

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555658	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER PORTERVILLE CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 1100 WEST MORTON AVENUE PORTERVILLE, CA 93257	
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 0839 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Employ staff that are licensed, certified, or registered in accordance with state laws. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one Certified Nursing Assistant (CNA 1) had an active license. This had the potential for unqualified nursing staff to negatively affect the care needs of the residents. Findings: During a review of the employee file for CNA 1, on [DATE], at 10:26 AM, it was noted CNA 1's license on file expired on [DATE]. During a concurrent interview and review of employee file, on [DATE], at 11:06 AM, with Director of Staff Development (DSD), DSD confirmed CNA 1's license on file had expired on [DATE]. DSD stated CNA 1 had worked full shifts on [DATE] and [DATE] with an expired license. During a review of the facility's job description titled Certified Nursing Assistant (CNA) undated, the job description indicated, Must be a licensed Certified Nursing Assistant in accordance with laws of this state.</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.