2016 CDPH Surveys Findings and Corrective Action Plans – Executive Summary
Joint Conference Committee
November 8, 2016

Presented by: Regina Gomez, Madonna Valencia, John Grimes, Jennifer Carton-Wide, Michelle Fouts
Laguna Honda completed 3 types of annual inspections from 9/13/16 to 9/22/16 by the California Department of Public Health (CDPH):

1. GACH Relicensing (Acute),
2. Skilled Nursing Facility (SNF), and
3. Life Safety Code (LSC) - SNF
Performance Improvement

Findings not consistent with standards

Participate in Facility Monitoring Process → Implement Corrective Actions
Goal: To maintain safety and quality standards and pass the Relicensing Survey
Acute Care Surveyors Findings

- E264, F269 – Nursing Service Policies and Procedures
- SNF E511 – Pharmaceutical Service General Requirement
- E499 – Pharmaceutical Service General Requirements
- Interventions: Findings were corrected
- Monitoring Plan: Care plan and medication room checks
2016 Skilled Nursing Facility Licensing & Certification (L&C) Survey Findings and Plans of Correction (POC)

Goal: To maintain our quality of care standards and regain 5 Star Overall Rating
SNF Surveyors Findings: Resident’s Rights

F156 – Resident’s Rights, Notice of Rights, Rules, Services, & Charges

F241 – Dignity and Respect of Individuality

Interventions: Findings were corrected

Monitoring Plan: Medical record reviews, bulletin board checks and resident rooms/bedside rounds
SNF Surveyors Findings:

Services

- F279 – Develop Comprehensive Care Plans
- SNF F281 – Services Provided Meet Professional Standards
- F309 – Provide Care/Services for Highest Well-being
- SNF F323 – Free of Accidents/Hazards

Interventions: Findings were corrected

Monitoring Plan: Care plan and medical record reviews; Environment of care rounds
SNF Surveyors Findings: Services

F371 – Food Storage, Preparation, and Service under Sanitary Condition

SNF F441 – Infection Control

SNF F456 Essential Equipment in Safe Operating Condition (Zone Lights)/SNF F463 – Resident Call System

F518 – Staff Training in Disaster Plans

Interventions: Findings were corrected

Monitoring Plan: Galley mini-refrigerator temperature monitoring; Environment of care rounds; Call light system checks; Random staff quizzes on emergency responses
SNF Surveyors Findings: Medication Management

SNF F329 – Drug Regimen is Free From Unnecessary Drugs

NF F333 – Residents Free of Significant Med Errors

SNF F431 – Drug Records, Label/Store Drugs & Biologicals

Interventions: Findings were corrected

Monitoring Plan: Standardized psychotrophic medication ordering reviews; Medication pass observations; Medication room and residents’ bedside checks
SNF Surveyors Findings: Physical Environment

FSNF F469 – Maintains Effective Pest Control Program

Interventions: Findings were corrected

Monitoring Plan: Residents’ bedside checks; Reporting of work orders to Environmental Services
2016 Acute & SNF Life Safety Code (LSC) Surveys Findings and Plan of Correction (POC)

Goal: To maintain our quality of care standards and regain 5 Star Overall Rating
SNF Surveyors Findings: Physical Environment

**LSC K012/K104 – Unsealed penetration in walls and ceiling**

**LSC K018/K027 - Doors**

**Interventions : Findings were corrected**

**Monitoring Plan: Life safety code rounds; Reporting of work orders to Facility Services**
SNF Surveyors Findings: Fire Safety

LSC K050 – Fire Drills

LSC K062 – Sprinkler System

LSC K064 – Fire Extinguisher

LSC K069 – ANSUL System in Cafeteria

LSC K073 - Combustible Decorations

Interventions: Findings were corrected

Monitoring Plan: Life safety code rounds; Reporting of work orders to Facility Services
SNF Surveyors Findings: Storage

LSC K071 – Laundry Chute

LSC K076 – Medical Gas Storage

Interventions: Findings were corrected

Monitoring Plan: Life safety code rounds; Reporting of work orders to Facility Services
Plans of corrections were submitted and approved by CDPH for the 3 annual surveys conducted in September 2016

Corrective action plans were completed

Monitoring plans are in place with scheduled compliance reports at PIPS Committee