

San Francisco Adult Residential Facility  
 Non-Compliance Conference Plan of Action  
 October 15, 2018

Non-compliance Topic/Citation	Action	Completion date and Responsible person
<p><b>Personal Rights</b></p> <ul style="list-style-type: none"> <li>7/26/18 - 80072 (a)(3) – Licensee failed to ensure that clients are accorded dignity with staff, are free from humiliation, that sleep was not interfered with, and clothing not withheld.</li> </ul>	<ol style="list-style-type: none"> <li>Facility has conducted staff training on clients’ personal rights including obligation to intervene when staff observe client abuse or possible client abuse in order to ensure that residents are free from corporal punishment or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to interference with daily living functions, including eating, sleeping, or toileting, or withholding of shelter, clothing, mediation, or aids to physical functioning.</li> <li>Facility shall monitor staff performance and provide coaching and progressive discipline if indicated.</li> <li>Facility shall conduct an annual client abuse training and review.</li> <li>Ongoing staff meetings shall include a review of expectations as well as opportunity to promote team work.</li> </ol>	<p>Staff training on personal rights completed September 2018</p> <p>*Staff who are currently on leave or vacation will be completed individually upon return.</p> <p>Ongoing</p> <p>Joanna Cheung ARF Administrator</p>
<p><b>Health Related Services</b></p> <ul style="list-style-type: none"> <li>4/5/17 – 80075(b) – client given the wrong medication</li> <li>2/11/16 -80075(a) – facility staff failed to seek timely medical attention for resident exhibiting</li> </ul>	<ol style="list-style-type: none"> <li>Facility will provide assistance to clients as needed with self - administration of prescription and nonprescription medications according to the resident’s physician’s instructions and destroy medications per regulations.</li> <li>Residents will be provided with assistance in order to receive first aid and medical or dental services, including arrangement for and/or provision of</li> </ol>	<p>Review of policies with staff will be completed by October 31, 2018.</p> <p>*Staff who are currently on leave or vacation will be completed individually upon return.</p>

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<p>Symptoms of shortness of breath and gasping for air</p> <ul style="list-style-type: none"> <li>• 10/22/15- 80075(l) – facility failed to destroy discontinued medications upon discontinuance.</li> <li>• 10/22/15- 80075(b)(7) – staff did not administer medications as prescribed</li> <li>• 10/14/15 – 80075(b)(5)(B) – staff did not follow prescription instructions resulting in resident receiving medication earlier than prescribed.</li> <li>• 10/14/15 – 80075(b)(7) – resident was given medication with prescription order from 7/2012</li> <li>• 10/14/15 – 80075(l) – facility failed to destroy discontinued medication upon discontinuance</li> </ul>	<p>transportation to the nearest available services.</p> <ol style="list-style-type: none"> <li>3. For each prescription and nonprescription PRN (as needed) medication for which assistance is given, the facility shall have a signed, dated written order from a physician on a prescription slip or in electronic form. Physician orders shall be maintained in the client's file, and a label on the medication.</li> <li>4. Facility shall review facility medication policy with staff.</li> <li>5. Facility shall conduct quarterly and random observations of staff while they are performing medication observations with clients to ensure medication management policy is followed and/or to identify staff training needs.</li> <li>6. Routine chart audits shall be conducted by Team Leaders, SFBHC House Coordinators, and ARF Administrator.</li> <li>7. Nightly audits of medication room and documents shall be performed to ensure medications are destroyed if needed and documentation is complete.</li> <li>8. Facility shall monitor staff performance and provide coaching and progressive discipline if indicated.</li> <li>9. Facility shall review Management of Medical Emergencies Policy with staff.</li> <li>10. Facility staff will implement inventions when staff identify a sudden change in a client's condition. Those</li> </ol>	<p>Ongoing</p> <p>Joanna Cheung          ARF Administrator</p>
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	<p>measures and interventions are dependent on the change of condition or emergent situation.</p> <p>11. During ongoing Staff Meetings, Facility shall review policies and engage staff in opportunities for improvements on medication management and other facility improvements.</p>	
<p><b>Client Records</b></p> <ul style="list-style-type: none"> <li>• 10/14/15 – 80070(a) – facility staff documented medication at the bottom of MOR instead of within the MOR causing a medication error and then crossed out the documentation</li> </ul>	<ol style="list-style-type: none"> <li>1. Per facility policy, a separate, complete, and current written record as required by law shall be maintained for each resident.</li> <li>2. Routine chart audits shall be conducted by Team Leaders, SFBHC House Coordinators, and RCFE Administrator.</li> <li>3. Facility shall monitor staff performance and provide coaching and progressive discipline if indicated.</li> </ol>	<p>Ongoing</p> <p>Joanna Cheung          ARF Administrator</p>