

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

I. PENDING SURVEYS			
1.	<b>CMS 4A SNF Recertification</b>		Anticipate any time
2.	<b>CMS 4A SNF Fire Life Safety</b>		Anticipate 2-3 weeks after SNF Recertification Survey
3.	<b>CMS Dialysis Recertification</b>		Anticipate any time
II. COMPLETED SURVEYS			
1.	<b>Survey</b>	TJC Biennial Laboratory Accreditation	6/21-6/24/2022 Deficiencies noted- Report received 6/24/2022
III. PLANS OF CORRECTION			
1.	<b>Survey</b>	<p><b>CMS Complaint Validation Statement of Deficiencies- Findings</b> 5/9-5/17/2022 Report received 6/16/2022</p> <p>Did not follow provisions in the Medical Staff Bylaws regarding proctoring.</p> <p><b>Action(s):</b>-The individual provider files reviewed during the survey had proctoring completed.</p> <ul style="list-style-type: none"> <li>- Proctoring or documentation of request for extension, in accordance with the Bylaws, was completed for providers in the ED that were due.</li> <li>- Standard work was created to clearly outline expectations and the timeline for proctoring, including actions at 4 months, 6 months, 12 months, 20 months and 24 months after appointment. This information was shared with the Chiefs of Service, MEC (Business) and Medical Staff Office.</li> </ul> <p>Did not provide departmental reports to the Credentials Committee regarding OPPE per Medical Staff Bylaws.</p> <p><b>Action(s):</b> -OPPE metrics for 6 ACGME core competency categories for July 2020-June 2021 were confirmed.</p> <ul style="list-style-type: none"> <li>- The individual provider files reviewed during the survey and remaining providers in that service had OPPE completed for July 2020-June 2021.</li> <li>- Privileges for CRNAs were identified, drafted, approved and OPPE ACGME metrics were identified to align with those for medical staff and inclusion of some that are CRNA specific.</li> <li>- Expectations were reviewed regarding completion of OPPE in accordance with the Bylaws</li> <li>- An urgent amendment to the Bylaws was passed and approved to change OPPE intervals from 6 months to 12 months.</li> </ul> <p>Clinical privileges granted all-encompassing general core privileges including, but not limited to those surgical procedures which were Enumerated.</p> <p><b>Action(s):</b>-Due to feedback from CDPH, this language has been removed. If new procedures are developed they will be approved as new privileges before being performed. This amendment will go through the approval process and related committees in July.</p> <p>Incorrect URL listed for the Lab Manual in the scope of service</p> <p><b>Action(s):</b> -This policy was updated with the correct link, <a href="https://www.testmenu.com/zsfglab">https://www.testmenu.com/zsfglab</a>.</p> <p>Did not have medical staff review of Anatomic Pathology policy 1.3, Specimens to Pathology and Gross Only Cases.</p> <p><b>Action(s):</b> -This policy was expeditiously added as an agenda item and approved at May MEC (Business).</p>	
IV. OPEN SITE VISITS – Investigation commenced by CDPH			
1.	<b>Complaint</b>	ED Staffing	1/2/2020 Investigation resumed by different surveyor 6/08/21
2.	<b>FRI</b>	Patient Death following Med Error	4/17/2020 Ongoing – Anticipate Deficiencies
3.	<b>FRI</b>	<b>Wrong Site Surgery OR Kidney Stent</b>	<b>4/5/2020 Verbal anticipate deficiency on 7/6/22</b>
4.	<b>Privacy Breach</b>	7L	3/15/2020 Pending Visit

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5.	<b>Privacy Breach</b>	HIS	4/24/2020	Pending Visit
6.	<b>ABUSE</b>	Allegation of Staff to Resident Abuse (4A)	6/1/2020	Documents Requested
7.	<b>ABUSE</b>	Allegation of Staff to Resident Abuse (4A)	7/17/2020	Documents Requested
8.	<b>FRI</b>	Fall sustaining fractured mandible (H54)	8/13/2020	Documents Requested
9.	<b>FRI</b>	Fall (4A)	9/8/2020	Pending Visit
10.	<b>Privacy Breach</b>	Appointment information sent to wrong patient (3D)	9/8/2020	Pending Visit
11.	<b>Privacy Breach</b>	PHI sent via email to incorrect patient	10/4/2020	Information Requested
12.	<b>FRI</b>	Alleged Sexual Assault (7B)	11/10/2020	Pending Visit
13.	<b>Privacy Breach</b>	Test Result provided to patient and relative overheard (ED)	11/02/2020	Pending Visit
14.	<b>FRI</b>	HAPI (H34)	11/17/2020	Pending Visit
15.	<b>FRI</b>	<b>Fall with Injury (4A)</b>	<b>2/10/2021</b>	<b>Verbal no deficiencies on 6/27/22</b>
16.	<b>Privacy Breach</b>	Allegation that PHI was released without consent (PES)	7/16/2020	Pending Visit
17.	<b>Privacy Breach</b>	Staff provided information via phone without consent (7B)	1/29/2021	Information Requested
18.	<b>Privacy Breach</b>	Medication given to wrong patient (PACU) <sup>(drug was correct drug)</sup>	2/2/2021	Information Requested
19.	<b>Privacy Breach</b>	Misplaced patient list and labels (H76/78)	2/10/2021	Information Requested
20.	<b>Privacy Breach</b>	Appointment slip given to wrong patient (7B)	2/12/2021	Information Requested
21.	<b>Privacy Breach</b>	Medication given to wrong patient (H25) <sup>(drug was correct drug)</sup>	2/20/2021	Information Requested
22.	<b>Abuse</b>	Resident to Resident (4A)	4/7/2021	Pending Visit
23.	<b>FRI</b>	Product/Device – Blood Transfusion Event (IR)	4/3/2021	Pending Visit
24.	<b>FRI</b>	<b>HAPI Right Heel, (H54)</b>	<b>4/8/2021</b>	<b>Verbal no deficiencies on 7/7/22</b>
25.	<b>FRI</b>	<b>HAPI Left Heel (H62)</b>	<b>4/22/2021</b>	<b>Verbal no deficiencies on 7/7/22</b>
26.	<b>Privacy Breach</b>	Merged information records with a different patient	4/23/2021	Pending Visit
27.	<b>Complaint</b>	Infection Control (4M)	6/10/2021	On-site visit 5/27/22; Verbal no deficiencies
28.	<b>FRI</b>	HVAC Fan Malfunction, B-Wing, Building 5	6/12/2021	Documents Requested
29.	<b>Privacy Breach</b>	Patient's EKG results sent to wrong cell phone number	6/15/2021	Pending Visit
30.	<b>Privacy Breach</b>	Merged information records with a different patient	5/7/2021	Pending Visit
31.	<b>FRI</b>	Gastric perforation post ET insertion during intubation	7/17/2021	Pending Visit
32.	<b>FRI</b>	COVID-19 Outbreak Notification (7B)	7/25/2021	Verbal- No deficiencies; supervisor approved
33.	<b>FRI</b>	Surgical Complication during spinal surgery	8/3/2021	Pending Visit
34.	<b>Complaint</b>	Consumer complaint regarding a physician	8/10/2021	Pending Visit
35.	<b>FRI</b>	HAPI Stage 2 coccyx	8/29/2021	Pending Visit
36.	<b>FRI</b>	Elopement/AWOL (ED)	8/30/2021	Verbal- No deficiencies; pending approval
37.	<b>Privacy Breach</b>	Mis-mailed PHI regarding upcoming procedure, (3D)	9/1/2021	Pending Visit
38.	<b>FRI</b>	Alleged Staff to Patient Sexual Assault (H54)	9/15/2021	On-site visit 5/27/22; Verbal no deficiencies
39.	<b>FRI</b>	Elopement/AWOL (H34)	9/18/2021	Pending Visit
40.	<b>FRI</b>	Fall with intertrochanteric fracture (7C)	10/7/2021	On-site visit 5/27/22; Interview on 6/8/22
41.	<b>FRI</b>	HAPI Unstageable coccyx and left ischium	9/29/2021	Verbal- No deficiencies; pending approval

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42. FRI	Retained penrose drain from surgery in May 2020	11/2/2021	Documents and Interview Requested
43. FRI	Allegation of abuse by family member (H42)	4/1/2021	Pending Visit
44. FRI	Use of Force (7L)	1/5/2022	Pending Visit
45. FRI	Elopement/AWOL ED	1/6/2022	Pending Visit
46. FRI	Patient to Patient Sexual Assault (7B)	1/11/2022	Pending Visit
47. Privacy Breach	Unauthorized disclosure by staff (H32)	12/8/2021	Pending Visit
48. FRI	HAPI Stage 3 on coccyx and left ischium (H78)	1/19/2022	Pending Visit
49. FRI	4A COVID Outbreak Notification	1/20/2022	Documents Requested
50. FRI	Procedure performed on the wrong patient (4M)	1/24/2022	Pending Visit
51. FRI	HAPI unstageable coccyx (H54)	2/7/2022	Pending Visit
52. Privacy Breach	Mis-handed Patient Itinerary (5M)	2/9/2022	Pending Visit
53. Privacy Breach	Unauthorized access to medical record by 2 staff members (NICU)	1/24/2022	Pending Visit
54. FRI	HAPI unstageable to sacrum (H76)	2/25/2022	Pending Visit
55. FRI	HAPI unstageable to coccyx	3/7/2022	Pending Visit
56. FRI	Unusual Occurrence- Protestors in (6G)	3/15/2022	Actions Requested
57. Privacy Breach	Unauthorized access into multiple patient records (DoCC)	3/24/2022	Pending Visit
58. FRI	Patient to Patient Sexual Assault (7B)	3/30/2022	Pending Visit
59. FRI	Elopement/AWOL (7B)	4/4/2022	Pending Visit
60. FRI	Fall with subdural bleed (7C)	4/15/2022	Pending Visit
61. FRI	Patient to Patient Sexual Assault (7B)	4/15/2022	Referred to TJC for RCA Review
62. FRI	Retained Foreign Object- Wound Vac Sponge (H42/44)	3/14/2021	Pending Visit
63. Privacy Breach	Unauthorized access impacting 61 patient files (UCSF Research)	1/27-3/17/22	Pending Visit
64. FRI	Unusual Occurrence- Patient injury during transport: tibia fx	3/27/2022	Pending Visit
65. FRI	Elopement/AWOL (H54)	5/5/2022	Pending Visit
66. FRI	HAPI Stage 3 mid-sacrum (H62/64)	5/18/2022	Pending Visit
67. FRI	Resident to resident altercation water throwing (4A)	5/17/2022	Pending Visit
68. FRI	B5 Fire in Non-Patient Care Area	5/11/2022	Pending Visit
<b>V. NEW FACILITY REPORTED INCIDENTS (FRI)</b>			
		<b>COMPLAINT:</b> submitted by public.	<b>FRI:</b> Facility Reported Incident. <b>ABUSE:</b> Long Term Care CMS self report
1. FRI	7B COVID Outbreak Notification	6/4/2022	
2. FRI	HAPI unstageable to coccyx (H38)	6/30/2022	
3. FRI	H76/78 COVID Outbreak Notification	6/30/2022	
4. FRI	Resident to resident verbal threat of using firearm (4A)	7/8/2022	
5. FRI	Resident allegation of sexual misconduct and drug dealing (4A)	7/11/2022	
6. Privacy Breach	ICU RN recorded 2 videos involving a patient and law enforcement (breezeway between B25 & B5)	6/9/2022	
<b>VI. PLAN OF CORRECTION MONITORING DATA</b>			

Deferred to August; ALCC cancelled due to survey team on-site for TJC Lab Accreditation survey.

**VII. SURVEY SUMMARY**

**CDPH Complaint Validation Statement of Deficiencies- Anticipated Findings from Exit 5/9-5/17/2022 Report Pending**

- Did not sequester malfunctioning device, blood products and related supplies after an event, per policy.
- Delayed notification of patient death to the Medical Examiner's office, not per policy.
- Multiple patients were able to sign, however, had verbal consents obtained for the Conditions of Admission.
- 1 staff member were not current with their annual TB screening.
- 2 staff members were not current with their annual FIT testing.
- 1 staff member was not current with their annual e-Learning training.
- 3 staff members were not current with annual HIPAA training.

**Joint Commission Lab Accreditation Survey and SAFER Matrix**

6/21-6/24/2022 Report Received 6/24/2022

**The Joint Commission**  
**SAFER™ Matrix**  
 Program: Laboratory

<b>Likelihood to harm a Patient / Visitor / Staff</b>	<b>ITL</b>			
	<b>High</b>			
	<b>Moderate</b>	HR.01.06.01 EP 3 NPSG.02.03.01 EP 2 QSA.02.08.01 EP 2	HR.01.06.01 EP 20	
	<b>Low</b>	QSA.02.08.01 EP 3	EC.02.04.03 EP 9 HR.01.06.01 EP 18 QSA.05.25.01 EP 3	
		<b>Limited</b>	<b>Pattern</b>	<b>Widespread</b>
		<b>Scope</b>		

Low/Limited:

- QSA.02.08.01 EP3- Tolerance limits for correlations were not defined in policies.

Moderate/Limited:

- HR.01.06.01 EP3- Staff competency for blood gas testing was completed by an individual that did not qualify by education as required for moderate complex testing.
- NPSG.02.03.01 EP 2- No documentation in medical record of a critical value called to a provider.
- QSA.02.08.01 EP 2- Correlations for D-Dimer and Fibrinogen were not performed every 6 months.

Low/Pattern:

- EC.02.04.03 EP9- Calibration was expired on timers inspected.
- HR.01.06.01. EP18- Competency assessments for PPM did not demonstrate use of required 6 methods of assessment or direct observations of routine patient test performance.
- QSA.05.25.01 EP3- Phlebotomy bag used for blood collection did not have FDA approval for calibration markings.

Moderate/Pattern:

- HR.01.06.01 EP20- Lack of documentation of competency for each CLIA number/location where testing was performed.