



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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

July 19, 2022

Re: Laguna Honda Hospital Mock Survey Summary

Dear Colleague,

Our highest priority at Laguna Honda Hospital is to get recertified with the Centers for Medicare and Medicaid Services (CMS) so we can continue to care for our patients, many of whom have relied on Laguna Honda for their skilled nursing healthcare for many years.

We are making a number of immediate improvements as well as continuing the hard work of making the long-term operational, institutional, and cultural changes needed to ensure our sustainable success.

Mock Surveys

As part of our strategy to achieve recertification, the hospital will undergo two mock surveys. Mock Surveys are conducted by a team of experts with deep knowledge and experience with CMS regulations and certification requirements. Mock Surveys are as realistic as possible, mirroring the actual surveys where CMS will determine if they recertify Laguna Honda. These surveys are an important exercise that help Laguna Honda staff identify areas for improvement so we can make changes before we apply for our recertification with CMS.

Laguna Honda just completed the majority of our first mock survey on June 28 and we want to share our results with you. We requested an extremely thorough survey, including a complete assessment of all Federal Skilled Nursing Facility regulatory categories as well as all acute care standards. The second portion of our first mock survey began July 11 and is ongoing. It includes Fire Life Safety, Pharmacy, Acute Care, and additional 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 ourselves, so we can address them before we apply for recertification with CMS.

Based on the mock survey results, Laguna Honda would not pass a CMS certification survey if it was conducted today. The mock surveyors cited 39 federal regulations violations, also known as “tags” as part of the statement of deficiencies. 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. We expect more tags as results of the second portion of the survey is completed.



Plan of Corrective Actions

Immediate improvements are already under-way. We are working with staff to make sure deficiencies are addressed and that we implement and sustain the changes. For every deficiency noted by surveyors, Laguna Honda staff has developed an intervention or corrective action and, in many cases, they took immediate action to rectify the finding.

In addition to the specific corrective actions associated with the Mock Survey, widespread system level changes have immediately been implemented to ensure Laguna Honda delivers on the long-term operational, institutional, and cultural changes that are needed. They are:

- Nursing Department Reorganization. The department has been reorganized to provide more oversight and management for each of the nursing units. This additional resourcing and reorganization will help facilitate the changes needed for improved patient care.
- Nursing Home Administrator. This position has been added to provide expertise to attain compliance with regulations specific to nursing homes.
- Implementation of Critical Element Pathways (CEP). CEPs are a care/compliance program of best practices to ensure ongoing regulatory compliance and survey readiness. This program is used consistently by high performing nursing homes and federal surveyors to guide their survey process.
- LHH Recertification Comprehensive Education Plan. This mandatory all staff education plan is being implemented to address each of the deficiencies identified in the Mock Survey. Competencies will be utilized to ensure staff knowledge of these regulations.
- Infection Prevention and Control Plan. This plan is being reviewed and revised by national experts to improve care and ensure regulatory compliance.

Next Steps

Our goal is to be transparent with all of our stakeholders and we have attached a Summary of the complete findings for your information as well as Laguna Honda's plan to correct the deficiencies. If you would like a copy of the complete report, please email laguna.honda@sfdph.org.

Our goal is to be 100% prepared for the actual CMS certification survey and this first mock survey is a major step in getting us there.

Sincerely,

Roland Pickens, MHA, FACHE

Chief Executive Officer, San Francisco Health Network &
Interim Chief Executive Officer, Laguna Honda Hospital



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Health Network

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

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

July 19, 2022



METHODOLOGY

Health Management Associates (HMA) was engaged by the San Francisco Department of Public Health (SFPDH) 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 (LHH). 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 the first portion of the first mock survey over the course of seven days, from June 22-28, 2022. The mock survey was performed to replicate the conditions of an actual survey, including arriving unannounced on the morning of June 22, 2022. The survey assessed the facility's compliance with CMS Conditions of Participation for Skilled Nursing Facilities (SNFs) and Acute Care hospitals that are requirements for determining acceptable quality in the operation of health care entities. HMA surveyors conducted 121 resident medical record reviews, exceeding the CMS minimum 10% guideline of 65 residents based on Laguna Honda's census. The team leads met with Laguna Honda administration upon arrival on the first survey day for an entrance conference to review the survey plans and submit an initial information request.

Sixteen surveyors conducted observations, record reviews, and interviews with staff, leadership, and residents across all shifts and days (including weekends). Surveyors observed scheduled meals, infection control procedures, and medication pass for compliance with CMS requirements. General facility observations were also conducted to identify common area concerns. Daily debriefs were provided by HMA lead surveyor with Laguna Honda's executive leadership to discuss findings and determine needs for further investigation or additional information.

HMA's surveyor leads held an exit conference one day after the first portion of the survey concluded on June 29, 2022, to present observations and findings. A detailed report of all findings with associated scope and severity scores has been submitted to Laguna Honda Administration and corrective actions plans have been developed for each finding. This first mock survey is still underway, with findings from the Acute Care Survey, Fire Life Safety, Environment of Care and Pharmacy Services Survey yet to be completed.

POSITIVE OBSERVATIONS

HMA surveyors observed many best practices and engagement from managers and staff. Positive observations include:



- Overall, the staff was pleasant, welcoming, and engaged (increasing as the survey progressed.) For example, a nurse on S3 requested mock surveyor feedback asking, “I want to do better, what can I do?”
- Surveyor observed an excellent interdisciplinary team meeting in PM unit
- The surveyor spoke to a resident’s niece who said Laguna Honda offered a safe environment, had no concerns, staff are friendly, and “communication and caring is exceptional.”
- Acute unit nurse administered medication following guidelines while being attentive to residents’ preferences and attending to their needs
- All dietary staff observed adhered to a hand washing protocol
- Areas were generally clean; rooms were generally odor-free
- S3 Unit noted as a model with cleanliness and resident/staff engagement
- Some identified areas of concern noted by surveyors were addressed in real-time by staff

HMA MOCK SURVEY 1 FINDINGS & CORRECTIVE ACTIONS

A total of 39 deficiencies, known as “F-Tags” that correspond to federal regulations, were cited in 13 out of 21 CMS regulatory groups for long-term care.

The following mock survey findings summary is organized by regulatory group category. While all findings must be addressed, the first three categories listed (Infection Control, Resident Rights, and Freedom from Abuse, Neglect and Exploitation) were widespread and of most concern with the highest potential risk to residents. The following findings by HMA are followed by corrective actions in each category developed by Laguna Honda staff. To ensure long term sustainability of corrective actions, ongoing monitoring and routine audits will ensure compliance through LHH’s Performance Improvement Patient Safety Committee. Additional countermeasures may be employed. The full Corrective Action Plan is available upon request.

1. INFECTION CONTROL

Surveyors observed numerous failures to adhere to infection control policies and procedures including following proper hand hygiene and changing gloves, isolation precautions, and appropriate PPE use between activities or residents. Laguna Honda’s policies and procedures were outdated and did not adhere to the existing policy requiring a yearly review of all policies and procedures.

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 include increased hand hygiene audits and change in COVID mitigation response to follow national Skilled Nursing Facility best practices. Full corrective actions available upon request.

2. RESIDENT RIGHTS

Several instances were noted where staff failed to respond to resident concerns. The facility failed to maintain a complete grievance log, provide daily access to resident funds and quarterly financial statements.

LHH Corrective Actions: The entire process is being reviewed by expert consultants to make improvements. Immediate interventions include implementing a weekly report of grievances from residents to LHH Executive Leadership. Regarding financial statements, LHH has enabled new software in the electronic health records system - EPIC - to immediately make quarterly statements available to residents. Processes are underway to ensure patients have daily access to funds, seven days a week, by the end of the month. Full corrective actions available upon request.

3. FREEDOM FROM ABUSE, NEGLECT AND EXPLOITATION

Several instances of failing to ensure residents are free from involuntary seclusion and restraints were observed. Resident allegations were not thoroughly investigated.

LHH Corrective Actions: Regarding involuntary seclusion, upon this finding the Administrative Director for Care Experience spoke with family members to ensure all concerns were heard and addressed and feedback was shared with staff. Although this was an isolated incident, additional education will be required for all staff on Resident Rights to ensure this does not occur again.

Regarding restraints, immediately upon this finding, nursing conducted rounds on all patients to identify those with seatbelts, which is considered a “restraint,” and to identify if the seatbelt was for postural support or restraint. The assessment also considered if there was a less-restrictive alternative and, if so, to implement that alternative. Ongoing efforts to prevent this from occurring again include nursing implementation of a care/compliance program of best practices called a Critical Element Pathway. This examines current nurse processes on the issue with the goal of being restraint free.



For resident allegations not being properly investigated, corrective actions include immediate reporting followed by an investigation into the allegations and the development of findings and actions, including reporting to external regulatory agencies. A process for review of the investigation for accuracy and thoroughness will occur. The identified actions from the investigation will be tracked and audited to ensure that actions are implemented and validated. This ongoing monitoring will occur until 100% compliance is achieved for four quarters. Full corrective actions available upon request.

4. QUALITY OF CARE

HMA surveyors noted a delay in care transferring residents to Laguna Honda acute unit or other acute hospitals. There were also observations of failure to offer residents pain medication before treatments. It was also noted that staff did not adhere to policy and procedures regarding personal cell phones and other devices in resident care areas. Staff also did not ensure translation services and communication devices were regularly used with residents.

LHH Corrective Actions: There are four unique corrective actions that are being or will be implemented. First, staff is instructed that when there is delay in accessing acute care for a patient, they are to immediately escalate to the Administrator on Duty to triage next steps in order to meet the immediate need of the patient. Second, the Nurse Managers will review all residents requiring dressing changes to ensure patients have appropriate pain meds ordered and that nurses offer meds prior to dressing changes. Third, the Chief Nursing Officer released a memo reminding staff that the LHH Code of Conduct as it pertains to personal devices. Finally, residents requiring translation services will have the correct translation service phone number and it will be written on their white board for easy access. Full corrective actions available upon request.

5. MEDICATION ADMINISTRATION AND PHARMACY SERVICES

Facility failed to provide gradual dose reductions (GDR) for residents on psychotropic medications. Multiple medication errors were observed during medication pass. Cracked locks on crash carts were found, failing to secure access to medication by residents and non-licensed staff.

LHH Corrective Actions: All residents on psychotropic medications are being reviewed for appropriate gradual dose reductions. There will be monthly med pass audits and results reported to the LHH Performance Improvement Patient Safety Committee. Medication pass or



“med pass,” is the term used to describe the process through which medication is administered to patients. For the crash cart issue, the identified carts were immediately checked to ensure they are properly locked. Full corrective actions available upon request.

6. QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)

There was a failure to develop a systemic and data-driven QAPI program noting poor documentation that supports corrective actions to ensure resident safety.

LHH Corrective Actions: A full review of the Quality Assurance and Performance Improvement Program is underway with expert consultants to make significant improvements to ensure it is data-driven, reflects countermeasures as needed, and supports resident safety. Full corrective actions available upon request.

7. ADMINISTRATION

Staff failed to demonstrate the use of a fire extinguisher and did not respond to the fire alarm. Emergency Management requirements were not met (plan updated annually, conduct required emergency management drills). The Biomedical equipment maintenance completion rate is unacceptably low with no plan of correction noted in minutes.

LHH Corrective Actions: Immediately, Laguna Honda completed a Hazard Vulnerability Assessment which provides a systematic approach to recognize hazards that may affect demand for the organization’s services or its ability to provide those services. LHH also conducted a Power Outage tabletop exercise on July 6 to test the facility’s Emergency Plan. The Emergency Preparedness binder was inspected and updated. Finally, rounding occurred across all units to locate and complete preventative maintenance on any equipment still requiring maintenance. Full corrective actions available upon request.

8. BEHAVIORAL HEALTH SERVICES

Substance use disorder services (support groups) are inconsistently provided to residents due to COVID restrictions.

LHH Corrective Actions: Substance Use Disorder services will not be restricted due to Covid. Residents with active substance use disorder will be monitored to ensure they have proper



referrals to behavioral health services. Ongoing audits will ensure those individuals with Substance Use Disorder receive appropriate treatment. Full corrective actions available upon request.

9. FOOD AND NUTRITION SERVICES

There were noted failures to provide updated menus, multiple residents expressed dissatisfaction with food, and snacks were not offered at bedtime. Also observed several clinical staff not following proper food handling procedures. Clinical staff was observed preparing sandwiches without proper food handling training.

LHH Corrective Actions: Staff will check to make sure up-to-date menus are posted in all relevant care areas and distributed to patients. All Food and Nutrition staff will be trained on the Taste Test Form, to ensure meals are appealing in appearance and taste. Prepackaged single serve snacks will be implemented between meals and in the evening.

10. RESIDENT ASSESSMENTS

Record reviews noted incorrectly coded resident MDS (minimum data set) transmitted to CMS.

LHH Corrective Actions: Staff immediately corrected patient records that were identified as inaccurate. MDS staff will be trained on the importance of accurate MDS coding for all residents.

11. COMPREHENSIVE RESIDENT CENTERED CARE PLAN

Resident care plans are generic and not resident centered to each resident's care goals.

LHH Corrective Actions: For quality assurance, a sampling of resident care plans will be reviewed each week to ensure that they are resident centered and individualized. Full corrective actions available upon request.

12. QUALITY OF LIFE

Multiple failures were noted to provide activities to meet residents' needs and interests. Also, observed multiple residents' lack of personal grooming.



LHH Corrective Actions: Immediately responded to residents that were identified to ensure all personal hygiene needs are met. On all units, nursing staff to identify residents who need assistance with grooming and personal hygiene. Full corrective actions available upon request.

13. NURSING SERVICES

Observed multiple instances where staff failed to ensure timely assistance to residents in assisting residents with eating.

LHH Corrective Actions: Education was provided to nursing leaders on serving meals in a timely manner. Staffing schedules will be assessed to ensure that there is enough staff to serve residents who need assistance with meals. Full corrective actions available upon request.

14. ENVIRONMENT OF CARE AND PHARMACY SERVICES

HMA Acute Care Survey, Fire Life Safety, Environment of Care and Pharmacy Services Survey specialists will evaluate Laguna Honda’s facility and pharmacy in mid-July. It is anticipated that further findings will be reported at the conclusion of their survey activities.

LHH Corrective Actions: A comprehensive survey of LHH Acute Care, Fire Life Safety, Environment of Care and Pharmacy Services is underway and corrective actions will be developed at its conclusion.

RECERTIFICATION STRATEGIES

In addition to the specific corrective actions listed above, widespread system level changes have immediately been implemented to address all of these findings. They are:

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.
2. **Nursing Home Administrator Consultant.** This position has 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. This program is



4. used consistently by high performing nursing homes and federal surveyors to guide their survey process.
5. **LHH Recertification Comprehensive Education Plan.** This mandatory all staff education plan is being implemented to address each of the deficiencies identified in the Mock Survey. Competencies will be utilized to ensure staff knowledge of these regulations.
6. **Infection Prevention and Control Plan.** This plan is being reviewed and revised by national experts to improve care and ensure regulatory compliance.

These five recertification strategies, in addition to the high-level summary of corrective actions identified below, will help Laguna Honda get recertification survey ready.

CONCLUSION

The finding's significant number, scope, and severity demonstrate systemic deficiencies in practice and care at Laguna Honda Hospital. 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. The comprehensive set of corrective actions will help prepare staff for the next mock survey, which will be scheduled based on the determination of substantial progress addressing the findings in this report. The results of the second mock survey will be utilized to assess Laguna Honda's readiness to apply for CMS recertification.