td></tr> <tr><td>01/07/2021</td><td>4.03</td><td>*2.28*</td></tr> <tr><td>01/14/2021</td><td>3.77</td><td>*2.16*</td></tr> <tr><td>01/16/2021</td><td>*3.11*</td><td>*1.55*</td></tr> <tr><td>01/18/2021</td><td>3.63</td><td>*2.14*</td></tr> <tr><td>01/20/2021</td><td>3.87</td><td>*2.35*</td></tr> <tr><td>01/22/2021</td><td>3.71</td><td>*2.04*</td></tr> <tr><td>01/24/2021</td><td>*2.93*</td><td>*1.36*</td></tr> <tr><td>01/27/2021</td><td>3.80</td><td>*1.72*</td></tr> <tr><td>02/01/2021</td><td>*2.90*</td><td>*1.56*</td></tr> <tr><td>02/04/2021</td><td>3.83</td><td>*2.04*</td></tr> <tr><td>02/10/2021</td><td>4.27</td><td>*2.35*</td></tr> <tr><td>02/11/2021</td><td>3.92</td><td>2.47</td></tr> <tr><td>02/18/2021</td><td>4.04</td><td>*2.25*</td></tr> <tr><td>02/22/2021</td><td>4.07</td><td>*2.32*</td></tr> <tr><td>02/24/2021</td><td>4.12</td><td>2.90</td></tr> <tr><td>02/27/2021</td><td>3.51</td><td>2.59</td></tr> <tr><td>02/28/2021</td><td>*3.33*</td><td>*2.12*</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	11/30/2020	3.72	*2.12*	12/07/2020	*2.89*	*1.79*	12/08/2020	3.57	2.47	12/18/2020	*3.29*	*2.00*	12/29/2020	4.23	2.44	01/03/2021	3.86	*2.06*	01/04/2021	4.26	*2.24*	01/07/2021	4.03	*2.28*	01/14/2021	3.77	*2.16*	01/16/2021	*3.11*	*1.55*	01/18/2021	3.63	*2.14*	01/20/2021	3.87	*2.35*	01/22/2021	3.71	*2.04*	01/24/2021	*2.93*	*1.36*	01/27/2021	3.80	*1.72*	02/01/2021	*2.90*	*1.56*	02/04/2021	3.83	*2.04*	02/10/2021	4.27	*2.35*	02/11/2021	3.92	2.47	02/18/2021	4.04	*2.25*	02/22/2021	4.07	*2.32*	02/24/2021	4.12	2.90	02/27/2021	3.51	2.59	02/28/2021	*3.33*	*2.12*	A 000	<p>Identification of Others Having the Potential to Be Affected:</p> <p>All residents residing in the facility have the potential to be affected.</p> <p>Measures/Systemic Change(s)</p> <p>Should the DON work any hours outside of the DON duties, she will complete a CDPH-530 form attesting to hours worked and provided as direct care hours. The Administrator is responsible for ensuring that this practice is followed.</p> <p>Should the DSD work any hours outside of her normal duties as the DSD, she will complete the CDPH-530 form attesting to hours worked and provided as direct care hours. The Administrator and DON are responsible for ensuring that this practice is followed.</p> <p>DSD or Staffing Coordinator will replace call offs to ensure the minimum staffing requirements of 2.4 and 3.5 are met. The Administrator and DON are responsible for ensuring that this practice is followed.</p> <p>Monitor:</p> <p>A daily labor meeting is conducted in which the DHPPD packet is reviewed to ensure the completion and accuracy to include LN and CV.N.A. schedules,</p>	
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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 6 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>The Director of Nursing (DON) failed to delineate time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DON position.</p> <p>Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533. Time spent providing direct care could not be verified. Failure to provide the information has resulted in the exclusion of all service hours for such employees.</p>	A 200	<p>assignment sheets with staff signatures, DCPH 530 and DCPH 631 forms.</p> <p>Additionally, the Payroll Coordinator will enter additional hours and time corrections into the timekeeping system to accurately reflect hours worked. The members responsible for ensuring that this practice is maintained are the Administrator, DON and DSD. DHPPD hours are monitored on a daily/weekly/monthly basis to ensure compliance with minimum staffing requirements. DHPPD packets will be maintained by the DSD for reporting/auditing purposes. The Administrator, DON and DSD are responsible for ensuring compliance with this process.</p> <p>A205</p> <p>Corrective Action(s):</p> <p>The DSD has completed an audit of employee personnel records to ensure that appropriate records are maintained.</p> <p>The Payroll Coordinator runs daily hours report to reconcile hours with DSD Staffing Coordinator and ensure clinical staff are reflected accurately according to the hours worked, assignment schedules with signatures and any 530 forms completed as appropriate. The Administrator and DON are responsible for ensuring that this process is</p>	1/26/24	

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A 200	Continued From page 3 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. Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.	A 200	completed and maintained on an ongoing basis with validating documents compiled verified and maintained in accordance with regulation and requirements of 2.4 hours per patient day. The DSD and Staffing Coordinator are responsible for communicating any concerns or staffing compliance needs to the DON and/or the Administrator for assistance or intervention to ensure that the facility meets minimum staffing requirements.	
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 19 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). Facility failed to maintain current, complete and accurate personnel and payroll records for all employees in accordance with CCR Title 22, section 72533. Time spent providing direct care could not be verified. Failure to provide the	A 205	Identification of Others Having the Potential to Be Affected: All residents residing in the facility have the potential to be affected. Measures/Systemic Change(s): DSD or Staffing Coordinator will replace call offs to ensure the minimum staffing requirements of 2.4 and 3.5 are met. The Administrator and DON are responsible for ensuring that this practice is followed. Monitor: A daily labor meeting is conducted. During this meeting, the DHPPD packet will be reviewed, ensuring all appropriate forms are present, complete, and accurate. This packet includes Licensed and CNA schedules, assignment sheets with staff signatures,	

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A 205	<p>Continued From page 4</p> <p>information has resulted in the exclusion of all service hours for such employees.</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 scheduled, and/or did not schedule to meet the minimum staffing requirements.</p>	A 205	<p>CDPH –530 and CDPH 621 forms.</p> <p>Additionally, the Payroll Coordinator will enter any additional hours, or time corrections into the timekeeping system to accurately reflect all clinical hours worked. A labor report is generated by the Payroll Coordinator for reconciliation of hours.</p> <p>The packet is then reviewed by the DON for accuracy with any incidence of non-compliance reviewed asnd responded to as appropriate. Those responsible for ensuring the entire process are the Admin., DON, DSD, Staffing Coordinator and Payroll.</p> <p>The DSD or Staffing Coordinator communicates any call offs or changes to scheduled hours with any revisions reviewed and action or intervention, as necessary. The members responsible for ensuring this practice is maintained are the Administrator and DON.</p> <p>DHPPD hours are maintained on a daily/weekly/monthly basis to ensure minimum staff requirements of 2.4 and 3.5 DDPPD hours are met to include the use of appropriate forms and payroll records. These DHPPD packets will be maintained for reporting/auditing purposes by the DSD.</p> <p>The identified issues will be reviewed during the monthly QAPI meeting for 90 days, or longer if necessary to ensure continued compliance.</p>		