

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER TERRACINA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1618 LAUREL AVENUE REDLANDS, CA 92373	
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 0729</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, and record review, the facility failed to ensure temporary/contract staff Certified Nurse Assistant (CNA 1) had an updated CNA certificate and required documents needed prior to working at the facility for one of six (6) sampled registry CNAs reviewed. This failure had the potential to affect resident's health and safety. Findings: A review of CNA 1's Notice of Certification on [DATE], with Director of Staff Development (DSD), indicated, CNA certificate had expired on [DATE] (four months ago). During an interview on [DATE], at 11:08 AM, DSD stated, it was the registry agency's responsibility to verify their staff's certificates and in-services are up to date. During a follow-up telephone interview on [DATE], at 8:28 AM, DSD stated the facility should have verified CNA 1's updated certification prior to allowing her to work at their facility. A review of the CNA 1's California Department of Public Health (CDPH), CNA licensing registry indicated, CNA 1's certificate status had expired on [DATE]. During a telephone interview with CNA 1, on [DATE], at 12:20 PM, CNA 1 stated she was not able to renew her CNA certificate after it had expired on [DATE]. She stated she worked as a registry CNA at the facility on [DATE], with an expired CNA certificate and took care of residents. During a concurrent interview and record review on [DATE], at 4:45 PM, with the DSD, the DSD reviewed (NAME of the CNA Registry) Client Service Agreement dated [DATE], indicated, (NAME) agrees that the CNA assigned to the client (facility) will possess necessary requirements that will meet institution program procedures. The DSD stated the necessary requirements is to have a valid CNA certificate, and acknowledged the facility did not follow the service agreement as stated. A review of the facility's undated document Registry Staff Checklist indicated, the required documents needed are: CNA certification with online verification, copy of the current cardio- [MEDICAL CONDITION] resuscitation (CPR, emergency medical management to an unresponsive person) and an orientation checklist. A review of the facility's undated document Job Description for CNA RNA indicated, Education and Work experience requirements: Must have current state certification. During a concurrent telephone interview and record review on February 4, 2020, at 11:47 AM, with the DSD, the DSD was requested to review the Registry Staff Checklist. DSD was not able to provide requirements needed for a temporary registry staff and confirmed CNA 1 did not have a CNA certification with online verification, copy of current CPR card, and an orientation checklist. The DSD stated Registry Staff Checklist are considered the policy and procedure before hiring temporary/contract employees. The DSD stated the facility did not follow the Registry Staff Checklist before allowing CNA 1 to work.</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.