



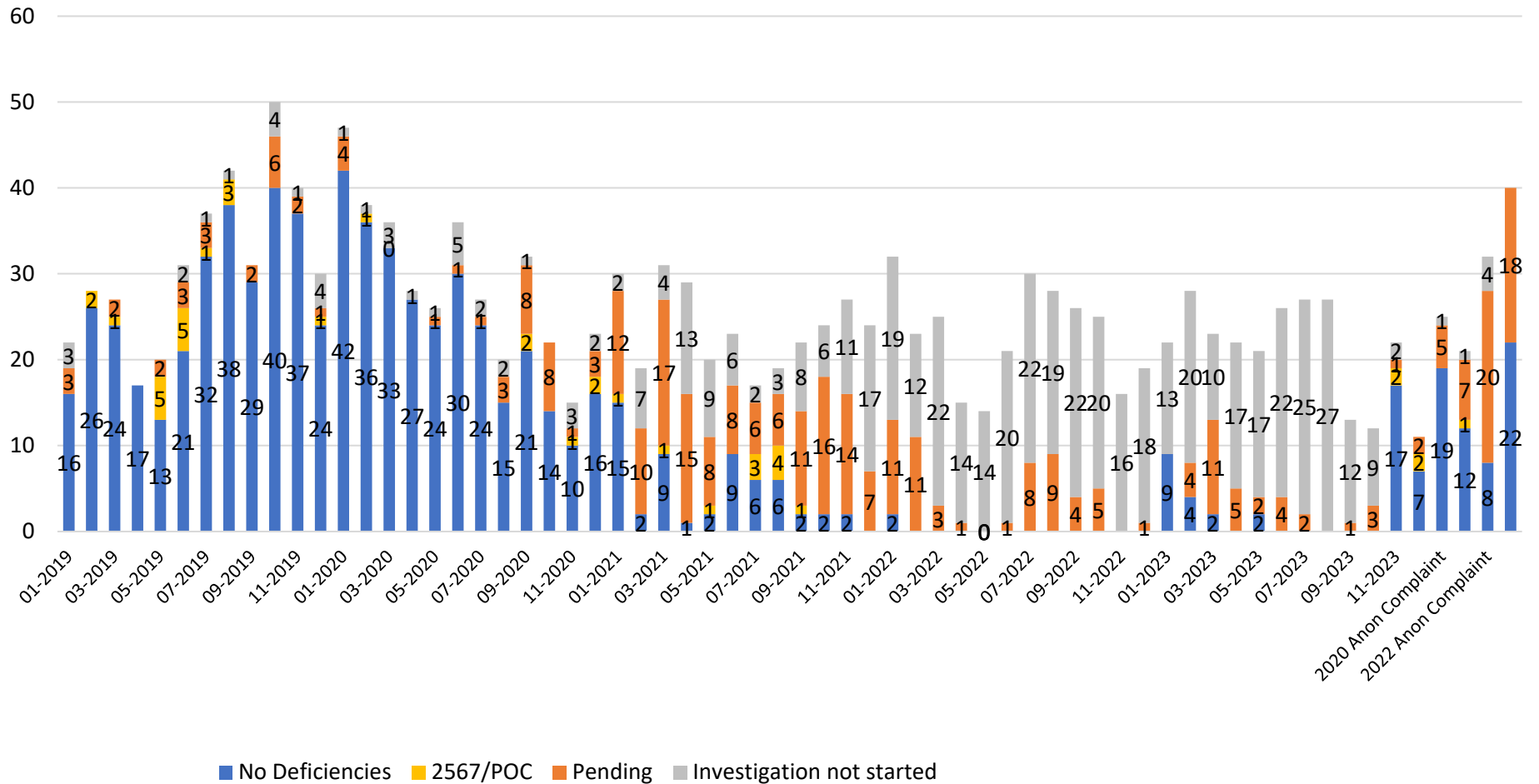
ITEM	DISCUSSION
<p><b>FACILITY REPORTED INCIDENTS (FRI)</b></p>	<p>During November 2023, LHH submitted a total of 16 FRIs to CDPH and 6 anonymous complaints. The FRIs include allegations of abuse, adverse events, and other reportable issues. CDPH has initiated investigation into some of the cases, but final determination of potential deficiencies has not been determined for all cases.</p> <p><b>November: 22 cases (16 FRI and 6 Anonymous Complaints)</b> (2 cases out of 22, investigation not started by CDPH)</p> <ul style="list-style-type: none"> <li>• 11 allegations of abuse               <ul style="list-style-type: none"> <li>○ Resident to resident: 4 (1 investigation not started; 3 pending outcome)</li> <li>○ Staff to resident: 4 (1 pending outcome; 3 pending outcome)</li> <li>○ Other to resident: 1 (Investigated by CDPH, pending outcome)</li> <li>○ Injury of Unknown Source: 1 (Investigated by CDPH, pending outcome)</li> <li>○ Staff to Resident Neglect: 1 (pending outcome)</li> </ul> </li> <li>• 3 adverse events (3 Investigated by CDPH, pending outcome)</li> <li>• 2 Disease Outbreak (1 investigation not started; 1 pending outcome)</li> <li>• 6 anonymous complaints (6 pending outcome)</li> </ul>
<p><b>SURVEY UPDATES</b></p>	<p>Medicare 1<sup>st</sup> Certification Survey completed from 11/27/23 to 12/1/23.</p> <ul style="list-style-type: none"> <li>• Twenty-seven surveyors conducted the 1<sup>st</sup> Medicare Certification Survey for LHH.</li> <li>• Survey exited on 12/1/23 with 33 preliminary findings.</li> <li>• Written 2567 Statement of Deficiency is pending. The facility is working on immediate corrective actions.</li> </ul>
<p><b>PLAN OF CORRECTION UPDATES/REPORTING</b></p>	<ol style="list-style-type: none"> <li>1. <b>Submitted POC on 11/23/23.</b> <ol style="list-style-type: none"> <li>a. F550 Resident Rights/Exercise Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</li> </ol> </li> <li>2. <b>Submitted POC on 11/23/23.</b> <ol style="list-style-type: none"> <li>a. F609 Reporting of Alleged Violations. In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</li> </ol> </li> </ol>



	<p>b. F657 Care Plan Timing and Revision. A comprehensive care plan must be (i) Developed within 7 days after completion of the comprehensive assessment, (ii) Prepared by an interdisciplinary team, that includes but is not limited to the attending physician, a registered nurse with responsibility for the resident, a nurse aide with responsibility for the resident, a member of food and nutrition services staff, to the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan, (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>c. F 689 Free of Accident Hazards/Supervision/Devices. The facility must ensure that (a) The resident environment remains as free of accident hazards as is possible; and (b) Each resident received adequate supervision and assistance devices to prevent accidents.</p>
<b>EMAIL/TELEPHONE REQUESTS IN LIEU OF SITE VISITS</b>	<b>None.</b>
<b>ONGOING SITE VISITS</b>	<b>None.</b>
<b>PENDING SITE VISITS</b>	<b>266 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)

