

## Joint Conference Committee Regulatory Affairs Status Report for November 2022 Meeting



### I. PENDING SURVEYS

Survey	Frequency	Anticipated Timeframe
CMS Outpatient Dialysis Recertification	Annual	Unannounced anytime/ overdue since 2019
CMS 4A Recertification Survey	Annual	Unannounced anytime / overdue since 2021
CMS 4A Fire Life Safety Survey	Annual	Occurs after recertification
CDPH 4A Licensing	Triennial	Unannounced anytime / overdue since 2022
CDPH General Acute Care Hospital Licensing	Triennial	Approaching / 2023
TJC Hospital Accreditation and Nursing Care Center Surveys	Triennial	Approaching / November 7, 2022-May 7, 2023
TJC Stroke (note: TBI Certification retiring)	Biennial	Approaching / December 16, 2022-March 18, 2023
American College of Surgeon Level 1 Trauma Certification	Triennial	Approaching / June 2023

### II. COMPLETED SURVEYS

Survey Date	Agency	Location Surveyed	Details
11/2/2022	Drug Enforcement Administration (DEA)	Ward 93 – Opiate Treatment Outpatient Program (OTOP)	ZSFG currently uses 3 mobile treatment vans. This inspection was to approve use of an additional new van.
11/3/2022	DPH Population Health	ZSFG Main Kitchen (Bldg 5), ZSFG New Kitchn (Bldg 25), 7L, sheriff substations	This is an annual health inspection survey for compliance with Title XV; 7L medical/mental inspection completed concurrent
11/7/2022	CDPH	ZSFG Avon Center	This is an annual survey for compliance with Title 17. There is a federal componeent to ensure compliance with the Mammography Quality Stanards Act (MQSA)

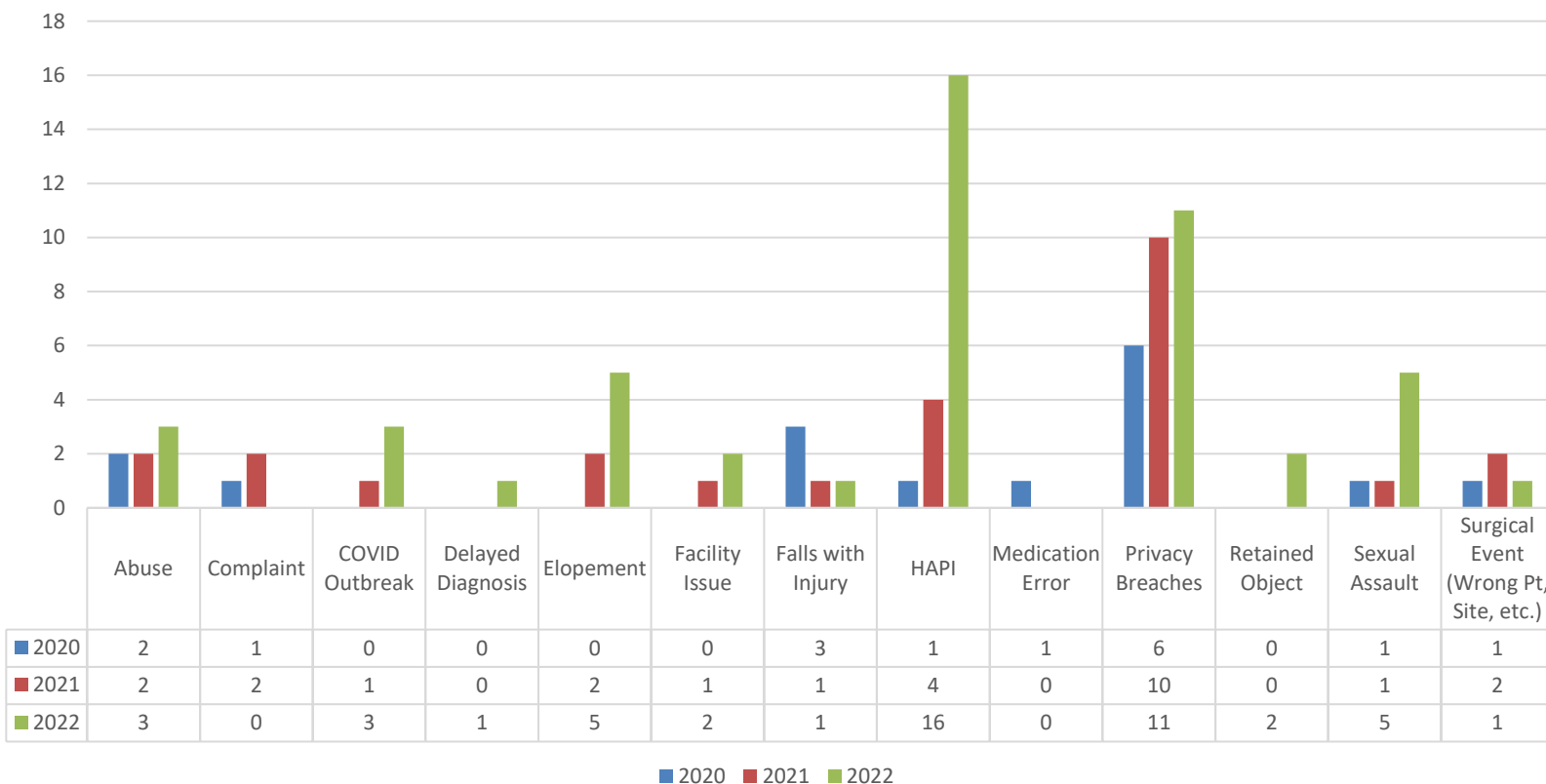
### III. PLANS OF CORRECTION SUBMITTED

- NO NEW Plans of Correction submitted

### IV. OPEN CDPH CASES – Facility Reported Events

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92 Open CDPH Reported Events as of 11.11.2022



### V. NEW FACILITY REPORTED INCIDENTS (FRI)

COMPLAINT: submitted by public.

FRI: Facility Reported Incident.

ABUSE: Long Term Care CMS self

report

#### 7 New Reportable Incidents: 1 Delayed Diagnosis, 1 Privacy Breach, 4 HAPI, 1 sexual assault allegation

Date Submitted:	Date of Incident	Location	Event Details
10/19/2022	9/15/2022	ED	Delayed Diagnosis – PNA
10/21/2022	10/18/2022	H76	HAPI – Stage 3
10/21/2022	5/23/2022	64	Privacy Breach – Unauthorized Access
10/24/2022	6/11/2022	4A	Alleged sexual assault
10/25/2022	10/20/22	H54	HAPI – Stage 3
10/28/2022	10/24/2022	H44	HAPI – Stage 3
11/10/2022	11/8/2022	H76	HAPI – Stage 3

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### VI. PLAN OF CORRECTION MONITORING DATA

Survey (year) or Event (date of incident)	Finding Requiring Monitoring	Monitoring
FRI: Belmont Rapid Infuser (4.3.21)	An employee record did not have a completed PPD skin test	➤ 90% compliance for PPD Skin tests demonstrated via audits over 3 consecutive months
	An employee record did not have documented annual respirator fit testing	➤ 90% compliance for N95 respirator fit testing demonstrated via audits over 3 consecutive months
	The Medical Examiner was not notified promptly of a reportable patient death	➤ 98% compliance in timely medical examiner notification demonstrated over 3 consecutive months; monthly discussions at Peer Review meetings facilitate barriers in real time
	A sample of patients did not have Conditions of Admissions (an informed consent) signed	➤ 90% compliance with signatures on conditions of admission based on monthly audit of 25 charts in the ED over 3 consecutive months
TJC Hospital Lab Survey (6.2022)	No evidence in the patient record that a critical value was called to the provider.	➤ EPIC flowsheets updated to standardize documentation and staff education provided; Reporting tool being developed, and this item will continue to be watched
	Missing competency documentation for separate CLIA licenses.	➤ Training and competency was repeated for the second CLIA lab license; System is now in place to validate competency as checked by the POCT Coordinator or CLS staff before approval and access is given to the appropriate instrument; Records of separate training and competency for the same staff on the same instrument are maintained