

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555433	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER EASTERN PLUMAS HOSPITAL- PORTOLA CAMPUS DP/SNF		STREET ADDRESS, CITY, STATE, ZIP 500 FIRST STREET PORTOLA, CA 96122	
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 - Some	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. Based on interview, and review of nursing staff scheduling records the facility failed to provide coverage of a registered nurse, (RN) eight consecutive hours a day, seven days a week. This failure had the potential to adversely affect resident care. Findings: During a confidential interview on 8/6/19 at 11 am, Staff A stated the facility is out of compliance many days with lack of staffing of registered nurses. She stated she fears for the health and safety of the residents. During an interview on 8/7/19 at 9 am, Licensed Nurse B stated sometimes she is the only nurse working and feels it is unsafe for the residents. She stated there are many days when there are no registered nurses scheduled. She stated she is unable to monitor the certified nurse's assistants, get her charting and weekly summaries done, and ensure medication and laboratory orders are entered correctly. Review of Daily Staffing schedules for May 2019, June 2019, and July 2019 indicated the following: for May 2019, 18 out of 31 days, (a 24 hour period) no RNs were scheduled; for June, 2019, 18 out of 30 days, (24 hour period) no RNs were scheduled; July, 2019, 19 out of 31 days, (a 24 hour period) no RNs were scheduled.		

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.