

Joint Conference Committee (JCC) Regulatory Affairs Status Report: **February 2015**

I. PENDING SURVEYS

- A. Triennial Hemodialysis (Fire, Life and Safety) Survey (Ward 17).
- B. The Joint Commission 2015 Disease-Specific Certification (DSC) Survey: Stroke & Traumatic Brain Injury (TBI) Program.
- C. Long Term Care Fire Life Safety Survey – January 2016
- D. CDPH Building 25 Licensing Survey – February 22 -26 , 2016

II. COMPLETED SURVEYS

- A. CDPH Long Term Care Re-Certification Survey – 1/25/16 -1/28/16

III. PLANS OF CORRECTIONS: Reports & Updates

A CDPH Long Term Care Re-Certification Survey Plan of Correction (Submitted January 12, 2016)

CDPH Long Term Care Re-Certification Survey Plan of Correction		
Action Items :	Update(s):	Target Completion Date:
<p>F156- Based on observation and interview the facility failed to ensure required consumer information was posted when 1) No information posted on how to contact the Medi-Cal Fraud Control Unit, 2) No posted notification informing consumers that complaints of abuse, neglect, and misappropriation of funds may be reported to the Department of Public Health (DPH).</p>	<ul style="list-style-type: none"> • Upon receiving feedback from the CDPH surveyor regarding the missing postings, the signage was located, posted, and this deficiency was corrected in real-time. Medi-Cal Fraud Control Unit contact information and notification informing consumers that complaints of abuse, neglect, and misappropriation of funds may be reported to the Department of Public Health is now posted in the 	<ul style="list-style-type: none"> • COMPLETED 1/26/16 Anna Calderon RN. Nurse Manager 4A SNF Kathy Ballou MS RN Director of Nursing 4A SNF

	<p>4A Resident Activity Room, and in the hallway near the 4A Nurses' station.</p>	
<p>F371- Based on observation and interview the facility failed to store food under sanitary conditions when frozen and refrigerated food were not properly wrapped to ensure the integrity of food items (opened and undated).</p>	<ul style="list-style-type: none"> • Following the Long Term Care Survey, Food and Nutrition Services (FNS) leadership directed staff to conduct a sweep of the hospital kitchen to ensure no opened, unlabeled food was present in refrigerators or freezers. • During a routinely scheduled leadership huddle, the Director of Food and Nutrition Services reminded FNS leadership staff about FNS Policy C010: Dating and Labeling of Food to reinforce staff knowledge of the policy requirement to cover, label, and date all food items (Attachment 5 and 6). • FNS leadership ensured that labels on refrigerator and freezer doors were updated to remind staff to cover, label, and date all items (Attachment 7). <p>Monitoring:</p> <ul style="list-style-type: none"> • The FNS shift supervisor conducts daily inspections of the refrigerator and freezer and completes the Daily Quality Control "cover/label/date" checklist. (Attachment 8). 	<ul style="list-style-type: none"> • Completed 1/26/16 • Completed 1/28/16 • Completed 1/26/16 • Initiated: February 12, 2016 and anticipate completion by May 2016 <p>Sylvia Shih CDM Director of Food & Nutrition Services.</p>

	<ul style="list-style-type: none"> The Director of FNS will review the data weekly for one quarter to ensure compliance with the inspections and completion of the checklist. 	
<p>F492- Based on observation, interview, and record review the facility failed to ensure required Ombudsman consumer information was posted which had the potential to delay employees contacting the Ombudsman (employee break room).</p>	<ul style="list-style-type: none"> Upon receiving feedback from the CDPH surveyor regarding the missing Ombudsman postings, the signage was located, posted, and this deficiency was corrected in real-time. Ombudsman contact information is now posted in the 4A employee breakroom. 	<ul style="list-style-type: none"> Completed 1/26/16 Anna Calderon RN. Nurse Manager 4A SNF Kathy Ballou MS RN Director of Nursing 4A SNF

B. Commission on Accreditation Rehabilitation Survey (CARF) - Action Plan due March 3, 2016

Commission on Accreditation Rehabilitation Survey (CARF)		
Action Items :	Update(s):	Target Completion Date:
<p>1. Screening and Access to Services: <i>The process of screening and assessment is designed to determine a person's eligibility for services and the organizations ability to provide those services. Each person served is actively involved in, and has a significant role in, the assessment process.</i></p> <p>Finding: It is recommended that each person served receive an orientation that is provided in a timely and consistent manner based on each person's presenting condition and type of services provided.</p>	<ul style="list-style-type: none"> OTOP leadership has implemented a new comprehensive orientation process for new clients accepted to the program. This orientation process now includes a requirement that all the elements of the orientation process are documented in the client's case note (Methasoft) in addition to the current patient handbook and orientation process. 	<p>Anticipated date of completion February 19,2016.(responsible person(s)) Kathy Ballou MS RN Director Nursing , OTOP</p>
<p>2. Rights of Persons Served: <i>CARF- accredited organizations protect and promote the rights of all persons served. This</i></p>	<ul style="list-style-type: none"> OTOP Patient Bill of Rights policy currently being reviewed/ revised to include specific language regarding the patient's right to refusal or 	<p>Anticipated date of completion February 19,2016.</p>

<p><i>commitment guides the delivery of services and on-going interactions with persons served.</i> Finding: Program Bill of Rights Policy needs to be updated to include specific language regarding the patient’s right to refusal or expression of choice related to refusal of care, concurrent services, and composition of delivery team.</p>	<p>expression of choice concerning the following: refusal of care, concurrent services, and composition of delivery team.</p>	<p>(responsible person(s)) Kathy Ballou MS RN Director Nursing , OTOP</p>
<p>3. Supervision of counselling staff: Finding: Documentation by all clinical supervisors needs To be consistent and standardized.</p>	<ul style="list-style-type: none"> • Review and revise current policy to add language that outlines specific documentation requirements for clinical documentation. • Revise clinical supervision progress notes to include comments section. • Clinical supervisors will have each of the program counsellors present two cases per month to ensure the accuracy and consistency of written program plans for persons served by the program. 	<p>Anticipated date of completion February 19,2016. (responsible person(s)) Kathy Ballou MS RN Director Nursing , OTOP</p>
<p>4. Transition and Discharge : <i>The transition plan is a Document the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected the person served receives a copy of the transition plan.</i> Finding: The discharge summary needs to include information about medication(s) prescribed or administered when applicable.</p>	<ul style="list-style-type: none"> • OTOP program Medical Director and Clinical Manager meeting with IT department to discuss creating/implementing an electronic discharge summary in Meth soft software program currently being utilized by the OTOP program. • Revise current discharge summary forms to include a discharge medication section. 	<p>Anticipated date of completion February 19,2016. (responsible person(s)) Kathy Ballou MS RN Director Nursing , OTOP</p>

IV. SITE VISITS

- A. **PRIVACY BREACH** - CDPH site visit 1/13/16 - Unauthorized access by an employee to a ZSFG employee’s medical record. Privacy breach substantiated by the CDPH surveyor. Administrative penalty and statement of deficiencies (2567) pending.

