# Quality Management Department

Regulatory Affairs Status Report: JANUARY 2015; RED: Updates/additions

## I. PENDING SURVEYS

A. Triennial Hemodialysis (Fire, Life and Safety) Survey (Ward 17)—any day  
B. California Department of Public Health (CDPH) Validation Survey of Joint Commission Accreditation Survey—Unannounced

## II. COMPLETED SURVEYS

A. California Department of Public Health (CDPH) Annual Long Term Care Licensing & Recertification Survey—December 2014  
B. Drug Enforcement Administration (DEA) Annual Program Audit of Opiate Treatment Outpatient (OTOP) Program—December 2014  
C. American Society of Healthsystem Pharmacists (ASHP) Post Graduate Year 1, Pharmacy Resident Program Accreditation Site Visit for Pharmacy Services—January 2015

## III. PLANS OF CORRECTIONS: Reports & Updates

### A. California Department of Public Health (CDPH) Annual Long Term Care LICENSING & RECERTIFICATION Survey

<table>
<thead>
<tr>
<th>Plan of Correction: Received 12/26/2014</th>
<th>Update(s):</th>
<th>Target Completion Date:</th>
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<tbody>
<tr>
<td><strong>1. Employee files to contain signed job descriptions of their role/s at the time of orientation.</strong></td>
<td><strong>SFGH Administrative Policy 15.05 New Employee Orientation has been updated to include language specifying the requirement to have job description and responsibilities forms signed by the employee upon orientation to their role(s).</strong></td>
<td><strong>February 2015</strong></td>
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| **2. Ensure accurate calculation and segregation of emergency food specific for the Skilled Nursing Facility (SNF) staff and visitors.** | **The SFGH Disaster Plan has been reviewed, revised, and updated which now includes a separate detailed Skilled Nursing Facility (SNF) emergency meal plan for residents, staff (including volunteers), and visitors.** | **SFGH Disaster Committee, review and approval – 01/08/15**  
**SFGH Environment of Care Committee (EOC), review and approved – 01/22/15** |
| **3. Appropriate implementation of psychoactive consent process and procedures in a Skilled Nursing Facility setting.** | **December:** Revision to process, policies, and forms  
**January:** Developed process for monitoring effectiveness of process in unit 4A-Skilled Nursing Facility (SNF) | **Formal reporting to conclude on April 2015**  
**Consenting procedures to be ongoing process in 4A-SNF operations.** |
4. Appropriate identification and monitoring of restraints as a result unmonitored lift team safety procedures.  
   • A Lift Team Service Log was developed to include the observation and documentation of the appropriate application and removal of safety belts during Resident transfers.  
   • January 14, 2015  
   • Monitoring compliance through April 2015

5. Ensure consistent documentation of employee Abuse Prevention and Reporting training.  
   • The Department of Education and Training has uploaded and reassigned the electronic learning module for all hospital staff.  
   • Most immediate services interacting with 4A-SNF—March 2015  
   • All others, ongoing annual expectation

6. Ensure accurate and appropriate completion of PASRR (Pre-Admission Screening and Resident Review) service referral tool.  
   • The Medical Social Services Supervisor conducted an in-service refresher training to the inpatient Social Workers on completion of the PASARR form.  
   • December 9, 2015  
   • Monitoring compliance through March 2015

7. Facility failed to follow its policy and procedure in securing the safety of the Automated Medication Dispensing (AMD—is a computerized drug storage device) System when the AMD system was left opened and unattended.  
   • Conduct and complete the established unit medication observation audit for all staff which includes observation of appropriate AMD system sign-out step as a part of the process.  
   • January 5, 2015  
   • With established ongoing interval audit expectation

8. The facility failed to provide a safe and sanitary environment when several clean medical equipment were stored in two occupied resident rooms, rooms 4A08 and 4A13.  
   • SFGH Infection Control increased scheduled monthly Infection Control Rounds in 4A-SNF to bi-monthly and includes an emphasis on appropriate equipment storage as well as resident room inspections.  
   • January 2015 and ongoing

9. The facility failed to ensure that the medical record contained a list of all current active problems when her psychological diagnoses were not included in the primary care provider’s active problem list.  
   • Updated the 4A Skilled Nursing Facility Resident Admission History & Physical Exam to include running list of resident problem identification  
   • January 5, 2015 and ongoing
B. California Department of Health Care Services (DHCS) MediCal Audit: Acute Psychiatry Plan of Correction

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<td>California Department of Health Care Services (DHCS) MediCal Audit: Acute Psychiatry Plan of Correction</td>
<td>Psychiatry Chart Review Global Error Rate: 2% *Adjusted to exclude identified issues related to recent workflow changes with care plan documentation)</td>
<td>Per plan of correction compliance requirement</td>
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