



I. PENDING SURVEYS

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| 1. Life Safety Code Survey | unannounced (open survey window) |
| 2. Annual Long-Term Care/Skilled Nursing Facility CMS Recertification Survey | unannounced (last survey October 9-15, 2018) |

II. COMPLETED SURVEYS

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| 1. FRI Abbreviated Survey | June 4-10, 2019 | Anticipate Deficiencies |
| Exit conference completed onsite, CDPH were unable to give specific anticipated deficiencies for 23 FRI related to allegations of abuse, pending supervisor review. | | |

III. ACCEPTED PLANS OF CORRECTIONS

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| 1. FRI Infection Prevention and Control | April 29, 2019 |
| 2. FRI 7 cases Abuse | September 6, 2018 |

SUMMARY OF PLANS OF CORRECTIONS (POC) SUBMITTED

Facility Reported Incident	Corrective Actions	Monitoring Plan(s)
FRI NO. CA585812 F880 – Infection Prevention & Control Submitted on May 20, 2019	The following measures were implemented to address concerns regarding the Laguna Honda Hospital (LHH) infection prevention and control program: <ul style="list-style-type: none"> • The Infection Control Policy and Procedure File 72-01 C17 Pediculosis (Lice) Management was revised to align with most current CDC recommendations • The Infection Control Policy and Procedure File: 72-01 E3 Barbers and Beauticians was revised to address disinfection of equipment by barbers and beauticians, and nursing responsibility to cut hair of residents with lice infestation • A memo from the Chief Nursing Officer (CNO) and the Infection Control Nurse was sent to Nursing staff to remind them of the standard practice per LHH Infection Control Policy and Procedure File 72-01 C17 Pediculosis (Lice) Management. • On-line in-service for Nursing staff was provided regarding the revisions made to Infection Control 	A Quality Assurance (QA) review of each incidence of resident lice infestation will be conducted by the Infection Control Nurse to monitor compliance with the revised policy and procedure on Pediculosis (Lice) Management. Results from the QA review will be reported quarterly to Nursing Quality Improvement Council (NQIC), and bi-annually to Skilled Nursing Facility (SNF) Performance Improvement and Patient Safety (PIPS) Committee. The Quality Management Nurse Manager is responsible for monitoring reporting compliance to NQIC; and to the SNF PIPS Committee.



SUMMARY OF PLANS OF CORRECTIONS (POC) SUBMITTED		
Facility Reported Incident	Corrective Actions	Monitoring Plan(s)
	Policy & Procedure File 72-01 E3 Barber and Beauticians, and File 72-01 C17 Pediculosis (Lice) Management.	
FRI NO. CA598346, CA598379, CA598789, CA599885, CA600372, CA599898 and CA600385 F600 – Free from Abuse and Neglect Submitted on February 21, 2019	<ul style="list-style-type: none"> LHH has placed signage in elevators to remind residents and staff to be mindful of others when entering and exiting elevators. Residents have been reminded to practice safe etiquette when entering and exiting elevators and doors. LHH employees have completed an in-service in response to the issued deficiencies for failure to prevent verbal and physical abuse. Unit Nurse will conduct quality audits (QAs) of: newly admitted or relocated residents and monthly check-ins with residents. The number of monthly incidents of resident to resident abuse (both verbal and physical) from all 13 neighborhoods is being tracked by Quality Management 	Nursing Program Directors are responsible for monitoring compliance. <ul style="list-style-type: none"> Findings from the monthly check-ins will be reported to the NQIC on a quarterly basis by Nursing Program Directors Findings from the monthly check-ins will be reported to the SNF PIPS Committee on a bi-annual basis by the CNO. Results from the monthly audits will be aggregated and reported to the Resident Safety and Abuse Prevention Performance Improvement Team to identify further opportunities for improvement by the Quality Management Nurse Manager or designee. <ul style="list-style-type: none"> Compliance with the corrective actions will be reported to NQIC on a quarterly basis, and to the SNF PIPS Committee bi-annually by quality management.
F610 – Investigate/Prevent/Correct Alleged Violation	<ul style="list-style-type: none"> LHH has further revised its policy and procedure on "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response" that includes the 2-hour reporting requirement to the Survey agency for both F608 and F609 (regarding events involving allegations of abuse, neglect, exploitation, mistreatment, injuries of unknown source, misappropriation of resident property and voluntary seclusion). Staff have been directed to complete an on-line in-service in response to the identified deficiency, for failure to timely report allegations of abuse to the State Survey agency. 	



IV. SITE VISITS FOR COMPLAINTS

There are new site visits for anonymous complaints for the reporting period. The following two investigations are still currently pending results.

- i. **CDPH Investigation Visit** (02/07/19) regarding a complaint due to quality of care from UCSF.
The result of the investigation is currently pending.
- ii. **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.

V. FACILITY REPORTED EVENTS

During the reporting period (May – June 2019) LHH submitted a total of 51 FRIs to CDPH, these include allegations of abuse, adverse events and other reportable issues. Internal investigations are complete. CDPH have initiated investigation into some cases but final determination of any deficiencies has not been determined.

May 20 cases

June 31 cases