



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	Scheduled/ November 8-9, 2023
Commission on Cancer	Triennial	Scheduled/ March 28, 2024

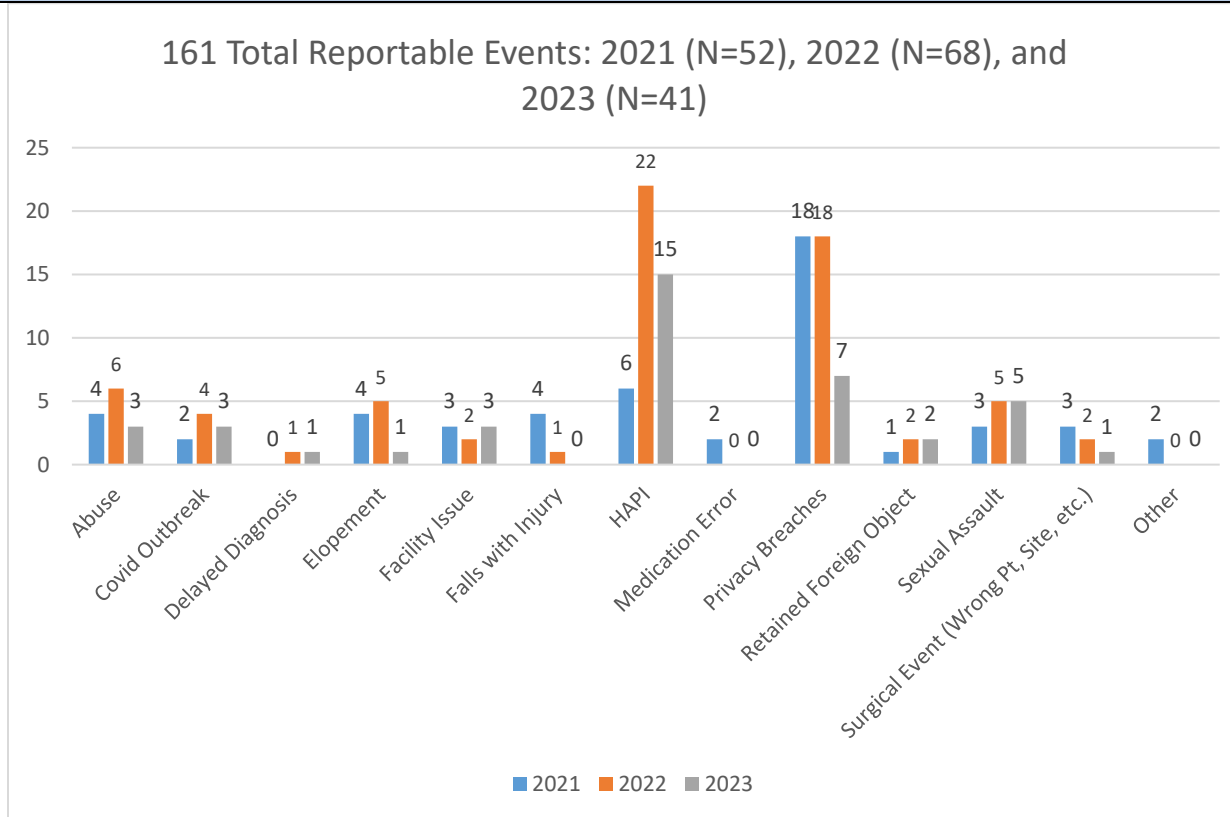
II. SURVEY ACTIVITY

Survey Date	Agency	Location Surveyed	Details
9/1/23	DEA	OBOT	DEA random audit of narcotic treatment program. No findings identified.

III. PLANS OF CORRECTION SUBMITTED

Survey (year) or Event (date of incident)	Finding Requiring Monitoring
N/A	1. N/A

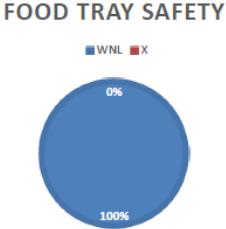

IV. CDPH CASES – Facility Reported Events



V. NEW FACILITY REPORTED INCIDENTS (FRI)

4 New Reportable Incidents (September 2023): 1 Sexual Assault, 1 HAPI, 1 Privacy Breach, 1 Alleged Abuse

Date Submitted:	Date of Incident	Location	Event Details
9/8/23	9/4/23	7B	Sexual Assault: Buttocks Touch
9/18/23	9/13/23	H64	HAPI: Unstageable at coccyx
9/19/23	8/25/23	ED	Privacy Breach: Patient and PHI access without authorization
9/14/23	9/14/23	4A	Alleged Abuse: Alleged pt-to-pt abuse; unsubstantiated

VI. PLAN OF CORRECTION MONITORING DATA		
Survey (year) or Event (date)	Finding Requiring Monitoring	Monitoring
6/5-8/2023 4A Recertification Survey	<ol style="list-style-type: none"> Diet report not verified by RN before served to patients. Expired lab tubes in medication room Dirty ceiling vents in pantry Co-mingled patient and staff food in staff break room freezer Expired food in main kitchen walk-in PPE cart stored too closely to dirty linen hamper on unit 	<ol style="list-style-type: none"> 100% of audited food trays were checked by RN before delivered to resident. <div style="text-align: center;"> <p>FOOD TRAY SAFETY</p>  <p>■ WNL ■ X</p> </div> 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. <div style="text-align: center;"> <p>AUDIT COMPLIANCE</p>  <p>■ Compliant ■ Not Compliant</p> </div> 100% of kitchen zone walkthroughs confirmed all items within kitchen were not expired (7-9/23). 100% of 4A pantry ceiling vents were observed to be free from dirt and lint in July, August, and September 2023. (COMPLETE)
7/27/23 CMS 4A Validation Survey	<ol style="list-style-type: none"> Pneumococcal vaccine not offered to one patient 	<ol style="list-style-type: none"> 100% of patients were offered pneumococcal vaccine and relevant education in September 2023.
6/12/23 4A CDPH Fire Life Safety Survey	<ol style="list-style-type: none"> Monthly fire sprinkler valve visual inspections not documented. Corridor door 4A10 did not positively latch under own power when closing. Fire door blocked from closing by dirty linen hamper 	<ol style="list-style-type: none"> 100% of 4A fire sprinkler valves passed visual inspection in July, August, and September 2023, as reflected by documentation. (COMPLETE) 100% of 4A corridor doors closed under own power with positive latch upon inspection in July, August, and September 2023. (COMPLETE) 100% of corridor doors were observed to be free from obstruction that would prevent closing in September 2023.