

Nguyen, Kimberly (CDPH-CHCQ-LNC-LA East District)

From: Nguyen, Kimberly (CDPH-CHCQ-LNC-LA East District)
Sent: Tuesday, October 07, 2014 10:34 AM
To: executiveoffice@bos.lacounty.gov; Chapman, Ron (CDPH-EXEC-DIR);
jean.lacino@cdph.ca.gov; Perse, Paula
Subject: LA County DPH Practices
Attachments: LA County DPH Practices.pdf; La County Audit Controller.pdf

Importance: High

Tracking:	Recipient	Delivery	Read
	executiveoffice@bos.lacounty.gov		
	Chapman, Ron (CDPH-EXEC-DIR)		Read: 10/07/2014 2:45 PM
	jean.lacino@cdph.ca.gov	Failed: 10/07/2014 10:34 AM	
	Perse, Paula		
	jodi.johnson1@cms.hhs.gov		

Dear Members of the Board of Supervisors, CDPH, and CMS,

Please allow this email to serve you my concern.

Thank you for your time,

Kimberlynguyen

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County of Los Angeles Board of Supervisors

Gloria Molina

Mark Ridley-Thomas

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Director of California Department of Public Health (CDPH)

Dr. Ron Chapman

Licensing & Certification Program Interim Deputy Director

Jean Iacino

Center for Medicaid and Medicare Services (CMS)

Long-Term Care Survey, Certification and Enforcement Branch Manager

Paula Perse

Dear Board of Supervisors, CDPH, and CMS,

After repeated request in the past from my department to address unethical practices and witnessing repeated unlawful practices, I am writing to you and ask for your help and request that immediate action is taken for the unlawful and dishonest practices by individuals of our department (County of Los Angeles of Health Facilities Inspection Division).

I have been with the department for three years as a Health Facilities Evaluator Nurse (HFEN) and part of the HFEN job is to ensure nursing homes facilities are in compliance with the State and Federal regulation. In addition, our job is to enforce and protect the health and safety of our most vulnerable population that reside in nursing homes and other long-term care facilities. As a registered nurse for almost 15 years, I feel it's my professional duty to identify, address, and report unethical situations in the workplace that adversely affect, or could affect, the health and safety of the nursing home residents.

On August 27, 2014, the County of Los Angeles Department of Auditor-Controller completed their review into DPH nursing home investigations, and the results were disturbing. For example on page 9 of last paragraph of the audit report it reads:

"Of the 12 (40%) of 30 closed case files reviewed, the surveyors' recommended deficiencies and citations were deleted or downgraded. Of the 12 cases involved the deaths of residents as young as three years of age. Also noted, the district manager who deleted or downgraded the citations/deficiencies could not provide justification for the changes."

It concerns me greatly that even after the results of the audit, the supervisors and managers who were involved in deleting or downgrading citations/deficiencies without the surveyor's knowledge still hold their positions today in the department. As a result, these individuals take no accountability for their actions and continue to practice unethically.

Recently, during a review of my complaint documents, I discovered the intake information was being falsified by the staff documenting a different date than the actual date we received from the complainant. As result, this allows the department to manipulate the time-frame that the complaint will be investigated, which gives the department more time or letting the complaint sit. In accordance to pursuant to California Health and Safety Code (HSC) 1420, the surveyor must initiate the complaint investigation:

- Within 24 hours if the complaint is an IJ ([immediate jeopardy/involving a threat of imminent danger of death or serious bodily harm]) or
- Within 10 working days for all other prioritized complaints.

The purpose of that regulation is to ensure all complaints are initiated within the State time frames, by falsifying the actual date the complaint received, our department violates the term of agreement and potentially placing nursing home residents in unsafe situations by not timely initiating the complaint. This was also addressed in the audit report and it reads:

“Of the 50 open and closed complaint case files reviewed, four (8%) were entered into the computer up to four workday after receipt of the complaint.” The recommendation from the auditor-controller was that HFID management will ensure all complaints will be entered into computer (ACTS) upon receipt. DPH response to this was that the recommendation already has been implemented prior to the audit and that this was discussed with all supervisors on June 25, 2014, and all Senior Nurses and support staff on July 1, 2014.

However, a review of my complaints that were dated between June 2014 through September, 2014, I discovered 11 of my 15 (73%) complaints were falsified. The received start date was different than the actual date it was received by the complainant. According to CMS Aspen Complaint Tracking System (ACTS) Procedure Guide, the start date and time is defined as the date and time information indicating when the complaint/ERI was first received by telephone, fax, email, or letter.

When a complaint is assigned, the surveyor would receive the document titled, “Intake Information”, which includes the received start date and other information pertaining to the detail of the complaint. Often, the complainant fax document including the cover letter, or email is attached to the intake form. When comparing the complainant letter, fax cover letter, or email, it was noted a different date was input into the computer rather than the actual date of the complaint was received. What I have discovered are as follows:

<u>Complaint #</u>	<u>Actual date received</u>	<u>Falsified in computer of different date received</u>
1. CA003976378	February 18, 2014	May 8, 2014 (off by 79 days)
2. CA00404735	June 13, 2014	July 18, 2014 (off 24 by days)
3. CA00404832	June 11, 2014	July 9, 2014 (off by 28 days)
4. CA00404954	June 24, 2014	July 10, 2014 (off by 16 days)
5. CA00402021	June 9, 2014	June 13, 2014 (off by 4 days)
6. CA00406554	July 14, 2014	July 22, 2014 (off by 8 days)
7. CA00406737	July 15, 2014	July 23, 2014 (off by 9 days)
8. CA00406757	July 15, 2014	July 23, 2014 (off by 8 days)

- | | | |
|----------------|--------------------|------------------------------------|
| 9. CA00405087 | July 7, 2014 | July 11, 2014 (off by 4 days) |
| 10. CA00415082 | September 26, 2014 | September 30, 2014 (off by 4 days) |
| 11. CA00415085 | September 26, 2014 | September 30, 2014 (off by 4 days) |

Furthermore, during my discussion with management on October 7, 2014, it was revealed that my immediate supervisor, Mr. Adegoke was aware of this issue since early July 2014, however took no action to ensure the falsification of the information was discontinued in his office.

In my belief, falsification is a serious matter and unlawful and our department should know better to not manipulate paperwork to mislead others and the public. In my belief, it's important to not justify most of the problems to low staffing or not enough money because more amount of money will not change the dishonest or fraudulent conduct by those who lead this department.

In conclusion, as a nurse, I feel I do have a professional obligation to report unacceptable practice, professional misconduct and or incompetent or unethical practices that adversely affects the quality of public service we provide to our most vulnerable population. I also feel, I have lost trust in this system, which should hold higher standards of practices and hold individuals accountable for wrongdoing. I hope that you would consider the seriousness of this matter, and consider an independent third party to investigate the issues being addressed in the audit report as well as the falsification.

Sincerely,

Kimberlynguyen

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