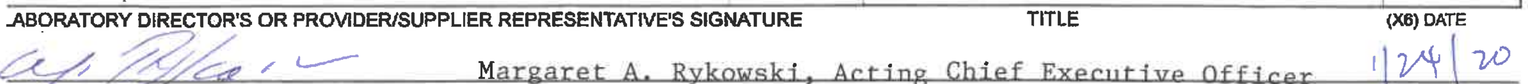
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 11/20/2019

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: 650653 Representing the Department: ID: 31794, Health Facilities Evaluator Nurse The inspection was limited to the specific Facility Reported Incident (FRI) investigated and does not represent the findings of a full inspection of the facility. One deficiency was writted as a result of facility reported incident 650653.	F 000	**Please see attachment A**	
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility	F 550		

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 550	Continued From page 1 must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure one resident (Resident 1) was treated with respect and dignity when one staff (Unit Clerk, UC 1) witnessed another staff (Patient Care Assistant, PCA 1) "forced feed" Resident 1 despite resident's objection and refusal to continue to eat. This deficient practice resulted in Resident 1 "crying" and feeling "frustrated". Findings: During an interview on 8/22/19 at 11:09 AM, the Risk Manager (RMN) 1 stated one Unit Clerk (UC	F 550		

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F 550	Continued From page 2 1) witnessed a Patient Care Assistant (PCA) 1 "forced fed" Resident 1 during breakfast on 2/14/19. The RMN 1 stated initially, the PCA 1 acknowledged forced feeding resident and when the allegation was re-opened on 8/14/19 the PCA 1 stated she thought forced feeding was to "encourage resident to eat." Review of the Patient Demographics indicated Resident 1 was admitted to the facility on 4/25/17. The Physician Progress notes dated 2/21/19 indicated a diagnoses including "Parkinsonism" (any condition that causes a combination of the movement abnormalities seen in Parkinson's disease, such as tremor, slow movement, impaired speech or muscle stiffnes) and presbyopia (farsightedness caused by loss of elasticity of the lens of the eye). During an interview with the Nurse Manager (NM) 1 on 8/30/19 at 3:45 PM, the NM 1 stated Resident 1 was alert, able to response appropriately at all times and was a total feed due to vision and limited hand mobility related to his Parkinson's Disease (group of conditions called motor system disorders). The NM 1 stated on 2/14/19 Resident 1 was forced fed his meal by PCA 1, it was witnessed by another staff (Unit Clerk, UC 1). During an observation on 8/30/19 at 4:40 PM, Resident 1 was in the Dining Room (DR) awake, alert, sitting in his wheelchair. Resident 1 was able to respond to simple questions appropriately (such as: How are you?) with some difficulty articulating words and his left hand was in a continuous shaking movement. Resident 1 could not recall the incident on 2/4/19.	F 550		

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F 550	Continued From page 3	F 550		

During an interview on 9/26/19 at 3:35 PM, the Unit Clerk (UC) 1 stated she witnessed PCA 1 forced feed food to resident's mouth on 2/4/19 at breakfast time. The UC 1 stated she was seated in the Nursing Station, in front of the DR (called the Great Room), saw Resident 1 "crying", looked "frustrated", and went to his room. The UC 1 stated she asked the PCA 1 who fed the resident and was told "we're short" (short staffing). The UC 1 stated the PCA 1 took resident back to the table and Resident 1 verbalized he did not want to eat, would not open his mouth, said "no" and would shake his head and put hands on his face. The UC 1 stated she saw the PCA 1 forced feeding food to resident's mouth, trying to feed cereal with an opened carton of milk that came from another resident's table and cranberry juice, and saw Resident 1 "crying", saying "why did she do that to me?" and he was "very hurt".

During an interview on 9/26/19 at 2:20 PM, the Licensed Vocational Nurse (LVN) 1 stated the PCA 1 told her Resident 1 would say "no" to food but when food was put in his mouth he would eat and told the CNA 1 that, if resident did not want the food, she should "stop". The LVN 1 stated resident was alert, knew how to express his needs and was more calmer if not forced, otherwise, resident would screamed and say "no"

During a review of the Investigation of Alleged Abuse (IAA) document dated 8/22/19 it indicated two other staff (PCA 2 and CNA 1) witnessed the incident on 2/4/19, when Resident 1 was seen "crying", and was "upset" because the "staff kept on telling him he needs to eat even though he already said no." The IAA document concluded the incident was "substantiated".

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F 550	Continued From page 4	F 550		

During an interview on 8/26/19 at 2:37 PM, the PCA 2 stated on 2/4/19 she saw Resident 1 was "crying" and resident said "the girl, he was force feeding me". When asked the PCA 2 stated if resident would say he did not want it, she would stop feeding him, because "I could not force them to eat, they know what they want" and would check with the resident later to give some alternate food.

During an interview on 9/26/19 at 3:08 PM, the Certified Nurse Assistant (CNA) 1 stated on 2/4/19 she saw Resident 1 was "crying" and was saying "I did not want to eat." When asked the CNA 1 stated if resident did not want to eat, I would stop feeding him, not push him to eat, would come back and offer something different, because they (residents) have the right to say no.

During an interview on 9/26/19 at 3:16 PM the PCA 1 stated resident's baseline was to say "no" when food was offered, he would looked at the food, would not touched it but when it was given to him he would eat it. The PCA 1 stated she would set up the tray infront of the resident, opened the food and offer it to the resident. The PCA 1 stated force feeding means pushing food to resident's mouth. The PCA 1 stated she was not providing care for the resident anymore and was moved to work in another department.

Review of the facility policy on Resident's Rights with the last revised date of 7/9/19 indicated: "policy: 1. Patients/Resident's rights are honored ... . Purpose: To Assure resident is knowledgeable about his/her rights ... .

Review of the facility policy titled "Appendix A, List of Residents' / Patients' Rights with the last

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F 550	Continued From page 5 revised date of 7/9/19 indicated: "I. Exercising Your Rights: 1. ... II. Planning and Implementing Your Care: You have the right to: 1. Considerate and respectful care, .. . You have the right to respect .... preferences. ... "	F 550		

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 CA650653
Date of Survey Completed 11/20/2019

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 20, 2019 and received by the facility on January 13, 2020 as part of facility reported incident CA650653. 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.

375 Laguna Honda Blvd., San Francisco, CA 94116-1411
Provider ID: 555020

Plan of Correction

F550
§ 483.10 Resident Rights

(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.

(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

CDPH concluded that this **REQUIREMENT** was not met when the facility failed to ensure one resident (Resident 1) was treated with respect and dignity when one staff (Unit Clerk, UC 1) witnessed another staff (Patient Care Assistant, PCA 1) "forced feed" Resident 1 despite resident's objection and refusal to continue to eat. This deficient practice resulted in Resident 1 "crying" and feeling "frustrated".

Immediate Corrective Actions:

1. **LHH staff was notified of an allegation of abuse through the LHH Compliance Hotline on 08/14/19 regarding Resident 1 and PCA 1. PCA 1 was removed from the resident care area and assigned to a non-clinical resident care assignment immediately on 08/14/19.**
   Responsible Person:
      Unit Nurse Manager.
   Completion Date:
      August 14, 2019.

2. **Nursing Supervisor and Nurse Manager promptly initiated an investigation upon receiving report of the alleged abuse. Abuse protocol was implemented. The Unit physician was notified of the allegation of abuse and a wellness assessment was conducted.**
   Responsible Person:
      Unit Nurse Manager.
   Completion Date:
      August 18, 2019.

Plan of Correction

Immediate Corrective Actions (continued):

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:
   August 18, 2019.

4. **PCA 1 received education on Abuse Prevention, Code of Conduct, Professionalism, and Nursing Re-Education.**
   Responsible Person:
   Nurse Educator.
   Completion Date:
   August 19, 2019.

5. **The RCT met to discuss the incident and review the plan of care for Resident 1. Resident 1 was relocated to another unit on 06/21/2019 and PCA 1 was no longer assigned to Resident 1. It was noted that the resident had improved with the approach of staff assisting in meal tray setup and assisting Resident 1 in locating food during mealtime.**
   Responsible Person:
   Unit Nurse Manager.
   Completion Date:
   August 23, 2019.

Corrective Actions:

6. **Unit staff received re-education on Resident Rights, including Exercise of Rights (the right of the resident to exercise his/her rights), and what constitutes force feeding.**
   Responsible Person:
   Unit Nurse Manager.
   Completion Date:
   January 22, 2020.

Plan of Correction

7. **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.

8. **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.

Plan of Correction

9. **Nurse Managers for all Neighborhoods initiated a standardized tool and process to conduct employee supervision and check in with all nursing staff members, this supervision takes the form of direct observation of staff member undertaking resident care, employee interview to identify any staff burn out, and establish venue if employee have any concerns with regards to any peers or overall feedback, and manager also provides feedback to employee based on care observation. This process gives staff an opportunity to raise concerns privately and allows the Nurse Manager to observe staff performance.**

   Responsible Person:

   Chief Nursing Officer.

   Completion Date:

   July 15 and ongoing.

   Monitoring:

   Completion data will be reported to the Chief Nursing Officer. Individual staff members will receive feedback as part of the process. Staff with opportunities to improve their practice will be coached and counselled in real time by the nurse manager. Staff with ongoing performance issues will be managed according to LHH Human Resources processes. Compliance shall 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.

10. **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

11. 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.