California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPL	(X3) DATE SURVEY COMPLETED	
	0400000540			B. WING _			C 09/30/2010	
CA220000512 NAME OF PROVIDER OR SUPPLIER STREET ADD			L DRESS, CITY, S	STATE, ZIP CODE	09/3	0/2010		
	HONDA HOSPITAL	& REHABILITATIO		JNA HONDA BLVD. NCISCO, CA 94116				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE ROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
A 000	Initial Comments			A 000				
	The following reflects the findings of the California Department of Public Health during the investigation of complaint number CA00243796. Representing the Department: Dr. Marcus Doane, Medical Consultant							
	The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.							
	One state deficiency was identified as a result of the complaint, refer to A-803.							
A 803	T22 DIV5 CH3 ART5-72521(a) Administrative Policies and Procedures			A 803				
	(a) Written administrative, management and personnel policies shall be established and implemented to govern the administration and management of the facility.							
	Based on interview failed to implement Format of Hospitals Policies and Proced Proposed revisions (the gift fund policy cover memo includ The revised policy ensuring that it was administrative code expenses be approcommission. The office of the policy of	acility's own requirem	he facility al and tal sies). PP 45-01 nout a nents. first city t gift fund					

Licensing and Certification Division

TITLE

(X6) DATE

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C		
		CA220000512		B. WING _		09/30/2010		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	DRESS, CITY, STATE, ZIP CODE				
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A 803	Continued From pa	ge 1	,	A 803				
	Findings:							
	was owned and ope	a.org/explore/) indicate erated by the Departre City and County of S	ment of					
	Francisco (SFDPH). 1. Review of the facility's policy on policies dated 7/22/08 indicated, "The draft of the new or substantively revised policy and procedure must be submitted to the Administrative designee of the LHH [Laguna Honda Hospital] Executive Committee. A cover memo with the following information is to be attached to the draft policy and procedure: a. Title of the draft policy and procedure, b. Name of individuals, committees, departments, or services generating the draft, c. Status of the policy and procedure (new/revised), d. Desired implementation date e. Fiscal consequence of implementation (i.e. cost due to personnel, equipment, or time). f. Names of individuals or committees who have already reviewed and approved the draft. g. Samples of supplementary materials (forms, charts, etc.) referred to in the policy and procedure should be included. Existing forms should be used whenever possible."							
	policy LHPP 45-01 HONDA HOSPITAI	ty's policies indicated had a version titled " L GIFT FUND" dated n titled "GIFT FUND ated 4/15/10.	LAGUNA					
	the complainants in complainants subm	orrespondence prese adicated that one of the hitted a public records 10 to obtain a copy o	he s request					

PRINTED: 10/14/2010 FORM APPROVED California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING CA220000512 09/30/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 375 LAGUNA HONDA BLVD. LAGUNA HONDA HOSPITAL & REHABILITATIC SAN FRANCISCO, CA 94116 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 803 A 803 Continued From page 2 cover memo for the revisions to the gift fund policy adopted on 4/15/10. On 9/14/10, the complainant received a response from the facility stating, "There are no documents responsive to this request." In an interview on 9/29/10 at 3:21 p.m., Staff A stated that the facility did not have a cover memo for the revisions to the gift fund policy because a cover memo was not required. In an interview on 9/29/10 at 3:32 p.m., Staff B stated that the cover memo was not required because the revisions to the gift fund policy had not been substantial. Contrary to Staff B's assertion, comparison of the gift fund policies dated 12/2/04 and 4/15/10 indicated that the revisions had eliminated provisions requiring committee oversight and forbidding supplantation of city expenditures and had added staff development and training as an authorized use of the funds. In an interview and record review on 9/30/10 at 9:54 a.m.. Staff B stated that she had found an e-mail thread from when the revised policy was first proposed and that she felt the e-mail thread could be construed as the required cover memo. Comparison of the e-mail message introducing the revision on 12/15/09 to the required components of a cover memo according to the facility's policy on policies indicated that the e-mail contained the name of the individual who generated the draft and a reference to "the gift

fund policy". However, the e-mail did not state whether the policy was new or revised, the desired implementation date, the fiscal

consequences, the names of individuals who had already reviewed and approved the draft, and did not include a sample of the reimbursement request referred to in the proposed revision.

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California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING CA220000512 09/30/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 375 LAGUNA HONDA BLVD. LAGUNA HONDA HOSPITAL & REHABILITATION SAN FRANCISCO, CA 94116 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) A 803 Continued From page 3 A 803 Subsequent e-mails in the thread discussed comments and changes to the draft and to whom it would be sent for approval, but did not contain the missing elements required of a cover memo. 2. Review of the facility's policy on policies dated 7/22/08 indicated. "LHH Executive Committee reviews and approves policies and procedures to ensure that the policies and procedures agree with the administrative philosophy and Department of Public Health Guidelines." Review of the San Francisco Administrative Code section 10.100-201 indicated, "(a) Establishment of Funds. There are hereby established category eight funds for the Department of Public Health for the purpose of receiving all gifts, donations and contributions of money or personal property of less than \$25,000 in value or amount, which may from time to time be received by the City through the Health Commission to be used for the general benefit and comfort of patients of the Department of Public Health without expense other than what may be necessary for proper maintenance, are hereby accepted exclusively for such purposes... all cash received and accepted hereunder, for the general benefit and comfort of patients of the Laguna Honda Hospital shall be deposited in a special fund to be known as the 'Laguna Honda Hospital Gift Fund,' a public trust... (c) Exceptions to Fund Category. All expenditures from the fund require the approval of the Public Health Commission." Review of the "GIFT FUND MANAGEMENT" policy dated 4/15/10 indicated that expenses from the gift fund required pre-approval "by the applicable supervisor" followed by a reimbursement request with approvals by the supervisor, the chief financial officer, and the city

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FORM APPROVED California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING CA220000512 09/30/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. LAGUNA HONDA HOSPITAL & REHABILITATION SAN FRANCISCO, CA 94116 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 803 A 803 Continued From page 4 controller's office. The policy did not require expenses to be approved by the Public Health Commission. In an interview on 9/29/10 at 9:50 a.m., one of the complainants stated that she had attended a health commission meeting the previous day at which the president of the health commission said that the commission had been involved in the management of the gift fund in the past and desired to be involved in the future. In an interview on 9/29/10 at 3:32 p.m., Staff A stated that she had interpreted the city administrative code as meaning that exceptions to the provisions regarding the purpose of the gift fund required approval by the health commission. Staff B stated that the city controller's office had previously addressed the question of whether or not the facility's management of the gift fund was consistent with the city administrative code. Review of a letter from the city controller dated 5/21/10 indicated that allocations to and expenditures from various sub-accounts for different purposes within the gift fund was consistent with the city administrative code. The letter did not address the question of which expenditures required approval by the health commission. In an interview on 9/29/10 at 4:50 p.m., Staff B stated that the JCC (a committee of the health commission charged with governance of the facility) had met the previous day and requested that expenditures from the gift fund be brought to

them.

In an interview on 9/30/10 at 10:08 a.m., Staff B stated that if a fund use was not going to benefit

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assertions that gift fund expenditures were approved by the health commission and

interviews stating that the health commission had requested to approve the expenditures in the

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