

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA220000012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/08/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAGUNA HONDA HOSPITAL &amp; REHABILITATIO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>375 LAGUNA HONDA BLVD SAN FRANCISCO, CA 94116</b>
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E 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a Relicensure Survey from 9/06/16 to 9/08/16.</p> <p>Patient census on 9/06/16 was 2.</p> <p>Total patient sample: 21</p> <p>Representing the California Department of Public Health:</p> <p>21155, Health Facilities Evaluator Nurse 29548, Health Facilities Evaluator Nurse 26917, Pharmacy Consultant</p>	E 000	<p>This Plan of Correction is the response by Laguna Honda Hospital and Rehabilitation Center ("Laguna Honda" or "facility") as required by regulation, to the Statement of Deficiencies (State Form) issued by the California Department of Public Health on October 3, 2016, and received by the facility on October 4, 2016, during a Relicensure Survey which began on September 6, 2016 and concluded on September 8, 2016. The submission of this Plan of Correction does not constitute an admission of the deficiencies listed on the State Form Summary Statement of Deficiencies or an admission to any statements, findings, facts, and conclusions that form the basis of the alleged deficiencies.</p>	
E 264	<p>T22 DIV5 CH1 ART3-70213(a) Nursing Service Policies and Procedures.</p> <p>(a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to develop nursing care plans for 5 of 21 sampled patients (Patients 1, 2, 4, 8, 18). This deficient practice resulted in not setting measurable and achievable short term and long term goals for the patients toward the continuity of care during their hospitalization and in preparation for discharge needs.</p> <p>Findings:</p> <p>Patients 1, 2, 4, 8, and 18 were admitted to the facility for reasons that included rehabilitation and cancer treatment. Medical record review showed</p>	E 264	<p>The Nursing department has developed, maintained and implemented written policies and procedures for patient care on the acute care unit that meet the requirements of Title 22, Division 5, Chapter 1, Article 3, Section 70213 (a) (1) through (4).</p> <p>Patient #1 was admitted on 7/27/16 and discharged home on 8/5/16.</p> <p>Patient #2 was admitted on 7/13/16 and discharged home 7/19/16.</p> <p>Patient #4 was admitted on 7/8/16 and discharged home on 8/5/16.</p> <p>Patient #8 was admitted on 8/1/16 and discharged to a skilled nursing facility on 8/9/16.</p>	

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Mini Hnie* 10/14/16 TITLE Executive Administrator (X6) DATE

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E 264		E 264	<p>Patient #18 was admitted on 5/13/16 and discharged to a skilled nursing facility on 5/24/16.</p> <p>No corrections can be made to the medical record of Patients #1, #2, #4, #8 and #18 because the medical record is closed.</p> <p>The Nurse Manager reviewed the medical records of the two patients who were on the acute care unit during the survey and verified that there was a comprehensive pain assessment and an appropriate plan of care on pain management.</p> <p>Initial nursing care plan templates for conditions related to the need for pain management were created by the Clinical Nursing Specialist.</p> <p>A read and sign review of educational slides on the importance of completing a timely and comprehensive pain assessment, and the completion of a nursing care plan on pain management was provided to the licensed nursing staff on the acute care unit The Nurse Educator is responsible for developing the educational slides. The Nurse Manager is responsible for monitoring licensed nurse compliance with review of the instructional material.</p> <p>A Quality Assurance (QA) tool has been developed to monitor licensed nurse compliance with developing care plans on pain management.</p>	<p>9/19/16</p> <p>9/30/2016</p> <p>10/8/2016</p> <p>10/8/2016</p>

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E 264		E 264	<p>The QA audit of nursing care plans will be done on Day 3 of a patient's stay on the acute care units by the Nurse Manager, Clinical Nurse Specialist or designee. The Nursing Director is responsible for monitoring compliance.</p> <p>Results of the QA audits will be reported and analyzed during Acute Leadership meetings on a monthly basis for six months, and then quarterly thereafter if the target goal of 100% compliance is met. Data will be shared with licensed nursing staff during staff meetings. Continuation of the Nursing Care Plan audit will be evaluated by the Acute Leadership Team if target compliance goals are sustained. The Nursing Program Director is responsible for reporting results of the audit to the Acute Care Performance Improvement and Patient Safety (PIPS) Committee biannually. Chief Nursing Officer is responsible for monitoring reporting compliance.</p>	<p>10/8/2016 and on-going</p> <p>10/8/16 and on-going</p>

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E 264	<p>Continued From page 1</p> <p>each of the patients' initial "Patient /Resident Comprehensive Pain Assessment" completed by the nurses, determined that pain was a problem hence, a nursing care plan was initiated. Additionally, these patients were prescribed medications to alleviate their pain. Further review of the medical record demonstrated there were no nursing care plans that were developed addressing the patients' pain.</p> <p>During an interview on 9/07/16 at 10:50 AM, Nurse-2 acknowledged that the patients' medical records did not include nursing care plans for pain.</p> <p>The facility's policy and procedure titled, "Pain Assessment and Management", revised 5/22/12, stated the following: "...3. When pain is identified, a pain management plan is developed as part of the resident's care plan..."</p>	E 264		
E 269	<p>T22 DIV5 CH1 ART3-70213(b) Nursing Service Policies and Procedures.</p> <p>(b) Policies and procedures shall be based on current standards of nursing practice and shall be consistent with the nursing process which includes: assessment, nursing diagnosis, planning, intervention, evaluation, and, as circumstances require, patient advocacy.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the facility failed to develop a comprehensive care plan based on their "Patient/Resident Comprehensive Pain Assessment, Acute Nursing Flow Sheet, and Admission Nursing Assessment" for 2 of 21 sampled patients (Patients 11 and 13). Any lag in</p>	E 269	<p>The Nursing department has written policies and procedures for patient care that is based on current standards of nursing practice; consistent with nursing process; which includes assessment, nursing diagnosis, planning, intervention, evaluation, and, as circumstances require, patient advocacy that is consistent with the requirements of Title 22, Division 5, Chapter 1, Article 3, Section 70213 (b).</p> <p>Patient # 11 was admitted on 5/27/16 and discharged home on 6/16/16.</p> <p>Patient # 13 was admitted on 5/2/16 and discharged to a skilled nursing facility on 5/5/16.</p>	

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E 269	<p>Continued From page 2</p> <p>documentation undermines patient safety.</p> <p>Findings:</p> <p>1) Patient 11's History and Physical dated 6/16/16 indicated, "... He also has chronic pain issue for which he is on oxycodone prn (as needed) pain...." Oxycodone per Mayoclinic.org is "used to relieve moderate to severe pain. It belongs to the group of medicines called narcotic analgesics (pain medicines)."</p> <p>Review of Patient 11's clinical record on 9/8/16 indicated:</p> <p>a) "Physician Orders dated 5/27/16: Oxycodone HCl 15 mg (milligrams) po (by mouth) Q8 h (every 8 hours) prn for moderate pain, Acetaminophen (medication for pain) 650 mg po Q4 h prn for mild pain..."</p> <p>b) "Patient/Resident Comprehensive Pain Assessment, 5/27/16 indicated: "Part I: Medications and Medical History.... b.Does patient/resident have PRN pain medications ordered? YES; c. Has the patient/resident received any PRN pain medications in the last week? YES; d. Does the patient/resident have a medical condition associated with pain from the list below? YES...; Part II: Patient/Resident interview: a. In the last week, can you please tell me if you have an ache, soreness, hurt, discomfort or pain in any part of your body. YES...; g. What makes the ... better? Pain medications...; Part IV: Care Planning Decisions: ....Pain is a problem and care plan initiated/reviewed or revised Yes..."</p> <p>c) "7-Day Medication Record: May/June 2016 Oxycodone HCl 15 mg Q8h PRN for pain 5/27/16</p>	E 269	<p>No corrections can be made to the medical record for Patients #11 and #13 because the medical record is closed.</p> <p>The Nurse Manager of the acute care unit reviewed the medical records of the two patients who were on the acute care unit during the survey and verified that there was a comprehensive pain assessment and an appropriate pain management plan of care in place. The patients' medical records were also reviewed for risk of aspiration and pressure ulcer development; and respective care plans developed if determined appropriate.</p> <p>Initial nursing care plan templates for conditions related to the need for pain management, risk for aspiration and pressure ulcer development have been created by the Clinical Nurse Specialist to alleviate the documentation burden on licensed nursing staff. These initial care plans templates will be included in the nursing admission packets. The Unit Clerk is responsible for creating the admission packets, and the licensed nursing staff is responsible for monitoring compliance. The Nurse Manager is responsible for informing the Unit Clerk of the new process.</p> <p>A read and sign review of educational slides were provided to the licensed nursing staff on the acute care unit on timely identification and completion of care plans for at risk conditions such as pain management, aspiration and development of pressure ulcers. At risk care plans will be included as part of the</p>	<p>9/19/2016</p> <p>9/30/2016</p>

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E 269	<p>Continued From page 3</p> <p>2145 (9:45 PM), 6/8/16 0220 (2:20 AM), 1310 (1:10 PM), 6/12/16 2130 (9:30 PM), 6/14/16 0015 (12:15 AM), 0830 (8:30 AM), 2330 (11:30 PM)."</p> <p>d) "Physical Therapy Daily Treatment Note: ...6/14/16 ... Reports pain...with L LE (left lower extremity) weight bearing..."</p> <p>e) "Occupational Therapy Inpatient Initial Evaluation..., Subjective: ...Pain Location L (left Knee..."</p> <p>f) "Acute Nursing Flow Sheet: Date 5/28/16 - 6/16/16..., Pain: L Knee..."</p> <p>2) Patient 13 as stated in the History and Physical dated 5/5/16: "...with history of CA (Cancer) and ORIF (Open Reduction Internal Fixation) with subsequent dysphagia and aphasia ...."</p> <p>According to Orthopedics.com: "Open reduction internal fixation refers to a surgical procedure to fix a severe bone fracture, or break. Surgery is needed to realign the bone fracture into the normal position."</p> <p>According to the dictionary: "Aphasia is the disturbance in the ability to speak and understand language, both verbal and written."</p> <p>"Dysphagia is defined as difficulty in swallowing. There is difficulty in passage of food from the mouth to the stomach."</p> <p>Further review of the clinical record on 9/8/16 showed no care plans addressing pain.</p> <p>During an interview with Quality Management on 9/8/16 at 2:00 PM, she confirmed the absence of</p>	E 269	<p>Nursing Admission packets. The Nurse Educator was responsible for developing the educational slides. The Nurse Manager is responsible for monitoring staff compliance with review of the instructional material.</p> <p>A Quality Assurance (QA) tool has been developed to monitor licensed nurse compliance with developing nursing care plans on pain management, at risk conditions for aspiration and pressure ulcer development.</p> <p>The QA audit of nursing care plans will be done on Day 3 of a patient's stay on the acute care units by the Nurse Manager, Clinical Nurse Specialist or designee. The Nursing Director is responsible for monitoring compliance.</p> <p>Results of the QA audits will be reported and analyzed during Acute Leadership meetings on a monthly basis for six months, and then quarterly thereafter if the target goal of 100% compliance is met. Data will be shared with licensed nursing staff during staff meetings. Continuation of the Nursing Care Plan audit will be evaluated by the Acute Leadership Team if target compliance goals are sustained. The Nursing Program Director is responsible for reporting results of the audit to the Acute Care Performance Improvement and Patient Safety (PIPS) Committee biannually. Chief Nursing Officer is responsible for monitoring reporting compliance.</p>	<p>10/8/2016</p> <p>10/8/2016</p> <p>10/8/2016 and on-going</p> <p>10/8/2016 and on-going</p>

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E 269	Continued From page 4  a Nursing Care Plan for pain, for Patient 11, and a Nursing Care Plan for Aspiration and Pressure Ulcer for Patient 13.  The facility policy and procedure titled, " Resident Care Plan, Resident Care Team & Resident Care Conference", dated 5/25/10, indicated: "Policies: 1. An interdisciplinary Resident Care Team, ... shall develop a comprehensive plan of care, based on the care team disciplines' assessments, that includes measurable objectives and a time table to meet the resident's medical, nursing, and mental health needs..."	E 269		
E 499	T22 DIV5 CH1 ART3-70263(n) Pharmaceutical Service General Requirements  (n) The hospital shall establish a supply of medications which is accessible without entering either the pharmacy or drug storage room during hours when the pharmacist is not available. Access to the supply shall be limited to designated registered nurses. Records of drugs taken from the supply shall be maintained and the pharmacist shall be notified of such use. The records shall include the name and strength of the drug, the amount taken, the date and time, the name of the patient to whom the drug was administered and the signature of the registered nurse. The pharmacist shall be responsible for maintenance of the supply and assuring that all drugs are properly labeled and stored. The drug supply shall contain that type and quantity of drugs necessary to meet the immediate needs of patients as determined by the pharmacy and therapeutics committee.	E 499	The Pharmacy department has established processes to make necessary drugs, as to type and quantity, accessible to meet the immediate needs of patients as determined by the Pharmacy and Therapeutics Committee.  The two 50 ml vials of 1% Lidocaine were removed from the automated dispensing cabinets (ADC).  Other 50 ml vials of 1% Lidocaine were also removed from Pharmacy shelves.  Pharmacy Services staff replaced the stock of 1% Lidocaine with 5 ml vials in the ADC and on pharmacy shelves.  The Director of Pharmacy sent an e-mail notification to licensed nursing staff regarding the change. The email stated that single use vials of 5 ml Lidocaine 1% will now be stocked by Pharmacy Services in the ADCs, and that nurses	9/9/2016  9/9/2016  9/9/2016

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E 499	<p>Continued From page 5</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the hospital pharmacy failed to maintain a drug supply that met the immediate needs of patients in ready-to-use containers in the automatic dispensing cabinet (ADC-computerized medication dispensing machine) when bulk vials of 50 ml of 1% Lidocaine (anesthetic medication) were found in the ADC. This failure increased the potential for a medication error.</p> <p>Findings:</p> <p>A review on 09/06/16 of the entitled document ISMP (Institute of Safe medication Practice-nationally recognized medication safety organization) Guidance on the Interdisciplinary Safe use of Automated Dispensing Cabinets dated 2015 indicated "Hazardous drugs or medications that require extensive dilutions or calculations should not be part of ADC standard inventory. Bulk drug supplies should be avoided and all medications ...should be in ready-to-use, unit-dose or unit-of-use containers..."</p> <p>During an observation on 09/06/16 at 12:56 PM the ADC had stored two vials of 1% Lidocaine 50 ml. The two bulk vials of Lidocaine were accessible to hospital staff for administration when the pharmacy was closed.</p> <p>During an interview on 09/06/16 at 12:56 PM the Director of Pharmacy (DOP) stated that the Lidocaine was used for intramuscular injections (IM-injection into the muscle) and nurses would only use 1-2 ml of the 50 ml vial of Lidocaine. She said that the smaller vials or ampules could be stored in the ADC instead of the 50 ml vials. She acknowledged storing bulk vials of Lidocaine could increase the potential for medication errors.</p>	E 499	<p>are to discard the vial after single use by placing the used vials in the white pharmaceutical waste bins with the blue lid that are placed in the medication rooms.</p> <p>A quarterly review of Lidocaine 1% stock will be done by the Director of Pharmacy or designee. Director of Pharmacy is responsible for monitoring and reporting to the Pharmacy and Therapeutics Committee if the changed drug supply is not meeting the immediate needs of patients.</p>	<p>9/9/2016</p> <p>10/8/2016 and on-going</p>



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E 511	<p>T22 DIV5 CH1 ART3-70263(q)(9) Pharmaceutical Service General Requirements</p> <p>(9) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the hospital failed to date a 100 ml bag of Dextrose 5% out of the overwrap with a beyond use date. This failure exposed a patient to expired medication.</p> <p>Findings:</p> <p>During an observation on 09/06/16 at 12:52 PM the ADC (automatic dispensing cabinet-computerized medication dispensing machine) stored a 100 ml bag of Dextrose 5% out of the overwrap (plastic cover used to maintain shelf-life). The 100 ml bag of Dextrose 5% did not have a beyond use date (expiration date).</p> <p>A review on 09/06/16 of the manufacture's information on the 100 ml bag of Dextrose 5% in the entitled document Vialflex Container Directions indicated that the beyond use date was 30 days outside of the overwrap. After taking off the overwrap the 100 ml bag of Dextrose 5% would have to be dated with a beyond use date of 30 days.</p> <p>During an interview on 09/06/16 at 12:52 PM Nurse 1 stated that the beyond use date should have been dated on the 100 ml bag of Dextrose 5%. Nurse 1 also stated that he did not know why it was not dated since it was out of the overwrap.</p>	E 511	<p>The Pharmacy department has implemented policies and procedures that drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.</p> <p>The undated bag of 100 ml Dextrose 5% that was out of the overwrap was discarded.</p> <p>The Pharmacy policy and procedure on expiration dating of pharmaceuticals was revised to add a section on intravenous fluids that states: When the intravenous fluid overwrap is torn or removed, any bags that are not used immediately will be dated with a sticker (obtained via central supply). The dating will be 15 days for 25 and 50 ml bags, and 30 days for intravenous fluids 100ml or larger.</p> <p>A read and sign review of educational slides were provided to the licensed nursing staff on the acute care units to inform them of the new procedure of placing a sticker and dating the sticker with the appropriate expiration date on the unused IV bags that are removed from the overwrap. The Nurse Educator is responsible for developing the educational slides. The Nurse Manager is responsible for monitoring staff compliance with review of the instructional material.</p>	<p>9/6/2016</p> <p>9/22/2016</p> <p>10/8/2016</p>

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E 511		E 511	<p>A Quality Assurance (QA) tool has been developed to monitor the unit's compliance in maintaining their inventory of IV bags (removing expired IV bags and dating IV bags that have been removed from the overwrap).</p> <p>The QA audit will be done by the AM shift Licensed Nurse. The Nursing Manager is responsible for monitoring compliance.</p> <p>Results of the QA audits will be reported and analyzed during Acute Leadership meetings on a monthly basis for six months, and then quarterly thereafter if the target goal of 100% compliance is met. Data will be shared with licensed nursing staff during staff meetings. Continuation of the QA audit will be evaluated by the Acute Leadership Team if target compliance goals are sustained. The Nursing Program Director is responsible for reporting results of the audit to the Acute Care Performance Improvement and Patient Safety (PIPS) Committee biannually. Chief Nursing Officer is responsible for monitoring reporting compliance.</p>	<p>10/8/2016</p> <p>10/8/2016 and on-going</p> <p>10/8/2016 and on-going</p>