

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2018
NAME OF PROVIDER OF SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG F 0552	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to inform and clarify to Resident 75's responsible party, Family Member (FM) 1, the difference between the palliative care services the facility offered and hospice services which they did not offer.</p> <p>Definitions: Palliative care refers to care that relieves suffering and improves the quality of life for people with serious illness (American Academy of Hospice and Palliative Medicine, Frequently Asked Questions About Hospice and Palliative Care, http://palliativedoctors.org/faq accessed on [DATE]). Hospice is a benefit for Medicare/Medicaid (government health insurance programs) recipients who are expected to live no longer than six months. Hospice services can be delivered in a skilled/nursing facility. Only Medicare certified hospices can deliver care in a skilled/nursing facility (Code of Federal Regulations, Title 42, Public Health, 483.70(o)(1)(i)(ii) or F 849). This hospice care must include the following services 24 hours a day seven days a week: physician; nursing; drugs and biologicals. Where reasonable and necessary the following covered services must also be available 24 hours a day seven days a week: medical social services; counseling (including bereavement, dietary, and spiritual); physical therapy; occupational therapy; speech therapy; hospice aides; homemaker services; volunteers; other medical supplies; short-term inpatient (hospital) care. Hospice care must also include bereavement services for the family and other identified individuals (which can include other residents) for up to one year following the death of the resident [State Operations Manual, Appendix M (Hospice), Chapter 2, 2080 C (Hospice Core Services) and 2080 D (Hospice Required Services)]. The facility had a palliative care unit but did not contract with or arrange for hospice services to be delivered elsewhere. This deficient practice had the potential for Resident 75 to not receive the appropriate care and services needed.</p> <p>Findings: A review of Resident 75's physician's orders [REDACTED]. These orders indicated Resident 75 was no longer on the palliative care unit. These orders indicated Resident 75: had [DIAGNOSES REDACTED] (effects thinking, movement, mood); was to have a natural death with no resuscitation; was not to be transferred to an acute setting or emergency department; was not to have laboratory tests, vital signs (temperature, heart rate, respiratory rate, and blood pressure readings), monitoring of blood glucose (sugar) or oxygen concentration; was not to have a feeding tube (a tube placed into the stomach) if she could no longer eat; was to receive spiritual care or a volunteer companion; was to have Family Member 1 visit only between 10 AM to 3:30 PM daily. In an interview with FM 1 on [DATE] at 2:30 PM, FM 1 stated Resident 75 had been on the hospice unit but was now residing on a different floor due FM 1's request for investigation of the cause of new symptoms exhibited by Resident 75. FM 1 stated he feared these new symptoms may have caused Resident 75 pain. FM 1 discussed his concerns communicating with staff, his need for support, and his care of Resident 75 for many years. FM 1 said he did not know what he would do when Resident 75 died. FM 1 stated he would like to have support now and bereavement services for up to a year after Resident 75 died. In an interview with the Director of Nursing (DON) on [DATE] at 10 AM, she stated the facility does not have contracts with hospices. The DON stated there has never been a hospice unit in either the old building or the new one where all the residents now reside. The DON said they have a contract with a hospice but only to provide volunteers, not the other hospice services (listed under Definitions above). She also said they have a No One Dies Alone (volunteer) program. The DON stated she would be open to exploring hospice services. In an interview and concurrent observation with Registered Nurse (RN) 1 on [DATE] at 2:35 PM, she stated the palliative care unit focuses on the resident's quality of life rather than numbers such as laboratory values and vital signs. RN 1 said the focus is not aggressive care. RN 1 stated the focus is on keeping residents happy, comfortable, and making sure they do not suffer. Referring to the white board behind her which indicated no residents were currently on palliative sedation, RN 1 stated they give sedation in the unit to residents who are terminally ill and whose pain, nausea and vomiting, or emotional discomfort cannot be managed (with standard treatments). RN 1 said they give IV (intravenous, a needle inserted into a vein to provide medications or fluids) opiates (narcotic pain relievers) including [MEDICATION NAME] sulfate and [MEDICATION NAME] ([MEDICATION NAME]). RN 1 stated they also administer Versed (midazolam, for anxiety and sedation) IV. She stated they do not provide hospice. In an interview with RN 1 on [DATE] at 9:55 AM, she stated Resident 75 was on the palliative care unit for three years. RN 1 said she understood Resident 75 was not returning to the palliative care unit. RN 1 said the social workers helped Family Member 1 with multiple concerns. RN 1 stated the palliative care unit holds memorial services and invites families. RN 1 stated the facility will have their first Day of the Dead (Da de los Muertos, an annual celebration to honor deceased loved ones) celebration this year. RN 1 said the facility has contracted with outside counselors to support the staff on the palliative care unit. In an interview with RN 3 on [DATE] at 10:45 AM, she said they do not provide hospice at the facility. RN 3 stated the floor where Resident 75 currently resides is a complex long term care unit. RN 3 stated Resident 75 was transferred to this floor from the palliative care unit. A review of Resident 75's Progress Notes from Social Worker (SW) 1 dated [DATE] at 1:50 PM, Late entry for [DATE] at 1:45 PM, indicated there was a meeting held with SW 1, other staff, and Family Member 1 (FM 1). This note indicated FM 1 wished for Resident 75 to return to the (palliative care unit). The Progress Note from Social Worker 1 indicated FM 1 was told Resident 75 could receive palliative services on any unit in the facility and therefore there is no reason for a further move. (Resident 75) . has had a slow decline and does not need the specialized services of (the palliative care unit). (FM 1) seemed satisfied with the meeting. A review of the facility's policy and procedure, Admission to Laguna Honda Acute and SNF (skilled nursing facility) Services And Relocation Between Laguna Honda SNF Units, indicated the facility had a hospice unit. Under Procedure, 1. Admissibility and Screening Procedures, e. Screening of applicants, ii., this policy indicated, referrals to the specialty units (. and Hospice). The facility further indicated they had a hospice unit when this policy indicated under 2. Specific Admission Procedures, e. Hospice and Palliative Care Unit, Admission Criteria Specific to Hospice and Palliative Care Unit. Under 3. Sunday Admissions, a. From ZSFG (Zuckerberg San Francisco General Hospital) ii., this policy indicated the facility had a hospice unit, Pre-scheduled admissions shall be accepted for Hospice . A review of the facility's SCD (Spiritual Care Department) NODA (No-one Dies Alone) Volunteer Program policy and procedure indicated under Procedures, 1. Placement, The program will focus on residents who are on comfort care orders and have</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0552 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	(continued... from page 1) around one week to live. As of [DATE] at 10 AM, no evidence was received from the facility (as requested) indicating Resident 75 or her responsible party (FM 1) had ever received any information about hospice services.		
F 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to label tube feeding formula and tubing set for one of 36 sampled residents (Resident 748). This failure had the potential for Resident 748 to receive the wrong feeding formula and not meet nutritional needs. Findings: During a concurrent observation and interview with Registered Nurse (RN) 2 on 10/9/2018, at 10:24 AM, in Resident 748's room, Resident 748 was in bed, restless, awake and non-verbal. There was a container of Glucerna 1.0 (liquid nutritional formula for people with Diabetes (a disease in which the body's ability to produce or respond to the hormone insulin is impaired)) hanging on the pole of the pump machine running through a gastrostomy tube. The container of Glucerna 1.0 and the tubing set were unlabelled and undated. RN 2 and RN 4 confirmed the findings. RN 2 stated the Glucerna formula container had approximately 500 milliliters (ml) of formula in it when he started the feeding at 8 AM. He added it was the night shift nurse who started the formula. RN 2 and RN 4 acknowledged the formula container should be labeled and dated. A review of the clinical record for Resident 748, showed a physician's orders [REDACTED]. The facility policy and procedure titled, APPENDIX 1 - Enteral Nutritional Support - Closed and Open Systems revised date 7/10/18, indicated, . Closed System is used for enteral nutritional support when products are available in pre-filled closed containers .Closed enteral containers must be labeled with the resident name, bed number, rate, date and time container hung. The labeled date and time on the container , also applies to the tubing . b. Preparation of Nutritional Products . vii. Label container with date, resident name, bed number, rate, and time container is hung .		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to assure that medications were secure and inaccessible to unauthorized staff and residents. 1. Multiple medications were left unattended by nurses during medication pass observations, for two of 35 sampled residents (Resident 189 and Resident 202). 2. A bottle of [MEDICATION NAME] ([MEDICATION NAME], a laxative) was found sitting on the nightstand instead of a locked storage, for one of 35 sampled residents (Resident 161). This failure has the potential for a resident accessing medications that may cause clinically significant adverse consequences. Findings: 1. a) During a medication pass observation on 10/11/18 at 9:28 AM, Registered Nurse (RN) 5 prepared Resident 189's medications which included [MEDICATION NAME] (a drug that lower blood sugar levels) 10 milligram(mg) tablet, [MEDICATION NAME](a drug to treat high blood pressure) 50 mg tablet, [MEDICATION NAME](a drug to treat high blood pressure) 25 mg tablet, [MEDICATION NAME](a drug that change the effects of chemicals in the brain) 2 mg tablet, ziprasidone(a drug that treats certain mental and mood disorders) 120 mg tablet. RN 5 placed the medications in a medication bin and went inside Resident 189's room. RN 5 identified the resident, left the medication bin on the overbed table and walked to Resident 189's bathroom to wash her hands. The door to Resident 189's room was open and other residents were observed walking back and forth in the hallway. At 9:30 AM, RN 5 left the medication bin on Resident 189's overbed table and stepped out of the room and returned with chocolate pudding. Immediately, RN 5 left the room again, leaving the bin containing medications on Resident 189's overbed table, and returned with medication cups. 1. b) During a medication pass observation on 10/11/18 at 9:59 AM in Residents 202's room, RN 6 left resident 202's Dorzolamide (a drug to treat high pressure in the eye) eye drops on the overbed table and walked to Resident 202's bathroom to wash her hands. The door to the room was open and other residents were observed walking up and down the hallway. During an interview with the RN 6 on 10/11/18 at 10:55 AM, the RN 6 stated medications should not be left unattended because other residents can wander in and take the medications. During an interview with the Director of Nursing (DON) on 10/12/18 at 10 AM, the DON stated nurses should always have their medication with them during medication pass and nurses should use their disposable trays to bring more items like thickeners and chocolate pudding. 2. During an observation on 10/12/18 at 2:08 PM in Resident 161's room, a [MEDICATION NAME] 23.3 ounce orange container labeled with resident name was sitting on a nightstand. During an interview with RN 7 on 10/12/18 at 2:40 PM, RN 7 stated nurses pour the [MEDICATION NAME] powder in a medicine cup and give the cup to resident 161. RN 7 said Resident 161 takes her [MEDICATION NAME] powder and mix it with cranberry juice during breakfast. RN 7 stated that nurses have been reordering the medication for a long time and putting it on the nightstand. RN 7 further added nurses need to keep the [MEDICATION NAME] container in a locked storage because other residents might go into the room and take the container. During an interview with the Nurse Manager (NM) 1 on 10/12/18 at 3:13 PM, the NM 1 stated the bedside storage of medications should be in a locked drawer because the facility does not want other residents to come in and take the medication. The facility policy and procedures titled MEDICATION ADMINISTRATION revised on (MONTH) 10, (YEAR) indicated [PR(NAME)]EDURES .H. Self-Administrations and Bedside Medication .2. Bedside Medication i. Prescribed medications allowed at the bedside in a locked drawer must be original pharmacy labeled containers are: .d. Prescribed over-the-counter drugs.		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to ensure safe food practices when one of the Kitchen Cooks' (KC) hair was not entirely covered. This failure had the potential to spread foodborne illnesses to the residents. Findings: During an observation and concurrent interview with the Dietary Manager (DM) on 10/10/18, at 10:16 AM, in the food preparation area, it was noted one of the KC was wearing paper cap on his head. While the KC was cooking and mixing food, there was an area of three inches on each side of his head, and the back of his head, that were not completely covered with the cap. During an interview with the Dietary Manager (DM), on 10/10/18, at 10:20 AM, in the food preparation area, he verified the above findings. The DM stated it was the KC's personal preference to use hair restraint or a cap. The DM acknowledged the kitchen staff should wear hair restraints that cover the entire hair while in the kitchen. Review of the facility policy and procedure for Nutrition Services Department, titled, 1.53 Standard of Dress dated 11/6/2015, indicated, Employees are to comply with Standard of Dress while on duty . Purpose: To maintain proper sanitary and safety procedures .7. Hair covering must be worn properly at all times .		