



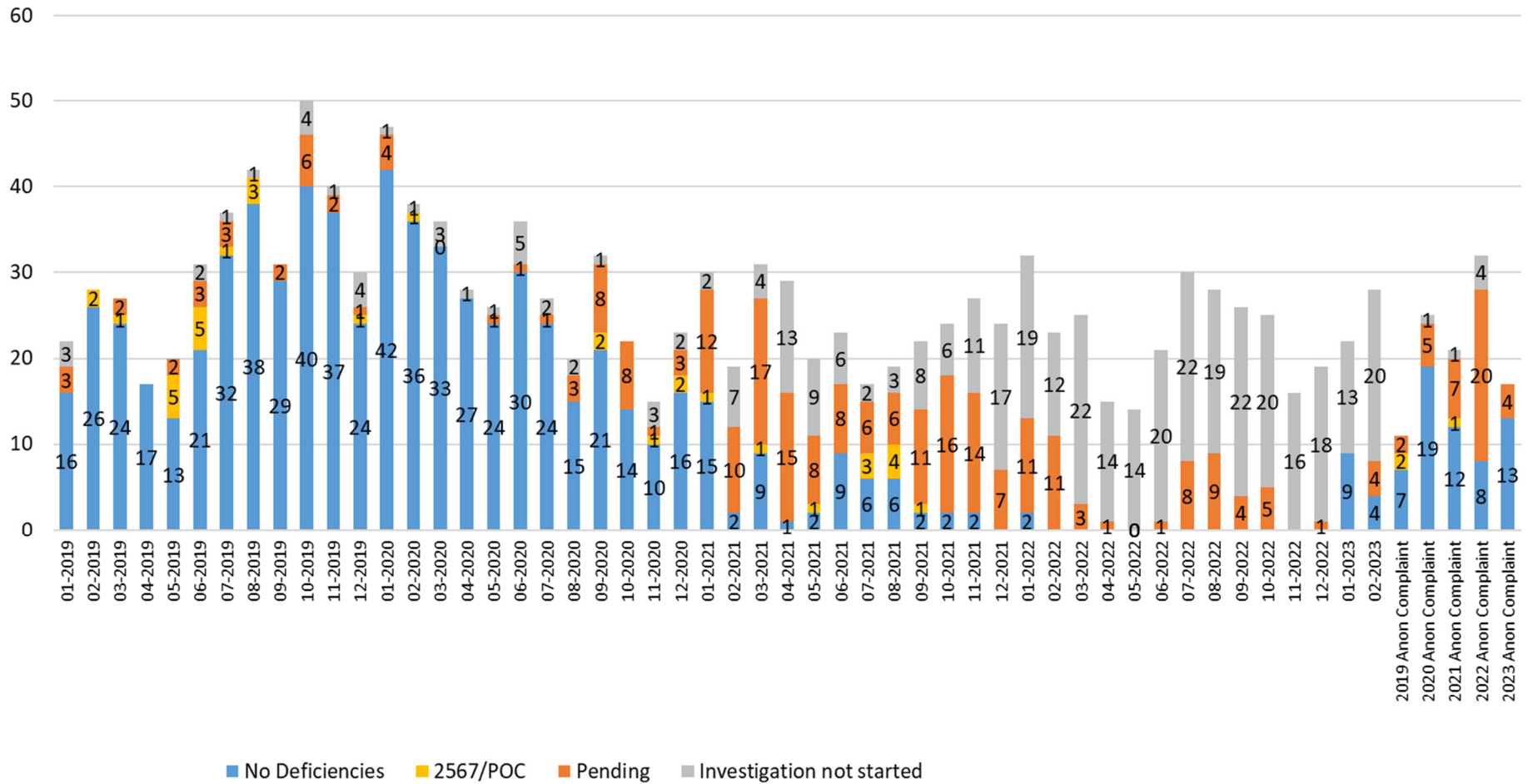
ITEM	DISCUSSION
<p><b>FACILITY REPORTED INCIDENTS (FRI)</b></p>	<p>During February 2023, LHH submitted a total of 18 FRIs to CDPH; there was 8 anonymous complaint from CDPH. The FRIs include allegations of abuse, adverse events, and other reportable issues. CDPH has initiated investigation into some of the cases, but final determination of potential deficiencies has not been determined for all cases.</p> <p><b>February: 26 cases (18 FRI; 8 anonymous complaint) (18 investigation not started by CDPH)</b></p> <ul style="list-style-type: none"> <li>• 11 allegations of abuse               <ul style="list-style-type: none"> <li>○ Resident to resident: 5 (5 investigation not started by CDPH)</li> <li>○ Staff to resident: 2 (2 investigation not started by CDPH)</li> <li>○ Injury of Unknown Source: 4 (4 investigation not started by CDPH)</li> </ul> </li> <li>• 2 theft/fiduciary abuse (2 investigation not started by CDPH)</li> <li>• 1 disease outbreak (1 investigation not started by CDPH)</li> <li>• 2 major injuries (2 investigation not started by CDPH)</li> <li>• 2 potential privacy breaches (2 investigation not started by CDPH)</li> <li>• 8 Anonymous Complaints (4 without deficiencies; 2 with deficiencies; 2 pending)</li> </ul>
<p><b>SURVEY UPDATES</b></p>	<p>None.</p>
<p><b>PLAN OF CORRECTION UPDATES/REPORTING</b></p>	<ol style="list-style-type: none"> <li>1. <b>Submitted POC on 2/6/23</b> <ol style="list-style-type: none"> <li>a. T22 DIVS CH3 ART5-72523(a) Patient Care Policies and Procedures (C4130). The facility failed to follow abuse reporting policy when the allegation of resident to employee verbal abuse was not reported to CDPH on 4/12/22. The facility reported on 4/13/22.</li> <li>b. T22 DIVS CH3 ART5-72523(c) Patient Care Policies and Procedures (C4140). The facility failed have dedicated staff to green, yellow, or red zone potentially increase the risk of spread of COVID-19 infection in the facility during the COVID-19 surge in August 2022.</li> </ol> </li> <li>2. <b>Submitted POC on 2/16/23</b> <ol style="list-style-type: none"> <li>a. T22 DIVS CH3 ART5-72527(a)(9) Patients' Rights (C4420). The facility failed to implement their Policies and Procedure on Resident Rights when monies were withdrawn from a resident Trust Fund Account and deposited into a Burial Fund Account without the resident's consent and/or authorization.</li> </ol> </li> <li>3. <b>Submitted POC on 2/19/23</b> <ol style="list-style-type: none"> <li>a. T22 DIV5 CH3 ART5-72523(a) Patient Care Policies and Procedures (C4130). the facility failed to ensure staff implemented its policy and procedure on abuse for 13 out of 24 residents who were involved in abuse allegation incidents when the medical social worker (MSW) did not assess and provide psychosocial support within seventy hours (72 hours) as per policy.</li> </ol> </li> <li>4. <b>Submitted POC on 2/23/23</b></li> </ol>



	<ol style="list-style-type: none"><li>a. T22 DIV5 CH3 ART3-72311(a)(1)(B0 Nursing Service—General (C820 and C830). The facility failed to develop a care plan to address his safety on verbal threat incident on 3/11/22.</li><li>b. T22 DIV5 CH3 ART3-72311(a)(2) Nursing Service—General (C830). The facility failed to implement care plan for Resident 1 when the resident was left unattended while sleeping. This resulted in Resident 1's unwitnessed fall on 5/21/22.</li></ol>
<b>EMAIL/TELEPHONE REQUESTS IN LIEU OF SITE VISITS</b>	<b>Total of 0 FRI were investigated through document request.</b>
<b>ONGOING SITE VISITS</b>	<ol style="list-style-type: none"><li>1. <b>Site visit on 2/6/23</b><ul style="list-style-type: none"><li>• Three CDPH surveyors reviewed 9 facility reported incidents and 6 complaints.</li></ul></li><li>2. <b>Site visit on 2/21/23</b><ul style="list-style-type: none"><li>• One CDPH surveyors reviewed 2 complaints.</li></ul></li></ol>
<b>PENDING SITE VISITS</b>	<b>190 FRI pending without document request or call/visit.</b>
<b>UPCOMING SURVEYS</b>	<b>None.</b>
<b>CONTINUOUS SURVEY READINESS AND EDUCATIONAL UPDATES</b>	Quality Management continues daily rounding across units to ensure the best practices are being implemented as it relates to infection prevention and control, risk management, patient safety, and regulatory expectations. Daily feedback will be shared with the unit leadership.



Outcome of Facility Reported Incidents (FRIs)





**Outcome of Staff to Resident Allegations of Abuse  
 Facility Reported Incidents (FRIs)**

