Joint Conference Committee (JCC) Regulatory Affairs Status Report: **May 2019** (reporting period February – April 2019)

### I. PENDING SURVEYS

A. No pending surveys to report currently.

### II. COMPLETED SURVEYS

A. No completed surveys to report currently.

### IV. ACCEPTED PLANS OF CORRECTIONS

#### SUMMARY OF PLANS OF CORRECTIONS (POC) SUBMITTED

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<th>Facility Reported Incident (FRI):</th>
<th>Corrective Measure(s):</th>
<th>Monitoring Plan(s):</th>
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| FRI NO. CA599021 F609 – Reporting of Alleged Violations Submitted on 02/14/19 Please see attached for accepted POC | Laguna Honda has an abuse prevention program that includes the seven required elements of screening, training, prevention, identification, investigation, protection and timely reporting/response. Laguna Honda employees have been directed to complete an on-line in-service in response to the identified deficiency, F609, for failure to timely report allegations of abuse. Employees have been asked to read a hand-out on what constitutes resident abuse; examples of abuse; actions to take should they see, hear or suspect possible abuse; understand and comply with the 2 hour reporting requirement for notification of allegations of abuse to the State Survey agency; attest to having read and agree to not commit acts of abuse, and knowingly be subject to disciplinary action, up to and including termination, for failure to comply with facility procedures. | Quality Management Nurses will conduct a monthly review of facility reported incidents of allegations of abuse, including theft and misappropriation of resident property to track facility compliance and improvement with timely reporting. The Quality Management Nurse Manager or designee is responsible for reporting compliance to the Resident Safety and Abuse Prevention Performance Improvement Team. Results of the monthly audit on timely reporting of abuse allegations, including theft and misappropriation of resident property, 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 bi-annually. Nursing Program Directors and the Chief Nursing Officer (CNO) are responsible for developing on-going
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<td><strong>FRI NO. CA490187</strong>&lt;br&gt;F221 – Right to be Free from Physical Restraints&lt;br&gt;Submitted on 02/21/19&lt;br&gt;Please see attached for accepted POC</td>
<td>The staff involved received coaching, counselling and education. The Charge Nurse’s daily rounds was modified to include physical inspection and ensuring thorough hand-off communication is completed. 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. An in-service was provided to all LHH staff on the appropriate use of restraints and acceptable restraints.</td>
<td>The neighborhood Nurse Manager is assigned to conduct monthly check-ins with residents to determine appropriate quality of care, and if able to respond, asked if the resident feels safe at Laguna Honda, and able to seek assistance when needed. Results of the monthly check-ins will be reported to NQIC on a quarterly basis; and to SNF PIPS on a bi-annual basis. Nursing Program Directors are responsible for quarterly reporting compliance to NQIC, and the CNO is responsible for bi-annual reporting compliance to SNF PIPS.</td>
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<td><strong>FRI NO. CA580970 and CA582041</strong>&lt;br&gt;F609 – Reporting of Alleged Violations&lt;br&gt;Submitted on 02/21/19&lt;br&gt;Please see attached for accepted POC</td>
<td>The Executive Administrator issues a memo to remind staff of the 2-hour reporting requirement. Laguna Honda has revised its policy and procedure titled, “Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response” to emphasize the 2-hour reporting requirement. An in-service was provided to Laguna Honda employees regarding timely reporting, fall prevention, and ensuring an environment free of hazards.</td>
<td>As per FRI NO. CA599021 F609 above.</td>
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<td><strong>F689 – Free of Accident Hazards/Supervision/Devices</strong></td>
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| **CLASS A CITATION – FRI NO. CA00610399 F689 – Free of Accident Hazards/Supervision/Devices** Submitted on 03/14/19  
*Please see attached for accepted POC* | Laguna Honda has developed and implemented policies and procedures for safe-handling of high-fall risk residents. Additionally, the facility also has implemented standard work for staff in resident fall-prevention and post-fall management.  
Glove boxes were installed directly outside the doors of all neighborhood hallway entrance restrooms.  
All Nurse Managers are required to complete an RCA if a resident has a fall with major injury. | The Quality Management Nurse Manager is responsible for compliance with monthly reporting. The CNO and the Director of Quality Management are responsible for directing on-going improvement action plans for safe resident smoking behaviors and the prevention of fire and the protection of life and property.  
Nursing Directors are responsible for monitoring compliance that resident smoking re-assessments and a new or revised resident care plan have been completed through quality assurance checks. |
| **FRI NO. CA597769 F609 – Reporting of Alleged Violations** Submitted on 04/08/19  
*Please see attached for accepted POC* | Laguna Honda adopted a new fire safety standard of not allowing residents to keep lighters, matches and electronic cigarettes at the bedside.  
Resident lighters, matches, electronic cigarettes, and other items known to pose a risk of igniting a flame when in close proximity to an oxygen delivery system have been collected by staff for safekeeping.  
Resident smokers have been re-assessed using Form MR 161 and determined if they are a safe or unsafe smoker, and a new or revised smoking care plan developed based on new standards were completed by Nurse Managers or their designee.  
Laguna Honda staff were directed to complete a read-and-sign in-service on the new fire safety standard. | As per FRI NO. CA599021 F609 above. |
| **FRI NO. CA599021 F609 – Reporting of Alleged Violations** Submitted on 04/08/19  
*Please see attached for accepted POC* | As per FRI NO. CA599021 F609 above. | As per FRI NO. CA599021 F609 above. |
V. SITE VISITS FOR ANONYMOUS COMPLAINTS

A. CDPH Investigation Visit (10/03/18) regarding an anonymous complaint due to quality of care. The incident was unsubstantiated on 02/05/19.

B. CDPH Investigation Visit (11/17/18) regarding an anonymous complaint due to quality of care. The incident was unsubstantiated on 02/08/19.

C. CDPH Investigation Visit (02/07/19) regarding an anonymous complaint due to quality of care from UCSF. The result of the investigation is currently pending.

D. CDPH Investigation Visit (02/07/19) regarding an anonymous complaint due to quality of care from the Manufacture Cannabis Safety Branch. The result of the investigation is currently pending.