California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA950000105	A. BUILDING: _____ B. WING _____	10/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET MANOR CONV HOSP	2720 NEVADA AVENUE EL MONTE, CA 91733

(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	Initial Comments The following reflects the findings of the California Department of Public Health during a staffing audit visit for 24 randomly selected days from 10/01/2020 to 12/31/2020. Representing the Department: R.P., 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_displaySection.xhtml?sectionNum=14126.022.&lawCode=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_displayText.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	A 000		

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/22/22

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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, Patient Needs, or COVID-19 Waiver is granted.

The statute was met as evidenced by the following findings:

Based on record review and interview, the above nursing facility was found in compliance with HSC 1276.65(c)(1)(B), and (C), the requirement for a minimum of 3.5 Direct Care Service Hours and 2.4 Certified Nurse Assistant Direct Care Service Hours Per Patient Day.

Final Audit Result:

Total Distinct Non-Compliant Day(s) = 0

Date	3.5	2.4
10/01/2020	6.01	3.35
10/02/2020	4.85	2.94
10/03/2020	4.51	2.92
10/04/2020	5.50	3.47
10/06/2020	5.05	3.02
10/07/2020	4.94	2.55
10/09/2020	5.65	3.87
10/12/2020	5.49	3.45
10/15/2020	5.24	3.40
10/18/2020	4.43	2.64
10/20/2020	5.32	3.14
11/12/2020	5.51	3.00
11/17/2020	5.16	3.10
11/27/2020	6.04	3.86
11/30/2020	6.41	3.52
12/01/2020	6.23	3.70
12/06/2020	4.65	2.67
12/07/2020	5.81	3.04
12/08/2020	6.85	4.05

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A 000	Continued From page 2 12/10/2020 5.73 3.53 12/14/2020 4.83 2.91 12/20/2020 4.08 2.51 12/23/2020 5.25 2.86 12/31/2020 6.09 2.86	A 000		