

E. Audit Updates

- 1) The California Department of Health Care Services (DHCS) held its 3-year review of Sempervirens on September 15, 2021 – September 29, 2021. The Final Report (*Attachment 1a, 1b, and 1c*), including a request for Corrective Action surrounding one deficiency, was received on January 27, 2022. The Corrective Action Plan was submitted to DHCS on March 28, 2022, and we are still awaiting final approval. Corrective action was taken and centered around the requirement for one annual Medical Care Evaluation (MCE) to be active at all times. Additional monitoring of this corrective action includes updates to our monthly MCE Meeting agenda and SV CQI tracking of this item.
- 2) DHCS completed a Licensing Audit for SV in June 2021 and SV was found to be in compliance and the license (*Attachment 2*) is currently renewed through January 31, 2024.
- 3) The Center for Medicare and Medicaid Services (CMS) will likely be conducting an unscheduled audit of SV soon, as these are completed every 3 years. Our last CMS audit occurred in 2017. SV Management and QI have been preparing for this audit since 2019 using the CMS audit protocol and linking relevant evidence.
- 4) The California Department of Public Health (CDPH) provides unscheduled onsite reviews when an investigation is initiated by a complaint, a cross reported Adult Protective Services (APS) report, or Unusual Occurrence Report (UOR). CDPH arrived onsite on October 28, 2021, to investigate SV surrounding a death by suicide which occurred on SV October 19, 2021. SV was found to be in immediate jeopardy, due to noncompliance with Conditions of Participation A 144 (the patient has the right to receive care in a safe setting) to ligature risks identified at the facility. A Plan of Action (*Attachment 3*) was submitted to CDPH and was accepted on December 20, 2021, and the Immediate Jeopardy was lifted. The actions taken included removal of all identified ligature risks as soon as possible and to implement action steps to mitigate existing risks while awaiting full removal, which included increased facility checks by staff and training. The final report (*Attachment 4*) was received on April 4, 2022, which included a request for plan of correction for deficiencies. Noncompliance was found with the following conditions of participation: A 144, A 115, A 273, and A 701. Plan of correction (*Attachment 5*) was submitted to CDPH on April 11, 2022 and was accepted. CDPH arrived onsite for a follow-up review on June 7, 2022 – June 8, 2022, and found additional ligature risks that were not previously identified by review or staff, most were corrected on that same day. A Final Report (*Attachment 6*) from the follow-up was received on June 20, 2022, citing deficiencies with regard to A 144. SV Management and QI are currently working on writing up a plan of correction related to these findings and will submit the plan to CDPH by June 30, 2022.
 - a) Following the event in October, QI engaged with SV Leadership to work through a Root Cause Analysis (RCA) worksheet, in order to evaluate causal factors tied to this event. Corrective actions were identified through this process and were implemented or initiated. Ongoing monitoring of these efforts are with QI.
 - b) This event rose to the level of “Sentinel Event” per policy and a Sentinel Event Committee was held on March 3, 2022 in order to discuss the case. A Morbidity and Mortality Review occurred prior to the Sentinel Event Committee. The committee utilized the RCA and the M&M review to inform the Sentinel Event Committee. Additional action items were identified. Ongoing monitoring of these efforts are with QI.

- c) Corrective actions tied to this event include, but are not limited to: weekly meetings between QI, SV Management, and Facilities in order to track progress regarding ligature mitigation, policy updates reflecting processes for stronger communication between providers, implementation of environmental safety walkthroughs by an interdisciplinary on a biannual basis using a tool which was adapted for SV, increased checks for patients and facility with an increased focus on safety, and implementation of suicide risk assessment at admission.

F. Bylaw Updates

- 1) We added “Temporary Staff” to the Bylaws which was overlooked in the last presented revision.

G. Continuous Quality Improvement (CQI) Overview

- 1) SV Continuous Quality Improvement Committee meets monthly and updates its work plan annually. Goals, as displayed on the SV Indicator Dashboard (*Attachment 7*), are data-informed and chosen based on legal requirements, audit results, and staff and manager feedback. Due to the complexity of the data tracking, key performance indicators are scheduled to be presented in CQI and subcommittees through the course of the year, as outlined in the SV Agenda Item Tracking (*Attachment 8*), which is part of the work plan. This year’s work plan will be approved by SV CQI after the end of the fiscal year. SV-CQI also has subplans under the general Work plan, including Peer Review Plan, Medication Monitoring Plan, Utilization Management Plan, and will include Infections Control Prevention Plan this year. These will also be reviewed after the end of the fiscal year.
- 2) Some examples and highlights:
 - a) It is a high priority for us to treat our beneficiaries at the lowest level of care and to provide stabilization, along with post-discharge follow-up to promote ongoing recovery. We review 7- and 30-day Readmissions to SV on a quarterly basis and have found a decline in readmissions during this past fiscal year.
 - b) With a focus on fiscal solvency, we track and monitor our bed days in order to have a better understanding of reimbursement for our services. In this recent fiscal year, we have seen a rather significant drop in Short-Doyle Denial Days and an uptick in acute days.
 - c) This year, a subcommittee focused on our Key Service Utilization data has been established. This has led to a deeper dive into the services we are providing to our higher cost beneficiaries and has provided opportunities to impact quality of care for our beneficiaries.

H. Sempervirens (SV) Contracts

- 1) Currently SV has 28 contracts, 7 of which are Purchase Orders. DHHS-level contracts are not included in this report. 3 Contracts are new, including CA Hearing Officers, Quest Diagnostics and Andrea Crittenden, RD. 14 are currently in process.

I. Policy and Procedure Updates

- 1) As of June 22, 2022, 5 out of 292 (1.7%) SV policies are past due for review. This represents a significant decrease from the Executive Committee P&P report in August, when 21% were overdue.