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 incidents investigated and does not represent the findings of a full inspection of the facility.

For Facility Reported Incident nos. CA580970 regarding Quality of Care/Treatment-Resident Safety/Falls and CA582041 regarding Misappropriation of Property, 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 Reporting of Alleged Violations
CFR(s): 483.12(c)(1)(4)

§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

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 discardable 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 discardable 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.

FORM CMS-2587(02-99) Previous Versions Obsolete Event ID: 5KT11 Facility ID: CA220000512 If continuation sheet Page 1 of 6
F 609 Continued From page 1

adult protective services where state law provides
for jurisdiction in long-term care facilities) in
accordance with State law through established
procedures.

§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:

Based on interview and record review, the facility
failed to implement their policy on reporting of
abuse after money was misappropriated from, for
one resident (Resident 1) in a sample size of
three residents. This could have resulted in
further abuse of Resident 1.

Findings:

Resident 1 was admitted with diagnoses including
paraplegia (loss of function of lower extremities).

During an interview on 4/24/18 at 10:35 am with
Risk Manager (RM) 2, he confirmed Resident 1
reported $300 missing on 4/7/18 and that facility
reported the incident to the Department greater
than 24 hours after Resident 1 notified staff of the
missing funds. RM 2 confirmed the facility policy
and procedure requires notification to the
Department within 24 hours.

Record review of facility policy and procedure,
"Abuse and Neglect Prevention, Identification,
Investigation, Protection, Reporting and
Response [sic]" (Revised 11/14/17), indicated,
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:

555020

XII) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X2) DATE SURVEY
COMPLETED

C
02/07/2019

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 LEG IDENTIFYING INFORMATION)

ID
PREFIX
TAG
PROVIDER’S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCES TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

F 609 Continued From page 2
“The nurse manager, charge nurse, and nursing
supervisor shall... v. Notify within 24 hours the
State Survey Agency on weekends and holidays.
During regular business days, the reporting
function to the State Survey Agency is performed
by Risk Management Nurses.”

F 689 Free of Accident Hazards/Supervision/Devices
CFR(s): 483.25(d)(1)(2)

§483.25(d) Accidents.
The facility must ensure that -
§483.25(d)(1) The resident environment remains
as free of accident hazards as is possible; and

§483.25(d)(2) Each resident receives adequate
supervision and assistance devices to prevent
accidents.
This REQUIREMENT is not met as evidenced by:
Based on interview, observation, and record
review, the facility failed to provide supervision for
one resident (Resident 3) in a sample size of
three, when she was left alone on a toilet, fell,
and sustained a right hip fracture. This resulted in
Resident 3’s hospitalization for evaluation and
surgical intervention.

Findings:
Resident 3 was admitted with diagnoses including
Lewy body dementia (neurological disorder
resulting in progressive failure of cognition and
memory, as well as progressive loss of physical
functional abilities), general debility, and failure to
thrive.

During an interview with concurrent observation
on 4/24/18 at 12:20 pm, Risk Manager (RM) 1
F 689 Continued From page 3
confirmed there were no gloves inside the
bathroom between the dining/activity room (called
the "great" room) and the elevators and that the
bathroom had a call light.

During an interview on 4/24/18 at 3:35 pm,
Registered Nurse (RN) 1 reported she observed
Resident 3 in the great room in her wheelchair
(W/C) and kept getting up and triggering a chair
alarm. Resident 3 verbalized repeatedly and with
urgency that she needed to go the toilet. RN 1
brought Resident 3 to the bathroom close to the
great room. Resident walked from W/C to toilet
with RN 1 assisting. RN 1 reported she told
Resident 3: "... [Resident 3's name redacted], I
will be back. I just need to get some gloves," to
which Resident 3 replied, "Okay". RN 1 reported
she left the bathroom to get gloves near the sink
in the great room and took, "not even a minute"
RN 1 reported she returned, opened the
bathroom door, and found Resident 3 on the floor
on her right side.

Record review of facility Medical Doctor (MD)
Discharge Summary for 3/27/18 noted resident
was admitted 2/15/18 for comfort care with
diagnoses including Lewy body dementia, general
debility, and failure to thrive. After a fall 3/26/18,
resident, "... immediately felt pain in the right hip.
X-ray on March 27 demonstrated an impacted
comminuted [break or splinter of bone with more
than two fragments] fracture of the right femoral
leg," and was transferred to a General Acute
Care Hospital (GACH) for an orthopedic
8:24 am noted, "Impact fracture through the right
femoral neck." RN Progress Note dated 3/26/18
at 8:05 pm noted, "Resident fell in the toilet
approximately 4:20 [sic] this afternoon. She was
**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
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<tr>
<td>F 689</td>
<td>Continued From page 4 found lying on her right side with the garbage can beside her. Noted 4 cm (centimeters, a metric measure of length/distance) x 2 cm superficial abrasion [scrape] on her right posterior [back of head] scalp. Also, complained of right groin pain.</td>
<td>F 689</td>
<td>Record review of Resident 3's Minimum Data Set (MDS) dated 2/26/18 noted resident was, &quot;not steady, only able to stabilize with staff assistance&quot;, fox, &quot;moving on and off toilet&quot;, and used a W/C for mobility. MDS noted resident was on two antidepressants, had a pressure reducing device for the bed, had a diagnosis of dementia with Lewy bodies (non-Alzheimer's dementia), was frequently incontinent of urine, was occasionally incontinent of bowel, had cognitive impairment, and resident required extensive assistance by one person for toileting.</td>
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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<td>555020</td>
<td>A. BUILDING</td>
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<td>B. WING</td>
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<td>(X3) DATE SURVEY COMPLETED</td>
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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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| F 689              | Continued From page 5  
Record review of GACH operative report dated 3/28/18 indicated resident had a right hip hemiarthroplasty for fracture.  
Record review of GACH Discharge Summary dated 4/2/18 noted GACH Physical Therapy saw Resident 3 last on 4/1/18: "Patient seen for 45 minutes for bed mobility and transfers training. Attempted to have patient sit up in w/c per charge RN recommendation but patient unsafe and became hyper aware of Rt [right] hip when seated... Unable to perform stand step transfer to w/c from bed; stand pivot transfer to w/c with 2nd person managing operative leg to maintain precautions while patient pivots on nonoperative leg." D/C Summary also indicated Resident 3 was prescribed enoxaparin (anticoagulant medication) for 30 days, oxycodone (opioid analgesic) 10 milligrams every four hours as needed, along with acetaminophen (generic Tylenol, an analgesic) around the clock. | F 689          |                                                                                                  |                     |
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<td>F 000</td>
<td>Refer to the CMS-2567 for the above referenced FRIs</td>
<td>F 000</td>
<td>This Plan of Correction is the response by Laguna Honda Hospital and Rehabilitation Center (&quot;Laguna Honda&quot; or &quot;facility&quot;) 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 two Abbreviated Standard Survey conducted for Facility Reported Incident (FRI) investigation CA580970 and CA582041, that were initiated on April 24, 2018; and completed on February 7, 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.</td>
<td>N/A</td>
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<td>F 609</td>
<td>Refer to the CMS-2567 for the above referenced FRIs</td>
<td>F 609</td>
<td>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. Resident 1 was provided with lanyard to keep her drawer key in her possession at all times. Care team monitored resident and there was no negative impact or change from baseline resulting from incident.</td>
<td>4/10/2018</td>
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<td>The Executive Administrator will issue a memo to remind staff of the mandated 2-hour reporting requirement involving allegations of abuse including theft and misappropriation of property. The policy and procedure titled “Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response” was revised on September 11, 2018 to include an informational grid to emphasize the 2-hour</td>
<td>2/28/2019</td>
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**ATTACHMENT A**

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENTS (FRI) NO. CA580970 and CA582041

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<td>reporting protocol to the California Department of Public Health Licensing and Certification Program.</td>
<td>3/1/2019</td>
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<td>Other Laguna Honda employees have been directed to complete an in-service in response to the issued deficiency for failure to timely report allegations of abuse including theft to the State Survey agency. 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.</td>
<td>2/26/2019 and on-going</td>
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<td>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, including theft and misappropriation of resident property 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.</td>
<td>2/11/2019 and on-going</td>
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<td>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 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.</td>
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<td>F 689</td>
<td>Refer to the CMS-2567 for the above referenced FRIs</td>
<td>F 689</td>
<td>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.</td>
<td>03/26/2018</td>
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<td>Resident 3 was immediately examined by MD and RN on 3/26/2018 and was sent to ED for evaluation and underwent a right hemiarthroplasty. Pain management, and Rehab evaluation was initiated, and coach was assigned for safety.</td>
<td>03/29/2018</td>
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<td>A root cause analysis (RCA on the incident was performed by the Nurse Manager on 4/4/2018. The neighborhood staff were educated on the RCA findings related to the incident. Changes were made based on results of the RCA to help prevent future incidents, which include reviewing toileting plans for residents who require a scheduled toileting schedule, instructing staff to not leave residents with limited or extensive assistance unattended.</td>
<td>03/29/2018 and on-going</td>
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<td>Charge Nurses monitor and ensure residents whose care plans need frequent toileting are met. Nurse Managers started tracking daily incidents of falls (when applicable) and created visual displays of aggregated data for unit staff to understand their performance related to falls over specific time periods.</td>
<td>4/26/2018</td>
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<td>Glove boxes were installed directly outside the doors of all neighborhood hallway entrance restrooms.</td>
<td>5/22/2018</td>
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<td>All facility employees received a hospital-wide in service on fall prevention and post-fall management on 5/22/2018. The Nurse Educator was responsible for developing the in-service.</td>
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### ATTACHMENT A

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

**PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENTS (FRI) NO. CA580970 and CA582041**

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<td>All Laguna Honda employees have been directed to complete an in-service in response to the issued deficiency for failure to ensure free of accident hazards as possible. 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.</td>
<td>3/1/2019</td>
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<td>If a resident fall with major injury occurs, all Nurse Managers are required to complete an RCA. Results of the post-fall RCA will be reported to the Nursing Quality Improvement Council (NQIC) on a quarterly basis for data and trends analysis; and to the Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety Committee (PIPS) on a bi-annual basis. The assigned Nurse Manager or Clinical Nurse Specialist and/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 regulatory and safety standards.</td>
<td>06/10/2018 and on-going</td>
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**PAGE 4**