

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/16/2012
NAME OF PROVIDER OR SUPPLIER VACAVILLE CONVALESCENT & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 585 NUT TREE COURT VACAVILLE, CA 95687		
(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 November 14, 2011 through January 29, 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>(a) The facility shall either create an assignment sheet or use the attached " Nursing Staffing</p>	A 000			

Licensing and Certification Division

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

STATE FORM

6899

YLBB11

TITLE

Administrative

(X6) DATE

Nov. 1, 2012

If continuation sheet 1 of 2