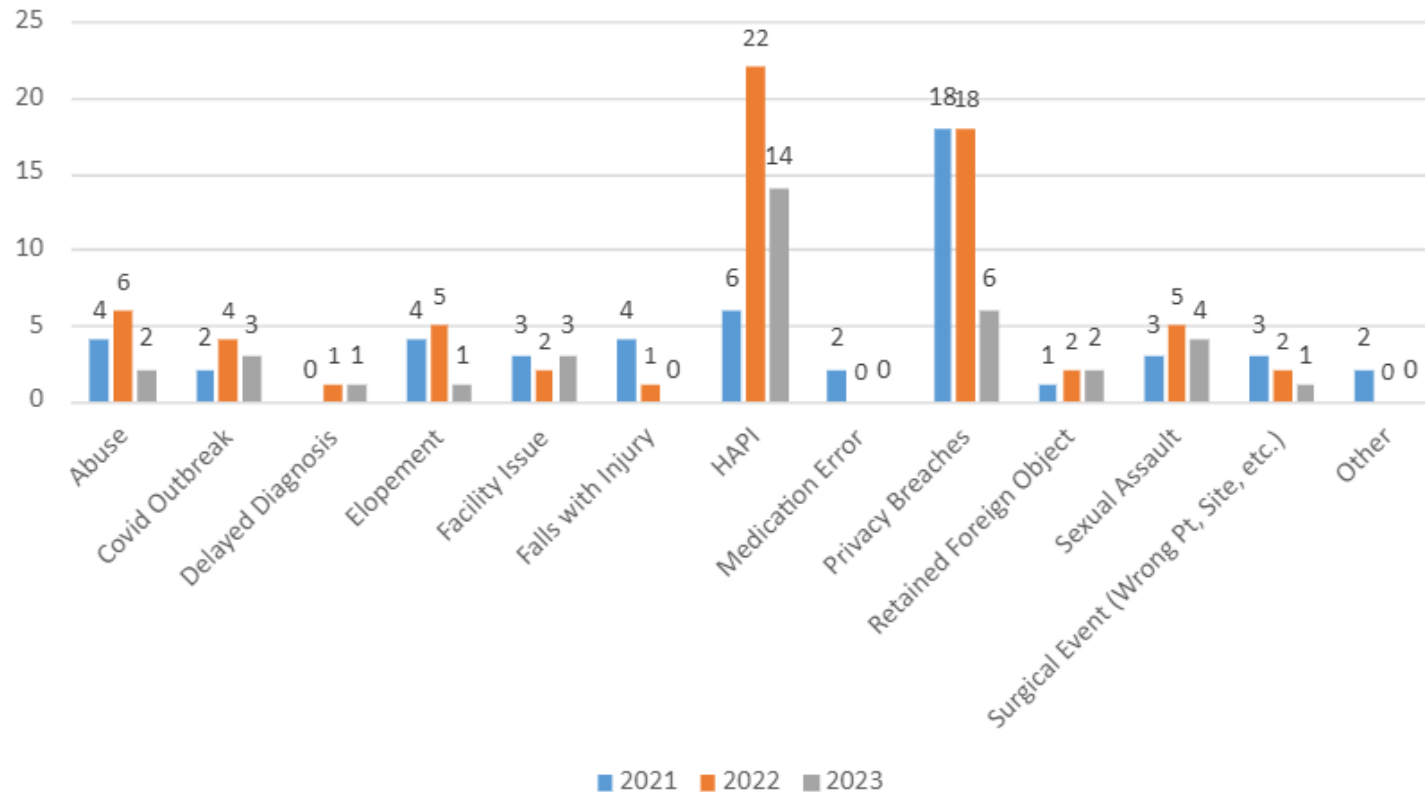| I.	PENDING SURVEYS	
Survey	**Frequency**	**Anticipated Timeframe**
CMS Outpatient Dialysis Recertification	Annual	Unannounced anytime/ overdue since 2019
CDPH 4A Licensing	Triennial	Unannounced anytime/ overdue since 2022
CDPH General Acute Care Hospital Licensing	Triennial	Unannounced anytime
TJC 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
Commission on Cancer	Triennial	Tentative March 2024
II.	SURVEY ACTIVITY	

Survey Date	Agency	Location Surveyed	Details
3/6/23 – 8/21/23	CalOSHA	H22, H24, H25	CalOSHA Inspection following staff exposure to illicit substance
8/22/23	BOP	B25 Pharmacy	Annual Sterile Compounding Renewal Inspection

III.	PLANS OF CORRECTION SUBMITTED
Survey (year) or Event (date of incident)	**Finding Requiring Monitoring**
7/27/23 4A-SNF Validation Survey (CMS)	1. Failure to educate and offer pneumococcal vaccine to 1 patient

IV.	CDPH CASES – Facility Reported Events

157 Total Reportable Events in 2021 (N=52), 2022 (N=68), and 2023 (N=37)
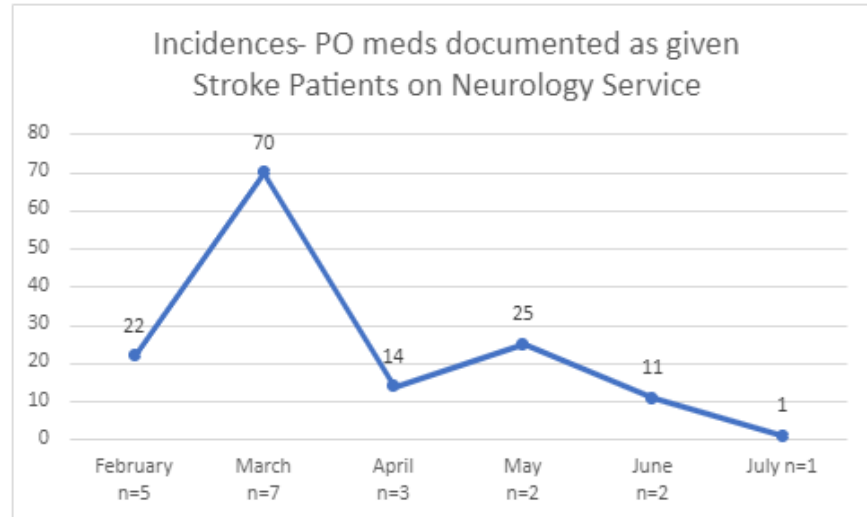
V.	NEW FACILITY REPORTED INCIDENTS (FRI)

1 New Reportable Incidents (August 2023): 1 Privacy Breach

Date Submitted:	Date of Incident	Location	Event Details
8/16/23	7/26/23	N/A	Staff access to PHI without business reason

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 was conducted to assess compliance of ZSFG Administrative policies with the three-year renewal process until compliance percentage of >90% was met for three consecutive months.
		  o July 2023 audit indicated 100% compliance.
		  o Greater than 90% compliance has been achieved for three consecutive months!

The Joint Commission Stroke Survey (2.2023)	1. Medical record completeness and accuracy (ex. conflicting orders on blood pressure management)
	
	2. Neuro checks, neurovascular checks and vital signs documentation completeness
	
	3. Accurate medication administration route documentation (oral versus nasogastric tube administration)
		1) Medical record completeness and accuracy (ex. conflicting orders on blood pressure management)
		NCC Order Set Used
		  • April (6/7) 86%
		  • May (1/1) 100%
		  • June (7/7) 100%
		  • July (8/8) 100%
		
		2) Neuro checks, neurovascular checks and vital signs documentation completeness

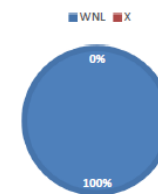|		
		3) Accurate medication administration route documentation (oral versus nasogastric tube administration)
6/5-9/2023 4A Recertification Survey	1. Diet report not verified by RN before served to patients. 2. Expired lab tubes in medication room 3. Dirty ceiling vents in pantry 4. Co-mingled patient and staff food in staff break room freezer 5. Expired food in main kitchen walk-in 6. PPE cart stored too closely to dirty linen hamper on unit	1. 100% of audited food trays were checked by RN before delivered to resident. 2. 100% of audited medication cassettes were locked, lab tubes within expiratory date, PPE carts stored away from areas with soiled linens, and staff and resident food was stored separately. 3. 100% of 4A pantry ceiling vents were observed to be free from dirt and lint.

6/12/23 4A CDPH Fire Life Safety Survey	1. Monthly fire sprinkler valve visual inspections not documented. 2. Corridor door 4A10 did not positively latch under own power when closing. 3. Fire door blocked from closing by dirty linen hamper	1. 100% of 4A fire sprinkler valves passed visual inspection in July 2023, as reflected by documentation. 2. 100% of 4A corridor doors closed under own power with positive latch upon inspection in July 2023. 3. 100% of corridor doors were observed to be free from obstruction that would prevent closing.