



ITEM	DISCUSSION
FACILITY REPORTED INCIDENTS (FRI)	<p>During March 2023, LHH submitted a total of 25 FRIs to CDPH; there was 3 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: 28 cases (25 FRI; 3 anonymous complaint)</b> (19 investigation not started by CDPH)</p> <ul style="list-style-type: none"><li>• 21 allegations of abuse<ul style="list-style-type: none"><li>○ Resident to resident: 8 (7 investigation not started by CDPH; 1 with deficiency)</li><li>○ Staff to resident: 9 (5 investigation not started by CDPH; 1 pending; 1 without deficiency; 2 with deficiency)</li><li>○ Injury of Unknown Source: 2 (2 investigation not started by CDPH)</li><li>○ Other to Resident: 2 (2 investigation not started by CDPH)</li></ul></li><li>• 1 theft/fiduciary abuse 1 investigation not started by CDPH)</li><li>• 1 disease outbreak (1 no deficiency)</li><li>• 1 major injuries (1 investigation not started by CDPH)</li><li>• 1 AWOL/elopement (1 investigation not started by CDPH)</li><li>• 3 Anonymous Complaints (1 without deficiencies; 2 pending)</li></ul>
SURVEY UPDATES	<p><b>2<sup>nd</sup> Monitoring Survey completed from 3/13/23 to 3/17/23.</b></p> <ul style="list-style-type: none"><li>• Fourteen surveyors (CDPH and HMS team) onsite for the second 90-Day Monitoring Survey, which included a Fire Life Safety survey.</li><li>• Fire Life Safety surveyor exited on 3/15/23 – with 5 preliminary findings</li><li>• 2<sup>nd</sup> Monitoring Survey concluded on 3/17/23 – with 18 preliminary findings</li><li>• Written 2567 Statement of Deficiency is pending. The facility is working on immediate corrective actions.</li></ul>
PLAN OF CORRECTION UPDATES/REPORTING	<p><b>1. Submitted POC on 3/3/23</b></p> <ol style="list-style-type: none"><li>a. T22 DIVS CH3 ART3-72329.1(i) Nursing Service – Staff (C1485) (i) The facility shall post the patient census and staffing information daily. The posting shall include the actual number of licensed and certified nursing staff directly responsible for the care of patients for that particular day on each shift. The facility failed to post the staffing information in an area clearly visible to the patients and the public in South 2 unit. This deficient practice did not make the staffing information visible and accessible to the patients and visitors of the facility.</li><li>b. T22 DIV5 CH3 ART3-72311(a)(1)(B) Nursing Service--General (C820) (a) Nursing service shall include, but not be limited to, the following: (1) Planning of patient care, which shall include at least the following: (B) Development of an individual, written patient care plan which indicates the care to be given, the objectives to be accomplished and the professional discipline responsible for each element of care. Objectives shall be measurable and time-limited. The facility failed to develop an individualized care plan for Resident 1 that addressed the bruises injury to both</li></ol>



arms. This facility failure has the potential to result in Resident 1 to not receive care and services to meet specific needs.

**2. Submitted POC on 3/19/23**

- a. T22 DIVS CH3 ART5-72517 (a)(2) Staff Development (C3900) (a) Each facility shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for all facility personnel. Each program shall include, but not be limited to: (2) Prevention and control of infections. the facility failed to implement policies and procedures related to staff education when there was no evidence that one of 5 randomly selected staff (Staff 1) was trained to perform the facility's Standard Work Instructions for i-Health Antigen Rapid Test, Testing, Processing for All Visitors". Cross reference 72523.
- b. T22 DIV5 CH3 ART5-72523(c)(3) Patient Care Policies and Procedures (C4190) (c) Each facility shall establish and implement policies and procedures, including but not limited to: (3) Infection control policies and procedures. the facility failed to follow their policies and procedures related to COVID-19 (a type of respiratory disease caused by a virus named SARS-CoV-2) Prevention and Management when there was no evidence negative COVID-19 antigen test (a fast and simple test to detect SARS-CoV-2 viral protein, the virus that causes COVID-19) results of visitors, were verified and documented by staff as a required, for the months of August 2022 and September 2022. Cross reference 72517. These failures had the potential to put patients, staff, and other visitors at risk for exposure to COVID-19 when allowed entry into the facility.

**3. Submitted POC on 3/27/23**

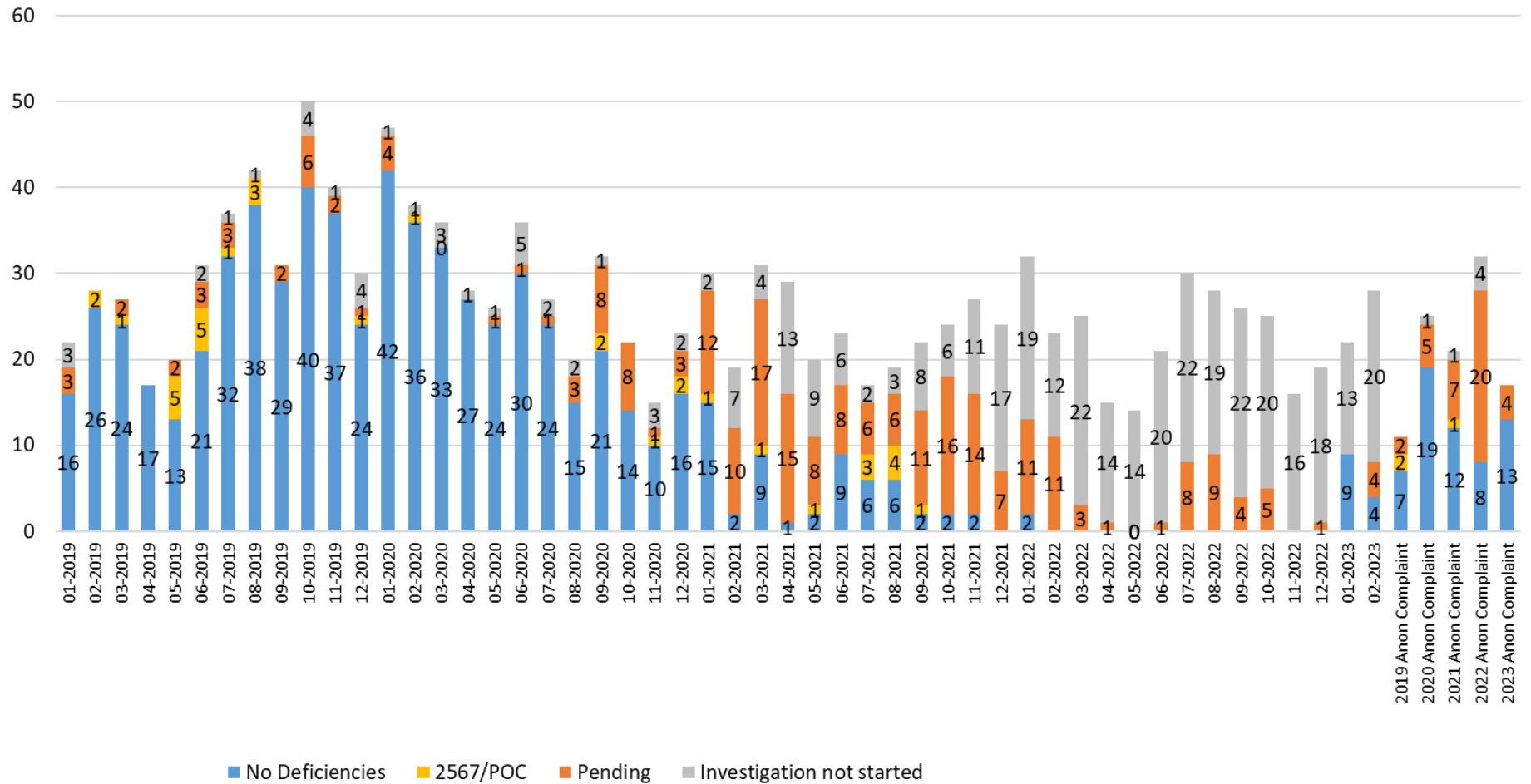
- a. T22 DIVS CH3 ART5-72355 (a)(2) Pharmaceutical Service - Requirements (C1875) (a) Pharmaceutical service shall include, but is not limited to, the following: (2) Dispensing of drugs and biologicals. the facility failed to provide pharmaceutical services to meet the needs of one of three sampled residents (Resident 1) when he did not receive his SUPREP (a colon cleansing solution prior to colonoscopy which is a procedure a doctor uses to look at the inside of the colon and rectum with a long, flexible tube with a light and small video camera on the end) as ordered. This failure could potentially cause ineffective colon cleansing that may affect the result of the procedure for Resident 1.
- b. T22 DIVS CH3 ART5-72521 (a) Administrative Policies and Procedures (C4040) (a) Written administrative, management and personnel policies shall be established and implemented to govern the administration and management of the facility. The facility failed to implement its Policy and Procedures for Patient Discharge when the notice did not include discharge location for Resident 1. This failure could result into unsafe patient discharge from the facility.
- c. T22 DIVS CH3 ART5- 72315 (f) Nursing Service - Patient Care (C1005) (f) Each patient shall be given care to prevent formation and progression of decubiti, contractures and deformities. The facility failed to provide care to prevent formation of pressure ulcers to (1) of six sampled residents (Resident 1) when there was no evidence of turning him side to side at least every 2 hours. This failure resulted in Resident 1 having new pressure ulcers on both feet after his admission.



	<p>d. T22 DIV5 CH3 ART3-72335(a)(3) Dietetic Service - Food Service (C1550) (a) The dietetic service shall provide food of the quality and quantity to meet each patient's needs in accordance with the physicians' orders and to meet "The Recommended Daily Dietary Allowance," the most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, and the following: (3) Patient food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups. Condiments such as salt, pepper or sugar shall be available at each meal unless contraindicated by the diet order. the facility failed to provide food for (1) of six sampled residents (Resident 1) to meet his needs when Resident 1 received dressing which he requested not to be served on his lunch tray. This failure resulted in Resident 1 not getting his meal per his food preferences.</p>
EMAIL/TELEPHONE REQUESTS IN LIEU OF SITE VISITS	<b>Total of 0 FRI were investigated through document request.</b>
ONGOING SITE VISITS	<p>1. <b>Site visit on 3/3/23</b></p> <ul style="list-style-type: none"><li>• One CDPH surveyor investigated one anonymous complaint.</li></ul> <p>2. <b>Site visit on 3/9/23</b></p> <ul style="list-style-type: none"><li>• Three CDPH surveyors reviewed 4 facility reported incidents and 1 anonymous complaint.</li></ul> <p>3. <b>Site visit on 3/23/23</b></p> <ul style="list-style-type: none"><li>• One CDPH surveyor investigated one facility reported incident.</li></ul>
PENDING SITE VISITS	<b>190 FRI pending without document request or call/visit.</b>
UPCOMING SURVEYS	<b>None.</b>
CONTINUOUS SURVEY READINESS AND EDUCATIONAL UPDATES	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)

