

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

PRINTED: 05/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/2019
--------------------------------------------------	-------------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------------------------

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 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 Department of Public Health during an Abbreviated Standard Survey. Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. For Complaint no. CA585812 regarding Infection Control, the Department was able to substantiate a violation of Federal regulations and issued a deficiency. Representing the California Department of Public Health: 31983, Health Facilities Evaluator Nurse	F 000	See Attachment A for the Plan of Correction for CA585812	
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>M. Valencia for M. Hirox</i>	TITLE <i>Chief Nursing Officer</i>	(X6) DATE <i>5/20/19</i>
--------------------------------------------------------------------------------------------------------------	-------------------------------------------	---------------------------------

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.

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

PRINTED: 05/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/25/2019
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 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 880	<p>Continued From page 1</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	F 880		

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

PRINTED: 05/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/25/2019	
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 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 880	<p>Continued From page 2</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to decontaminate a set of hair clippers used to remove head lice as per their policy and procedure. This could have resulted in the spread of head lice to other residents.</p> <p>Findings:</p> <p>Resident 1 was admitted with diagnoses including a right cranial (brain) aneurysm (an excessive localized enlargement of an artery caused by a weakening of the artery wall).</p> <p>During an interview on 5/23/18 at 2:20 pm, Unit Clerk 1 reported she could not recall if she informed Cosmetologist 1 that the set of hair clippers borrowed from her had been decontaminated.</p> <p>During an interview on 5/23/18 at 2:30 pm, Nurse Manager 1 reported the set of hair clippers had been soaked in hot water for 15 minutes, but the temperature of the water was not determined.</p> <p>During an interview on 5/23/18 at 2:50 pm,</p>	F 880		

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

PRINTED: 05/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/25/2019
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 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 880	<p>Continued From page 3</p> <p>Patient Care Assistant (PCA, a Certified Nursing Assistant) 1 reported he was instructed by Charge Nurse (CN) 1 to decontaminate the set of hair clippers after they had been used to cut Resident 1's hair. PCA 1 reported he soaked them in hot water for 15 minutes but the temperature of the water was not determined.</p> <p>During an interview on 5/23/18 at 3:01 pm, Cosmetologist 1 reported she was not informed that her set of hair clippers had been used to remove Resident 1's hair with lice and that Cosmetologist 1 was informed by Resident 1 after the set of hair clippers had been returned.</p> <p>Record review of facility policy and procedure for "Pediculosis (Lice) Management " (Revised 7/12/16), noted "Disinfect the wheelchair, commode, transport gurney (if used), bed bedside table and furniture inside and outside the room with the approved hospital wide disinfectant ."; Soak personal items such as combs, brushes, hair bands, and barrettes,]in soapy hot water for one hour."; and "items that cannot be laundered shall not be sealed in a plastic bag and stored for 2 weeks."</p> <p>Record review of California Health and Safety Code, found at http://www.barberosmo.ca.gov/laws_regs/art12.shtml, noted: "980. Disinfecting Electrical Tools. (a) Clippers and other electrical tools shall be disinfected prior "to each use in the following sequential manner: (1) First removing all visible debris; and (2) Disinfect with an EPA-registered disinfectant spray or wipe with demonstrated</p>	F 880		

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

PRINTED: 05/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/25/2019
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 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 880	Continued From page 4 bactericidal, fungicidal, and virucidal activity used according to manufacturer's instructions." During an interview on 5/24/18 at 9:55 am, Communicable Disease Control Unit Supervisor 1 reported that nits could be distributed to others from an improperly decontaminated set of hair clippers.	F 880			

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR ANONYMOUS COMPLAINT NO. CA585812

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
F 000	Refer to the CMS-2567 for the above referenced FRIs	F 000	<p>This Plan of Correction is the response by Laguna Honda Hospital and Rehabilitation Center ("Laguna Honda" 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 May 9, 2019, and received by the facility on May 10, 2019, for an Abbreviated Standard Survey conducted for an Anonymous Complaint investigation number CA585812 that was initiated on May 23, 2018, and concluded on April 25, 2019. The submission of this Plan of Correction does not constitute an admission to 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.</p>	N/A
F 880	Refer to the CMS-2567 for the above referenced FRIs	F 880	<p>Laguna Honda has established and maintained an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections.</p> <p>Resident 1 was noted to have lice on her hair on 4/17/218 and was immediately moved to the isolation room. The resident was promptly started on pediculosis (lice) treatment on the same day, and her belongings were bagged for 14 days and stored off the neighborhood. Contact precaution was discontinued on 5/1/2018 after the Resident 1 no longer had evidence of lice on her scalp for 4 days. There was no transmission of lice to any</p>	5/1/2018

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR ANONYMOUS COMPLAINT
NO. CA585812

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>other resident on the neighborhood or the rest of the facility.</p> <p>The hair clippers that had been used to cut Resident 1's hair was not used on any other resident and was discarded by the Beautician (referenced as Cosmetologist 1 on Form CMS-2567), and therefore did not pose a risk of spread to other residents. Additionally, the facility's then current Infection Control policy and procedure File 72-01 E3 Barber and Beauticians at the time of the incident assigns the Beautician as responsible for thoroughly washing all instruments with soap and water after use by each resident and to disinfect in fresh Barbicide solution; and also to follow Procedure 7, that states, "All supplies or instruments which come in contact with residents are to be disinfected using the Oster Spray and Barbicide.." The disinfectant, Barbicide meets the criteria as an EPA-approved combination germicide, pseudomonacide, fungicide, and viricide as an appropriate disinfectant for use against lice. Therefore, even if the Beautician had no knowledge that the hair clippers had been used on Resident 1, the hair clippers would have been appropriately decontaminated and not pose a risk of spread to other residents.</p> <p>The Infection Control Policy and Procedure File: 72-01 E3 Barbers and Beauticians was revised to update the type of disinfectant to be used for combs and brushes used by the barber and beautician, and a new procedure was added that the barber or beautician is to withhold services if a resident is newly identified with lice infestation and Nursing staff will be responsible for cutting the</p>	<p>5/6/2018</p> <p>9/11/2018</p>

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

PLAN OF CORRECTION FOR ANONYMOUS COMPLAINT
NO. CA585812

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>resident's hair and discarding the disposable scissors after use.</p> <p>The Infection Control Policy and Procedure File 72-01 C17 on Pediculosis (Lice) Management was revised for consistency with CDC recommendations.</p> <p>A memo from the Chief Nursing Officer and the Infection Control Nurse was sent to Nursing staff to remind them of the following:</p> <ol style="list-style-type: none"> 1. Use shampoo without conditioner prior to the application of the pediculicidal medication; 2. Use of disposable scissors when cutting hair of residents with lice; 3. Barbers and beauticians are not to cut the hair of residents with lice; and 4. Fine tooth combs are required for daily nit combing and the combs are to be discarded after use. <p>Nursing staff will be directed to complete an on-line in-service on the revisions made to Infection Control Policy & Procedure File 72-01 E3 Barber and Beauticians, and File 72-01 C17 Pediculosis (Lice) Management, that includes the use of disposable scissors by Nursing staff when requested to cut the hair of a resident who has lice infestation. An on-line in-service will be developed by a designated Nurse Educator in the Department of Education in collaboration with the Infection Control Nurse. Respective Nurse Managers are responsible for monitoring staff completion of the in-service module.</p>	<p>3/12/2019</p> <p>3/18/2019</p> <p>5/25/2019</p>

ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

**PLAN OF CORRECTION FOR ANONYMOUS COMPLAINT
NO. CA585812**

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			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.	5/25/2019 and on-going