STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555020	A. BUILDING _____ B. WING _____	C 11/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF	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. Facility reported incident: 630285 Representing the California Department of Public Health: ID 39224, Health Facilities Evaluator Nurse The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of facility reported incident 630285.	F 000	**Please see 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 | TITLE | (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.

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F 600	Continued From page 1 Based on observation, interview, and record review the facility failed to protect residents from abuse for one resident (Resident 1) when he was verbally abused and shown cartoon porn by one staff (Porter 1). This failure resulted in mental abuse which is the use of verbal conduct which causes or has the potential to cause the resident to experience humiliation, fear, anger, agitation. Findings: Resident 1 was admitted to the facility on 6/14/18 for comfort focused care. Resident 1's admitting diagnoses HIV (Human immunodeficiency virus is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases), chronic pain (chronic pain is often defined as any pain lasting more than 12 weeks) and major depression (a mental disorder characterized by a persistently depressed mood and long-term loss of pleasure of interest in life.) The brief interview for mental status (BIMS, a short scanner to help detect cognitive (intellectual activity such as thinking, reasoning, remembering) impairments (loss of function) indicated a score of 15, which is the maximum score with no cognitive defects. During an interview with NM (nurse manger) on 5/1/19 at 10:45 AM, she acknowledged that a porter (Porter 1) verbally abused a resident by saying he smelled and showed him porn on his phone. This occured on 3/24/19 around 9:30 PM in the Pavillion and it was reported to her on 3/25/19 at approximately 8:30 AM by staff RN 1.	F 600		

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F 600	Continued From page 2 During observation and interview on 5/1/19 at 11:00 AM, Resident 1 was in his room napping. He stated he didn't want to talk with the surveyor. Record review of the Nursing Progress Notes dated 3/25/19 at 2:29 PM by RN 1 indicated, " This morning ...Resident stated, he (Resident 1) heard the porter (Porter 1) talking about him of how he smell, bad words and showing the cartoon porn with assassinations to them (3) residents... Per Resident, he feels abuse, disrespected, appeared sad... After lunch Resident (Resident 1) was rechecked, asked how he feels, he said, he feels belittled, disrespected and feel threatened of what the porter did... " Record review of the Nursing Progress Notes dated 3/26/19 at 4:42 PM by RN 1 indicated, "This morning during breakfast time, Resident was visited.....he (Resident 1) stated, not feeling happy, not feeling good still affected of the incident.." Record review of the Medical Social Work Progress Note dated 3/27/19 at 10:42 AM by LCSW, LCSW indicated," I spoke with resident today regarding how he was feeling after reported incident with porter. He (Resident 1) said, I am depressed and angry. All I want to do is be alone and sleep...." Record review of the Nursing Progress Notes dated 3/27/19 at 1:52 PM by RN 1 indicated,"... resident (Resident 1) up in manual wheel chair..., footrest in the wheel chair next to him..., he (Resident 1)was holding the foot rest and said that this is the weapon gonna use to kill/hit the involved staff..."	F 600		

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F 600	Continued From page 3 The facility policy,"Abuse and Neglect Prevention, Identification, Investigation, Protection , Reporting and Response," Revised date September 11, 2018, under Policy indicated: 1. "LHH employees and volunteers shall strive to protect residents from physical, psychological, fiduciary and verbal abuse and neglect..." Definition: 1. Abuse, is defined at §483.5 as "the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish."	F 600		

San Francisco Health Network
Laguna Honda Hospital
and Rehabilitation Center

375 Laguna Honda Blvd., San Francisco, CA 94116-1411
Provider ID: 555020
Facility Reported Incident CA630285
Date of Survey Completed 11/26/2019

Plan of Correction

F 000

This Plan of Correction is the response by Laguna Honda Hospital and Rehabilitation Center ("LHH" 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 November 26, 2019 and received by the facility on January 13, 2020 as part of facility reported incident CA630285. 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.

Plan of Correction

F600

§ 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.

(a) The facility must-

(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

CDPH concluded that this **REQUIREMENT** was not met when the facility failed to protect residents from abuse for one resident (Resident 1) when he was verbally abused and shown cartoon porn by one staff (Porter 1). This failure resulted in mental abuse which is the use of verbal conduct which causes or has the potential to cause the resident to experience humiliation, fear, anger, agitation.

Immediate Corrective Actions:

1. **Nursing Supervisor and Nurse Manager promptly initiated an investigation upon receiving report of the alleged abuse from RN1. Abuse protocol was implemented.**
2. **The Unit physician was notified of the allegation of abuse and a wellness assessment was conducted.**
3. **The resident was monitored for 72-hours by the Resident Care Team (RCT) for any change in mood, behavior and activities. The resident was provided with psychosocial support by the RCT and any changes in mood or activities were noted in the electronic health record (EHR).**

   Responsible Person:

   Unit Nurse Manager.

   Completion Date:

   March 27, 2019.

Corrective Actions:

4. **Staff 1 received education on Key Elements of Good Customer Service. Staff 1 is no longer employed by LHH.**

   Responsible Person:

   Director of Environmental Services.

   Completion Date:

   August 30, 2019.

5. **Resident Education Flyers regarding cell phone use was placed in each residents' room throughout LHH to reinforce the education provided in the Neighborhood Community Meetings for residents, that visitors and guests of LHH are prohibited from taking photographs and videos of residents without their (or their representatives) consent.**

   Responsible Person:

   Assistant Hospital Administrator.

   Completion date:

   May 31, 2019.

   Monitoring:

   Placement of flyers will be reviewed as part of the nursing environment of care rounds to ensure that they remain accessible for all residents.

Plan of Correction

6. **Alert residents (as assessed from the residents MDS) were educated by the Resident Care Team (RCT) at community meetings regarding the Laguna Honda policy regarding personal cell phone use in patient care areas. This information was also presented at Residents Council Meeting on March 1, 2019.**

   Responsible Person:

   Chief Nursing Officer.

   Completion date:

   May 31, 2019.

   Monitoring:

   This education was evidenced in the Community Meeting and Residents Council Minutes.

7. **During the Leadership Forum on June 12, 2019, training was provided to managers, supervisors and directors on appropriate etiquette regarding use of electronic devices, for those staff that did not attend presentation is available for staff to access on the hospital intranet.**

   Responsible Person:

   Deputy Director of Office of Compliance and Privacy Affairs.

   Completion date:

   June 15, 2019.

   Monitoring:

   Sign in sheet was reviewed to ensure all staff required to understand this information were present, for those staff that did not attend presentation is available for staff to access.

8. **To sustain the detection of other residents having the potential to have been affected by the same deficient practice, Nurse Managers and other members of the resident care team will continue resident check-ins with each resident on every neighborhood on a weekly basis. The tool includes assessment methods for residents unable to communicate. The questions and frequency of the check-in will be adjusted based on data outcomes. Any issues identified during resident interviews are immediately escalated according to the abuse protocol.**

   Responsible Person:

   Chief Nursing Officer.

   Completion Date:

   June 30, 2019 and ongoing.

   Monitoring:

   The Nurse Program Director will monitor compliance monthly until three consecutive months of 95% compliance or greater has been achieved. Compliance shall be reported to Nursing Quality Improvement Committee (NQIC), Performance Improvement and Patient Safety Committee (PIPS), and the Medical Executive Committee (MEC), these committees shall report overall compliance to the Joint Conference Committee (JCC), the Governing Body.

Plan of Correction

9. **Signage (Community Education) was placed throughout LHH to ensure that staff, visitors and guests of LHH understand that the recording of videos and photographs of residents without their (or their representative) consent is prohibited.**
   Responsible Person:
   Manager of Administration.
   Completion date:
   August 15, 2019.
   Monitoring:
   Placement of signage will be reviewed as part of the nursing environment of care rounds to ensure they remain in place.

10. **A memo was created that was circulated to all staff, requiring a read and sign. This memo contained information on what actions to take should they see, hear or suspect abuse in their role as mandated reporters.**
    Responsible Person:
    Chief Nursing Officer.
    Complete:
    July 12, 2019.
    Monitoring:
    Respective Department Managers and Supervisors are responsible for monitoring staff completion of the read and sign. Compliance with all in-service and education will be monitored and reported monthly until three consecutive months of 95% compliance or greater has been achieved. Compliance shall be reported to NQIC, PIPS and MEC, these committees reporting overall compliance to JCC.

11. **All Laguna Honda employees completed two in-service trainings, the first regarding their role as mandated reporters and timely reporting to the California Department of Public Health (CDPH), submission of Ombudsman report (SOC-341). The second in-service contains education regarding identification of abuse, abuse prevention, privacy and confidentiality, and resident monitoring and support.**
    Responsible Person:
    Nurse Educator.
    Completion Date:
    August 15, 2019.
    Monitoring:
    Respective Department Managers and Supervisors are responsible for monitoring staff completion of the in-service. Compliance with all in-service and education will be monitored and reported monthly until three consecutive months of 95% compliance or greater has been achieved. Compliance shall be reported to NQIC, PIPS and MEC, these committees reporting overall compliance to JCC.

Plan of Correction

12. LHH developed several strategies to robustly educate, reinforce and sustain the staff's knowledge and awareness of their role as mandated reporters at LHH. These actions include, but are not limited to:

- **"Badge Buddies" (physical cards that hang behind the ID badges that each staff member is required to wear at all times) were created with the reporting requirements to State Agencies, Ombudsmen, Law enforcement and Nursing Operations to provide a quick reference. These badge buddies will include the relevant telephone numbers.**
- **In-services with accompanying post-tests. This training includes procedures and information as mandated reporters to report incidents of abuse directly and within 2 hours to CDPH, the Ombudsman, local law enforcement (when applicable), and Nursing Operations. This in-service will include identification and prevention of abuse, resident monitoring and support.**
- **Additional posters for all neighborhoods with reporting guidelines and contact information for State Agencies, Ombudsmen and Law Enforcement and Nursing Operations.**

Responsible Person:

Chief Nursing Officer.

Completion Date:

August 15, 2019 and ongoing.