

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Woodcrest Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8133 Magnolia Avenue Riverside, CA 92504	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>44173</p> <p>Based on observation, interview, and record review, the facility failed to ensure updated staffing information of the total number and actual hours worked by the licensed and unlicensed nursing staff was posted in a prominent place readily available to residents and visitors.</p> <p>This failure had the potential for the facility not to be able to provide and determine the actual nursing hours required for the provision of care and services for the residents in the facility.</p> <p>Findings:</p> <p>During an observation on July 15, 2024, at 9:34 a.m., the facility document titled, Census and Direct Care Service Hours Per Patient Day (DHPPD - used to measure the duration of care residents receive in a day) was posted on the wall of the facility lobby next to the receptionist's desk. The DHPPD information was not updated. The DHPPD forms did not indicate the actual total direct care service hours, actual total CNA (certified Nursing Assistant) direct care service hours, the average patient census, the actual DHPPD and the actual CNA DHPPD on multiple dates.</p> <p>During a concurrent interview and record review on July 15, 2024, at 12 p.m., with the Staffing Coordinator (SC), he stated the Interim Director of Staff Development (IDSD) was responsible for calculating the actual DHPPD. He stated the IDSD should enter the information for the actual direct care services and the DHPPD on the form.</p> <p>During a concurrent interview and record review on July 15, 2024, at 2:20 p.m., with the IDSD, she stated she was responsible for calculating the actual direct care service hours and DHPPD and placing the information on the facility document for posting. The IDSD stated the actual direct care service hours and DHPPD calculations were done on a weekly basis when she received the data from payroll. She stated she did not have access to payroll and could not calculate the actual hours. She stated the facility documents titled, Census and Direct Care Service Hours Per Patient Day (DHPPD), from July 1 to July 14, 2024, were not updated. The documents did not indicate the actual direct care service hours and DHPPD.</p> <p>During an interview on July 15, 2024, at 2:45 p.m., with the Administrator (ADM), the ADM stated the facility document titled, Census and Direct Care Service Hours Per Patient Day (DHPPD) was posted but did not include the actual hours provided by the nursing staff.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy and procedure titled, Posting Direct Care Daily Staffing Numbers, dated July 2016, indicated, .Our facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents .Within two (2) hours of the beginning of each shift, the number of licensed nurses (RNs [Registered Nurses], LPNs [Licensed Practical Nurses], and LVNs [Licensed Vocational Nurses] and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format .Shift staffing information shall be recorded on the Nursing Staff Directly Responsible for Resident Care form for each shift. The information recorded on the form shall include the following .The actual time worked during tht shift for each category and type of nursing staff .Total number of licensed and non-licensed nursing staff working for the posted shift .</p>		