

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

PRINTED: 02/04/2019
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 01/04/2019
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 Department of Public Health during an Abbreviated Standard Survey. 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 no. CA599021 regarding Resident/Patient/Client Abuse - Resident to Resident, the Department was substantiated a violation of Federal regulations and issued a deficiencies. Representing the California Department of Public Health: 31794, Health Facilities Evaluator Nurse Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)	F 000	See Attachment A for the Plan of Correction for FRI No. CA599021		
F 609 SS=D	§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides	F 609			

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

TITLE

(X6) DATE

M. Minetti

Chief Executive Officer

2/13/19

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 609	<p>Continued From page 1</p> <p>for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure resident were free of abuse for two (2) residents (Residents 1 and 2) when:</p> <ol style="list-style-type: none"> 1. The alleged abuse (resident to resident altercation) that occurred on 8/7/18 at 12 N between Residents 1 and 2 was not reported to the State Agency (SA, is the California Department of Public Health, CDPH) in a timely manner. Resident 2 sustained "swelling" and "severe tenderness" of the left 5th finger. This deficient practice had the potential for further abuse to happen. 2. Resident 1 did not have medical and psychological assessment following the alleged abuse on 8/7/18. This deficient practice resulted in Resident 1 feeling "outrage" and "aggravated". <p>Findings:</p> <p>Review of the Registration and Admission Record (RAR) indicated Resident 1 as admitted to the facility on 11/18/17 with the diagnoses that included congestive heart failure (CHF, a</p>			F 609			

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F 609	<p>Continued From page 2</p> <p>weakness of the heart that leads to a buildup of fluid in the lungs and surrounding body tissues) and human immunodeficiency virus (HIV positive means a person is infected with the virus).</p> <p>Review of the RAR indicated Resident 2 was originally admitted to the facility on 4/21/15. The Physician Progress Notes (PPN) dated 8/7/18 indicated a Medical History that included hypertension (abnormally high blood pressure) and diabetes mellitus (a chronic disease associated with abnormally high levels of the sugar [glucose] in the blood).</p> <p>During an interview on 8/28/18 at 9:32 AM, the Risk Management Nurse (RMN) 1 stated Resident 2 complained of pain on the 5th digit of her left finger and alleged she was injured by another resident who, after the facility investigation, turned out to be, Resident 2. The RMN 1 stated when the two residents were out in the Smoking Area, (called "Horse Shoe" area), located in front of the main lobby of the facility on 8/7/18 around 12 N, Resident 2 was "verbally abusive" to Resident 1, calling him names and saying "hurtful things" about the son who passed away. The RMN 1 stated Resident 1 got upset and threw water to Resident 2, it was witnessed by other residents and staff (PCAs - Patient Care Assistants 1 and 2) . The RMN 1 continued to state that,at this point, Resident 2 picked up her walker and attempted to hit Resident 1 with it.</p> <p>During a review of the PPN dated 8/7/18 it indicated Resident 2 complained of "pain" on the left 5th finger and the examination revealed "erythema (redness) and mild swelling" around the left 5th finger and "severe tenderness and purpled discoloration" of the left 5th finger,</p>	F 609			

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F 609	<p>Continued From page 3</p> <p>electronically signed by the physician on 8/7/18 at 6:26 PM.</p> <p>During a review of the "Incident Interview Report (IIR)" dated 8/8/18 it indicated a report of Resident 1 that Resident 2 was "stone drunk", "calling me (Resident 1) names... faggot, bitch", and started talking about his dead son whose anniversary just past. The IIR document indicated Resident 1 "got really upset", removed the lid from water cup and "doused her" with water. Resident 2 picked up her rollator and "tried to hit" Resident 1 but "I blocked her."</p> <p>During an observation and interview on 8/28/18 at 10:45 AM, the "Horse Shoe" area had residents sitting in their wheel chair and moving about. The Patient Care Assistant (PCA) 1 was on duty as the "Smoke Patrol". The PCA 1 stated a "female" resident was talking to Resident 1 using "profanity" on 8/7/18, it was "verbal abuse."</p> <p>During an interview on 8/28/18 at 11:40 AM, the PCA 2 stated he was assigned as "Zone Manager" on 8/7/18 and observed Resident 2 was raising her voice to Resident 1, calling him names. it was a "verbal abuse".</p> <p>During an attempt interview on 8/28/18 at 10:30 AM, accompanied by the RMN 1 and the Nurse Manger, Resident 2 refused an interview.</p> <p>During an interview on 8/28/18 at 2:05 PM, Resident 1 was awake and alert, sitting in his wheelchair stated Resident 2 was calling him names and there were several other residents out there at that time, they were "looking at me". Resident 2 stated he had been getting "harassed" and "threatened" and felt "outrage" and</p>	F 609			

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F 609	<p>Continued From page 4</p> <p>"aggravated" following the event on 8/7/18.</p> <p>During a review of the SOC 342 form (this form is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse or neglect of an elder or dependent adult) it indicated on section D. Incident Information revealed the date and time of the incident as "8/7/2018" at "12:00 pm", section E. Reported Types of abuse, "Assault/ Battery" was marked and on the section on Abuse Resulted in: minor medical care was marked.</p> <p>During a review of the fax transmittal copy provided by the facility it indicated the date as 8/7/18 and the time as 7:43 pm (more than 2 hours after the abuse was discovered).</p> <p>During a follow- up interview on 8/28/18 at 11:57 AM the RMN 1 acknowledged the alleged abuse on 8/7/18 between Residents 1 and 2 was not reported to the SA in a timely manner.</p> <p>Review of the facility Policy titled: "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response" with the last revised date of 5/8/18 indicated: "Philosophy: XXX (name of the facility) shall promote an environment that enhances resident well being and protects residents from abusePurpose: 1. ... 5. To meet reporting requirements as mandated by federal and state</p> <p>2. During an interview on 8/28/18 at 2:05 PM, Resident 1 was awake and alert, sitting in his wheelchair stated Resident 2 was calling him</p>	F 609			

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F 609	<p>Continued From page 5</p> <p>names and there were several other residents out there at that time, they were "looking at me". Resident 2 stated he had been getting "harassed" and "threatened" and felt "outrage" and "aggravated" following the event on 8/7/18.</p> <p>Review of the Progress Notes (PN) "Depression Screening Group Interview" indicated 8/8/18 indicated the Social worker met with Resident 1 and Resident 1 was "in poor spirits" identifying anniversary of son's death, and he became "irate". There was no mentioned of the assessment of the resident's condition related to the alleged abuse (resident to resident altercation) that occurred on 8/7/18.</p> <p>During an interview on 8/28/18 at 1:42 PM, the RMN 1 searched the medical record and verified there was no medical and/or psychosocial assessment done for Resident 1 following the event on 8/8/18. The RMN 1 stated resident 2 attended the regular session on "Depression Group" on 8/8/18.</p> <p>Review of the facility policy titled: "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response" with the last revised date of 5/8/18 indicated: "Philosophy: XXX (name of the facility) shall promote an environment that enhances resident well being and protects residents from abuse Procedure: 1. ... 7. Investigation: a. Any ... involved in the investigation of a resident -to-resident altercation or allegation of abuse , ... shall document in the progress notes the details surrounding the incident (e.g. the times of ... relevant resident remarks and assessment of resident condition related to the situation)."</p>	F 609			

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA599021

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 4, 2019; and received by the facility on February 5, 2019; for an Abbreviated Standard Survey conducted for Facility Reported Incident (FRI) investigation CA599021, that was initiated on August 28, 2018; and completed on January 4, 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 609	Refer to the CMS-2567 for the above referenced FRIs	F 609	<p>Laguna Honda has developed and implemented documented policies and procedures that prohibit abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property. In addition, the facility also has an established Abuse Prevention program that includes seven required elements of screening, training, prevention, identification, investigation, protection and timely reporting/response.</p> <p>On 08/07/18, two staff members in the horse shoe area became aware of the incident and immediately separated Resident 1 and Resident 2. Resident 2 was treated with a cold compress, bandage to immobilize the finger and as-needed pain medication. The swollen finger resolved within a week and the x-ray was negative. Resident 1 and Resident 2 were monitored and there has been no change in their behavior or baseline function resulting from the incident.</p> <p>Resident 1 was seen by the facility psychiatrist for evaluation and ordered medications to address impulse control. Additionally, Resident 1 was seen by the behavioral health practitioner for regular counseling sessions. After several weeks of</p>	<p>08/07/18</p> <p>08/13/18 and on-going</p>

ATTACHMENT A

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PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA599021

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			receiving this bi-modal treatment plan, Resident 1's mood has improved. Resident 1 continues to have therapeutic sessions with the psychiatrist to sustain improvements and enhance coping skills.	
			Nursing Services initiated a standard work to ensure the Smoke Patrol reports any incidents in the horse shoe area to the Nurse Manager on duty every hour. The Nurse Manager will investigate any incident that is reported and notify or escalate to the Resident Care Team so they are aware and can initiate appropriate follow up. The Operations Nursing Director will ensure that this standard work is adhered to and that resident follow up is completed.	02/15/2019 and on-going
			Quality Management nurses will conduct monthly reviews of facility reported incidents to track facility compliance with timely reporting. Results of the reviews will be aggregated and summarized by the Quality Management Nurse Manager or designee in a report to the Resident Safety and Abuse Prevention team so any opportunities for improvement can be identified. 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 by the Quality Management nurse manager. Laguna Honda Nursing Directors in conjunction with the Chief Nursing Officer are responsible for developing on-going improvement action plans to address unit or department specific instances of non-compliance for timely reporting.	2/11/19 and on-going