Arbor Post Acute Page 3 September 25, 2024

Signature of Facility Representative Receiving Letter Date Letter Returned With Plan of Correction

Jessica Johnson

Complete, Printed Name of Facility Representative Receiving Letter

Note: Sign, date, and return this letter with the Plan of Correction

California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA230000255 06/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SPRINGFIELD DRIVE ARBOR POST ACUTE CHICO, CA 95928 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) . COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 000 Initial Comments A 000 The following reflects the findings of the California Department of Public Health during a staffing audit visit for 24 randomly selected days from 03/31/2022 to 06/30/2022. Representing the Department: J.M., Associate Governmental Program Analyst. 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_dis playSection.xhtml?sectionNum=14126.022.&law Code=WIC> 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> 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_dis playText.xhtml?division=2.&chapter=2.&lawCode =HSC&article=9> 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 Licensing and Certification Division ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

100

() DATE

f continuation sheet 1 of 5

PRINTED: 09/25/2024 FORM APPROVED California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: CA230000255 B. WING 08/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SPRINGFIELD DRIVE ARBOR POST ACUTE CHICO, CA 95928 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 000 Continued From page 1 A 000 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. The statute was not met as evidenced by the following findings: Final Audit Result: Total Distinct Non-Compliant Day(s) = 6 Date 3.5 2.4 04/05/2022 3.88 2.45 04/11/2022 *3.43* *2.05* 04/12/2022 3.85 2.45 04/24/2022 3.53 *2.31* 04/25/2022 3.74 *2.24* 04/26/2022 3.70 2.48 05/08/2022 3.70 2.43 05/12/2022 3.96 2.57 05/13/2022 3.90 2.47 05/14/2022 3.63 2.48 05/15/2022 3.57 *2.36* 05/17/2022 4.11 2.57 05/18/2022 4.15 2.61 4.19 05/24/2022 2.76 05/27/2022 3.93 2.59 05/28/2022 3.50 *2.27* 05/30/2022 3.67 2.45 06/01/2022 3.91 2.42 06/03/2022 3.98 2.50 06/06/2022 4.06 2.64

Licensing and Certification Division

06/10/2022

06/21/2022

06/24/2022

06/27/2022

3.46

4.00

4.27

4.01

x.xx = non-compliant date

2.15

2.75

2.89

2.42

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA230000255 06/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SPRINGFIELD DRIVE ARBOR POST ACUTE CHICO, CA 95928 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) A 200 Á 200 Continued From page 3 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 certification(s) and/or nurse assistants in training without active certification(s). This necessitated excluding all CNA service hours for such employees. Payroll records were incomplete, illegible or inaccurate. 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 205 HSC 1276.65(c)(1)(C) SAS - 2.4 Standard A 205 (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:

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Licensing and Certification Division



State of California—Health and Human Services Agency California Department of Public Health



Notice of Intent to Issue an Administrative Penalty And Notice to Correct a Violation

The Director of the California Department of Public Health, through the Deputy Director of the Center for Health Care Quality, Licensing and Certification Program, has reasonable cause to determine that an alleged violation of the California Health and Safety Code §1276.5 or 1276.65 has occurred, which will result in the issuance of an Administrative Penalty.

SECTIONS VIOLATED

HSC §1276.5

3.2 DHPPD

or

HSC §1276.65

3.5 DHPPD and/or 2.4 CNA DHPPD

Action to correct this violation(s) must commence immediately and be addressed in the facility Plan of Correction (POC).

This notice issued to Arbor Post Acute on 09/25/2024.

		Jack Smith for Smith for Debra Gonzales
By: _	Debra Gonzales	Debra Gonzales Date: 2024.09.25 07:57:51
0900	Section Chief, Staffing Audits Section	Signature

I acknowledge receipt of this Notice

1000 J. J.

Month/Day/Year

Designee name

Signature

