

California Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER CA010000003 | (X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____ | (X3) DATE SURVEY COMPLETED 03/08/2022 |
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| NAME OF PROVIDER OR SUPPLIER CREEKSIDE REHABILITATION & BEHAVIORAL HEALTH | STREET ADDRESS, CITY, STATE, ZIP CODE 850 SONOMA AVE SANTA ROSA, CA 95404 |
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| (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 11/29/2020 to 02/28/2021</p> <p>Representing the Department R H , 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.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.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>"Preparation and/or execution of this plan of correction, does not constitute admission or agreement by the provider, or the truth of the facts, or the conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety code section 1280 and 42CFR er seq."</p> <p>This plan of corrections constitutes the facility's credible allegation of compliance.</p> <p>A200 - HSC 1276.65(c)(1)(8) SAS- 3.5 Standard</p> <p>What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.</p> <p>Administrator completed an audit of all Licensed Nurses and Certified Nursing Assistants to verify employees have an active License or Certificate.</p> <p>Payroll Director to input Certificate or License Number and expirations into Payroll system for regular audits and notification to management for upcoming expirations.</p> <p>On 06/13/2024, Administrator provided an in-service to Nursing managers, dual role employees on proper use of CDPH 530 forms to accurately delineate the hours worked providing patient care.</p> <p>Director of Staff Development (DSD) involved in audited period is no longer employed at the facility.</p> | 07/05/24 |

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

6899

ZEXG11

If continuation sheet 1 of 4

ADMINISTRATOR

6/13/24

California Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER CA010000003 | (X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____ | (X3) DATE SURVEY COMPLETED 03/08/2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|--------|------|------------|------|------|------------|--------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|------------|------|------|-------|--|----------|
| NAME OF PROVIDER OR SUPPLIER CREEKSIDE REHABILITATION & BEHAVIORAL HEALTH | | STREET ADDRESS, CITY, STATE, ZIP CODE 860 SONOMA AVE SANTA ROSA, CA 95404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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) = 2</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>4.12</td><td>2.58</td></tr> <tr><td>12/03/2020</td><td>3.84</td><td>2.42</td></tr> <tr><td>12/05/2020</td><td>3.93</td><td>2.75</td></tr> <tr><td>12/15/2020</td><td>4.24</td><td>2.53</td></tr> <tr><td>12/17/2020</td><td>4.01</td><td>2.63</td></tr> <tr><td>12/18/2020</td><td>3.94</td><td>2.53</td></tr> <tr><td>12/25/2020</td><td>*2.90*</td><td>1.80</td></tr> <tr><td>12/29/2020</td><td>3.64</td><td>2.27</td></tr> <tr><td>01/02/2021</td><td>*3.49*</td><td>2.31</td></tr> <tr><td>01/11/2021</td><td>3.73</td><td>2.41</td></tr> <tr><td>01/12/2021</td><td>3.92</td><td>2.56</td></tr> <tr><td>01/20/2021</td><td>4.31</td><td>2.82</td></tr> <tr><td>02/02/2021</td><td>4.20</td><td>2.64</td></tr> <tr><td>02/03/2021</td><td>4.45</td><td>2.93</td></tr> <tr><td>02/05/2021</td><td>4.17</td><td>2.55</td></tr> <tr><td>02/06/2021</td><td>4.15</td><td>2.91</td></tr> <tr><td>02/07/2021</td><td>3.92</td><td>2.63</td></tr> <tr><td>02/08/2021</td><td>4.50</td><td>3.01</td></tr> <tr><td>02/09/2021</td><td>4.37</td><td>2.63</td></tr> <tr><td>02/19/2021</td><td>3.95</td><td>2.49</td></tr> <tr><td>02/23/2021</td><td>3.81</td><td>2.54</td></tr> <tr><td>02/24/2021</td><td>3.77</td><td>2.59</td></tr> <tr><td>02/25/2021</td><td>3.82</td><td>2.45</td></tr> <tr><td>02/28/2021</td><td>3.73</td><td>2.48</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p> | Date | 3.5 | 2.4 | 11/30/2020 | 4.12 | 2.58 | 12/03/2020 | 3.84 | 2.42 | 12/05/2020 | 3.93 | 2.75 | 12/15/2020 | 4.24 | 2.53 | 12/17/2020 | 4.01 | 2.63 | 12/18/2020 | 3.94 | 2.53 | 12/25/2020 | *2.90* | 1.80 | 12/29/2020 | 3.64 | 2.27 | 01/02/2021 | *3.49* | 2.31 | 01/11/2021 | 3.73 | 2.41 | 01/12/2021 | 3.92 | 2.56 | 01/20/2021 | 4.31 | 2.82 | 02/02/2021 | 4.20 | 2.64 | 02/03/2021 | 4.45 | 2.93 | 02/05/2021 | 4.17 | 2.55 | 02/06/2021 | 4.15 | 2.91 | 02/07/2021 | 3.92 | 2.63 | 02/08/2021 | 4.50 | 3.01 | 02/09/2021 | 4.37 | 2.63 | 02/19/2021 | 3.95 | 2.49 | 02/23/2021 | 3.81 | 2.54 | 02/24/2021 | 3.77 | 2.59 | 02/25/2021 | 3.82 | 2.45 | 02/28/2021 | 3.73 | 2.48 | A 000 | <p>A description of the monitoring process and positions of persons responsible for monitoring (i.e., Administrator, Director of Nursing, or other responsible supervisory personnel) as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.</p> <p>Payroll Director and DSD to audit New Hire packets to ensure completeness before being filed after orientation is completed.</p> <p>Administrator, Director Of Nursing (DON), Payroll Director, and DSD to be notified by Payroll system 30 days prior to License or Certification expiration for follow-up with employee.</p> <p>DSD to report to monthly QAA / QAPI on any upcoming and/or renewed Licenses and Certificates x 90 days or until sustained compliance of 100 %. Any issues identified will be addressed by the Interdisciplinary Team (IDT) and followed up on by the administrator.</p> <p>A020 - AFL21-1111.B SAS-Form 530</p> <p>What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.</p> <p>On 06/13/2024, Administrator provided an in-service to Nursing managers, dual role employees on proper use of CDPH 530 forms to accurately delineate the hours worked providing patient care.</p> <p>DON to validate and verify hours worked by staff using the 530 before signing.</p> <p>Payroll Director to maintain a Binder with all NHPPD information, including 530s used on that given day for future NHPPD Audits.</p> | 07/05/24 |
| Date | 3.5 | 2.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11/30/2020 | 4.12 | 2.58 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/03/2020 | 3.84 | 2.42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/05/2020 | 3.93 | 2.75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/15/2020 | 4.24 | 2.53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/17/2020 | 4.01 | 2.63 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/18/2020 | 3.94 | 2.53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/25/2020 | *2.90* | 1.80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/29/2020 | 3.64 | 2.27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01/02/2021 | *3.49* | 2.31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01/11/2021 | 3.73 | 2.41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01/12/2021 | 3.92 | 2.56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01/20/2021 | 4.31 | 2.82 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/02/2021 | 4.20 | 2.64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/03/2021 | 4.45 | 2.93 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/05/2021 | 4.17 | 2.55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/06/2021 | 4.15 | 2.91 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/07/2021 | 3.92 | 2.63 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/08/2021 | 4.50 | 3.01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/09/2021 | 4.37 | 2.63 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/19/2021 | 3.95 | 2.49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/23/2021 | 3.81 | 2.54 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/24/2021 | 3.77 | 2.59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/25/2021 | 3.82 | 2.45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02/28/2021 | 3.73 | 2.48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

California Department of Public Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CREEKSIDE REHABILITATION & BEHAVIORAL HEALTH
850 SONOMA AVE
SANTA ROSA, CA 95404

| (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 200 | Continued From page 2 | A 200 | <p>A description of the monitoring process and positions of persons responsible for monitoring (i.e., Administrator, Director of Nursing, or other responsible supervisory personnel) as well as how the facility plans to monitor its performance to ensure corrections are achieved and sustained.</p> <p>Payroll Director to report NHPPD to monthly QAPI and QAA to ensure NHPPD is accurate and complete, as well as if any 530s were needed. Any issues identified will be addressed by the IDT and followed up on by the administrator.</p> | |
| 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 2 of 24 days.</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>Facility failed to replace staff that did not work as scheduled, and/or did not schedule to meet the minimum staffing requirements.</p> <p>Review of Form 280A (Facility: Nurse Assistant Training Program Notice) states " Hire CNA Only, " therefore, the nurse assistant(s) do not count towards the 3.5 DHPPD per HSC, section 1337.1(b)(6).</p> <p>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</p> | A 200 | | |

California Department of Public Health

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| A 200 | Continued From page 3 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. 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. The Director of Staff Development (DSD) failed to delineate time spent providing nursing services to skilled nursing care patients beyond the hours required to carry out the duties of the DSD position. | A 200 | | | |
| A 020 | AFL 21-11 II.B SAS-Form 530 B. Facilities must use CDPH 530. Failure to use this CDPH required form will result in a finding of non-compliance for each audited day the form is not available. The facility is responsible for ensuring all entries are accurate and legible. This Statute is not met as evidenced by: Facility failed to use CDPH Form 530 per AFL 21-11, Section II, Guidelines, subsection B, and pursuant to W&I 14126 022. | A 020 | | | |