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August 21, 2014

TO: Each Supervisor

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

SUBJECT: **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 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. Two reports were previously submitted to your Board on July 8 and July 22, 2014.

Recommendations one through five in the Quality Review report have been completed, and Recommendation six is on-track for completion by the established due dates. See attachment A for details.

Organizational Improvements

DPH has instituted a number of organizational changes to improve performance and increase accountability of HFID. These improvements were previously presented in the July 22, 2014 report, including placing HFID under the Division of Environmental Health and the appointment of Nwamaka Oranusi as Acting Chief of HFID. In her new role, Ms. Oranusi oversaw the implementation of a complaint tracking log in July 2014 that supervisors complete to closely monitor the status of all complaints received. The log includes tracking of immediate jeopardy complaints and ensures timely investigations. She has ensured all applicable staff have reviewed policies and were trained on procedures related to intake, prioritization, and assignment of complaints and entity reported incidents (ERIs).

CDPH has provided a deputy level management team to work directly with HFID to identify additional areas of improvement and to prioritize workload. They have also provided two full time management level staff to work directly with Ms. Oranusi to provide additional assessment, monitoring and oversight. HFID continues to implement staff training; and CDPH is providing refresher training to HFID supervision in two sessions from August 12 through August 22, 2014, to ensure policies and procedures are correctly applied.

Strategic Workload Planning

As previously reported, the CDPH Quality Review report did not take into account resource shortages. HFID continues to meet weekly with CDPH, and prioritizes the need for additional staff in these discussions. To date, HFID has not received a response regarding its funding request for additional resources. In the interim, HFID continues to follow a three-month workload plan that prioritizes surveys, complaints, and ERIs to optimize productive use of existing staff. This has resulted in a reduction in the workload in order to assure that HFID staff meet quality standards for their investigations. HFID is also collaborating with CDPH and the federal Centers for Medicare and Medicaid Services (CMS) to develop a one-year strategic plan that allows DPH to meet workload obligations without sacrificing the quality of investigations.

The next Board report will be provided by September 30, 2014. 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
Acting 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

STATUS OF IMPLEMENTATION OF RECOMMENDATIONS

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**