

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

PRINTED: 02/08/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/29/2019</b>
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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**

(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 investigation of an entity reported incident.  The inspection was limited to the specific incident investigated, and does not represent the findings of a full inspection of the facility.  For Entity Reported Incident CA00490187, regarding Resident Rights, the Department was able to identify a violation of Federal regulations.	F 000		
F 221 SS=D	RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS CFR(s): 483.13(a)  The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure one of one sample resident (Resident 1) was free from restraint, when a gait belt (a belt used to transfer a resident from one position to another) was used to secure Resident 1's thighs on her wheelchair to prevent falls. This failure had the potential to result in decline in range of motion and injury to the area being restrained.  Findings:	F 221	See attachment A for the Plan of Correction for FRI No.CA490187	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Mivic Hirose*

Mivic Hirose, Executive Administrator

*2/21/19*

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.

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F 221	<p>Continued From page 1</p> <p>Review of the medical record Resident 1 was admitted to the facility on 2/12/16 with diagnoses including severe Parkinson disease (a chronic progressive movement disorder).</p> <p>Review of Resident 1's multi-disciplinary electronic MDS 3.0 (Minimum Data Set - a standardized assessment tool for nursing home residents) dated 5/26/16, indicated Resident 1 had highly impaired vision, adequate hearing and severely impaired in decision-making for her treatment and care. The assessment further indicated Resident 1 used a wheelchair and required extensive assistance with one person assist in transfer and dressing; total dependence to staff with one person assist in eating, toilet use and personal hygiene.</p> <p>Review of Integrated Progress Notes, dated 5/31/16, indicated, "NSG (Nursing) ... on 5/30/16, I was notified by nursing staff that CNA (Certified Nursing Assistant) reported to her that resident was restrained with a gait belt wrapped around her thighs while in the w/c (wheelchair), discovered when CNA took resident to the toilet after dinner - 1930 (7:30 PM) ... In addition, resident had her w/c seat belt on."</p> <p>Review of the care plan dated 2/12/16, indicated, "High Risk for Falls, related to history of falls (multiple). Attempts to get out of bed without using call light for assistance ... Cognitive deficits, confusion ... Parkinson with tremors. Anxiety. Resistiveness/uncooperative. ... Coach/sitter 24 hours."</p> <p>During an interview on 6/23/16 at 10:00 AM, the Risk Management Nurse (RMN) stated on</p>	F 221		

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NAME OF PROVIDER OR SUPPLIER  <b>LAGUNA HONDA HOSPITAL &amp; REHABILITATION CTR D/P SNF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>375 LAGUNA HONDA BLVD.</b> <b>SAN FRANCISCO, CA 94116</b>		
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F 221	<p>Continued From page 2</p> <p>5/30/16, the PM shift (3 PM to 11 PM) CNA found Resident 1 with a gait belt wrapped around her thighs and the wheelchair seat. RMN stated there were two staff who were involved with the incident. RMN stated CNA 1 found the gait belt on Resident 1 on the morning of 5/30/16 (7 AM to 3 PM); however, CNA1 did not question if there was an order for the restraint, and applied back the gait belt the way she found it. RMN stated CNA2 was the one who was alleged to have applied the gait belt, because CNA2 was the one who got up Resident 1 early in the morning at 6 AM on 5/30/16 (11 PM to 7 AM).</p> <p>During an observation and interview on 6/23/16 at 11:00 AM, Resident 1 was sitting in a wheelchair, and a wheelchair self-release belt was around her waist. A facility staff was present beside Resident 1, and the staff stated she was a coach. Resident 1 was not able to show if she could release the seatbelt, and was unable to answer questions. Resident 1 moved her upper and lower limbs. The facility staff stated Resident 1 sometimes tried to get up from the wheelchair, and Resident 1 was responsive to re-direction not to self-transfer.</p> <p>During an interview on 7/7/16 at 11:45 AM, CNA 1 stated Resident 1 was sitting in the wheelchair on the morning of 5/30/16. CNA1 stated she took Resident 1 to the toilet before breakfast at around 7:30 AM, and she saw the wheelchair seatbelt was on and there was also a gait belt wrapped around Resident 1's thighs and the wheelchair seat. CNA 1 stated she thought it was a new intervention for Resident 1. CNA 1 stated after Resident 1 used the toilet, she assisted Resident 1 back to the wheelchair and applied the seat belt and the gait belt. CNA1 was asked why she put</p>	F 221			

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F 221	<p>Continued From page 3</p> <p>back the gait belt on Resident 1's thighs. CNA1 stated, "I thought there was a new instruction to put it on because she (Resident 1) leaned forward a lot." CNA 1 stated she did not check with the nurse regarding the gait belt. She did not know if there was a physician's order for the gait belt, and she just followed what the night coach did.</p> <p>During an interview on 7/7/16 at 12:00 PM, CNA2 stated she assisted Resident 1 in the wheelchair on the morning of 5/30/16, at around 6:00 AM. CNA 2 stated she applied the release seatbelt, when Resident 1 sat on the wheelchair. CNA2 stated she never applied the gait belt on Resident 1.</p> <p>During an interview on 7/7/16 at 12:20 PM, RMN stated the facility's interview with CNA 1 and CNA2 had conflicting information. CNA1 was consistent with her story, while CNA2 had discrepancies. RMN stated the facility substantiated the restraint was applied, and the facility never approved a gait belt to be used as restraint.</p> <p>Review of the manufacturer's information and instructions for use entitled, Gait and Transfer Belts, indicated, "NOTE: This product is not intended for use as restraint. Remove after each use."</p> <p>Review of the facility's Physical Restraints Including Siderails policy and procedure revised 1/12/16, indicated, "4. Only restraints approved by (the facility) can be used. The appropriate size and type of restraint for the resident is to be applied following the manufacturer's directions."</p>	F 221		

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## ATTACHMENT A

### LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

#### PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA490187

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 February 8, 2019; and received by the facility on February 11, 2019; for an Abbreviated Standard Survey conducted for Facility Reported Incident (FRI) investigation CA490187, that was initiated on June 26, 2016; and completed on January 29, 2019. 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 221	Refer to the CMS-2567 for the above referenced FRIs	F 221	<p>Laguna Honda affirms the right of each resident to be free from any physical restraint imposed for purposes of discipline or staff convenience, and when not required to treat the resident's medical symptoms. The facility has developed policies and procedures as well as operationalized practices that educate staff on proper and minimal use of physical restraints when providing care to residents.</p> <p>Upon discovery of the incident, the gait belt was immediately taken off Resident 1, removed from their room, disinfected and stored away appropriately in the unit medication room. Resident 1 was evaluated by the physician and results indicated no injuries were sustained from the gait belt. Bilateral range of motion for Resident 1 did not change after the incident. The care plan for Resident 1 was updated to address potential change in the resident's mood and behavior following the incident.</p> <p>The two Patient Care Assistants involved in the incident received coaching, counseling and education. The unit Charge Nurse's daily rounds was modified to include physical inspection and ensuring thorough hand-off communication is completed to coaches and other Patient Care</p>	<p>05/30/2016</p> <p>06/03/2016</p>

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			<p>Assistants assigned to Resident 1, and all other residents.</p> <p>Neighborhood nursing staff received an in-service on resident's rights regarding use of restraints. This includes recognizing when restraints are inappropriate and restrictive in the work environment. All unit nursing staff received a full visual inspection as well as care plan review for quality assurance on use of restraints. Assigned nursing assistant competency skills were assessed for correct application of restraints for Residents with active physical restraints orders. No other deficient practices were identified during this process and Charge Nurses and Nurse Managers are required to perform visual inspections and check-ins of all residents on their daily unit rounds, respectively.</p> <p>An In-service will be provided to all LHH staff on appropriate use of restraints, and acceptable restraints. The Nurse Educator is responsible for developing the educational slides. Nurse Managers and Supervisors are responsible for monitoring staff compliance with review of the instructional material.</p> <p>The neighborhood Nurse Manager is assigned to conduct monthly check-ins with residents to determine if residents are provided quality of care, and if able to respond, asked if the resident feels safe at Laguna Honda Hospital, and able to seek assistance when needed. 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>06/08/2016</p> <p>2/27/2019</p> <p>2/21/2019 and on-going</p>