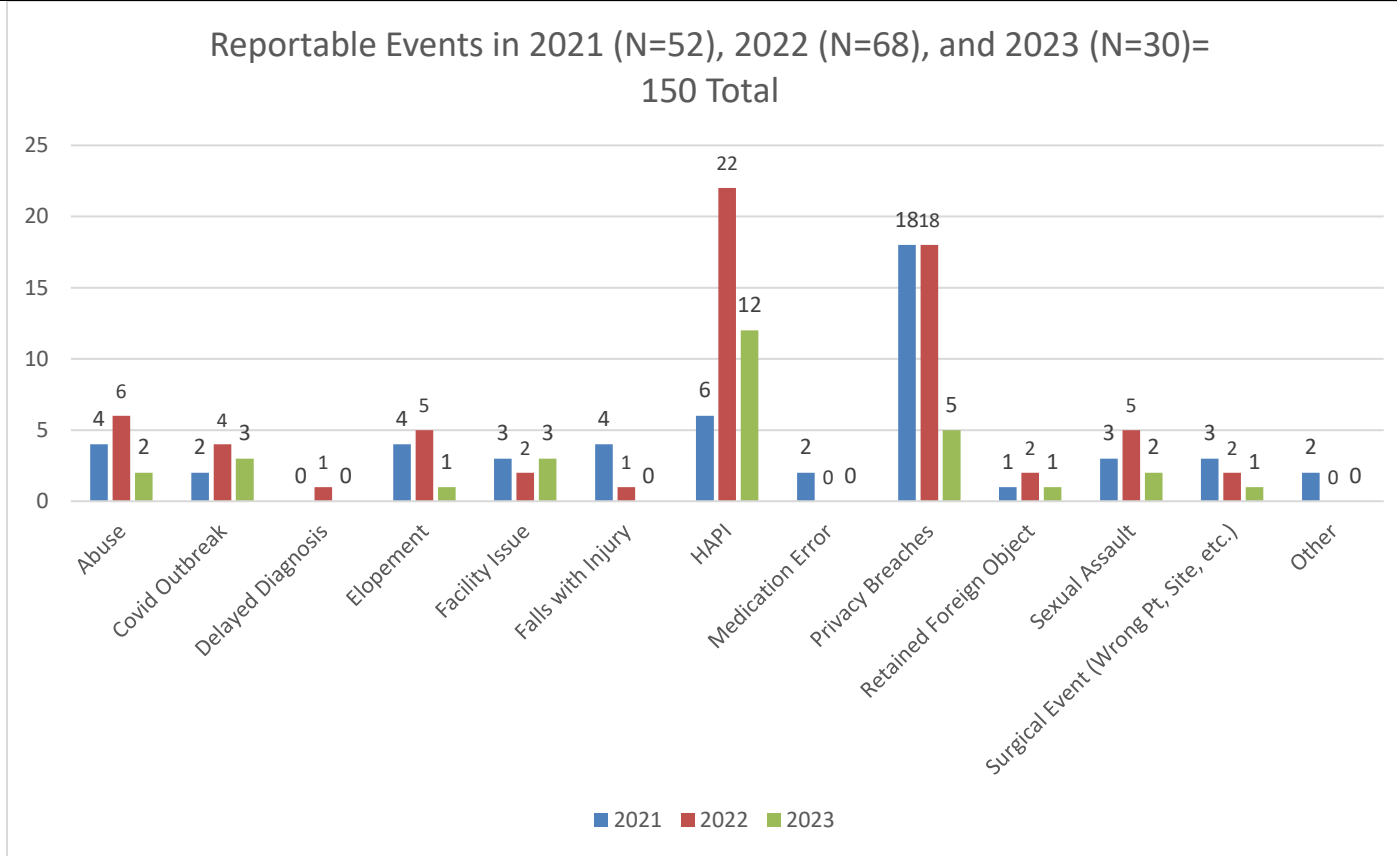


I. PENDING SURVEYS			
Survey	Frequency	Anticipated Timeframe	
CMS Outpatient Dialysis Recertification	Annual	Unannounced anytime/ overdue since 2019	
CDPH 4A Licensing	Triennial	Unannounced anytime/ overdue since 2022	
CDPH General Acute Care Hospital Licensing	Triennial	Unannounced anytime	
TJC Hospital Accreditation and Nursing Care Center Surveys	Triennial	Unannounced anytime/ window is 11/7/2022-5/7/2024	
Baby-Friendly Hospital Status Recertification	5 Year Cycle	Schedule/ November 8-9, 2023	
II. SURVEY ACTIVITY			
Survey Date	Agency	Location Surveyed	Details
6/5-9/23	CDPH on behalf of CMS	4A-SNF	Re-Certification Annual Survey
6/12/23	CDPH	4A-SNF	Fire Life Safety Survey
6/14/23	CDPH	ZSFG (including 7B and H54/56)	Facility Reported Incidents and Complaint investigations
6/14-15/23	DHCS	BHC- MHRC	Annual Survey
III. PLANS OF CORRECTION SUBMITTED			
Survey (year) or Event (date of incident)		Finding Requiring Monitoring	
None		N/A	

IV. CDPH CASES – Facility Reported Events



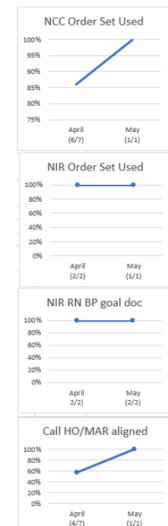
V. NEW FACILITY REPORTED INCIDENTS (FRI)

7 New Reportable Incidents (June 2023): 3 HAPIs, 2 Covid Outbreaks, 1 Sexual Assault, 1 Facility Issue

Date Submitted:	Date of Incident	Location	Event Details
6/2/23	5/25/23	4A	Covid Outbreak
6/5/23	6/2/23	ZSFG	Facility Issue
6/7/23	6/2/23	H62/64	Hospital Acquired Pressure Injury- Unstageable
6/9/23	6/7/23	H54/56	Covid Outbreak
6/9/23	6/5/23	7B	Sexual Assault
6/22/23	6/20/23	H54/56	Hospital Acquired Pressure Injury- Stage III
6/28/23	6/23/23	H62/64	Hospital Acquired Pressure Injury- Stage III

VI. PLAN OF CORRECTION MONITORING DATA

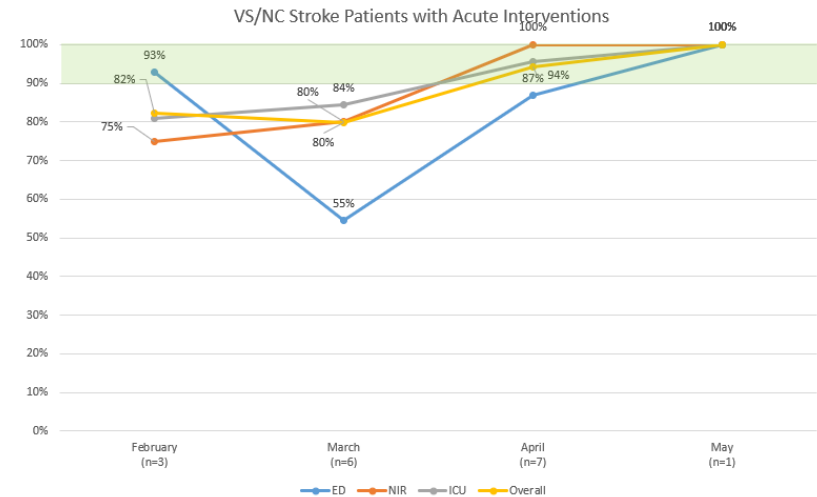
Survey (year) or Event (date of incident)	Finding Requiring Monitoring	Monitoring
CDPH HAPI Plan of Correction (5.2022)	1) Failure to renew reporting policy	1) A total of 10 audits per month for three months is being conducted to assess compliance of ZSFG Administrative policies with the three-year renewal process until compliance percentage of >90% is met for three consecutive months. <ul style="list-style-type: none"> ○ June 2023 audit indicated 100% compliance, will continue to monitor until greater than 90% compliance has been achieved for three consecutive months.
The Joint Commission Stroke Survey (2.2023)	1) Blood pressure goal parameters are not consistent within a single medical record.	1) Rate of compliance with order sets and charting used related to blood pressure goal parameters: <ul style="list-style-type: none"> • Critical Care ischemic stroke order set used <ul style="list-style-type: none"> • April: 86% (6/7) • May: 100% (1/1) • NIR order set used <ul style="list-style-type: none"> • April: 100% (2/2- after NIR order set updated) • May: 100% (1/1) • NIR RN charted BP goal <ul style="list-style-type: none"> • April: 100% (2/2- after BP goal field live) • May: 100% (1/1) • Call parameters/MAR/Notes align <ul style="list-style-type: none"> • April: 57% (4/7) • May: 100% (1/1)



2) Vital signs and neurological assessments are not documented per protocol/as ordered in acute ischemic stroke patients around the time of acute intervention.

3) Medications are ordered and documented as given orally when the patient is NPO.

2) Vital signs and neurological assessments



3)

