

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

PRINTED: 05/24/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAGUNA HONDA HOSPITAL &amp; REHABILITATION CTR D/P SNF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116</b>
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(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an Abbreviated Standard Survey.</p> <p>The inspection was limited to the specific incidents investigated and does not represent the findings of a full inspection of the facility.</p> <p>For Facility Reported Incident nos. CA598346 and CA598379 regarding Resident/Patient/Client Abuse, CA598789, CA599885 and CA600372 regarding Resident/Patient/Client Abuse - Resident to Resident, CA599898 and CA600385 regarding Misappropriation of Property, the Department substantiated a violation of Federal regulations and issued deficiencies.</p> <p>Representing the California Department of Public Health: Surveyor 31983, Health Facilities Evaluator Nurse</p>	F 000	<p><b>See Attachment A for the Plan of Correction for FRI No. CA598346, CA598379, CA598789, CA599885, CA600372, CA599898, CA600385</b></p>	
F 600 SS=E	<p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§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.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or</p>	F 600		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mivic Hirose</i>	TITLE <b>Mivic Hirose, Executive Administrator</b>	(X6) DATE <b>6/7/19</b>
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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	<p>Continued From page 1</p> <p>physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to prevent abuse when Resident 4 verbally abused Resident 11 on 8/11/18, Resident 6 knocked a cigarette out of Resident 5's hands (physical) on 8/2/18, Resident 8 hit Resident 7 on 8/17/18 (physical), Resident 9 misappropriated Resident 9's belongings on 8/17/18, and when Resident 12 emotionally abused Resident 13 on 8/10/18. These failures resulted in the abuse of residents.</p> <p>Findings:</p> <p>1. Resident 4 was admitted with diagnoses including cerebrovascular accident or stroke (CVA). Resident 11 was admitted with diagnoses including intracranial hemorrhage (bleeding within the brain).</p> <p>During an interview on 9/4/18 at 10 am, Risk Manager (RM) 3 reported abuse was substantiated when Resident 4 verbally abused Resident 11 on 8/11/18.</p> <p>Record review of facility policy and procedure, "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response", (revised May 8, 2018), indicated this incident constituted abuse.</p> <p>2. Resident 5 was admitted with diagnoses including human immunodeficiency virus (HIV). Resident 6 was admitted with diagnoses including sepsis (massive infection of the body).</p>	F 600		
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F 600	<p>Continued From page 2</p> <p>During an interview on 9/4/18 at 10:40 am, RM 1 reported physical abuse was substantiated when Resident 6 knocked a cigarette out of Resident 5's hands on 8/2/18.</p> <p>Record review of facility policy and procedure, "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response", (revised May 8, 2018), indicated this incident constituted abuse.</p> <p>3. Resident 7 was admitted with diagnoses including global aphasia (inability to speak or understand speech). Resident 8 was admitted with diagnoses including after care for a below the knee amputation.</p> <p>During an interview on 9/4/18 at 10:40 am, RM 1 reported physical abuse was substantiated when Resident 8 hit Resident 7 on 8/17/18.</p> <p>Record review of facility policy and procedure, "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response", (revised May 8, 2018), indicated this incident constituted abuse.</p> <p>4. Resident 9 was admitted with diagnoses including a pelvic fracture. Resident 10 was admitted with diagnoses including an abcess (localized area of infected tissues).</p> <p>During an interview on 9/4/18 at 10:40 am, RM 1 reported abuse was substantiated when Resident 9 misappropriated items belonging to Resident 10 on 8/17/18.</p> <p>Record review of facility policy and procedure, "Abuse and Neglect Prevention, Identification,</p>	F 600		
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F 600	Continued From page 3 Investigation, Protection, Reporting and Response", (revised May 8, 2018), indicated this incident constituted abuse.  5. Resident 12 was admitted with diagnoses including a fracture of the left arm. Resident 13 was admitted with diagnoses including diabetes mellitus (disorder of the endocrine system).  During an interview on 9/4/18 at 9:50 am, RM 2 confirmed abuse was substantiated when Resident 12 emotionally abused Resident 13 on 8/10/18.  Record review of facility policy and procedure, "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response", (revised May 8, 2018), indicated this incident constituted abuse.  6. Resident 1 was admitted with a diagnosis of CVA (cerebrovascular accident or stroke). Resident 2 was admitted with a diagnosis of physical therapy NEC (Not Elsewhere Classifiable).  During an interview on 9/4/18 at 11:15 am, RM 1 reported abuse was substantiated when Resident 2 physically abused Resident 1 on 8/7/18.  Record review of facility policy and procedure, "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response", (revised May 8, 2018), indicated this incident constituted abuse.	F 600			
F 610 SS=E	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)	F 610			

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F 610	<p>Continued From page 4</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§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 report abuse when Resident 4 verbally abused Resident 11 and the incident was reported late to the California Department of Public Health (Department); and when Residents 14 and 15 were in a potentially abusive incident that was reported late to the Department. These failures could have resulted in further abuse of residents.</p> <p>Findings:</p> <p>1. Resident 4 was admitted with diagnoses including cerebrovascular accident or stroke (CVA). Resident 11 was admitted with diagnoses including intracranial hemorrhage (bleeding within the brain).</p> <p>During an interview on 9/4/18 at 10 am with Risk</p>	F 610			

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F 610	<p>Continued From page 5</p> <p>Manager 3, she reported the facility failed to report verbal abuse with the required two hour period to the Department after the incident was discovered on 8/11/18 at 4:15 pm and reported to the Department on 8/11/18 at 9:47 pm.</p> <p>2. Resident 14 was admitted with diagnoses including anemia (inadequate red blood cell count). Resident 15 was admitted with diagnoses including CVA.</p> <p>During an interview on 9/4/18 at 10:40 am with Risk Manager 1, she reported the facility failed to report potential abuse within the required two hour period to the Department after the incident was discovered on 8/2/18 at 5 pm and reported to the Department on 8/2/18 at 9:37 pm.</p> <p>Record review of facility policy and procedure, "Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response", (revised May 8, 2018), indicated the reporting requirement to the Department for abuse or suspected abuse is two hours.</p>	F 610		
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## ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF  
 PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA598346,  
 CA598379, CA598789, CA599885, CA600372, CA599898 and CA600385

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 FRI	F 000	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 24, 2019, and received by the facility on May 28, 2019, for an Abbreviated Standard Survey conducted for the above seven listed case numbers for Facility Reported Incident (FRI) investigations that were initiated on September 4, 2018, and concluded on September 6, 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.	N/A
F600		F600	<p>Laguna Honda provides resident-centered care in a dignified and respectful environment that maintains or enhances each resident's highest practicable well-being and in full recognition of the resident's individuality.</p> <p><u>1. Residents 4 and 11</u></p> <p>Nursing staff immediately responded after hearing loud voices coming from the room of Residents 4 and 11. There was no physical contact between the two residents. Resident 4 was reminded that yelling at another resident is considered inappropriate behavior. Both residents declined to relocate to another room when offered. Resident 11 verbalized feeling safe in her room and did not appear emotionally distressed.</p> <p>Nursing staff revised the plan of care and made hourly supervision rounds on both residents until Resident 11 opted to relocate to another room on 8/13/18. There were no further incidents of altercation between the 2 residents.</p>	<p>8/11/18</p> <p>8/13/18</p>

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PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA598346,

CA598379, CA598789, CA599885, CA600372, CA599898 and CA600385

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>Resident 4 was discharged from the facility on 8/16/18 when he did not return from being AWOL (absent without official leave). Resident 11 was discharged to the community on 2/21/19.</p>	2/21/19
			<p><u>2. Residents 5 and 6</u></p> <p>Resident 5 was provided with a coach (1:1 supervision) for his personal safety.</p>	8/3/18
			<p>Resident 6 was instructed to stay away from Resident 5, and his interactions monitored by the Zone Manager when in the horse-shoe area, and by other Nursing staff when on his assigned neighborhood.</p>	8/3/18
			<p>There was no further incident between Resident 5 and 6 for the duration of their stay at the facility, or between Resident 6 and other residents. Resident 6 was discharged to the community on 1/2/19. Resident 5 was discharged on 5/21/19.</p>	5/21/19
			<p><u>3. Residents 7 and 8</u></p> <p>Staff immediately intervened following the incident and separated the two residents.</p>	8/17/18
			<p>The physician was notified and assessed Resident 7 with a minor skin break to his left lower lip. The physician ordered a cold compress to the affected area.</p>	8/17/18
			<p>Resident 8 expressed remorse over what occurred on 8/17/18 and stated that he would do his best not to act out and strike out at co-residents and staff. Resident 8 was assessed by psychiatry and prescribed a low dose psychotropic medication based on the symptoms that he exhibited.</p>	8/23/18
			<p>Both Residents 7 and 8 have stayed away from one another and there has been no further altercations between the two residents for the duration of their stay at the facility, or between</p>	1/28/19



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			<p>Resident 8 and other residents. Resident 7 was discharged to the community on 9/26/18 and Resident 8 relocated to North 2 neighborhood on 1/28/19.</p> <p><u>4. Residents 9 and 10</u></p> <p>Staff immediately intervened following the incident and separated the two residents. The physician was notified and assessed both residents with no injuries.</p> <p>Resident 10 was provided reassurance that she would be kept safe on the unit and closely monitored for the next 72 hours following the incident. The resident remained at baseline levels of her mood and activity, and on 8/18/18 stated that she felt safe and had no recall of what had happened on 8/17/18.</p> <p>The Resident Care Team (RCT) met to review the incident that occurred between Residents 9 and 10, and revised their respective care plans to prevent a recurrence. A small magnetic hand bag was purchased for Resident 10 to secure the resident's money and cigarettes and keep them out of sight from other residents. A designated member of the RCT was assigned to contact Resident 9's mother to ask the family member to provide the resident with money to purchase his own cigarettes. There have been no resident altercations between Residents 9 and 10 since the incident on 8/17/18.</p> <p>Resident 9 completed his Occupational therapy treatments and was able to be discharged back to the community on 6/3/19.</p> <p><u>5. Residents 12 and 13</u></p> <p>The Resident Care Team (RCT) met to review the incident that occurred between Residents 12 and 13, and revised their respective care plans to prevent a recurrence. Both Residents 12 and 13 were reminded that the newspaper is the property</p>	<p>8/17/18</p> <p>8/19/18</p> <p>9/30/18</p> <p>6/3/19</p>

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			<p>of the library and that they were not to remove the library copy of the newspaper. The library has made arrangements to have 2 copies of the newspaper available on the Day and PM shift, and that signs will be posted to remind residents not to remove the copies of the newspaper from the library.</p> <p>Resident 12 was provided with his own copy of the TV Guide so that he no longer needs to take the library copy of the newspaper. Both residents verbalized feeling safe at the facility.</p> <p>The RCT will continue to provide emotional support and monitor both residents for any changes in mood and behavior. Both residents agreed to avoid each other and were reminded by the Nurse Manager to seek staff assistance when needed. Resident 13 was provided with a copy of the Grievance form as he wished to express and submit his concerns. The RCT met with Resident 13 on 8/14/18 and 9/20/18, and at a minimum quarterly thereafter to address the resident's concerns. There have been no further altercations between Residents 12 and 13 since the incident on 8/10/2018.</p> <p><u>6. Residents 1 and 2</u></p> <p>Staff immediately intervened following the incident and separated the two residents. The physician was notified and assessed both residents with no injuries.</p> <p>Both Residents 1 and 2 agreed to avoid each other and were reminded by their Nurse Manager to seek staff assistance when needed. The Resident Care Team will continue to monitor both residents for any mood and behavioral changes and provide support. Both residents verbalized feeling safe at the facility.</p> <p>Resident 1 was relocated to South 4 neighborhood on 10/17/18. Both residents have not had any other incidence of altercations with one another or any other residents.</p>	<p>8/31/18 and on-going</p> <p>8/31/18</p> <p>9/20/18 and on-going</p> <p>8/7/18</p> <p>8/10/18</p> <p>10/17/18 and on-going</p>

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			<p>The facility will place signage in elevators to remind residents and staff to be mindful of others when entering and exiting elevators. Residents will be reminded during neighborhood Community meetings and prior to the end of large group activities to practice safe etiquette when entering and exiting elevators and doors.</p> <p>Laguna Honda employees will be directed to complete an in-service in response to the issued deficiencies for failure to prevent verbal and physical abuse. The in-service will address ways to prevent resident to resident altercations that includes a review of the following:</p> <ul style="list-style-type: none"> <li>• Identifying residents who are at risk for aggression and being a target of aggression, at minimum, on admission, quarterly, annually, on relocation, change of condition, and following a resident to resident altercation;</li> <li>• Standard work of interventions for preventing resident to resident altercations:                         <ul style="list-style-type: none"> <li>○ zone management in the Great Room and the designated smoking area;</li> <li>○ conducting resident check-ins with residents who are newly admitted, re-admitted or relocated, including their new roommates, within the first 24 hours, at the first Resident Care Conference, and quarterly thereafter;</li> <li>○ Reminding residents to communicate any concerns with their new roommates when first admitted or relocated to a neighborhood to any member of the Resident Care Team (RCT) instead of handling matters on their own;</li> <li>○ Checking in and reminding residents during Community meetings to address roommates issues with any member of the RCT;</li> <li>○ Conducting a safety off-unit activity assessment (e.g. for smoking, and</li> </ul> </li> </ul>	6/24/19

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			<p>off-unit activities such as the library, church attendance, bingo, etc.) and developing an individualized plan of care for residents identified to be at risk for aggression, or a target of aggression; and</p> <ul style="list-style-type: none"> <li>○ Conducting QA activities for a sampling of the above listed interventions.</li> <li>● Understanding resident triggers that may lead to inappropriate resident behaviors, and applying appropriate staff responses to reduce inappropriate resident behaviors, including verbal and physical abuse;</li> <li>● Respectful and safe etiquette when entering and exiting elevators and doors.</li> </ul> <p>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.</p> <p>Unit Nurse Managers have been directed to conduct quality audits (QAs) of</p> <ul style="list-style-type: none"> <li>○ newly admitted or relocated residents and their respective roommates;</li> <li>○ monthly check-ins with residents assessed to be at risk for aggression, and or a target of aggression; to ensure that every resident is treated with respect and is safe at Laguna Honda; and that if they had any concerns related to their interactions with other residents, to discuss and resolve those concerns in order to mitigate the risk of and prevent future incidents of verbal and physical abuse.</li> </ul> <p>Nurse Managers are responsible for conducting monthly check-ins and Nursing Program Directors are responsible for monitoring compliance.</p>	<p style="text-align: center;">6/24/19</p> <p style="text-align: center;">6/24/19 and on-going</p>

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			<p>Findings from the monthly check-ins will 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. Nursing Program Directors are responsible for quarterly reporting compliance to NQIC, and the Chief Nursing Officer is responsible for bi-annual reporting compliance to the SNF PIPS Committee.</p>	6/24/19 and on-going
			<p>Quality Management Nurses who are members of the Resident Safety and Abuse Prevention Performance Improvement Team will be assigned to track the number of monthly incidents of resident to resident abuse (both verbal and physical) from all 13 neighborhoods.</p>	6/24/19 and on-going
			<p>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. The Quality Management Nurse Manager or designee is responsible for reporting compliance to the Resident Safety and Abuse Prevention Performance Improvement Team.</p>	6/24/19 and on-going
			<p>Findings 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. The Chief Nursing Officer and the Assistant Hospital Administrator of Clinical Services are responsible for developing on-going improvement action plans for preventing resident to resident altercations.</p>	6/24/19 and on-going

## ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF  
 PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA598346,  
 CA598379, CA598789, CA599885, CA600372, CA599898 and CA600385

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
F 610	Refer to the CMS-2567 for the above referenced FRI	F 610	<p>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.</p> <p>The facility 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) that is reflected on a reporting grid for ease of reference.</p> <p>Laguna Honda employees 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. 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.</p> <p>Employees will be asked to read hand-out information on what constitutes resident abuse; examples of abuse; actions to take should they see, hear or suspect possible abuse; understand and comply with the 2 hour reporting requirement for notification of allegations of abuse to the State Survey agency; attest to having read and agree to not commit acts of abuse, and knowingly be subject to disciplinary action, up to and including termination, for failure to comply with facility procedures. Managers are responsible for monitoring staff compliance in reading the hand-out material and completing the attestation.</p>	<p style="text-align: center;">9/11/2018</p> <p style="text-align: center;">4/1/2019</p> <p style="text-align: center;">4/19/19</p>

## ATTACHMENT A

LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF  
 PLAN OF CORRECTION FOR FACILITY REPORTED INCIDENT (FRI) NO. CA598346,  
 CA598379, CA598789, CA599885, CA600372, CA599898 and CA600385

ID PREFIX TAG	SUMMARY OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION DATE
			<p>Laguna Honda employees will also be provided with a refresher in-service on the 2 hour reporting requirement to CDPH regarding allegations of abuse, and what constitutes resident abuse when completing the above in-service addressing the F600 deficiencies. 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.</p>	6/24/19
			<p>Quality Management Nurses who are members of the Resident Safety and Abuse Prevention Performance Improvement Team have been assigned to conduct a monthly review of facility reported incidents of allegations of abuse and 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.</p>	4/19/19 and on-going
			<p>Results of the monthly audit on timely reporting of allegations of abuse 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.</p>	4/19/19 and on-going