

Joint Conference Committee (JCC) Regulatory Affairs Status Report: **March 2016** (reporting period February 2016)

I. PENDING SURVEYS

- A. Triennial Hemodialysis (Fire, Life and Safety) Survey (Ward 17).
- B. CDPH Building 25 Re - Licensing Visit – Anticipated date: Late April 2016
- C. Board of Pharmacy Survey bldg. 25 – March 8,2016
- D. Office Based Opioid Treatment Program Survey – March 8, 2016

II. COMPLETED SURVEYS

- A. Long Term Care Fire Life Safety Survey - February 5, 2016
- B. CDPH Building 25 Licensing Survey – February 22-26 , 2016
- C. Joint Commission Primary Stroke Program Certification Survey – February 29, 2016
- D. Joint Commission Traumatic Brain Injury Program Certification Survey - March 01, 2016

III. PLANS OF CORRECTIONS: Reports & Updates

A. Long Term Care Fire Life Safety Survey - February 5, 2016

Long Term Care Fire Life Safety Survey - February 5, 2016.		
Action Items :	Update(s):	Target Completion Date:
<p>K144 -The facility failed to maintain two emergency generators as evidenced by not conducting the monthly full load test for two of two generators and by not conducting the annual load bank test for the generators. This affected all occupants and could result in failure of the generators in the event of a power outage</p>	<p><u>NFPA 101</u> Action(s):The monthly full load test was completed for each generator using the following method:</p> <p>(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating the annual load bank test was completed for each generator.</p>	<p>• COMPLETED 2/7/16</p>

	<p>(b) The load bank test was for 30 minutes at 25%, 30 minutes at 50%, and one hour at 75% for two continuous hours as outlined in NFPA 110.</p> <p>Monitoring:</p> <p>The Director of Facilities Services or designee will conduct monthly generator testing audits for one quarter to ensure all required generator testing has been completed.</p>	<ul style="list-style-type: none"> • COMPLETED 2/22/16 • Initiated February 2016 and anticipate completion July 2016. (Responsible person (s)) Greg Chase Facilities Engineer.
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B. California Department of Public Health Building 25 Licensing Survey: Preliminary findings – awaiting Statement of Deficiencies

California Department of Public Health Building 25 Licensing Survey: Preliminary findings		
Action Items :	Update(s):	Target Completion Date:
<p>1. Medications- Pharmacy not licensed by Board of Pharmacy as of CDPH licensing survey</p>	<ul style="list-style-type: none"> • All certifications necessary for Board of Pharmacy review have been completed (Laminar Hoods, Compounding Rooms) • Board of Pharmacy site visit scheduled for March 8,2016 	<p>Anticipated date of completion March 8,2016 (responsible person(s)) Elena Tinloy Pharm D . Direcor of Pharmacy Services.</p>
<p>2. HD machines/ portable RO systems not set up. (monitoring required for 30 days - will be up and running March 8-9)</p>	<ul style="list-style-type: none"> • Portable RO machines scheduled to be installed April 4th,2016 • New Hemodialysis machines installed March 8-9th • Monitoring of portable water system required for 30 days prior to licensing 	<p>Anticipated date of completion April 25th ,2016 (responsible person(s)) Terry Saltz Leslie Holpit MS</p>

C. Joint Commission Primary Stroke Program Certification Survey – February 29,2016

Joint Commission Primary Stroke Program Certification Survey		
Action Items :	Update(s):	Target Completion Date:
<p>DSCT 5 (EP 5) - The medical record contains sufficient information to document the course and results of care, treatment, and services</p> <p>1. The medical record containing sufficient information to document the course and results of care, treatment, and services. - Due to the hybrid medical record system it was difficult and cumbersome to navigate the multiple areas of the medical record.</p>	<ul style="list-style-type: none"> • Direct finding: action plan needs to be submitted within 45 days to Joint Commission. • The Stroke Program Leadership Team will ensure that a time stamp for the results of the CT scan will be included in the dictation of the radiology and neurology consult notes. This documentation supports the course and treatment of the acute stroke patient. • The introduction of a hospital wide electronic medical record system, such as EPIC, would ensure the medical record contained the required documentation of the course and results of care, treatment, and services. 	<p>Anticipate completion by April 14,2016</p> <p>(Responsible person(s))</p> <p>Claude Hemphil MD Medical Director, Primary Stroke Program</p> <p>Christine Martin MS CNS Stroke Program Coordinator</p>
<p>DSDF 3 (EP 3) - Assessment and reassessment of patients are not completed according to the patients' needs and clinical practice guidelines.</p> <p>2. In multiple tracers the patient did not have a neurological evaluation in a consistent or ongoing manner.</p>	<ul style="list-style-type: none"> • Direct finding: action plan needs to be submitted within 45 days to Joint Commission. • Stroke Program Coordinator is currently reviewing clinical practice guidelines and neurological assessment tools utilized by other certified stroke programs to enhance current practice here at ZSFGH. 	<p>Anticipate completion by April 14,2016</p> <p>(Responsible person(s))</p> <p>Christine Martin MS CNS Stroke Program Coordinator</p>

D. Joint Commission Traumatic Brain Injury Program Certification Survey – March 1st, 2016

Joint Commission Traumatic Brain Injury Program Certification Survey		
Action Items :	Update(s):	Target Completion Date:
<p>DSPR 1 (EP 2) - The Program defines the accountability of its leaders.</p> <p>1. The program does not define the accountability of its leaders. The program showed job descriptions but could not produce documented evidence (signed jobs descriptions) that the medical director and the program coordinator are held accountable to the program</p>	<ul style="list-style-type: none"> • Indirect finding: action plan needs to be submitted within 60 days to Joint Commission. 	<p>Anticipate completion by April 30, 2016</p> <p>(Responsible person(s)) Amy Winkleman MSN NP Traumatic Brain Injury Program Coordinator</p>

IV. SITE VISITS

No site visits during this period.