



May 14, 2023

#### (VIA EMAIL)

Ms. Stacy Sanders, Counselor to the Secretary

Mr. Jonathan Blum, Deputy Administrator, Centers for Medicare & Medicaid Services

U.S. Department of Health and Human Services

Re: Laguna Honda Immediate Jeopardy Response

Dear Ms. Sanders and Mr. Blum:

As you know, on Friday May 5, 2023, the California Department of Public Health (CDPH) notified Laguna Honda Hospital & Rehabilitation Center (LHH) that CDPH intended to issue an immediate jeopardy on Monday, May 8. CPDH issued the immediate jeopardy finding on May 8, relating to inadequate planning for a resident with a history with suicidal ideations. While CDPH has lifted the immediate jeopardy finding, LHH recognizes the need to address broader issues of sustaining compliance over the coming months and years. We write to inform the Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS) of the steps that LHH immediately implemented to respond to the finding, as well as the actions we will take to sustain compliance going forward.

To respond to the immediate jeopardy, LHH leadership created new policy and procedures to address the root cause of the immediate jeopardy findings over the weekend of May 5-7. The new policy details the facility's expectation and guidance for residents who express suicidal ideations and the procedures tell staff how to screen residents for suicidal risk and how to conduct a unit-to-unit handoff for residents with suicidal risk to ensure resident safety. During the weekend of May 5-7, staff also created new training and began offering that training for nursing and social services staff on managing and monitoring residents with suicidal ideations and the new policy and procedures.

LHH drafted a plan of action summarizing all these elements in detail and submitted it to CDPH for approval. CDPH approved the plan and cleared the facility on Friday, May 12, shortly after 7pm. We expect that the actions that LHH implemented will prevent the problem from occurring again.

LHH is committed to accountability. Accordingly, we have initiated a comprehensive investigation into all the circumstances leading to the immediate jeopardy finding. LHH will take appropriate disciplinary action against LHH personnel as warranted by the results of that investigation.

LHH also understands that the facility must sustain the safe and regulatory compliant care at each resident's bedside. Hiring permanent leadership is one of the most important tasks to sustain quality care over the long-term. To that end, LHH has extended a conditional offer for a new Nursing Home Administrator (NHA). Our next NHA accepted the conditional offer and, pending the completion of all remaining clearances, will start June 26, 2023.

In addition to the positive changes that the facility has put in place through the Action Plan, the San Francisco Department of Public Health (SFDPH) will allocate additional resources into sustaining compliance. Specifically, SFDPH will solicit and hire additional consultants at a cost of over \$1 million/month to observe and advise frontline staff and management on every floor, in every unit, for each shift. The details of our "Consistent Care at the Bedside Initiative" are attached to this letter as Exhibit A.





In order to sustain compliance over the long term, SFDPH plans to retain the consultants through at least December 2023 with the goal that this ongoing presence at LHH will allow staff to directly receive industry-leading on-the-job training and feedback from expert consultants. Since the consultants will remain at LHH for at least seven months, staff will have daily opportunities to learn best practices such that, when the consultants eventually leave the facility, their improvements remain in place.

As part of the Consistent Care at the Bedside Initiative, LHH is also implementing a new Resident Safety Alert System (RSAS) (Exhibit B), which is an accountability and information flow process to further connect all levels of LHH management. It includes a daily meeting between the Chief Nursing Officer, LHH Incident Commanders, Directors of Nursing, and Tower Directors that will focus on any resident safety or quality of care issues identified in unit-based huddles, the unit-based huddle boards, and the unit-based quality assurance process. The RSAS will serve as the focal point for gathering and communicating the information necessary to ensure that each resident receives high level care and LHH achieves sustainable regulatory compliance. This will involve completion of a daily triage report (Exhibit C) and roll out of the RSAS huddle board (Exhibit D) as the focal point for gathering and communicating the information necessary to ensure that each resident receives high level care and LHH achieves sustainable regulatory compliance. This system is an example of the changes LHH is implementing above and beyond the Action Plan to provide safe and compliant care at the bedside.

Finally, our Settlement Agreement requires the Action Plan to be fully implemented by May 13, 2023. LHH has completed all Action Plan milestones, including the 43 milestones due in May for the Quality Improvement Expert (QIE) to validate. Once validated by the QIE, LHH will have met all 500 milestones in the Action Plan. LHH will continue to monitor and refine the processes put in place by the Action Plan over the coming weeks and months as we prepare for recertification.

LHH remains committed to lasting change, not only to recertify the facility for participation in Medicare and Medicaid but also following recertification so that LHH remains in substantial compliance with the Medicare conditions of participation. While this isolated immediate jeopardy finding is serious, LHH is taking the actions described in this letter to mitigate future issues. We appreciate our ongoing partnership CMS and CDPH to care for LHH's residents.

Sincerely,

Roland Pickens, MHA, FACHE

Roland Fickers

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

#### Copy:

Rufus Arther James Bossenmeyer Susan Fanelli Mark Ghaly Stephanie Magill Sonia Swancy Jackeline Rodriguez

#### **Exhibit A**

#### SBAR - Consistent Care at the Bedside Initiative

**Situation:** After 12+ months of significant and intensive work to ensure LHH is recertification survey ready, some LHH staff demonstrate practices that will jeopardize recertification.

**Background:** Despite 12 months of significant investments in root cause analyses, process redesign, staff training and education, and enhanced enforcement of individual accountability, there continue to be instances where some LHH staff are at times unable to consistently and reliably deliver safe, regulatory-compliant, and policy-compliant care at the bedside, as evidenced by: our own internal key performance indicators; on-going serious regulatory survey findings (including a recent immediate jeopardy finding); and CMS QIE observations.

**Assessment:** 12 months into the journey of process improvement and regulatory compliance, it is clear by multiple measures that LHH cannot be assured of a successful CMS Recertification Survey without a focused level of targeted observation and recommended action in key areas. Specifically, we continue to see the necessary critical assessment, evaluation, communication, and thinking skills in some bedside clinicians and supervisors/managers.

To address these issues, LHH will need to establish and implement a "consistent care at the bedside initiative." This initiative will involve focused, external, SNF-experienced clinical monitors who will provide resident- and unit-specific assessment, education, and training with a mock-surveyor lens to ensure compliance enforcement (in support of the ongoing responsibility of Nurse Managers and Nursing Directors to focus on the same issues). These Consistent Care at the Bedside Monitors (CCBMs) will be a team of contracted consultants who can address the issues identified in this SBAR. This approach of utilizing outside experts is essential to ensure appropriate safe regulatory care is performed consistently at the bedside. Each member of the care team must know, understand, implement, operationalize, and maintain over time a care plan and be able to routinely perform and understand behavioral assessments of residents. Whereas the current team of external Environment of Care, Hand Hygiene, and Infection Prevention and Control rounders are focused on all facets of practice and environment that we can "see", the contracted team of CCBMs will focus on issues that aren't readily visible. In particular, the CCBM team will have a focus on giving LHH input on areas including: having resident care plans and behavioral assessments be individualized; having those care plans fully implemented; and supporting effective and timely care team communication. The emphasis of the CCBM team will be to provide real-time feedback to the care team and unit managers about compliant practices in an educational manner, as well as to provide a summary of this kind of learning and input on other best practices to LHH leadership.

**Recommendations:** The issues listed above support LHH contracting with an independent subject-matter expert in SNF-level healthcare services from outside the City/DPH system with a team that can provide continuous support and input to LHH regarding necessary practices and input on how the LHH care teams that provide resident care can comply with state and federal regulatory requirements and LHH policies. This consultant, with its team of CCBMs, will observe and audit the care being provided by LHH staff who work directly with residents, will provide real-time educational feedback to care team and unit managers, and will identify trends and recommend appropriate corrective measures when needed

to LHH leadership and supervisors, including providing recommendations about coaching staff who provide care.

Scope of Consultant Engagement: This consultant team will work directly with both the Chief Nursing Officer and the LHH Incident Command. The primary objective of this consultant team is to observe and validate that staff who care for residents have a clear working knowledge of each resident's care needs and the identified interventions by the Resident Care Team. To achieve this, the CCBM team will work to achieve continuous and ongoing assessment regarding staff knowledge of the necessary issues and practices. The CCBM team will perform the following tasks while also working to ensure that federal regulatory standards are met and the unique needs of each resident are addressed by LHH staff. Daily/routine tasks will include:

- Attend morning Care at the Bedside Monitor "check-in" with the Chief Nursing Officer (CNO), Incident Command, and Health Services Advisory Group (HSAG) clinical leadership for CCBMs to provide input regarding their observations or findings. HSAG is a CMS approved and contracted SNF Quality Improvement Expert Consulting Firm. This is an agenda driven format and assures continuity in approach throughout the facility.
- 2. Attend unit-based "check-ins" where LHH leadership and/or managers provide input and feedback to care team staff, with the CCBM team member(s) answering questions of LHH leadership and management during those check-ins, including regarding recent updates and follow-up with resident needs.
- 3. Observe daily (or frequent) rounding by LHH care team staff, managers, and medical leadership on residents prior to unit based "check-in" for purposes of making observations about ongoing issues and to answer questions of LHH managers and medical leadership. This will be tracked per the "Daily Triage Report" form. During these observations, CCBM team members can provide real-time education and guidance on regulatory- and policy-compliance.
- 4. Work with the CNO and the LHH Incident Command to identify emerging issues that involve resident care. Identify priorities and provide recommendations for LHH leadership to share with nurse managers and care team staff to guide care.
- 5. Using the unit level daily management system, review data regarding the prior day's falls, restraints, coaches, elopements, new wounds, changes in condition, emerging behavioral health issues, physician orders, discharges and readmissions, and any other care concerns in anticipation of providing input or recommendations to LHH leadership about these issues via the Resident Safety Alert System (RSAS) (see item #19 below).
- 6. Review the electronic medical record for the issues identified above and ensure the presence of regulatory-compliant documentation in the physician orders, care plans, Kardex, flow sheets, MAR, etc. that is up to date and accurate. Provide input to LHH leadership about any documentation issues.
- 7. Provide daily input to LHH leadership about recommendations for regulatory- and policy-compliant care with a focus on addressing each resident's care plan. This includes reviewing the current information in the resident's Kardex, ensuring staff are updated as needed, and providing feedback to LHH leadership when staff are not properly meeting care plan metrics.
- 8. Attend meetings where LHH leadership and nurse managers review with staff the current care plan for the residents on their daily assignment and the interventions that have been identified. Answer questions of LHH leadership and nurse managers about care plan implementation

- during those meetings. During these meetings, CCBM team members can also provide immediate education to care team members about compliant practices.
- 9. Provide group training on how the care plan interventions can be better implemented on a daily basis and input to LHH leadership on how to implement best practices on care plan compliance.
- 10. Provide group instruction and input to LHH leadership on how to share feedback on the effectiveness of the care plan interventions.
- 11. Provide input to LHH leadership about how managers can follow-up with staff to update the care plan as issues emerge.
- 12. Provide input to LHH leadership about how managers can observe, coach, and train staff on the transfer hand-off process between units. Answer questions of LHH leadership and managers about these issues.
- 13. Provide input to LHH leadership about ongoing care team issues when those issues are not resolved after repeated education or training, with a focus on referring such ongoing issues to LHH leadership to enable LHH managers to identify appropriate next steps for addressing ongoing issues.
- 14. Attend and observe the resident care conferences to ascertain if the care plan is updated with relevant interventions and documentation in the EMR and then provide input to LHH leadership about improvements to this process. Follow-up with leadership to ensure that changes to the care plan have been shared with frontline staff through the use of Kardex tool.
- 15. Meet with residents weekly to learn if they have any concerns and evaluate if the care plan is reflecting resident concerns.
- 16. Communicate with the members of the Inter-disciplinary Team (IDT) regarding resident follow-ups.
- 17. Regularly observe one CNA and one licensed bedside nurse for 3-4 hours (individualized according to staff need) a week during their peak care giving tasks (such as med pass). This will occur on different shifts. Such observations are for the purpose of monitoring and validating current and new practices related to the issues listed above (e.g., care plans, documentation). Any observations and recommendations based on these activities will be provided to LHH leadership, and real-time education can be provided by way of suggested best practices.
- 18. Work with LHH leadership to implement tools or techniques for LHH managers to validate staff knowledge of the information shared using teach-back and/or other adult learning principles.
- 19. Provide regular updates via the RSAS to LHH Executive Leadership on all observations of staff compliance with regulatory requirements, care plans, and LHH policies. Escalate to LHH Leadership urgent concerns as they are observed.

#### **Exhibit B**

Resident Safety Alert System – The RSAS serves as an accountability and information flow process for the CCBMs and employed Nursing Directors along with the CNO and Incident Commanders. The linkage between middle management and executive leadership is essential to translate the unit-based findings by the CCBMs into data that can be actionable at a more strategic level and provide enhanced visibility for employed nursing directors and executive leadership. The RSAS will be implemented as an immediate countermeasure and is anticipated to be employed for the long-term to ensure ongoing sustainability as well.

The process, conducted on a daily basis, and including the CNO, Incident Commanders, employed directors and CCBMs follows a highly prescribed meeting flow around visualization of the Resident Safety Alert System. The attached diagram provides a mockup of the visual management board that will be instrumental in tightly tracking the most vital information and individual accountabilities within the RSAS. The key features of the RSAS visual board include (numbered items below correspond to numbered sections on the attached diagram):

- 1. Metrics that Matter visualization of metrics, rolled up to the unit level, that indicate the conditions for quality and safety including falls, wounds, restraints, behavioral health issues, and abuse allegations as well as critical staffing level (HPPD by shift, including coach assignments) and staff competency measures (including compliance with mandatory training). Status of on track (green) or off track (red) should be visible from five (5) feet away within five (5) seconds for even the most novice interpreter of the data. When consistently green across all these metrics, it would follow that LHH would significantly reduce unexpected operational events. As the organization learns through this process, it may become necessary to adjust the metrics that matter.
- 2. Track & Follow Unexpected Operational Events Employed directors and CCBMs would be expected to escalate any new unexpected operational events (e.g. elopement, falls with injury) in the daily RSAS huddle and update the status of follow up for previously reported events. By visualizing the unexpected operational events executive leadership, employed directors and CCBMs will be able to ascertain causal linkages between the metrics under the conditions for quality and safety and unexpected operational events.
- 3. Accountability Documented on Problem-Countermeasure Sheets As the daily meeting unfolds through the discussion of the metrics that matter and the unexpected operational events, discrete action items will be captured on these sheets and status of previously reported action items will be updated. This ensures individual accountability to the team assembled for the RSAS huddle. It also affords executive leadership a structured way to document and convey clear expectations of employed directors for action. It is also expected that executive leadership will be assigned escalated action items as barriers surface that require executive level attention.
- 4. <u>Identifying Systemic Issues</u> As the RSAS huddles progress, systemic issues will surface that will require more in-depth improvement work. This section of the visual board will capture the charter of each improvement activity (i.e. PDSA, A3, or PIPS charter, depending on the scope and complexity of the problem to be solved) and its status with those off track (red) being

discussed in the RSAS huddle.

- 5. <u>Attending the RSAS Huddle</u> basic level accountability for attendance at the RSAS huddle will be tracked and visualized. The huddles are mandatory for executive leadership, employed nursing directors and CCBMs. No virtual attendance will be acceptable.
- 6. Tracking Leader Standard Work Another layer of accountability is to list all attendees rolling 4-week schedule for rounding on each unit. If the rounding occurred it will be marked green and if not, it will be marked red. This is to visualize the attention units being paid to each unit making sure there are no gaps. It follows that sufficient, high-quality rounding with coaching support by the leaders and CCBMs should positively impact the metrics that matter and create safer conditions for residents as tracked in section 1 of the visual board. Furthermore, discussion of key learning on a regular basis, will allow the team participating in the RSAS huddles to glean key learnings that can inform additional actions to be taken.
- 7. Recognition and Announcements As the RSAS huddles are conducted it will be important to celebrate individual contributors on the units and note their achievements to be follow up on by a participant in the RSAS huddle. Furthermore, announcements to be deployed to the unit-based huddle boards should be reviewed regularly to ensure clear and consistent information is being disseminated to all units.

#### Exhibit C

### Laguna Honda Consistent Care Consultant Daily Triage Report

Person Completing Form:	Unit
Date:	

#	Question	Yes	No	N/A	Physician/Family Notification Required/Performed	Care Plan Updated (if necessary)	Notes
1	Check-ins with Charge Nurse     Staffing/Assignment     Issues from status     sheet/report     Any EOC concerns     Staff or resident issues     Plan for the day     Other:						
2	Any unusual Occurrence Reports from the last 24 hours including but not limited to:  • Falls • Significant Injuries • 72 Hour Charing • Aeroscout • Life Safety Event • New Pressure Area • Other:						
3	Lead/Attend Unit Huddle Board New Admissions: verified and						
4	completed such as:						
5	Any return to hospital/discharges/AMA/unplanned leaves Any behavioral issues						

#	Question	Yes	No	N/A	Physician/Family Notification Required/Performed	Care Plan Updated (if necessary)	Notes
	<ul><li>Refusal of care</li><li>New or escalating</li><li>Other:</li></ul>						
8	Any new/worsening wounds Any significant weight changes (gain/loss of 5lbs)						
9	Any nutrition/dietary concerns						
10	New restraint use      Least Restrictive trialed?     Order     Consent     Care Plan						
11	Can restraints be discontinued?						
12	New/discontinued physician orders						
13	New antibiotics and reason for administration						
14	New isolation and reason for placement						
15	Isolation signage in place, resident education performed, and infection control notified						
16	OOP/Clinical Search concerns						
17	Check Residents for new and/or uncontrolled pain						
18	New/discontinued physician orders						
19	<ul> <li>MAR Signed off-Pain pre/post</li> <li>Worklist Completed</li> <li>Narcotics signed off</li> </ul>						
20	Supply Needs  Isolation (Gown/Gloves/Cleaning Products)  Specialty beds Medications Devices Other						
21	MDS has updated care plans as necessary						
22	Therapy referrals						

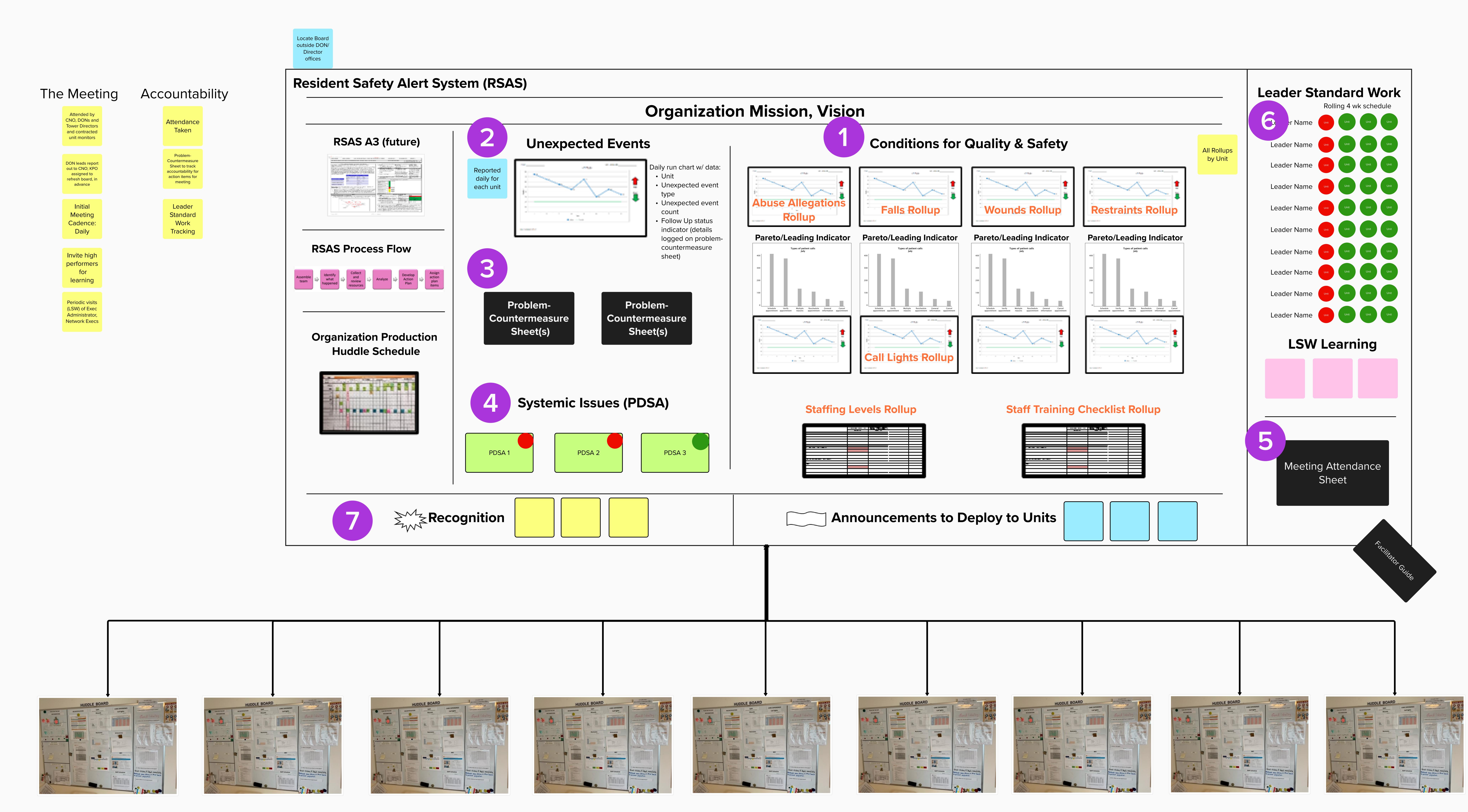
#	Question	Yes	No	N/A	Physician/Family Notification Required/Performed	Care Plan Updated (if necessary)	Notes
23	Previous therapy referral complete						
24	Unit specific EOC concerns addressed (see assessment reports from auditors)						
25	Ensure unit audits are entered						
26	Occupational Health and Safety checks						

Notes:			 	

## San Francisco Health Netwo Laguna Honda Hospital and Rehabilitation Center

# Resident Safety Alert System

May 2023



Unit-based Huddle Boards