

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555527	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER SOUTHERN INYO HOSPITAL D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 501 E LOCUST LOVE PINE, CA 93545	
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)		
F 0727 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to employ a registered nurse (RN) for eight (8) consecutive hours a day to oversee the skilled nursing unit, and to have a registered nurse (or two registered nurses sharing the position) of the Director of Nursing (DON). The facility employed a Licensed Vocational Nurse (LVN 1) to serve as the DON. This failure placed the health and safety of the facility's residents at risk when the DON lacks the skills and qualification to oversee the care of the residents, and there is a lack of consistent oversight by a registered nurse assigned specifically to the skilled nursing unit for eight hours a day. Findings: During an interview with the Interim Chief Nursing Officer (CNO) on July 3, 2020, at 2:56 PM, the CNO stated LVN 1 was promoted from Assistant Director of Nursing (ADON) to the position of DON for the skilled nursing facility. The CNO further stated the DON has been in the position for approximately two months. During continued interview with the Interim CNO regarding promoting an LVN to the DON position versus the required registered nurse, she stated, We didn't have anyone else to fill the RN position. We don't have an RN with skilled nursing experience, most of our RNs are the emergency room nurses. She explained that there is not a specific nurse assigned for the eight consecutive hours a day as required by regulation. The RNs are assigned to the ER (emergency Department) department, but when there is down time the RN is designated to be in the skilled nursing facility. The Interim CNO said when an ER nurse is unavailable they pull a nurse from the acute care floors. During a review of the RN staffing with the Interim CNO from March 29, 2020 through July 3, 2020, the schedule reflected all RN's were assigned to either the Emergency Department or the acute care floors. There was no RN listed specifically to cover the skilled nursing unit for eight consecutive hours, or to be the Director of Nursing. There was no indication that two RNS were sharing the role of the DON with their duties specified as would be allowed by a waiver. During a concurrent interview and record review with the Administrator (ADM) on July 3, 2020, at 6:13 PM, the ADM reviewed the document titled, Competency Based Job Description/Performance Evaluation: SNF Director of Nursing Services, dated August 2009. The ADM acknowledged the document was the facility's DON job description. The document indicated the position required a California RN license. The ADM stated the facility felt LVN 1 was qualified and that was the basis for the why the facility hired the DON internally. He stated the DON is not a RN and the facility was in the process of submitting a waiver to allow LVN 1 to serve as the DON. A review of a letter written by the ADM dated March 18, 2020, at 11:48 AM, indicated . (LVN 1) has been appointed our new SNF Director of Nursing. A review of a letter signed by the Human Resources Manager (HRM) addressed to LVN 1 dated March 18, 2020, indicated, I am writing this letter on behalf of (Facility) to offer you a promotion from your current position to the position of Director of Nursing. No waiver for RNs or the Director of Nursing position had been granted by the California Department of Public Health, could be provided.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.