

San Francisco Department of Public Health
Greg Wagner, Acting Director of Health

San Francisco Health Network
Roland Pickens, MHA, FACHE, Director



City and County of San Francisco
London N. Breed
Mayor

Laguna Honda Hospital and Rehabilitation Center
Mivic Hirose, RN, MS, CNS, Executive Administrator

CONFIDENTIAL DOCUMENT – CONTAINS PROTECTED HEALTH INFORMATION

Via Fax: (415) 330-6350 and (415) 330-6351 and Courier Service

September 4, 2018

Diana Marana, RN
District Manager
California Department of Public Health
Licensing & Certification Program
150 North Hill Drive, Suite 22
Brisbane, CA 94005

RE: Laguna Honda Hospital & Rehabilitation Center D/P SNF
Provider Identification Number: 555020
COMPLAINT NUMBER: CA546817

Dear Ms. Marana:

Please find enclosed Laguna Honda Hospital's Plan of Correction (refer to Attachment A) to the above-referenced Statement of Deficiencies and Plan of Correction (CMS-2567).

If additional information is required, please call Regina Gomez, Director of Quality Management, at (415) 759-3053.

Very truly yours,

A handwritten signature in black ink that reads "Mivic Hirose for Mivic Hirose".

Mivic Hirose, RN, MSN, CNS
Executive Administrator

MH: rg

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA546817

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
F 000	Refer to the CMS-2567 for the above referenced FRI	F 000	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 and Plan of Correction (CMS-2567) issued by the California Department of Public Health on August 23, 2018, and received by the facility on August 24, 2018, for an Abbreviated Standard Survey conducted for a Facility Reported Incident (FRI) investigation that was initiated on January 17, 2018, and concluded on August 16, 2018. The submission of this Plan of Correction does not constitute an admission of the deficiencies listed on the Summary Statement of Deficiencies or an admission to any statements, findings, facts, and conclusions that form the basis of the alleged deficiencies.	Refer to dates below
F 689 SS=D	Refer to the CMS-2567 for the above referenced FRI	F 689	<p>The facility maintains an environment as free of accident hazards as possible; and provides each resident with adequate supervision and assistive devices to prevent accidents.</p> <p>Staff immediately intervened and separated Residents 1 and 2. Resident 2 was assessed by the physician with scratches that completely healed within several days without complications.</p> <p>Resident 1's Aeroscout (resident locator/tracking system) device, was discontinued because during the Interdisciplinary Team meeting on 4/18/2017, the Team assessed and documented that the resident was at low risk for elopement and was only wheeling himself on the unit. The use of an Aeroscout device requires informed consent from the resident or resident's surrogate decision-maker because it has the potential of restricting the resident's movement and meets the new Phase 2 CMS definition of a physical restraint. Discontinuation of the Aeroscout device does not require informed consent from the resident or the resident's surrogate decision-maker.</p> <p>Resident 1's Aeroscout device was re-ordered and placed on the resident's wrist for safety and to monitor his whereabouts after informed consent was obtained from the resident and the resident's surrogate decision-maker. The Resident Care Team will evaluate the effectiveness and</p>	<p>8/1/2017</p> <p>8/31/18 and on-going</p>

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA546817

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>appropriateness of continued use of the resident locator device, at a minimum, on a quarterly basis.</p> <p>The Nurse Manager identified other residents with use of assistive devices to prevent accidents and reviewed their respective care plans to ensure that interventions are carried out and goals are met to keep the resident free from accidents.</p> <p>All Laguna Honda employees will be directed to complete an in-service on accident prevention and providing residents with adequate supervision and assistive device(s) to prevent accidents. A read and sign in-service will be conducted on the importance of preventing resident to resident altercations through periodic (on admission, quarterly, with change of condition, relocation, and as needed) assessments; the identification of behavioral risks and triggers; periodic review and revision of resident care plans with interventions that work to mitigate risk factors; and providing resident supervision. The Nurse Educator is responsible for developing the in-service. Respective Department Managers and Supervisors are responsible for monitoring staff completion of the in-service.</p> <p>A monthly Quality Assurance (QA) review will be conducted by Nurse Mangers to monitor the incidence of resident to resident altercations on and off the neighborhood; by reviewing resident care plans, interviewing Licensed Nurses and Patient Care Assistants if they are knowledgeable on the care plan interventions to be utilized for preventing resident altercations and accidents. Results from the QA review will be aggregated and reported quarterly to Nursing Quality Improvement Council (NQIC), and bi-annually to Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety (PIPS) Committee. Nursing Program Directors are responsible for reporting compliance to NQIC; and the Chief Nursing Officer is responsible for reporting compliance to the SNF PIPS Committee.</p>	<p>8/31/2018</p> <p>9/15/2018</p> <p>9/15/18 and on-going</p>

San Francisco Department of Public Health
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Via Courier Service

September 4, 2018

Diana Marana, RN
District Manager
California Department of Public Health
Licensing & Certification Program
150 North Hill Drive, Suite 22
Brisbane, CA 94005

RE: Laguna Honda Hospital & Rehabilitation Center D/P SNF
Provider Identification Number: 555020
COMPLAINT NUMBER: CA563557

Dear Ms. Marana:

Please find enclosed Laguna Honda Hospital's Plan of Correction (refer to Attachment A) to the above-referenced Statement of Deficiencies and Plan of Correction (CMS-2567).

If additional information is required, please call Regina Gomez, Director of Quality Management, at (415) 759-3053.

Very truly yours,

A handwritten signature in black ink that reads "Mivic Hirose" with a stylized flourish at the end.

Mivic Hirose, RN, MSN, CNS
Executive Administrator

MH: rg

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA563557

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
F 000	Refer to the CMS-2567 for the above referenced FRI	F 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 and Plan of Correction (CMS-2567) issued by the California Department of Public Health on August 23, 2018, and received by the facility on August 24, 2018, for an Abbreviated Standard Survey conducted for a Facility Reported Incident (FRI) investigation that was initiated on April 2, 2018, and concluded on August 20, 2018. The submission of this Plan of Correction does not constitute an admission of the deficiencies listed on the Summary Statement of Deficiencies or an admission to any statements, findings, facts, and conclusions that form the basis of the alleged deficiencies.</p>	Refer to dates below
F 609	Refer to the CMS-2567 for the above referenced FRI	F 609	<p>Laguna Honda has developed and implemented written policies and procedures that prohibit abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. The facility has an abuse prevention program that includes the seven required elements of screening, training, prevention, identification, investigation, protection and timely reporting/response.</p> <p>Resident 1 immediately called for help after she was hit by Resident 2 with a hairbrush while in the dining room. Resident 2 then left the dining room and proceeded to her bedroom. The unit physician was notified of the incident, assessed both residents and found no injuries on either residents.</p> <p>As a precaution, the Resident Care Team (RCT) made changes to the seating arrangement of both residents in the dining room to avoid future conflict between the two residents. The RCT also followed up on both residents to monitor them for signs and symptoms of changes in their mood and behavior. Both Residents 1 and 2 did not show evidence of decline or negative impact and remained at their baseline for mood and activities following the incident.</p>	<p style="text-align: center;">12/2/2017</p> <p style="text-align: center;">12/15/2017</p>

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA563557

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>The facility has revised its policy and procedure titled "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response" to indicate the 2 hour reporting requirement to the Survey agency regarding events involving allegations of abuse, neglect, exploitation, mistreatment, injuries of unknown source, misappropriation of resident property and voluntary seclusion.</p>	5/8/2018
			<p>The Executive Administrator issued a memo on August 1, 2018, to remind staff of the new 2 hour reporting requirement involving allegations of abuse. The policy and procedure titled "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response" will be revised again to include the informational grid related to F608 and F609 to further emphasize the 2 hour reporting protocol to the California Department of Public Health Licensing and Certification Program.</p>	9/15/2018
			<p>All Laguna Honda employees will be directed to complete an in-service in response to the issued deficiency for failure to timely report to the State Survey agency Resident 1's allegation of abuse. A read and sign in-service will be conducted on abuse prevention, identification of abuse, and reporting of abuse.</p> <p>The Nurse Educator is responsible for developing the in-service. Respective Department Managers and Supervisors are responsible for monitoring staff completion of the in-service.</p>	9/15/2018
			<p>Quality Management Nurses who are members of the Resident Safety and Abuse Prevention Performance Improvement Team will be assigned to conduct a monthly review of facility reported incidents of allegations of abuse to track facility compliance and improvement with timely reporting. Results of the monthly audits will be aggregated and reported to the Resident Safety and Abuse Prevention Performance Improvement Team to identify opportunities for improvement. The Quality Management Nurse Manager or designee is responsible for reporting compliance to the Resident Safety and Abuse Prevention Performance Improvement Team.</p>	9/15/18 and on-going

ATTACHMENT A

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PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA563557

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>Results of the monthly audit on timely reporting of allegations of abuse will also be reported to the Nursing Quality Improvement Council (NQIC) on a quarterly basis; and to the Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety Committee (PIPS) on a bi-annual basis. The Quality Management Nurse Manager is responsible for reporting compliance to NQIC on a quarterly basis, and to the SNF PIPS Committee bi-annually. Nursing Program Directors and the Chief Nursing Officer are responsible for developing on-going improvement action plans to address instances of non-compliance with regulatory requirements.</p>	<p>9/15/18 and on-going</p>

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September 4, 2018

Diana Marana, RN
District Manager
California Department of Public Health
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150 North Hill Drive, Suite 22
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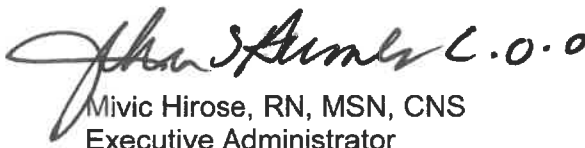
RE: Laguna Honda Hospital & Rehabilitation Center D/P SNF
Provider Identification Number: 555020
COMPLAINT NUMBER: CA583289

Dear Ms. Marana:

Please find enclosed Laguna Honda Hospital's Plan of Correction (refer to Attachment A) to the above-referenced Statement of Deficiencies and Plan of Correction (CMS-2567).

If additional information is required, please call Regina Gomez, Director of Quality Management, at (415) 759-3053.

Very truly yours,


Mivic Hirose, RN, MSN, CNS
Executive Administrator



MH: rg

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA583289

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
F 000	Refer to the CMS-2567 for the above referenced FRI	F 000	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 and Plan of Correction (CMS-2567) issued by the California Department of Public Health on August 23, 2018, and received by the facility on August 24, 2018, for an Abbreviated Standard Survey conducted for a Facility Reported Incident (FRI) investigation that was initiated on June 8, 2018, and concluded on August 20, 2018. The submission of this Plan of Correction does not constitute an admission of the deficiencies listed on the Summary Statement of Deficiencies or an admission to any statements, findings, facts, and conclusions that form the basis of the alleged deficiencies.	Refer to dates below
F 600	Refer to the CMS-2567 for the above referenced FRI	F 600	<p>Laguna Honda provides person-centered care in a dignified and respectful environment that maintains or enhances each resident's highest practicable well-being and in full recognition of the resident's individuality.</p> <p>Resident 1 was immediately assessed following his report of verbal abuse and an investigation was initiated by the Nursing Director and Human Resources staff.</p> <p>Respiratory Therapist 1 was placed on Administrative leave and has not returned to work.</p> <p>Clinical staff provided Resident 1 with emotional and psychological support, and continued to monitor the resident for any changes in mood and activities. The Nurse Manager conducted frequent check-ins with Resident 1. In addition, Resident 1 was evaluated by the Psychiatrist and was started on an antidepressant medication.</p> <p>All Laguna Honda employees will be directed to complete an in-service in response to the issued deficiency for failure to prevent the verbal abuse of Resident 1. A read and sign in-service will be conducted on abuse prevention, identification of abuse, and timely reporting of abuse. The Nurse Educator is responsible for developing the in-service. Respective Department Managers and</p>	<p>4/18/2018</p> <p>4/18/2018</p> <p>5/8/2018</p> <p>9/15/2018</p>

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA583289

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>The Executive Administrator issued a memo on August 1, 2018, to remind staff of the new 2 hour reporting requirement involving allegations of abuse. The policy and procedure titled "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response" will be further revised to include the informational grid related to F608 and F609 to emphasize the 2 hour reporting protocol to the California Department of Public Health Licensing and Certification Program.</p>	9/15/2018
			<p>All Laguna Honda employees will be directed to complete an in-service in response to the issued deficiency for failure to timely report Resident 1's allegation of abuse to the State Survey agency. A read and sign in-service will be conducted on abuse prevention, identification of abuse, and timely reporting of abuse. The Nurse Educator is responsible for developing the in-service. Respective Department Managers and Supervisors are responsible for monitoring staff completion of the in-service.</p>	9/15/2018
			<p>Quality Management Nurses who are members of the Resident Safety and Abuse Prevention Performance Improvement Team will be assigned to conduct a monthly review of facility reported incidents of allegations of abuse to track facility compliance and improvement with timely reporting. Results of the monthly audits will be aggregated and reported to the Resident Safety and Abuse Prevention Performance Improvement Team to identify opportunities for improvement. The Quality Management Nurse Manager or designee is responsible for reporting compliance to the Resident Safety and Abuse Prevention Performance Improvement Team.</p>	9/15/18 and on-going
			<p>Results of the monthly audit on timely reporting of abuse allegations will also be reported to the Nursing Quality Improvement Council (NQIC) on a quarterly basis; and to the Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety Committee (PIPS) on a bi-annual basis. The Quality Management Nurse Manager is responsible for reporting compliance to NQIC on a quarterly basis, and to the SNF PIPS Committee bi-annually. Nursing Program Directors and the</p>	9/15/18 and on-going

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA583289

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			Chief Nursing Officer are responsible for developing on-going improvement action plans to address instances of non-compliance with regulatory requirements.	

San Francisco Department of Public Health
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Via Courier Service

September 4, 2018

Diana Marana, RN
District Manager
California Department of Public Health
Licensing & Certification Program
150 North Hill Drive, Suite 22
Brisbane, CA 94005

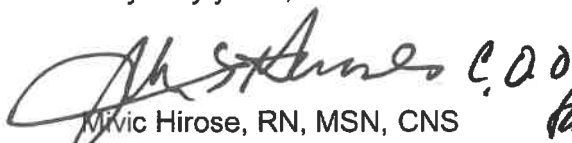
RE: Laguna Honda Hospital & Rehabilitation Center D/P SNF
Provider Identification Number: 555020
COMPLAINT NUMBER: CA586371

Dear Ms. Marana:

Please find enclosed Laguna Honda Hospital's Plan of Correction (refer to Attachment A) to the above-referenced Statement of Deficiencies and Plan of Correction (CMS-2567).

If additional information is required, please call Regina Gomez, Director of Quality Management, at (415) 759-3053.

Very truly yours,

 Mivic Hirose, RN, MSN, CNS
Executive Administrator
for Mivic Hirose

MH: rg

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA586371

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
F 000	Refer to the CMS-2567 for the above referenced FRI	F 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 and Plan of Correction (CMS-2567) issued by the California Department of Public Health on August 23, 2018, and received by the facility on August 24, 2018, for an Abbreviated Standard Survey conducted for a Facility Reported Incident (FRI) investigation that was initiated on June 15, 2018, and concluded on August 21, 2018. The submission of this Plan of Correction does not constitute an admission of the deficiencies listed on the Summary Statement of Deficiencies or an admission to any statements, findings, facts, and conclusions that form the basis of the alleged deficiencies.</p>	Refer to dates below
F 610	Refer to the CMS-2567 for the above referenced FRI	F 610	<p>Laguna Honda has developed and implemented written policies and procedures that prohibit abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. The facility has an abuse prevention program that includes the seven required elements of screening, training, prevention, identification, investigation, protection and timely reporting/response.</p> <p>Resident 1 and Resident 2 were immediately separated by staff following the incident. Both residents were assessed by the RN and the on call physician with no injuries.</p> <p>RN 1 and the Nurse Manager who conducted the investigation and did not substantiate abuse have been re-educated on the new abuse definitions from CMS.</p> <p>All Laguna Honda employees will be directed to complete an in-service in response to the issued deficiency for failure to implement the abuse prevention policy and procedure. A read and sign in-service will be conducted on abuse prevention, identification of abuse, and timely reporting of abuse. The Nurse Educator is responsible for developing the in-service. Respective Department</p>	<p>5/8/2018</p> <p>8/29/2018</p> <p>9/15/2018</p>

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA586371

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>Managers and Supervisors are responsible for monitoring staff completion of the in-service.</p> <p>Quality Management Nurses who are members of the Resident Safety and Abuse Prevention Performance Improvement Team will be assigned to conduct a review of conclusions to abuse investigations that are conducted each month to determine if the investigation conclusions are consistent with the definitions of abuse described in Laguna Honda's policy and procedure on Abuse Prevention (LHHPP File 22-01). Results of the monthly audits will be aggregated and reported to the Resident Safety and Abuse Prevention Performance Improvement Team to identify opportunities for improvement. The Quality Management Nurse Manager or designee is responsible for reporting compliance to the Resident Safety and Abuse Prevention Performance Improvement Team.</p> <p>Results of the monthly audit on conclusions to abuse investigations will also be reported to the Nursing Quality Improvement Council (NQIC) on a quarterly basis; and to the Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety Committee (PIPS) on a bi-annual basis. The Quality Management Nurse Manager or designee is responsible for reporting compliance to NQIC on a quarterly basis, and to the SNF PIPS Committee bi-annually. Nursing Program Directors and the Chief Nursing Officer are responsible for developing on-going improvement action plans to address instances of non-compliance with facility policies and procedures and regulatory requirements.</p>	<p>9/15/18 and on-going</p> <p>9/15/18 and on-going</p>

San Francisco Department of Public Health
Greg Wagner, Acting Director of Health

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Roland Pickens, MHA, FACHE, Director



City and County of San Francisco
London N. Breed
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Laguna Honda Hospital and Rehabilitation Center
Mivic Hirose, RN, MS, CNS, Executive Administrator

COPY

CONFIDENTIAL DOCUMENT – CONTAINS PROTECTED HEALTH INFORMATION

Via Courier Service

September 17, 2018

Diana Marana, RN
District Manager
California Department of Public Health
Licensing & Certification Program
150 North Hill Drive, Suite 22
Brisbane, CA 94005

CA DEPT OF PUBLIC HEALTH

SEP 17 2018

12:06 pm
L. G. GOMEZ
L. G. GOMEZ

RE: Laguna Honda Hospital & Rehabilitation Center D/P SNF
Provider Identification Number: 555020
COMPLAINT NUMBER: CA588967, CA592401 and CA592419

Dear Ms. Marana:

Please find enclosed Laguna Honda Hospital's Plan of Correction (refer to Attachment A) to the above-referenced Statement of Deficiencies and Plan of Correction (CMS-2567).

If additional information is required, please call Regina Gomez, Director of Quality Management, at (415) 759-3053.

Very truly yours,

A handwritten signature in cursive script that reads "Mivic Hirose".

Mivic Hirose, RN, MSN, CNS
Executive Administrator

MH: rg

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES


PRINTED: 09/05/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/05/2018
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NAME OF PROVIDER OR SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an Abbreviated Standard Survey.</p> <p>The inspection was limited to the specific incidents investigated and does not represent the findings of a full inspection of the facility.</p> <p>For Facility Reported Incident CA589561, regarding Resident/Patient/Client Abuse - Employee to Resident, the Department was unable to substantiate a violation of Federal or State regulations.</p> <p>For Facility Reported Incidents CA589602 and CA391371, regarding Quality of Care/Treatment, the Department was unable to substantiate a violation of Federal or State regulations.</p> <p>For Facility Reported Incidents CA590746 and CA591211, regarding Resident/Patient/Client Abuse - Resident to Resident, the Department was unable to substantiate a violation of Federal or State regulations.</p> <p>For Facility Reported Incidents CA591356, regarding Resident/Patient/Client Abuse, the Department was unable to substantiate a violation of Federal or State regulations.</p> <p>For Facility Reported Incident CA592387, regarding Resident/Patient/Client Abuse - Verbal, the Department was unable to substantiate a</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Mivic Hirose, Executive Administrator	(X6) DATE 9/27/18
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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.

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF
 PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI)
 NO. CA588967, CA592401, CA592419

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
F 000	Refer to the CMS-2567 for the above referenced FRIs	F 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 and Plan of Correction (CMS-2567) issued by the California Department of Public Health on September 5, 2018; and received by the facility on September 6, 2018, 2018; for three Abbreviated Standard Surveys conducted for Facility Reported Incident (FRI) investigations CA588967, CA592401, and CA592419, that were initiated on May 23, 2018, and July 11, 2018, respectively; and concluded on September 5, 2018. The submission of this Plan of Correction does not constitute an admission of the deficiencies listed on the Summary Statement of Deficiencies or an admission to any statements, findings, facts, and conclusions that form the basis of the alleged deficiencies.</p>	N/A
F 600	Refer to the CMS-2567 for the above referenced FRIs	F 600	<p>Laguna Honda provides person-centered care in a dignified and respectful environment that maintains or enhances each resident's highest practicable well-being and in full recognition of the resident's Individuality.</p> <p>Resident 1 and Resident 2 were immediately separated as soon as Nursing staff became aware of the incident. The on-call physician was notified and assessed both residents with no injuries.</p> <p>Resident 1 was referred to Psychiatry services for behavior evaluation and management. Resident 2 was relocated to another room and was satisfied with the room change.</p> <p>Resident 3 was immediately assessed by the on-call physician and ordered cold compresses and an oral saline rinse to the affected area. The resident was also referred for an urgent dental consult the following day and was noted to be in good spirits. Clinical staff provided Resident 3 with emotional and psychological support, and noted no changes in the resident's mood and activity level.</p>	<p>5/29/2018</p> <p>5/31/2018</p> <p>6/22/2018</p>

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF
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 NO. CA588967, CA592401, CA592419

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>Resident 4 and Resident 5 were immediately separated by staff following the incident. There were no injuries to either residents.</p>	6/21/2018
			<p>The Executive Administrator will issue a memo to remind facility staff to direct any visitors on campus that do not have a visitor's pass issued to them to go to the Hospital lobby to request for a visitor's pass from the contract security provider.</p>	10/5/2018
			<p>All Laguna Honda employees will be directed to complete an in-service in response to the issued deficiency for failure to prevent the verbal abuse of Resident 1. A read and sign in-service will be conducted on abuse prevention, identification of abuse, and timely reporting of abuse. The Nurse Educator is responsible for developing the in-service. Respective Department Managers and Supervisors are responsible for monitoring staff completion of the in-service.</p>	10/5/2018
			<p>Weekly community meetings that addresses respect for everyone at the facility, house rules, and residents' rights will be piloted on South 2, Pavilion Mezzanine and North 1 neighborhoods with the goal of keeping the Unit and hospital grounds free of resident altercations. Program Directors and Nurse Managers or designees, Social Services and Therapeutic Activities staff will be responsible for conducting weekly community meetings. Feedback and issues identified from the Community meetings will be reported at the monthly Clinical Leadership meetings for follow-up as necessary. The Chief Nursing Officer and the Assistant Hospital Administrator for Clinical Services will be responsible for monitoring staff compliance with holding community meetings and reporting to the Clinical Leadership meetings.</p>	10/5/2018 and on-going
			<p>Nurse Managers have been directed to conduct scheduled check-ins with each resident on every neighborhood to ensure that residents are treated with respect; feel safe at Laguna Honda; and if they had any concerns regarding the manner in which care has been provided, including any allegations of abuse or neglect, that their concerns are reported and investigated in a timely</p>	10/5/18 and on-going

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF
 PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI)
 NO. CA588967, CA592401, CA592419

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>manner. Nurse Managers are responsible for conducting monthly check-ins and Nursing Program Directors are responsible for monitoring compliance.</p> <p>Results of the monthly check-ins will be reported to the Nursing Quality Improvement Council (NQIC) on a quarterly basis; and to the Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety Committee (PIPS) on a bi-annual basis. Nursing Program Directors are responsible for quarterly reporting compliance to NQIC, and the Chief Nursing Officer is responsible for bi-annual reporting compliance to the SNF PIPS Committee.</p>	<p>10/5/18 and on-going</p>
<p>F 610</p>	<p>Refer to the CMS-2567 for the above referenced FRIs</p>	<p>F 610</p>	<p>Laguna Honda has developed and implemented written policies and procedures that prohibit abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. The facility has an abuse prevention program that includes the seven required elements of screening, training, prevention, identification, investigation, protection and timely reporting/response.</p> <p>The Executive Administrator issued a memo on August 1, 2018, to remind staff of the new 2 hour reporting requirement involving allegations of abuse. The policy and procedure titled "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response" has been further revised to include an informational grid to emphasize the 2 hour reporting protocol to the California Department of Public Health Licensing and Certification Program.</p> <p>All Laguna Honda employees will be directed to complete an in-service in response to the issued deficiency for failure to timely report allegations of abuse of Residents 1, 2, 3, 4, 5 and 6 to the State Survey agency. A read and sign in-service will be conducted on abuse prevention, identification of abuse, and timely reporting of abuse. The Nurse Educator is responsible for developing the in-service. Respective Department Managers and</p>	<p>9/11/2018</p> <p>10/5/2018</p>

ATTACHMENT A

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 PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI)
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			<p>Supervisors are responsible for monitoring staff completion of the in-service.</p> <p>Quality Management Nurses who are members of the Resident Safety and Abuse Prevention Performance Improvement Team will be assigned to conduct a monthly review of facility reported incidents of allegations of abuse to track facility compliance and improvement with timely reporting. Results of the monthly audits will be aggregated and reported to the Resident Safety and Abuse Prevention Performance Improvement Team to identify opportunities for improvement. The Quality Management Nurse Manager or designee is responsible for reporting compliance to the Resident Safety and Abuse Prevention Performance Improvement Team.</p> <p>Results of the monthly audit on timely reporting of abuse allegations will also be reported to the Nursing Quality Improvement Council (NQIC) on a quarterly basis; and to the Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety Committee (PIPS) on a bi-annual basis. The Quality Management Nurse Manager is responsible for reporting compliance to NQIC on a quarterly basis, and to the SNF PIPS Committee bi-annually. Nursing Program Directors and the Chief Nursing Officer are responsible for developing on-going improvement action plans to address instances of non-compliance with regulatory requirements.</p>	<p>10/5/2018</p> <p>10/5/18 and on-going</p>

San Francisco Department of Public Health
Greg Wagner, Acting Director of Health



Laguna Honda Hospital and Rehabilitation Center
Mivic Hirose, RN, MS, CNS, Executive Administrator

San Francisco Health Network
Roland Pickens, MHA, FACHE, Director

City and County of San Francisco
London N. Breed
Mayor

CONFIDENTIAL DOCUMENT – CONTAINS PROTECTED HEALTH INFORMATION

Via Courier Service

October 4, 2018

CA DEPT OF PUBLIC HEALTH

OCT - 4 2018

Diana Marana, RN
District Manager
California Department of Public Health
Licensing & Certification Program
150 North Hill Drive, Suite 22
Brisbane, CA 94005

RE: Laguna Honda Hospital & Rehabilitation Center D/P SNF
Provider Identification Number: 555020
COMPLAINT NUMBER: CA594044

Dear Ms. Marana:

Please find enclosed Laguna Honda Hospital's Plan of Correction (refer to Attachment A) to the above-referenced Statement of Deficiencies and Plan of Correction (CMS-2567).

If additional information is required, please call Regina Gomez, Director of Quality Management, at (415) 759-3053.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mivic Hirose".

Mivic Hirose, RN, MSN, CNS
Executive Administrator

MH: rg

San Francisco Department of Public Health
Greg Wagner, Acting Director of Health

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Roland Pickens, MHA, FACHE, Director



City and County of San Francisco
London N. Breed
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Laguna Honda Hospital and Rehabilitation Center
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District Manager
California Department of Public Health
Licensing & Certification Program
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Mivic Hirose, RN, MSN, CNS
Executive Administrator

MH: rg

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/21/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2018
NAME OF PROVIDER OR SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an Abbreviated Standard Survey. The inspection was limited to the specific incident investigated and does not represent the findings of a full inspection of the facility. For Facility Reported Incident CA594044 regarding Resident/Patient/Client Abuse - Employee to Resident, the Department substantiated a violation of Federal regulations and issued a deficiencies. Representing the California Department of Public Health: Surveyor 31983, Health Facilities Evaluator Nurse	F 000	Refer to Attachment "A"		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:	F 600			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Mivic Hirose Mivic Hirose, Executive Administrator
TITLE
10/4/18 (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.

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA594044

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
F 000	Refer to the CMS-2567 for the above referenced FRIs	F 000	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 and Plan of Correction (CMS-2567) issued by the California Department of Public Health on September 21, 2018; and received by the facility on September 24, 2018, 2018; for an Abbreviated Standard Survey conducted for Facility Reported Incident (FRI) investigation CA594044, that was initiated on July 20, 2018; and completed on July 23, 2018. The submission of this Plan of Correction does not constitute an admission of the deficiencies listed on the Summary Statement of Deficiencies or an admission to any statements, findings, facts, and conclusions that form the basis of the alleged deficiencies.	N/A
F 600	Refer to the CMS-2567 for the above referenced FRIs	F 600	<p>Laguna Honda provides person-centered care in a dignified and respectful environment that maintains or enhances each resident's highest practicable well-being and in full recognition of the resident's individuality.</p> <p>Clinical staff provided Resident 1 with emotional and psychological support, and noted no changes in the resident's mood and activity level. The plan of care was revised to provide Resident 1 with a female caregiver, or use buddy system if a female caregiver is not available.</p> <p>PCA 1 was placed on Administrative leave immediately following the abuse allegation and has not returned to regular work assignment as a patient care assistant.</p> <p>PCA 1 completed the 2018 Mandatory Resident's Rights and Civil Rights (Preservation of Dignity Including Provision of Dignity and Abuse Prevention) training on July 24, 2018.</p>	<p>07/02/2018</p> <p>07/02/2018</p> <p>07/24/2018</p>

ATTACHMENT A

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ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>All Laguna Honda employees have been directed to complete a refresher read and sign in-service on abuse prevention, identification of abuse, and timely reporting of abuse. The Nurse Educator developed the in-service. Respective Department Managers and Supervisors are responsible for monitoring staff completion of the in-service.</p> <p>Nurse Managers have been directed to conduct scheduled check-ins with each resident on every neighborhood to ensure that residents are treated with respect; feel safe at Laguna Honda; and if they had any concerns regarding the manner in which care has been provided, including any allegations of abuse or neglect, that their concerns are reported and investigated in a timely manner. Nurse Managers are responsible for conducting monthly check-ins and Nursing Program Directors are responsible for monitoring compliance.</p> <p>Results of the monthly check-ins will be reported to the Nursing Quality Improvement Council (NQIC) on a quarterly basis; and to the Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety Committee (PIPS) on a bi-annual basis. Nursing Program Directors are responsible for quarterly reporting compliance to NQIC, and the Chief Nursing Officer is responsible for bi-annual reporting compliance to the SNF PIPS Committee.</p> <p>Managers are tasked to evaluate the performance of every employee through the Performance Plan and Appraisal Report (PPAR) at a minimum on an annual basis, and when the need arises, create a monitoring and improvement plan for staff identified with a need to improve in the areas of customer service or care delivery. The monitoring plan will include random care delivery observations, peer and resident</p>	<p>9/15/2018</p> <p>10/20/2018 And ongoing</p> <p>10/20/2018 And Ongoing</p> <p>10/20/2018 And ongoing</p>

ATTACHMENT A

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			<p>interviews on how the employee delivered care. Respective managers will report on progress of the employee to their Nursing Director or Division Heads during their weekly or monthly meetings. Managers are responsible for conducting employee evaluations and monitoring their performance. Nursing Program Directors and Division Heads are responsible for monitoring compliance with staff evaluations.</p>	
F 607	Refer to the CMS-2567 for the above referenced FRIs	F 607	<p>Laguna Honda has developed and implemented written policies and procedures that prohibit abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. This policy also outlines the training for all new and existing employees. The facility has an abuse prevention program that includes the seven required elements of screening, training, prevention, identification, investigation, protection and timely reporting/response.</p> <p>The 2018 annual mandatory in-service on Resident's Rights and Civil Rights (Preservation of Dignity Including Provision of Dignity and Abuse Prevention) training was provided by DET in May 2018 for all employees.</p> <p>The Chief Executive Officer, Chief Medical Officer, Chief Nursing Officer and Chief Operating Officer will issue a memo to all staff to inform and remind staff of the mandatory annual abuse prevention training requirement for all staff. The annual mandatory training includes: prohibiting and preventing all forms of abuse, identifying what constitutes abuse, neglect, exploitation and misappropriation of resident property, recognizing signs of abuse, reporting, and understanding behavioral symptoms of</p>	10/20/2018

ATTACHMENT A

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PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA594044

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>resident that may increase the risk of abuse and neglect and how to respond. Additionally, the memo also outlines staff responsibility in completing the training and consequences for failure to adhere to the annual mandatory training. Employees are expected to complete the mandatory training within 30 days that training is offered either via live class or electronic learning. Employees who are on an approved leave of absence, will be required to complete their annual mandatory training when they return to work.</p> <p>Designated staff from the Department of Education and Training (DET) is responsible for providing a weekly report of staff completion of the mandatory Abuse Prevention in-service to department managers. The DET Nurse Manager is responsible for monitoring compliance with weekly reporting. Department/Unit Managers are responsible for following up with their respective staff to complete the mandatory Abuse Prevention in-service.</p> <p>Results of the annual mandatory abuse training staff completion rates will be reported to the Abuse Prevention Performance Improvement Team (PIT) on a quarterly basis; and to the Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety Committee (PIPS) on a bi-annual basis. The DET Nurse Manager is responsible for reporting compliance to the Abuse Prevention PIT on a quarterly basis, and to the SNF PIPS Committee bi-annually. Nurse Managers, Nursing Program Directors and Department Heads are responsible for developing on-going improvement action plans to address instances of non-compliance with regulatory requirements.</p>	<p style="text-align: center;">10/20/2018</p> <p style="text-align: center;">10/20/2018 And on-going</p>