State of California-Health and Human Services Agency
California Department of Public Health

TOMAS J. ARAG6N, M.O., Dr.P.H.
*Director and State Public Health Officer*

GAVIN NEWSOM
*Governor*

## REQUEST FOR PLAN OF CORRECTION FOR DEFICIENCIES

June 16, 2022

Administrator
Sempervirens
720 Wood St.
Eureka, CA 95501

Dear Administrator:

On 06/08/2022, an exit conference was conducted regarding deficiencies found during a first revisit for an abbreviated survey for complaints CA00766920 and CA00765522, as well as, facility reported incidents CA00758260, CA00763802 and CA00756552 at this hospital to determine compliance with federal certification requirements as a provider of health care services.

This survey found the following deficiencies:

**[X] Condition-level** deficiency - any deficiency that substantially limits the provider's or supplier's capacity to furnish adequate care or which adversely affects the health or safety of patients. (A115 Patient Rights)

**[X] Standard-level** deficiency - noncompliance with one or more of the standards that make up each condition of participation for hospitals. (A144 Patient Rights: Care In Safe Setting)

The enclosed form, entitled "Statement of Deficiencies and Plan of Correction" documents the deficiencies of participation requirements identified during this visit. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations (CFR) and/or Title 22, California Code of Regulations (CCR).

A plan of correction (POC) must be submitted on the enclosed "Statement of Deficiencies and Plan of Correction" form. CDPH will not accept the POC on attachments. The POC must be developed for all deficiencies and returned to the California Department of Public Health (CDPH) within **ten (10) Calendar days** of receipt of the "Statement of Deficiencies and Plan of Correction". A rebuttal of a deficiency is not a plan of correction. The hospital administrator or appropriate individual must sign and date the POC before returning it to CDPH.

Plan of Correction (POC)

The plan of correction for each deficiency listed must contain the following:

A. The corrective action to be taken for each individual affected by the deficient practice, including any system changes that must be made;

B. The position of the person who will monitor the corrective action and the frequency of monitoring; and

C. Dates each corrective action will be completed.

CDPH will notify the hospital of the approval or rejection of the submitted POC. If CDPH does not approve the POC, CDPH may request additional information or a more specific plan. If necessary, CDPH will hold an informal conference with the facility to obtain a satisfactory plan of correction.

By providing a POC, a licensee or designee does not necessarily admit guilt for any alleged violations, nor does this interfere with the right to contest or appeal any alleged violations. If you disagree with any deficiency, you may submit a written request for an informal conference with the district administrator/district manager of this office.

Allegation of Compliance

If you believe these deficiencies have been corrected, you may submit your POC as your allegation of compliance. We may accept your POC as your allegation of compliance and presume compliance until substantiated by a revisit.

If you have any questions concerning the instructions contained in this letter, please contact Clara Wu Health Facilities Evaluator Manager I, at 707-576-6775.

Sincerely,

Clara Wu

for Dana Forney, HFEM II
District Manager

Enclosure CMS 2567

(OF/rd)

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 054124 | A. BUILDING _____ B. WING _____ | R-C 06/08/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SEMPERVIRENS | 720WOODST EUREKA, CA 95501 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| {A 000} | INITIAL COMMENTS<br><br>The following reflects the findings of the California Department of Public Health during a REVISIT survey for Complaint intake number CA00758260.<br><br>Representing the California Department of Public Health was Health Facilities Supervisor: 37160.<br><br>An unannounced visit was made on 6/07/22 with an exit date of 6/08/22.<br><br>The census on the date of entry, 6/07/22, was 5.<br><br>The facility was found not to be incompliance with the regulations under the following Conditions of Participation: §482.13 Patient Rights. | {A 000} | | |
| {A 115} | PATIENT RIGHTS<br>CFR(s): 482.13<br><br>A hospital must protect and promote each patient's rights.<br><br>This CONDITION is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to ensure patient's right for a safe environment for patients when:<br><br>1. Two of five patients (Patient 1 and Patient 2) were placed in the rooms with ligature risks/points (defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation); and (Cross-Reference A 144)<br><br>2. Ligature risks/points were not identified: 10 of 1O toilet seat covers in patient bathrooms, 6 of 11 faucets in patient rooms, 3 metal mirror shelves | {A 115} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| {A 115} | Continued From page 1<br>above the sinks in patient rooms, 2 closet pull handles in dining room, and 1 table in patient day room. This failure created potential for self-harm by suicidal patients on the Behavioral Health Unit (Cross-Reference A 144).<br><br>The cumulative effect of this systemic problem resulted in the facility denying patients their right to receive care in a safe setting. | {A 115} | | |
| {A 144} | PATIENT RIGHTS: CARE IN SAFE SETTING<br>CFR(s): 482.13(c)(2)<br><br>The patient has the right to receive care in a safe setting.<br>This STANDARD is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to ensure patient's right for a safe environment for two of five patients (Patient 1 and Patient 2) when ligature risks/points (defined as anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation) were not identified: 1O of 10 toilet seat covers in patient bathrooms, 6 of 11 faucets in patient rooms, 3 metal mirror shelves above the sinks in patient rooms, 2 closet pull handles in dining room, and 1 table in patient day room. This failure created potential for self-harm by suicidal patients on the Behavioral Health Unit.<br><br>Findings:<br><br>Review of the facility's census indicated there were five patients in the unit. Patient 1 and Patient 2 were in the facility with 5250 Hold (a legal 14-day long involuntary treatment hold in a hospital or mental health facility) for being danger to self (someone who is considered a danger to | {A 144} | | |

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| {A 144} | Continued From page 2 | {A 144} | | |

themselves has threatened or attempted self-harm or suicide).

During a unit tour on 6/07/22, at 9:45 a.m., with the Assistant Director of Nursing (ADON), Manager A and Manager B, the ADON showed how the facility removed the ligature risks and the on-going projects to remove identified ligature points in the unit. There were 10 toilet seat covers hinged to the toilet, 6 regular faucets, and 3 metal mirror shelves in 3 of 10 resident rooms. One table had metals diagonally attached underneath its legs in the day room. There were 2 closet pull handles in the dining room. One patient room had a ligature-free faucet in the bathroom and one regular faucet in the room.

Patient 1 was in the room with a metal mirror shelf, regular faucet, and toilet with toilet seat cover. Patient 2 was in the room with a regular faucet and a toilet with a toilet seat cover.

During an interview on 6/07/22, at 10:50 a.m., the ADON and Manager B stated the toilet seats were not identified as ligature risks.

During an interview and record review on 6/07/22, at 11:32 a.m., Manager B stated the facility conducted a walk-through of the unit to identify environmental safety risk on 4/28/22. Manager B provided the facility's most recent risk assessment tools titled "[Facility Name] Environmental Safety Tool" dated on 5/18/22 that indicated the results of their walk-through conducted on 4/28/22.

The assessment tool question number 28 for furniture item indicated if tables accessible to patients were free of anchor points to prevent

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| {A 144} | Continued From page 3<br>hanging, and the facility identified the lightweight of the tables and chairs as an environmental risk.<br><br>The assessment tool question number 47 indicated, "Are mirrors shatter proof or other non-breakable materials affixed to the wall using tamper resistant fastener? Polished mirrors are preferred." The tool did not indicate metal shelves as environmental risks. ·<br><br>The assessment tool question number 49 for toilets indicated if toilets are free of removal cover seats, and the tool did not indicate hinged toilet seat covers as environmental risks.<br><br>The assessment tool question number 51 for faucets indicated, " ...institutional faucets will not provide an anchor for hanging," and the tool did not indicate there were 6 regular faucets in the patient rooms.<br><br>During an interview and record review on 6/8/22, at 9:03 a.m., the ADON verified the ligature risk meant anything which could be used to attach cord, rope, or other materials for the purpose of hanging as indicated in the facility's policy and procedure titled "Environmental Safety" dated 2/28/22.<br><br>During a unit tour and record review on 6/08/22, at 9:40 a.m., with the ADON and Manager B, ADON hang a lanyard inside the closet pull handles and verified the 2 cabinet pull handles could be considered a ligature risk. In room C, the ADON verified the toilet seat cover hinged to the toilet was a ligature risk, and she verified all toilets in the 1O patient bathrooms have similar toilet seat covers. ADON verified the toilet seat covers were not identified as ligature risk in the | {A 144} | | |

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| {A 144} | Continued From page 4<br>"[Facility's Name Environmental Safety Assessment Tool." ADON verified six faucets in patient rooms could be a ligature risk. The metal mirror shelves in 3 of 10 patient rooms should be removed as they were ligature risks. ADON verified the metals underneath the table connected to its legs were ligature risks. | {A 144} | | |