

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAGNOLIA POST ACUTE CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>635 S MAGNOLIA AVE EL CAJON, CA 92020</b>	
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 0725  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</b></p> <p>Based on interview and record review the facility failed to provide adequate nursing staff (licensed nurses (LN's) and certified nursing assistants (CNA's) on 11/9/19, 11/10/19, 11/17/19, 11/24/19, 11/30/19, 12/11/19, 12/18/19, 12/23/19, and 12/24/19. This failure had the potential for compromised care and safety for the residents of the facility. Findings: On 11/26/19 at 9:20 A.M., an anonymous complainant (Comp) reported staffing levels below the minimum; Staff to resident ratio is unsafe for residents. On 12/9/19, at 3:34 P.M., an anonymous Comp reported staffing issues which were creating an unsafe environment for both staff and residents. On 12/6/19 at 2:35 P.M., an interview was conducted with the staffing director (SD). The SD stated, by law, the per patient day ratio (PPD direct care service hours) for the nursing department should be 3.5. On 12/17/19 a review of the facility's PPD reports for November 2019 and December 2019 was conducted. The actual PPD's for several days in November 2019 were as follows: 11/9/19 - 3.14 11/10/19 - 3.26 11/17/19 - 3.355 11/24/19 - 3.14 11/30/19 - 3.279 The actual PPD's for several days in December 2019 were as follows: 12/11/19 - 3.41 12/23/19 - 3.39 12/24/19 - 2.92 On 12/17/19 at 2:53 P.M., an interview was conducted with the ADON. The ADON stated we have had a staffing shortage. On 1/9/20, an anonymous Comp reported the following several staffing issues for the month of December 2019. On 1/24/20 at 5:40 A.M., an interview was conducted with LN 1. LN 1 stated at times there would only be two CNA's on the night shift (11 P.M. - 7 A.M.) and it would be tough for example, trying to keep all the residents clean and dry, turning the residents, and monitoring their safety. On 1/24/20 at 5:45 A.M., an interview was conducted with CNA 2. CNA 2 stated the facility worked short (not enough staff) on night shift a lot. CNA 2 stated staff tried their best to meet the care and health needs of the residents, but it would be hard when short staffed. On 1/24/20 at 5:50 A.M., an interview was conducted with CNA 3. CNA 3 stated it was difficult to meet the residents care needs when the facility was short staffed, and lately, night shift had been short staffed quite often. CNA 3 stated the CNA's had reported to the administration of the facility. On 1/24/20 at 6 A.M., an interview was conducted with CNA 4. CNA 4 stated for the past couple months, on several nights, there would only be two CNA's on the long term care unit for 50 residents. CNA 4 stated, with 25 residents for each CNA, it would be difficult meeting the resident's care needs. CNA 4 stated the nursing staff could not keep the residents dry and repositioned or turned properly. CNA 4 stated it was difficult to supervise all the residents that had been identified as a fall risk. On 1/24/20 at 6:15 A.M., an interview was conducted with CNA 5. CNA 5 stated he was aware of the shortage of nursing staff on night shift the last three weeks (January 2020). On 1/24/20 at 6:30 A.M., an interview was conducted with CNA 4. CNA 4 stated working short staffed presented a safety risk for the staff and residents. CNA 4 stated because the incontinent (loss of voluntary control over urine and feces) residents were not being changed frequently enough, and the residents could develop skin breakdown. On 1/24/20 at 8 A.M., an interview was conducted with the SD. The SD stated there should always be three CNA's on each unit, for a total of six, on night shift. The SD stated if there were only four or five CNA's on night shift, the facility would be understaffed. The SD stated there should always be at least four licensed staff on the evening shift and less than four would be considered understaffed. The SD stated the facility had been under staffed a lot in December 2019. On 1/24/20, a review of the facility's Daily Floor Assignments document for December 2019 was conducted. Staffing was as follows: 12/11/19 five CNA's on night shift for the entire facility. 12/18/19 two CNA's on both the South and North hall until 3 A.M. 12/23/19 two CNA's on the South hall and two CNA's on the North hall on the night shift until 3 A.M. 12/24/19 three licensed staff on the evening shift for the entire facility, two CNA's on the night shift until 3 A.M. on the South hall and 2 CNA's after 3 A.M. on the North hall. On 1/24/20 at 8:45 A.M., an interview and record review of the PPD documents for November and December 2019 were conducted with the DON. The DON stated daily PPD should always be 3.5. The DON noted the facility PPD had been under 3.5 on several dates in November and December 2019. The DON stated we were not following the law when the facility was understaffed, and care had been compromised for the residents. On 1/24/20 a review of the facility's workforce shortage waiver document, dated 6/19/19, was conducted. Per the document, . Your request is approved, only as applicable to the required 2.4 CNA staffing standard .under the following conditions: 2. The facility shall provide no less than 3.5 direct care service hours per patient day. 3. The facility shall employ and schedule additional staff as needed to ensure quality resident care .</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.