

<b>I. PENDING SURVEYS</b>		
<b>Survey</b>	<b>Frequency</b>	<b>Anticipated Timeframe</b>
TJC Medicare Deficiency Survey	Once	By April 1, 2024
CMS Outpatient Dialysis Recertification	Annual	Unannounced anytime
CDPH 4A Licensing	Triennial	Unannounced anytime
CDPH General Acute Care Hospital Licensing	Triennial	Unannounced anytime
Commission on Cancer	Triennial	Scheduled/ March 28, 2024
TJC Laboratory Survey	Biennial	Window March 25 – June 25, 2024

<b>II. SURVEY ACTIVITY</b>			
<b>Survey Date</b>	<b>Agency</b>	<b>Location Surveyed</b>	<b>Details</b>
2/13-16/24	TJC Hospital Accreditation Program (HAP) and Nursing Care Center (NCC) Survey	ZSFG	<p><b>HAP:</b> 85 discreet findings across 51 EPs  <b>NCC:</b> 4 discreet findings across 4 EPs</p> <p>The following finding areas will be included in Medicare Deficiency Survey within 45 calendar days:</p> <ul style="list-style-type: none"> <li>• <b>Environment of Care</b> <ul style="list-style-type: none"> <li>○ Dust in clean patient rooms</li> </ul> </li> <li>• <b>Human Resources</b> <ul style="list-style-type: none"> <li>○ Competency assessment for individuals performing disinfection of transesophageal echocardiography (TEE) probes</li> </ul> </li> <li>• <b>Infection Control</b> <ul style="list-style-type: none"> <li>○ Hand drying methods during procedural “scrub-in”</li> <li>○ Use of oxygen extension tubing for multiple patients</li> <li>○ Cleanliness of ultrasound probes/machines</li> <li>○ Expiration of hand sanitizer, bleach wipes, and procedural gloves</li> <li>○ Adherence to manufacturer’s instructions for use (MIFU) during TEE disinfection process</li> <li>○ Proper storage of sterile procedure kits</li> <li>○ Use of enzymatic spray on soiled instruments</li> <li>○ Adherence to MIFU for nitrox oxide delivery system injector module disinfection</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Adherence to MIFU for processing temperature probes</li> <li>○ Use of low-lint cloths to wipe ultrasound probes during use of Trophon machine</li> </ul> <p>Examples of other finding areas that require evidence of standards compliance within 60 calendar day include:</p> <ul style="list-style-type: none"> <li>● <b>Environment of Care</b> <ul style="list-style-type: none"> <li>○ Instrument transportation, fire drill matrix, use of power strips, comingling of full and used oxygen tanks, tape on IV poles</li> </ul> </li> <li>● <b>Human Resources</b> <ul style="list-style-type: none"> <li>○ Annual education and fit testing compliance</li> </ul> </li> <li>● <b>Leadership</b> <ul style="list-style-type: none"> <li>○ Performance evaluation process, review process for educational transcripts, monitoring and review process for contracted services</li> </ul> </li> <li>● <b>Life Safety</b> <ul style="list-style-type: none"> <li>○ Integrity of ceiling tiles, proper use of firestops, positive door latching, storage of fire extinguishers, accessibility of gas shutoff valves</li> </ul> </li> <li>● <b>Medication Management</b> <ul style="list-style-type: none"> <li>○ Proper titration of specific medications</li> </ul> </li> <li>● <b>Medical Staff</b> <ul style="list-style-type: none"> <li>○ Frequency of Ongoing Professional Practice Evaluation (OPPE) process</li> </ul> </li> <li>● <b>Provision of Care</b> <ul style="list-style-type: none"> <li>○ Vital sign checks consistent with provider orders, proper storage of outside patient food, complete crash cart checks, education related to severe hypertension and preeclampsia in pregnant/postpartum patients, appropriate discharge instructions following anesthesia or sedation</li> </ul> </li> <li>● <b>Rights of the Individual</b> <ul style="list-style-type: none"> <li>○ Consent in patient preferred language, documentation of advance directive status</li> </ul> </li> </ul>
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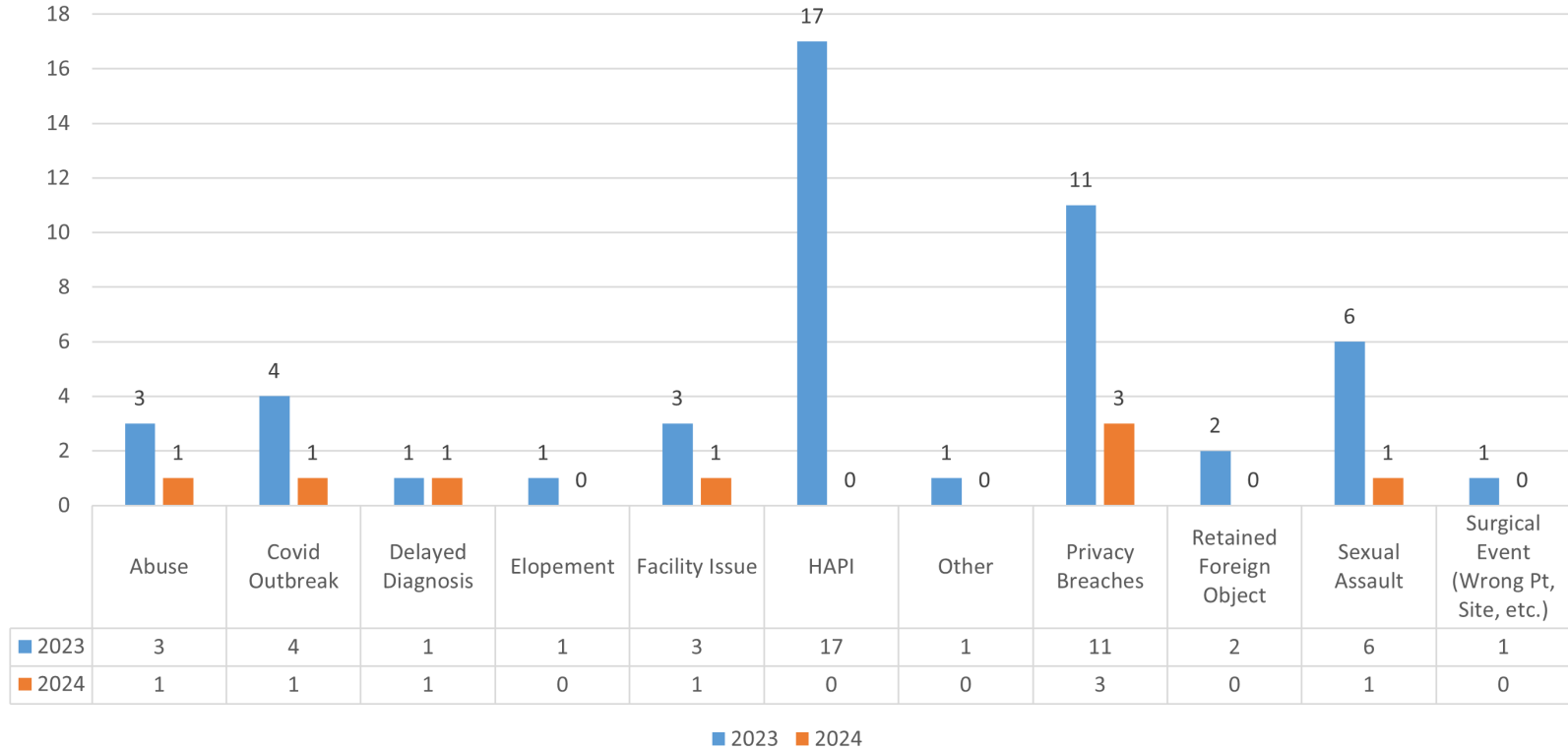
			<ul style="list-style-type: none"> <li>• <b>(NCC) Environment of Care</b> <ul style="list-style-type: none"> <li>○ Eyewash station water temperature, proper labeling of cleaning solutions</li> </ul> </li> <li>• <b>(NCC) Provision of Care</b> <ul style="list-style-type: none"> <li>○ Proper documentation during PICC line dressing changes, appropriately individualized care plans</li> </ul> </li> </ul>
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**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**

2023 - 2024 CDPH Facility Reported Events as of 2/29/24  
 Yearly Totals: 2023 - **50**, 2024 YTD - **8**



**4 Events (1 Delay in Care, 1 Facility Issue, 1 COVID Outbreak, and 1 Sexual Assault) reported in Feb 2024**



**V. PLAN OF CORRECTION MONITORING DATA**

**No monitoring to report**