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July 22, 2014

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. JE Fielding mo
Director and Health Officer

SUBJECT: **BI-WEEKLY REPORT: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION (ITEM NO. 29-A, AGENDA OF JUNE 24, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide bi-weekly reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division (HFID) Long-Term Care Complaint and Entity Reported Incident Investigations. The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. The first bi-weekly report was submitted to your Board on July 8, 2014. This is the second bi-weekly report.

Recommendations 1 through 5 in the Quality Review report have been completed, and recommendation 6 is on-track for completion by the established due dates. See Attachment I for details.

Organizational Improvements

DPH has instituted a number of organizational changes in order to improve program performance and increase accountability. In April 2014, HFID was placed under the Division of Environmental Health. In mid-June, Nwamaka Oranusi was appointed Acting Chief of HFID. Ms. Oranusi has over 23 years of experience in various Environmental Health programs, most recently as the Chief of the Garment Program, Detention Facilities, and Safe Body Art. As well as being a registered environmental health specialist, Ms. Oranusi is a registered nurse and holds a M.S. degree in Public Health.

Ms. Oranusi has ensured that all applicable staff have reviewed policies and were trained on procedures related to intake, prioritization, and assignment of complaints and entity reported incidents (ERIs). She was responsible for the development of a tracking log implemented on July 1, 2014 to track complaints, including immediate jeopardy complaints. The log is completed by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers are required to monitor the logs on a weekly basis and communicate findings to HFID and DPH Environmental Health executive management in weekly program update meetings.

Addressing Resource Shortfalls

As reported in the July 8, 2014 bi-weekly report, the CDPH Quality Review report did not take into account staffing and resource shortages. During weekly meetings with CDPH, LAC continues to emphasize the need for additional staff. To date HFID has not received a response regarding our funding request for additional resources. In the interim, HFID continues to follow a workload plan that prioritizes surveys, complaints, and ERIs, and optimizes the most productive use of existing staff.

I look forward to providing you with the next update on the implementation status of these corrective actions being taken by HFID. In the meantime, if you have any questions or need additional information, please let me know.

JEF:dc
PH:1406:006

Attachment

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION

STATUS OF IMPLEMENTATION OF RECOMMENDATIONS

Attachment I

Recommendations from CDPH 6-1-14	Corrective Action Submitted to CDPH 6-12-14	STATUS
1. CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.	HFID Contacted CDPH and was informed that a specialty trainer has initiated the investigations. Their goal is to have them completed by June 30, 2014. LAC will cooperate with CDPH by providing all information requested.	**Complete** Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.
2. HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.	By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs. HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.	**Complete for this year.** Supervisors reviewed CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs with support staff. Acknowledgement Sheets were signed by support staff in each district office verifying that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff. In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION

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Attachment I

3. HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.	In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.	**Complete** On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.
4. HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.	Completed. Training was provided by CDPH on May 1, 2014, and was attended by 99 HFID surveyors and supervisors.	**Complete**
5. HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.	By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.	**Complete** Training was provided on June 25, 2014.
6. HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.	By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training. By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.	**On-Track**