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September 26, 2014

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H. Cynthia A Harding
Interim Director

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. Reports were previously submitted to your Board on July 8, July 22, and August 21, 2014.

Recommendations one through five in the Quality Review report have been completed. In addition, a tracking system to monitor training needs and compliance with mandatory training has been developed. The remainder of recommendation six is on-track for completion by the established due date. See attachment A for details.

Since the last monthly report, the Auditor-Controller (A-C) provided your Board with a report of their follow-up review of the quality and integrity of HFID nursing home investigations. This report was a follow-up to their initial report issued on April 4, 2014. In this second phase of their audit, the A-C reviewed a very small sample of case files: three percent of the cases closed between July 1, 2012 and April 16, 2014, and one percent of cases that were open as of March 14, 2014. Their review focused on case file documentation to demonstrate the initiation, review and closure of these cases. Recommendations were provided by A-C to your Board on August 27, 2014, to which the DPH response was attached. Eight of the ten recommendations in this current audit have been implemented, as detailed in Attachment B. DPH did not concur with the remaining two recommendations.

Organizational Improvements

DPH has mentioned in previous reports a number of operational changes which HFID has, and is in the progress of implementing to improve the overall functioning of HFID. These improvements include implementation of a new tracking log for complaints to closely monitor the status of complaints received; organizational restructuring of the program to provide improved oversight and managerial support; refresher training on intake, prioritization and assignment of complaints and Entity Reported Incidents (ERIs); weekly update meetings with program managers and executive management; and the implementation of a workload plan that prioritizes surveys, complaints, and ERIs and optimizes the most productive use of staff.

Strategic Workload Planning

Los Angeles County is responsible for 33% of licensed health care facilities that require inspection in the State, yet we receive only 15% of the CDPH Licensing & Certification budget. In May 2014, HFID submitted a request for additional funds to the State to adequately address the workload. To date, HFID has not received a response regarding its funding request for additional resources. More recently, a five-signature letter was sent from your Board to the Governor on September 24, 2014 requesting the additional resources for the HFID workload.

In the interim, HFID has been following a three-month workload plan that has resulted in a reduction in the workload to assure that HFID staff meet quality standards for their investigations and that has optimized productive use of existing staff. HFID is also collaborating with CDPH and the federal Centers for Medicare and Medicaid Services (CMS) to develop a one-year strategic plan, which will outline the workload that can be accomplished within existing resources.

The next Board report will be provided by November 26, 2014. In the meantime, if you have any questions or need additional information, please let me know.

CAH:dc
PH:1406:006

Attachments

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

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.

Recommendations from CDPH 6-1-14	Corrective Action Submitted to CDPH 6-12-14	Status
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 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.	**Complete** The tracking system to monitor training needs and compliance with mandatory training has been developed. **On-track**

COUNTY OF LOS ANGELES DEPARTMENT OF AUDITOR-CONTROLLER
DEPARTMENT OF PUBLIC HEALTH – AUDITOR-CONTROLLER NURSING HOME INVESTIGATION FOLLOW-UP REVIEW

STATUS OF IMPLEMENTATION OF RECOMMENDATIONS

Recommendations from Auditor-Controller 8-27-14	Response submitted 8-22-14	Status
1. HFID management ensure all complaints/ERIs are entered into ACTS upon receipt.	Agree. The CDPH Licensing and Certification Policy and Procedure No 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, Section 100.2.01 was discussed with all supervisors on June 25, 2014, and all Senior Nurses and support staff on July 1, 2014. On July 1, 2014, a new Complaint Tracking Log was implemented in all District Offices. The newly developed tracking log identifies the facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint investigation initiation/ start date, exit date, and supervisor review date. To ensure all complaints and entity related incidents (ERIs) are entered into the Automated Survey Processing Environment (ASPEN) Complaint Tracking System (ACTS) upon receipt, on a daily basis, supervisors compare the receipt date on the new Complaint Tracking Log with the date the complaint/ERI was entered into ACTS. The Program Manager generates an ACTs report for all complaints/ERIs received during the week, compares the Complaint Tracking Log with the ACTs report, and discusses the findings in the weekly Program Manager meeting.	**Complete** Recommendation was implemented prior to the completion of this audit. In addition, a comprehensive audit review process is in the development stage and will be implemented by December 31, 2014. This audit review process will include a component to verify that all complaints/ERIs are entered into ACTS upon receipt.
2. HFID management ensure that complaints/ERIs are prioritized in accordance with the State guidelines and the justification for prioritizing the complaints/ERIs is documented.	Agree. By July 1, 2014, all HFID supervisors reviewed the 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	**Complete** Recommendation was implemented prior to the completion of this audit. In addition, the comprehensive audit review process currently being developed

Recommendations from Auditor-Controller 8-27-14	Response submitted 8-22-14	Status
	with support staff. Acknowledgement Sheets were signed by support staff in each district office, acknowledging 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 Senior Nurses and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incidents at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.	includes a verification component that will ensure all complaints/ERIs are prioritized correctly.
3. HFID management reassign open investigations timely when surveyors retire or are transferred.	Agree. It should be noted that the specific case in the Auditor-Controller's review refers to a one-time occurrence. However, in HFID's own investigation into this matter it became apparent that HFID does not have a uniform practice regarding reassignment of investigations. Therefore, effective September 1, 2014, all surveyor reassignments will be included in the new Complaint Tracking Log. This log is updated daily by supervisors to closely monitor the status of all complaints received.	**Complete** Effective September 1, 2014, all surveyor reassignments are being included in the new Complaint Tracking Log. This log is updated daily by supervisors to closely monitor the status of all complaints received.
4. HFID management ensure that all staff who review and approve the surveyors' recommended deficiencies and citations appropriately document the justification for approving or changing the surveyors' results.	Agree. On June 5, 2014, supervisors were directed to use a documentation verification form titled, Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyor. DPH assisted the State with revising the form which will now be used statewide. The previous form did not require signatures indicating consensus after discussions took place between the surveyor and the supervisor. The new form requires supervisors to appropriately document the justification for approving or changing the surveyor's results. This form verifies that supervisors are conferring with the surveyors before any changes are implemented. The Supervisors Worksheet contains the following information: components of a deficient practice statement; findings that address all factual aspects of the investigation; sources of evidence (observation/interview/record review); sufficient	**Complete** Recommendation was implemented prior to the completion of this audit. In addition, the comprehensive audit review process currently in development includes a verification component to ensure that supervisors and managers are appropriately using this worksheet.

Recommendations from Auditor-Controller 8-27-14	Response submitted 8-22-14	Status
	supporting evidence; correct regulations cited; supportive documentation for violations; impact on the residents involved; and the appropriate scope and severity.	
5. HFID management ensure that all changes to the surveyors' recommended deficiencies and citations are discussed and, as appropriate, surveyors gather missing evidence to support their results before downgrades are made and cases are closed.	Agree. See DPH response to Recommendation 4. When a manager supervisor documents and recommends a change to the surveyor's recommended deficiencies and citations, the Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyor form is completed and discussed with the surveyor. The form is signed by both the surveyor and Supervisor/Manager to verify discussion. When further evidence is required to support a finding, the following survey evidence is requested by the supervisor to support the deficiency/citation and supervisor determination as indicated on the compliance determination worksheet for Supervisors: a) Survey Field Notes (observations and interviews) b) Residents Medical Records c) Facility Policies and Procedures	**Complete** Recommendation was implemented prior to the completion of this audit.
6. HFID management comply with State requirements and issue the Results of Complaint Investigation Letter to the complainants within ten business days of the formal exit as required.	Agree. HFID Supervisors, Senior Nurses, and support staff participated in training on June 25, 2014, and July 1, 2014. The training addressed all components of the CDPH complaint policy and procedure with emphasis on the timely issuance of the final complaint notification letter no later than ten business days. Refresher training will be conducted on an annual basis.	**Complete for this year** Recommendation was implemented prior to the completion of this audit. In addition, the comprehensive audit review process currently in development includes a verification component regarding the timely issuance of the final complaint notification letter.
7. HFID management establish a policy for staff to validate and document withdrawals of complaints and incidents.	Disagree. The specific case the Auditor Controller is referring to contained documentation within the file that the case had been withdrawn, which is in accordance with State policy. The HFID program is implemented as a contract with the State and therefore, staff must follow the existing State policies and procedures. A separate policy for handling withdrawals is not necessary at this time. In addition, the newly developed Complaint Tracking Log will be used to improve tracking of complaints and ERIs that have been withdrawn.	**N/A**

Recommendations from Auditor-Controller 8-27-14	Response submitted 8-22-14	Status
8. HFID management ensure onsite investigations are appropriately completed for all complaints/ERIs in accordance with the State contract.	Agree. On June 27, 2014, HFID submitted to the State a three-month workload plan describing HFID's plan for appropriately completing complaints and ERIs. The workload plan examines the amount of work that can be completed given the current staffing levels. HFID will complete all complaints and ERIs according to the workload plan agreed upon by the State. HFID continues to request additional resources to be able to complete all mandated work and will continue to collaborate with the State on future workload plans. The Complaint Tracking Log will be used to ensure that all complaints and ERIs are initiated and completed timely in accordance with the workload plan.	**Complete** Recommendation was implemented prior to the completion of this audit. In addition, the comprehensive audit review process currently in development includes a verification component to ensure that complaints/ERIs are investigated and completed according to the workload plan.
9. HFID management ensure that an inventory of closed cases is maintained and closed case are purged in accordance with the State requirements.	Agree. HFID will maintain a current inventory of all closed cases utilizing the ACTS system. According to the State's Licensing and Certification Policy and Procedure Manual, case files are to be purged four years from the adjudication date or the investigation close date. HFID staff participated in CDPH training on June 25, 2014, and July 1, 2014, which included training on the record retention policy. Refresher training will be provided on an annual basis.	**Complete for this year** Recommendation was implemented prior to the completion of this audit. In addition, the comprehensive audit review process currently in development includes a verification component to ensure that the retention policy is being correctly enforced.
10. DPH management hire an independent consultant that can assist them in validating the State's staffing model and help them ensure all recommendations from recent audit reports are addressed.	Disagree. DPH worked closely with the State using the staffing model they provided to us and that they currently use to allocate resources statewide. DPH arrived at the recommended staffing level by applying the State staffing factors to the annual projected DPH workload. The request for additional funding was submitted in accordance with State budget request deadlines for FY2015-16, including an urgent request for additional funding for FY2014-15.	**N/A**