



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Roland Pickens, MHA, FACHE
Chief Executive
San Francisco Health Network

August 16, 2022

Re: Update on Laguna Honda Hospital Recertification Efforts: Mock Survey 1 Results

Dear Colleague,

Thank you for your continued support of Laguna Honda Hospital as we continue the hard work of being recertified with the Centers for Medicare and Medicaid Services (CMS).

Our highest priority is the health and safety of our patients, many of whom have relied on Laguna Honda for their skilled nursing healthcare for many years. They are at the center of our work as we continue to make the long-term operational, institutional, and cultural changes needed to ensure our sustainable success. I would like to update you on our progress.

**Mock Survey 1: Complete
(Phase 2 summary attached)**

As part of our recertification strategy, the hospital is conducting two mock surveys. They mirror the actual CMS survey that will ultimately determine whether Laguna Honda is recertified in the Medicare and Medicaid Participation Programs.

These mock surveys are an important exercise that identify areas for improvement so that we can make changes before we apply for recertification with CMS. The mock survey is conducted by a team of expert consultants with deep knowledge and experience with regulations and certification requirements. We requested an extremely thorough analysis of our readiness, including a complete assessment of all Federal Skilled Nursing Facility regulatory categories as well as all acute care standards.

The first Mock Survey is now complete. It was conducted in two phases throughout June and July. You received results from Phase 1 of the survey on July 19 and we would like to update you on the results of Phase 2, which officially completes our first Mock Survey. The second phase of the mock survey focused on Fire Life Safety, Pharmacy, Acute Care, and Acute Rehab Unit regulations and additional surveying of Infection Prevention and Control.

Results/Findings

Our experts provided us with a comprehensive set of findings. This is what we wanted. Our goal is to identify gaps now, so we can resolve them and sustain the changes we make before applying for recertification with CMS.



The findings of the second phase of the Mock Survey are consistent with those from Phase 1. Laguna Honda would not pass a CMS certification survey if it was conducted today. Findings were significant in number, scope, and severity. In total across both Phase 1 and Phase 2, mock surveyors cited 101 federal regulation violations, also known as “tags” as part of the statement of deficiencies: 39 in Phase 1 and 70 in Phase 2 with 8 duplicate tags from Phase 1 (new findings under the same tag). These tags reflect deficiencies hospital-wide and span nearly all disciplines including infection control, resident rights, freedom from abuse, neglect, exploitation; quality of care and more. In addition, during Phase 2 of the survey, there were seven items in five regulatory groups identified as Immediate Jeopardy findings due to their frequency and/or severity. In these instances, immediate action was taken to resolve these findings, and the plan of corrections details the ongoing approach to sustain those changes. A complete summary of the findings and corrective actions is attached.

Immediate Improvements

Immediate improvements are already well under way. Every deficiency noted by surveyors has a responsive intervention or corrective action. However, we acknowledge that we must do more than simply correct findings from a survey. We must put systems in place to prevent deficiencies in the first place and make sure our corrective actions are sustained over time.

Comprehensive System Changes

Laguna Honda is doing the hard work of making system level changes to address the deficiencies noted by our regulators and in our own assessments. These include:

- Reorganizing the Nursing Department to provide more oversight and management.
- Adding a Nursing Home Administrator to provide nursing home regulation expertise.
- Updating our Infection Prevention and Control Plan. This plan is being reviewed and revised by national experts to improve care and ensure regulatory compliance.

Engaging staff to learn and apply regulatory knowledge is vital for recertification. Laguna Honda is undertaking several major education and staff engagement initiatives:

- All Laguna Honda staff are participating in a comprehensive workforce training program based on our mock survey results and regulator findings. The trainings include skills checks and topics include Infection Control, Emergency Services, Freedom from Abuse, Residents' Rights, Quality of Life, Behavioral Health, Quality Assurance and Performance. Improvement, Physical Environment, and Food and Nutrition.
- All nursing staff are completing trainings in Pharmacy and Medication Pass, Comprehensive Care Plan,



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and Resident Assessments.

- A compliance program of best practices called Critical Element Pathways is ensuring ongoing regulatory compliance and survey readiness. This program is used by high performing nursing homes and federal surveyors to guide their survey process.
- Supervisors are reviewing topics raised by mock surveyors with their teams and then using a “teach-back” method to support and sustain learning and changes.

Next Steps

Our goal is to be transparent with all of our stakeholders and we have attached a summary of the findings from Phase 2 of our first Mock Survey, which also includes Laguna Honda’s plan to correct the deficiencies. If you would like a copy of the complete report of deficiencies and corrective actions, please email laguna.honda@sfdph.org.

I look forward to keeping you updated on our continuous progress as we prepare for our goal of applying for recertification with CMS in mid to late fall. Thank you again for your partnership and support in this endeavor.

Sincerely,

Roland Pickens, MHA, FACHE
Chief Executive Officer, San Francisco Health Network &
Interim Chief Executive Officer, Laguna Honda Hospital



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Laguna Honda Hospital
Mock Survey #1 Phase 2
Summary of Findings &
Corrective Actions
CMS Long-term Care Requirements

*Mock Survey Conducted by Health Management Associates
Corrective Actions Prepared by Laguna Honda Hospital*

August 12, 2022



METHODOLOGY

Health Management Associates (HMA) was engaged by the San Francisco Department of Public Health (SFDPH) on May 9, 2022, to conduct two Centers for Medicare and Medicaid Services (CMS) long-term and acute care mock surveys for Laguna Honda Hospital (Laguna Honda). The goal of the first mock survey was to establish a baseline of facility regulatory compliance, determine areas of high vulnerability, and guide recertification readiness activities.

HMA conducted Phase I of the first mock survey over the course of seven days, from June 22-28, 2022, with the results reported to Laguna Honda leadership on June 29, 2022. This document summarizes the results of Phase 2 of the mock survey conducted from July 11 to July 21, 2022 by three subject matter experts in Fire Life Safety, Pharmacy, and Infection Control. During the survey, daily debriefs were provided by the survey team with Laguna Honda's executive leadership to discuss findings and determine needs for further investigation or additional information. A detailed report of all findings with associated scope and severity scores was submitted to Laguna Honda Administration to develop corrective action plans.

Over the course of three days (June 26-28, 2022) a partial mock survey was conducted on the Acute Care and Acute Rehab Unit of Laguna Honda and this summary also includes an overview of those findings. Prioritization was given to patient safety, patient rights, nursing services, and the Quality Assurance Performance Improvement (QAPI) areas.

This summary also lists some recertification strategies that Laguna Honda is pursuing based on the findings from Phase 1 and Phase 2 of the first survey.

POSITIVE OBSERVATIONS

HMA surveyors observed many instances of demonstrated best practices and engagement of staff, including:

- Throughout the mock surveys staff were welcoming and prompt to engage with the surveyors.
- There was great engagement from Facility Services, Environmental Services, Pharmacy, Nursing, Quality Management, and many other Laguna Honda team members during the entire mock survey process.
- A special thanks to the Laguna Honda Quality Management team which was knowledgeable and able to provide data and documents throughout both phases of the mock survey.
- During medication pass observations, nurses were observed to be diligent with hand hygiene. The surveyor observed that nurses in the Acute Unit and South 2 did an excellent job with appropriate care follow-up and documentation.
- Pharmacy, physicians, and nurses involved with Antibiotic Stewardship review were highly engaged and energetic.
- Facilities staff were knowledgeable, collegial, and engaged throughout the life safety survey.



MOCK SURVEY OVERALL FINDINGS

Phase 1 – A total of 39 deficiencies, known as “tags” that correspond to federal regulations, were cited in the first phase of the mock survey in 13 out of 21 CMS regulatory groups for long-term care.

Phase 2 – A total of 70 deficiencies, known as “tags” that correspond to federal regulations, were cited in 23 of 209 tags (Long Term Care), 34 of 123 tags (Life Safety), 7 of 27 tags (Emergency Preparedness) and 6 tags related to Acute Care regulations.

In total across both Phase 1 and Phase 2, mock surveyors cited 101 federal regulations violations/tags as part of the statement of deficiencies: 39 in Phase 1 and 70 in Phase 2 with 8 duplicate tags from Phase 1 (new findings under the same tag).

MOCK SURVEY 1 PHASE 2 FINDINGS & CORRECTIVE ACTIONS

Survey findings are based on CMS Medicare Conditions of Participation. While findings are based on a sample of review activities, corrective actions are being applied organization wide as applicable. The following findings by expert surveyors are followed by corrective actions in each category developed by Laguna Honda staff. To ensure long term sustainability of corrective actions, Laguna Honda’s Performance Improvement Patient Safety (PIPS) Committee will ensure compliance through ongoing monitoring and routine audits. Additional countermeasures may be employed. The full Corrective Action Plan is available upon request.

During Phase 2 of the Mock Survey, there were seven items in five regulatory groups identified as “Immediate Jeopardy” findings due to their frequency and/or severity. Immediate jeopardy is defined as a deficient practice creating a reasonable expectation of causing serious harm, serious injury, serious impairment, or death. Immediate corrective action is needed to prevent serious harm from occurring or reoccurring. These include the following:

1. INFECTION CONTROL

Surveyors observed numerous failures to adhere to infection control procedures including contaminated HVAC filters in multiple locations (they were removed immediately), damaged upholstery and countertops, ceiling tiles with mold, and cardboard boxes stored in clean supply areas. Negative pressure isolation rooms were not evaluated annually and checked daily. COVID-19 screening protocol was not followed for visitors. Infection Control Committee and Infection Prevention Program activities and documentation were inadequate. Staff were observed not wearing required eye protection. Pill crush machines were noted to contain powder and liquid residue. The facility has an inadequate water management plan.

LHH Corrective Actions: LHH is reviewing the entire Infection Prevention and Control Program with expert consultants to ensure best practices are implemented, followed, and sustained for regulatory compliance. Immediate interventions included removal of HVAC filters, damaged furniture, and cardboard boxes. LHH established rounding procedures to identify and mitigate



infection control issues. A water management plan is in development with Infection Prevention oversight. Full corrective actions are available upon request.

2. FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES

Surveyors identified inconsistent oversight of environmental safety as evidenced by unlocked EVS carts with chemicals unattended, unlocked balcony doors, wheelchairs without footrests, and an unattended trash compactor with keys left in the device.

LHH Corrective Actions: LHH is implementing processes to monitor and remediate environmental safety issues. Immediate interventions included implementing audits on EVS carts to ensure they are locked, tasking charge nurses with checking that balcony doors are locked and rounding to monitor that trash compactors are securely locked when unattended. Full corrective actions are available upon request.

3. FOOD SAFETY

Surveyors identified food sanitation not adequately maintained in unit galleys including food stored inappropriately, contaminated stored food products, and soiled refrigerator tray carts. In the main facility kitchen, food was not covered in coolers, floors in food preparation area were grease-covered, and pans and mugs were dirty and stained.

LHH Corrective Actions: LHH developed a process and monitoring procedure to ensure that food is properly stored and that cooking and serving items are clean. The kitchen was deep cleaned and LHH implemented a routine cleaning schedule. Full corrective actions are available upon request.

4. ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION

Surveyors noted inconsistent documentation of initial inspection and ongoing preventative maintenance on medical equipment. The soiled utility rooms on resident units are incapable of required negative airflow. There is no documentation of a required annual air balance report.

LHH Corrective Actions: LHH developed a process and monitoring procedure to ensure medical equipment preventive maintenance is consistently completed on time and documented. Full corrective actions are available upon request.

5. STORAGE OF DRUGS AND BIOLOGICALS/PHARMACY SERVICES

Several expired doses of the influenza vaccine were available for administration (they were removed from circulation). An unlocked medication cart was present in the medication room where unlicensed staff could potentially access, and there were instances of unsecured medication keys cards and



medications. There were missing unit medication inspection logs. A surveyor observed medication administration errors without harm to resident.

LHH Corrective Actions: LHH immediately removed expired vaccine doses, and it was verified that no expired doses were administered to residents. LHH's policy and process were updated to ensure that they incorporated the removal of expiring medications. The medication cart was immediately locked. LHH developed a process to secure key cards in the automated dispensing unit. The Acting Chief Nursing Officer distributed a memo providing instructions on how to properly secure medications and key cards. LHH incorporated secure medication protocols and expectations into the comprehensive education program. Full corrective actions are available upon request.

The following is a summary of additional significant findings:

1. FIRE LIFE SAFETY

There were many instances where required documentation of fire life safety systems were incomplete, inadequate, or missing (i.e., sprinkler system, fire extinguishers, fire drills, fire alarms, waterflow devices.) There were several observations of mixed storage of full and empty oxygen cylinders. There were multiple doors found throughout the facility with inadequate closure and latching required by code. There were multiple observations where egress pathways were obstructed. Additional exit signage is required in several areas. Several areas classified as hazardous were not properly protected. Several observations in the food service area did not meet code. There was a fire alarm panel silenced on the nursing unit.

LHH Corrective Actions: LHH developed specific plans to address documentation for each cited area of deficiency and implemented monitoring plans to ensure ongoing compliance. LHH added signage to oxygen storage to identify the locations of full and empty cylinders and ordered dividers to physically separate full and empty cylinders. LHH updated the monthly service checklist to include inspection of proper door closure/latching and will adjust all doors to meet code requirements. Full corrective actions are available upon request.

2. ADMINISTRATION

Examination rooms throughout Laguna Honda have been converted to offices without required CDPH approval for converting approved spaces to another use.

LHH Corrective Actions: A Laguna Honda Task Force will assess space alignment with current licensure. For rooms not in alignment with licensure, the space will either revert to the current licensure use or the licensure will be updated to reflect the current use. The Administrative Director will lead a committee to manage future requests for Facility-space use conversion. Full corrective actions are available upon request.



3. EMERGENCY PREPAREDNESS

A staff member could not explain emergency evacuation procedures. The Emergency Preparedness documentation was inadequate to meet requirements.

LHH Corrective Actions: LHH updated the emergency preparedness plan, which will be reviewed on an annual basis. In June 2022, LHH conducted a table-top exercise and provided comprehensive staff education on emergency procedures. Full corrective actions are available upon request.

4. PHYSICAL ENVIRONMENT

A staff member without an ID badge was observed caring for a patient. There was no documentation of testing the Sheriff's emergency call system located in the day room and at the end of halls. There were several observations of showers in need of cleaning. It was observed that floors were dirty, and debris, including syringes, was found behind several Omnicell medication dispensing units. Torn linen was observed on several resident beds.

LHH Corrective Actions: LHH developed specific plans to address each cited area of deficiency. Nursing leadership to monitor staff are wearing ID badges. A schedule to be developed for regular deep cleaning of showers. Staff educated to inspect linen prior to making bed and place torn linen in rejected linen hamper bin. Full corrective actions are available upon request.

5. FREEDOM FROM ABUSE, NEGLECT, AND EXPLOITATION

On several occasions, surveyors observed that call lights were cancelled without staff responding, or there was a delayed response.

LHH Corrective Actions: The Acting Chief Nursing Officer issued a memo to staff instructing staff to respond to call lights from unoccupied rooms, and if no response is received, to immediately go to the room. Full corrective actions are available upon request.

6. RADIOLOGY

Surveyors observed that dosimetry badges were not consistently submitted and processed promptly, and surveyors found no evidence that badge reports were reviewed by a Radiation Safety Officer. Radiology Technologist licenses posted in the department were expired.

LHH Corrective Actions: LHH ordered and received new dosimetry badges, which will be replaced every 6 to 8 weeks. A third-party vendor will provide radiation exposure reports that will be reviewed by the Chief of Radiology at Zuckerberg San Francisco General Hospital. LHH will post current radiology technologist licenses in the department, and the manager will monitor to ensure that posted licenses are current. Full corrective actions are available upon request.



request.

7. PEST CONTROL PROGRAM

Pest traps in clean storage and patient care areas were evidence of an ineffective pest control program.

LHH Corrective Actions: LHH immediately removed pest traps in patient care areas. The pest control vendor was informed not to place traps in patient care areas. LHH's pest control policy was revised to include a monitoring procedure to ensure continued compliance. LHH will educate staff to report pest issues by submitting work orders to environmental services. Full corrective actions are available upon request.

8. ANTIBIOTIC STEWARDSHIP

The antibiotic stewardship program was inadequate based on nationally recognized standards.

LHH Corrective Actions: Laguna Honda will reinitiate routine meetings of the Antimicrobial Stewardship committee, which will include membership of Infection Prevention, Infectious Disease, Medicine, and Pharmacy. The committee will expand its focus, improve documentation by including actions taken, and report to the Pharmacy and Therapeutics committee. Full corrective actions are available upon request.

9. SELF-ADMINISTRATION OF DRUGS

It was noted there was inconsistent nursing documentation of when supplements were provided to residents.

LHH Corrective Actions: LHH will develop a revised Self-Administration policy related to supplement use by residents to include validation of each resident's ability to self-administer supplements, and to limit supplement self-administration to those on formulary. LHH's pharmacy verified that proper documentation was included in the medical record. Full corrective actions are available upon request.

ACUTE CARE

The acute care unit was surveyed under General Acute Care Hospital regulations with significant deficiencies noted in:

1. PATIENTS RIGHTS

Required restraint documentation was missing in medical records. Staff were unable to locate the restraint policy. There is no video monitoring policy or evidence of patient consent procedure. There was minimal evidence of adherence to the grievance policy.



LHH Corrective Actions:

- LHH will ensure physicians order restraints within 24 hours, when clinically appropriate, and will ensure that nurses receive education on safety protocol during restraint use. LHH has conducted audits on all current patients for possible restraints and documentation for safety checks and will implement a process for continued monitoring of restraint use. LHH will also update the restraint policy and will build a restraint order into the EHR.
- A process for ongoing monitoring of seclusion will be established, and LHH will send a memo to nursing staff regarding seclusion.
- LHH will review the existing grievance policy and procedure with all acute staff for immediate use.
- LHH will update the grievance policy for acute care, establish a grievance tracker, and the Charge Nurse will educate current patients on the acute unit about rights to file grievances.
- LHH disabled cameras and removed monitors from all 3 rooms that contained cameras.
- Full corrective actions are available upon request.

2. NURSING SERVICES

There was no acute care nursing plan of care. There was only one nurse on the unit, compromising patient safety. There was insufficient staff competency demonstrated during two code blue drills. Specific nursing competency documentation that was requested was not provided.

LHH Corrective Actions:

- LHH will update care plan policies, and nurses will complete care plan updates specific to acute care. Regular care plans audits will be established.
- A code blue in service will be provided for clinic, acute, acute break relief, and non-licensed staff, and code blue drills will resume.
- Surveyors will be provided with requested competencies and staffing schedules. The LHH nursing staffing policy will be updated for acute care, and LHH will ensure that the personnel binder is up to date. LHH will establish a process for monitoring expiring licenses, using a monthly report. Full corrective actions are available upon request.

3. QAPI

Patient Rights and Nursing Service findings were not adequately addressed in the QAPI. The QAPI is not aligned with nursing practice. There were discrepancies with PIPS committee data.

LHH Corrective Actions: LHH is reviewing the QAPI Program with expert consultants to ensure best practices are implemented, followed, and sustained for regulatory compliance. Full corrective actions are available upon request.



4. GOVERNING BODY

There was no evidence of governing body approval of contracted services, AND Policies were not current.

LHH Corrective Actions: Regarding approvals of contracted services, contract tracking and reporting tool developed. Evaluation of each contract to ensure annual compliance in progress. Department will report their contract review results to PIPS. This will also be captured in the annual Facility Assessment report. Regarding policies not being current, LHH will review policies that have not been revised in the past three years, or that have not been reviewed annually. A standard process for tracking and updating policies will be developed, including a process for continued monitoring of policy updates. Full corrective actions are available upon request.

RECERTIFICATION STRATEGIES

In addition to the specific corrective actions listed above, LHH has immediately implemented widespread system level initiatives to address all findings in both Phase 1 and 2 of this first Mock Survey. These initiatives include:

1. **Nursing Department Reorganization:** The department has been reorganized to provide additional oversight and management for each of the nursing units. This additional resourcing and reorganization will help facilitate the changes needed for improved patient care in a safe environment.
2. **Addition of Nursing Home Administrator & Assistant Nursing Home Administrator Consultants:** These industry-standard positions have been added to provide expertise to attain compliance with regulations specific to nursing homes.
3. **Implementation of Critical Element Pathways (CEP):** CEPs are a care compliance program of best practices to ensure ongoing regulatory compliance and survey readiness.
4. **LHH Recertification Comprehensive Education Plan:** This mandatory education program for all staff is being conducted throughout August to address each of the deficiencies identified in the mock survey. Competencies are verified to ensure staff knowledge.
5. **Infection Prevention and Control Plan:** This plan is being reviewed and revised by national experts to improve care and ensure regulatory compliance.
6. **Change Management and Communications Plan:** This plan will support recertification efforts through staff and management engagement and communications.
7. **Enhanced Rounding:** 24/7 rounding will ensure ongoing compliance with identified deficiencies.



CONCLUSION

The findings' significant number, scope, and severity demonstrate systemic deficiencies in practice and care at Laguna Honda Hospital and are consistent with Phase 1 results. If surveyed today, Laguna Honda would be non-compliant with CMS Conditions of Participation.

Significant effort is necessary to address the deficiencies to ensure widespread and sustained compliance in preparation for the actual recertification survey. A second mock survey is scheduled for

September, subject to the determination of substantial progress addressing the findings from Mock Survey Phases 1 and 2 reports. The results of the second mock survey will be utilized to assess Laguna Honda's readiness to apply for CMS recertification.

The full Corrective Action Plan is available by emailing laguna.honda@sfdph.org.