



DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington DC 20420

AUG 2 2013

In Reply Refer To:

The Honorable Carolyn N. Lerner  
Special Counsel  
U.S. Office of Special Counsel  
1730 M Street, NW, Suite 300  
Washington, DC 20036

RE: OSC File No. DI-12-4027

Dear Ms. Lerner:

This letter responds to the Office of Special Counsel's (OSC) request that the Department of Veterans Affairs (VA) provide additional information describing the status and details of the corrective actions recommended in the Department's report on OSC File No. DI-12-4027.

Specifically, your office requested information regarding: (1) the determination that neglect of elderly residents by nursing staff does not constitute gross mismanagement or a substantial and specific danger to public health; (2) a copy of the Administrative Investigative Board (AIB) report and identifying actions taken at the Medical Center based upon the findings and recommendation of the AIB; and (3) a copy of the Corrective Action Plan developed as a result of the investigation in the matter and an update regarding the status of corrective actions identified in the plan. Enclosed is a fact sheet along with attachments which respond to the specific issues you raised.

Thank you for the opportunity to respond and provide additional information.

Sincerely,

A handwritten signature in black ink that reads "William Schoenhard".

William Schoenhard, FACHE  
Deputy Under Secretary for Health for  
Operations and Management

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Enclosure

Department of Veterans Affairs (VA)

FACT SHEET  
For the Office of Special Counsel (OSC)  
Re: OSC File No. DI-12-4027

**Issue 1:** Please elaborate on the determination that neglect of elderly residents by nursing staff does not constitute gross mismanagement or a substantial and specific danger to public health.

**Response:** The language in the executive summary should be revised to state 'As reflected in the body of the report, the Veterans Health Administration team concluded that the substantiated allegations posed significant and serious health issues for the residents living at the Community Living Center. In response to the issues of patient neglect corrective actions by management have been, and continue to be taken.'

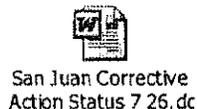
**Issue 2:** Please provide a copy of the Administrative Investigative Board (AIB) report and identify actions taken at the Medical Center based upon the findings and recommendations of the AIB.

**Response:** Based on the attached AIB report and the attached summary of the AIB team's three recommendations, two of the three recommendations have been closed out. The remaining item is ongoing.



**Issue 3:** Please provide a copy of the Corrective Action Plan developed as a result of the investigation in this matter, and provide an update regarding the status of corrective actions identified in the plan.

**Response:** Based on the attached corrective action plan, 5 of the 10 recommendations are closed and the remaining ones are either ongoing and/or scheduled for completion on or before the end of this fiscal year.



**ADMINISTRATION INVESTIGATION BOARD (AIB13-02)**  
**DEPARTMENT OF VETERANS AFFAIRS**  
**VA Caribbean Healthcare System**  
**San Juan, Puerto Rico**  
On Site: 1/8/13- 1/11/13

**A. AUTHORITY:** Letter of Designation- Administrative Investigation Board, dated January 3, 2013.



AIB13-02  
Appointment.PDF

AIB Chairperson: (b) (6) MD, MSHA  
VISN 15 POC, Geriatrics and Extended Care  
Associate Chief of Staff  
Extended Care & Rehabilitation Services  
VA St. Louis Healthcare System

AIB Member: (b) (6), RN  
Nurse Manager  
Community Living Center  
VA Medical Center  
Lake City, FL

**B. Purpose:** to investigate the allegation of:

- I. Community Living Center- 2<sup>nd</sup> Floor resident/family complaints regarding care at the Unit.
- II. Resolution of complaints from time received by CLC
- III. Leadership oversight and involvement in daily operations

**C. Scope:** Complaints regarding care at CLC 2<sup>nd</sup> Floor, VA Caribbean Healthcare System, San Juan, Puerto Rico, resolution thereof, and leadership oversight in daily operations.

**D. EXHIBITS: LIST OF ALL EXHIBITS:**



AIB 1-8-13 San Juan  
HCS INVESTIGATIVE I

E. Findings:

Evidence/Witness Testimony:

<b>Issue 1: CLC - 2<sup>nd</sup> Floor resident/family complaints regarding care at the Unit.</b>	
<p>(b) (6) [REDACTED], 1-8-13</p>	<p>The patient goes with complaints – all the family goes directly to the patient Representative; and if there is a nursing issue usually they contact the Nurse Manager. Sometimes I don't even know of the incident. (Page 21, line 24, Page 22, lines 1-4)</p> <p>The minutes of the Resident Council meeting go to the Chief Nurse. And since last year, since there were a lot of issues pertaining to non-follow up of the Resident Council issues, we are discussing in the PI meeting. (Page 24, lines 3-7)</p> <p>The AERs, the Adverse Event Reports, which is an incident report goes to the Safety Manager. (Page 26, line 19 – Page 27, line 11)</p> <p>Since the last Long term Care Institute visit, we were having issues with falls and ulcers. The only reports that I was doing were these two. (Page 27, lines 21-23)</p> <p>If there is a patient care- if there is a nursing issue, usually they don't send it to me. (Page 29, lines 23-24)</p> <p>How would I know as a family member who to contact if I have a concern? They usually contact the primary nurse, who has a team leader. The team leader reports to the Nurse Manager and the Nurse Manager or team leader contacts me or the attending physician. (Page 33, lines 17-23)</p> <p>Recently we have started to do a whole evaluation of falls and ulcers, so I evaluate not only the providers, but also the nursing notes and the follow up. And I cannot say that in all instances I have had issues about the care that is given. When it has, I have gone specifically to the Nurse that is involved or to the team leader.</p>

	<p>(Page 36, lines 3-9) It would be correct to say that since she works so closely with the Chief Nurse, that most significant issues, patient complaints or concerns or quality of care issues, she would collaborate and she would be aware, and then would communicate to the ACOS.</p> <p>(Page 40, line 15-24; Page 41, lines 1-4) Any significant issue over the last 3 or 4 years, she would always communicate to the ACOS, so the ACOS would be aware of significant falls, injuries, things that came from the PIC Committee regarding pressure ulcers or falls or patient complaints, family complaints, she would always communicate that to the ACOS.</p> <p>(Page 41, lines 22-24, Page 42. Lines 1-14) I recall a case that the daughter came to the Patient Representative and she made a statement that when I read it I said "Oh my God". But I intervened in this case and sent a message to (b) (6). It was his colostomy care, that there was - he had pain, dehydrated, and the daughter understood that the nurses were not taking care of him so often. But really this was a hospice case, but both the daughter and the resident were in denial about the conditions.</p> <p>(Page 43, lines 4-24) Regarding the 2<sup>nd</sup> Floor of the CLC- there was a significant bruise. And I called the ACOS and informed her, but we didn't know the etiology of the bruising. It was a hospice case. (Page 45, lines 7-24, page 46, 1-7) (b) (6) just became aware of the complaint letter given to (b) (6) and (b) (6) (b) (6) when (b) (6), VACO, came to visit. (Page 65, lines 21-24)</p>
<p>(b) (6), 1-9-13</p>	<p>The CLC has a Medical Director. I'm responsible for the CLC, of course. I participate in the Performance Improvement meetings but not as frequently as I would like because on the same day I have the Clinical Executive Board, and I have to be present in the Clinical Executive Board. But I read the</p>

	<p>minutes, I sign the minutes and I discuss the findings of the Performance improvement Committee. (b) (6) chairs the PI Committee. (Page 10, lines 4-20)</p> <p>The PI meeting is from 1pm - 2:30pm. The Executive board is at 2pm. I have conflicting meetings. (Page 13, lines 15-23).</p> <p>Can you give some idea of what may have come to her attention regarding complaints about any specific residents in the CLC. I know about that letter, the letter of complaint of the daughter, on December 7<sup>th</sup> when my boss told me that.</p> <p>(page 32, lines 5-19)</p> <p><i>(Unable to give any examples of specific patient care complaints in the CLC other than when made aware of the letter provided her by the Chief of Staff)</i></p> <p>Reported a debriefing held by the CLC Psychologist and the CLC nurses and as reported to her: The nurses were "laissez faire" in terms of the care provided to the veterans. (Page 110, lines 4-19); un-validated as Psychologist on AL during AIB interviews</p>
<p>Patient Representative (b) (6)</p>	<p>The complaints were on 14 pages (Page 32, line 19)</p>
<p>(b) (6), Social Worker, CLC-2, 1-9-13</p>	<p>Had interactions with the residents as well as families on a routine basis, along with other interdisciplinary staff and so would have close knowledge of the environment and quality of care and concerns brought to him by residents, families or staff.</p> <p><i>(Page 7, lines 7,8, 19-24; page 8, lines 1-4)</i></p> <p>Concerns of ratio of 1 Social Worker to 60 beds that is not the VHA standard (Page 8, line 13)</p> <p>Concerns of staff to patient ratio brought by family, veterans. (Page 8, line 8, 12)</p> <p>Concerns of inadequate staff, especially at night and weekends. (Page 9, line 22-23)</p> <p>About the quality, that was not good. Sometimes attitudes- that was inadequate. (Page 10- lines 4-5)</p> <p>So for up to 20 residents there would be only 1 to 2 nurses on nights and weekends</p>

<p>(b) (6) ██████████, CLC Physician, 1-9-13</p>	<p style="text-align: right;"><i>(Page 11, line 20)</i></p> <p>Had a specific complaint from the daughter, (b) (6) regarding her father, brought to the attention of both (b) (6) and (b) (6) in 2011. <i>(Page 32, line 19)</i></p>
<p>(b) (6) ██████████, Chief of Staff, 1-10-13</p>	<p>It was a surprise when he discovered the situation they have now, where there are several complaints that apparently stayed at some level of the GEC/ CLC leadership. <i>(Page 11, lines 5-10)</i></p>
<p>(b) (6) ██████████, RN, 1-9-13</p>	<p>Assumed Acting Chief Nurse, Geriatrics &amp; Extended Care role following (b) (6) request for reassignment (Feb 22, 2012-Dec 5, 2012); prior position NM, CLC-3 (Hospice Neighborhood); previous stint as Acting NM, CLC-2 March-Sept 2011 following retirement of previous NM; relieved of acting role when (b) (6) was selected as NM, CLC-2; volunteered to assume role of NM, CLC-2 following (b) (6) ' detail out of role. <i>(p.6-8)</i></p> <p>Routinely rounds on neighborhood and questions residents about care received, introduces self to new residents and their family members, attempts to resolve complaints quickly; if complaint involves an employee NM requests a report of contact or writes one herself using information provided; requests additional ROCs from witnesses or other relevant parties; requests employee's version of events; analyzes ROC(s) and consults HR to make sure she does the right thing (names Omar – HR supervisor); states she conducts a fact-finding with her interpretation/analysis of all facts. <i>(p.9-11)</i></p> <p>Cites no formal orientation process r/t complaint resolution; cites hospital process, master agreement, and TMS training as avenues she learned how to deal with complaints. <i>(p.21)</i></p> <p>Cites common complaint origins as: direct from residents, nurses, IDT members <i>(p.23)</i></p> <p>Discussed current state of CLC-2 as improved since she took over and reorganized of cultural transformation</p>

	<p>processes, including Culture Transformation and PI Meetings; (p.55-56)  Denies there being a pattern of complaints during the time (b) (6) was NM of CLC-2 (p.62). Discussed census being dropped and resident and family member satisfaction improving, states care given at this time is excellent, as evidenced by verbal reports during routine neighborhood rounds. Census dropped from 60 to 45; HPPD improved from 3.7 to 5.0. (p.62-63)  Reports being aware of 14-pg complaint letter from (b) (6) (CLC resident; exhibit#89); received letter from patient representative in Nov 2012; made a table of all complaints, discussed with (b) (6), and attempted to resolve all complaints (p.66-68)</p>
<p>(b) (6), RN, 1-10-13</p>	<p>Witness described being detailed out of NM role Dec. 5, 2012 due to an investigation questioning CLC leadership (p.6, lines 13-20)  Described orientation to NM role as including preceptorship from other CLC NMs and cites attending 7 Habits class (p.7, lines 22-24)  Denies any direct mentoring/precepting by then ACNS, (b) (6) only as needed clarification of questions (p.8, lines 11-12)  Expounded on the fact that she was not oriented to the complaint resolution process at the NM level (p.22, lines 22-24 &amp; p.23, lines 1-2)  Discussed receipt of complaint letter from (b) (6) daughter on Feb 6 or 7, 2012. Explained that daughter told her she also gave a copy of the letter to (b) (6) and (b) (6) (p.9, lines 16-24 &amp; p.10, lines 1-10)  Described her initial response to reading the complaint letter as conducting a brief staff meeting with CLC-2 staff on duty to discuss complaints and methods of resolution. She also described counseling a particular staff member related to complaints within the letter (p.10-11)</p>
<p>(b) (6), Family Member, 1-10-13</p>	<p>Indicates that she has been happy with the</p>

	<p>care of her father most of the year and four months he has resided in the CLC. (p.7)  Denies receiving a patient handbook upon father's admission to CLC. (p.9)  Denies giving letter directly to (b) (6), but did give it to her secretary (unavailable for interview). Indicates letter was also given to (b) (6), NM and (b) (6). (p.10-11)  Was not initially content with resolution of complaint, "because there was no resolution"; says no one told her what they were going to do to resolve her complaints re: her father's care so she decided and her mother would just come in everyday to feed and bathe him. (p.13)  Indicates that (b) (6) did come to her and ask for specifics after receiving the letter, but that she didn't feel the issues were resolved because she found him soiled, not turned properly, etc several times after her initial complaint (p.16)  Reports that her father's wound is currently in bad shape because he got pneumonia and was in the hospital, but that while in the CLC it had made tremendous improvement (p.17-18)  Reports that she is now very happy because there are more people to care for her father (p.26)</p>
<p>(b) (6), Family Member, 1-10-13</p>	<p>Indicates that she has been happy with the care of her father some of the year and four months he has resided in the CLC. (p.7)  Implies her family was oriented to the CLC upon father's admission to CLC. (p.9)  Indicates she initially complained to the nurses, then to the doctors, then to the nurse supervisor, but received no response, so then she went to the patient representative with her complaints (p.13)  Other family members told her how to contact the patient representative (p.14)  Feels that her father would not have gone to ICU twice if her concerns were answered more quickly, most issues appear to have been medical in nature. (p.17-23)</p>

	<p>Indicates she was not happy with complaint resolution process through the patient representative either as he never called or followed-up with her with feedback. (p.27) Reports that she wrote a letter and gave it to the Office of Medical Director and was told to wait 2-3 weeks for a reply; she returned 3 weeks later and was told it was a nursing issue to follow-up with nursing, but that she never received a response. (p.30-32)</p>
<p>(b) (6) ██████████, President, Council of Residents CLC 1,2,3</p>	<p>Report includes complaints related to:</p> <ul style="list-style-type: none"><li>• Extended wait times for call lights</li><li>• Poor off-tour supervision</li><li>• Noise at night</li><li>• Theft from patients and staff</li><li>• CLC cleanliness</li><li>• Dignity issues</li><li>• Inadequate laundry resources</li><li>• Environmental issues</li><li>• Too many light duty nurses due to insufficient staffing</li><li>• Culture Transformation issues</li><li>• Insufficient number of English speaking nurses</li><li>• Insufficient snacks/drinks on neighborhood</li></ul> <p>Many complaints are vague and require more information; all have been reported through the appropriate resident council process to CLC Leadership.</p> <p>No mention of complaint resolution contained in report.</p>

<p><b>Issue 2: Resolution of complaints from time received by CLC</b></p>	
<p>(b) (6) ██████████, 1-8-13</p>	<p>(b) (6) gets notified of the majority of the incidents. Some the family goes directly to the Patient Representative, and if there is a nursing issue, usually they contact the Nurse Manager.</p> <p style="text-align: right;"><i>Page 21- line 23, Page 22, lines 1-4</i></p> <p>Patient Advocate reports are sent to the ACOS.</p> <p style="text-align: right;"><i>Page 28, line 16;Page 29, lines 13, 19</i></p> <p>Families usually contact the primary nurse, the team leader who reports to the Nurse Manager and the Nurse Manager or team leader contacts (b) (6) or the Attending Physician.</p> <p style="text-align: right;"><i>Page 33, lines 19-23</i></p> <p>In past 3-4 years has started sending an Outlook message to the ACOS notifying her of all significant issues.</p> <p style="text-align: right;"><i>Page 42, lines 3-14; page 46, line 22; page 48, lines 10- 14; page 51, lines 1-18</i></p> <p>Once she tells the ACOS something, either verbally or by communication, would she then communicate back to you about suggestions or involvement or something to do? No, because in the majority of cases, I do, 'this is my finding on what I did'.</p> <p style="text-align: right;"><i>(Page 50, lines 7-14)</i></p> <p>So the ACOS should be aware of almost all CLC issues because they are all discussed, policies, quality management, medical management, performance improvement.</p> <p style="text-align: right;"><i>(Page 53, lines 2-12)</i></p> <p>Any Patient or family complaints aren't discussed in the PIC Committee. They are discussed at the unit level with the Nurse manager, because the Chief Nurse and the Nurse Managers, they have a meeting of theirs. It looks like she is not always aware of all the complaints and it is possible that the ACOS is not as informed also.</p> <p style="text-align: right;"><i>(Page 59, lines 8-24)</i></p> <p>We saw a 3 page letter of complaints from a family member that was addressed to Dr.</p>

	<p>(b) (6) that was given to the past Chief Nurse, (b) (6), and the Nurse Manager, (b) (6).  <i>(Page 61, lines 1-20)</i></p> <p>Maybe they should have a standardized procedure. I have some complaints, the Chief Nurse has some, the Nurse Manager might have some, and we have to have it in one place, because otherwise it's awful. It can get lost.  <i>(Page 69, lines 11-24; Page 73, line 11)</i></p> <p>So she knows that all matters relative to the CLC go to the ACOS.  <i>(Page 87, line 6-8)</i></p> <p>ACOS has had incidents in the past of forgetting significant issues and that prompted her to initiate the electronic notification to (b) (6).  <i>(Page 87, 11- 24)</i></p> <p>There have been continued communication issues between (b) (6) and (b) (6), and with former Chief Nurse, (b) (6).  <i>(Page 91, lines 11-23; page 93, lines 14-22)</i></p>
<p>(b) (6), 1-9-13</p>	<p>If there is a patient complaint they are sent to me, and then we discuss that in the GEC staff meeting <i>(Page 19, lines 11-12, 24)</i></p> <p>Does receive everything from the Patient Rep Office, but states she receives very few complaints. <i>(Page 20, lines 1-4)</i></p> <p>She receives the complaints from the Patient Rep Office through interoffice mail  <i>(Page 21, lines 3-4)</i></p> <p>There are very few complaints. But the few she has they come in inter-office mail from the patient Representative office, then she investigates it, prepares a letter for the family. I immediately take action.  <i>(Page 24, lines 15-24)</i></p> <p>During the course of a year, she has received only 3 complaints from the CLC.  <i>(Page 25, lines 8-12)</i></p> <p>Whenever there's a problem they notify me. I have almost daily communication with the Medical Director of the CLC.  <i>(Page 27, lines 22-24)</i></p> <p>Discusses satisfaction of CLC or complaints</p>

	<p>and compliments in the monthly Service meeting and any significant issue or complaints would come to her.</p> <p style="text-align: right;"><i>(Page 39, lines 8-19)</i></p> <p>I have a big problem in Nursing. And that's not strange that they received that letter and they didn't share that information with me. And now, I'm responsible for everything.</p> <p style="text-align: right;"><i>(Page 99, lines 14-18)</i></p> <p>Is familiar with the policy at San Juan HCS regarding the management of patient complaints.</p> <p style="text-align: center;"><i>(Second Interview: Page 5, lines 12-15)</i></p> <p>We are all "Care Partners". <i>(unable to define as per policy)</i></p> <p style="text-align: center;"><i>(Second Interview: Page 7, lines 4-12)</i></p> <p>Does not recall a monthly meeting with the COS and other Service Chiefs where patient complaints data with trends are presented.</p> <p style="text-align: center;"><i>(Second Interview: Page 11, lines 2-5)</i></p> <p>The morning meeting with the Director and the "Vital Signs" are discussed.</p> <p style="text-align: center;"><i>(Second Interview: Page 11, lines 21-22).</i></p>
<p>Patient Representative (b) (6)</p>	<p>Receives complaints of the patients. Listens to them, perform service recovery and document those complaints and send them to the Service Chief.</p> <p style="text-align: right;"><i>(Page 7, line 7)</i></p> <p>Sends an encrypted email to the Service Chief for them to provide feedback.</p> <p style="text-align: right;"><i>(Page 11, line 3)</i></p> <p>If malpractice, involves (b) (6), Assistant Chief of Staff. If it is a clinical high issue, sends complaint to (b) (6), Chief of Staff.</p> <p style="text-align: right;"><i>(Page 12, line 13)</i></p> <p>In answer to the Question if in his recollection particularly from the CLC 2 in the last 1-2 year that may have been of particular concern, would he have copied (b) (6) as the Service Chief or sent a message to her, (b) (6) responded in the affirmative that he had been contacting her for some issues.</p> <p style="text-align: right;"><i>(Page 14, line 17)</i></p> <p>...and copying the Service Chief on the PATS</p>

notification. (Page 19, line 7)  
...however, there is no official tracking  
shared drive (Page 20, line 21)  
...we are the only ones that have access: the  
patient representative, my Service Chief,  
and also (b) (6) (Data Management  
Analyst) who provided the report to the  
Service Chief. (Page 20, line 22)  
6. On further clarification, (b) (6)  
stated in particular emails regarding  
nursing care; he would involve the Nurse  
Manager, and once in a while, the Chief of  
Nursing. (Page 16, line 6,7; Page 29, line 4)  
However, *more recently* he has to include  
additional names, and copy the Deputy of  
Medical Services, (b) (6)  
(Page 16, lines 5-12)  
7. He was provided that instruction only  
recently in December 2012.  
(Page 17, line 10)  
10. (b) (6) also had a meeting with Mr.  
(b) (6) regarding patient and family  
complaints regarding the CLC-2.  
(Page 28, line 13)  
Sent the complaints to the Nurse Manager  
and (b) (6). (Page 29, line 4)  
Also included (b) (6), and Dr.  
(b) (6) (Page 31, line 15-16)  
First we used to print out all the complaint  
reports and send them through internal mail  
to every Service Chief that was far away  
from our Office. But since (b) (6) took  
over as Community Relations Chief of  
Service- he recommended sending all this  
through encrypted email to the Service  
Chief, all the PATS reports.  
(Page 5, lines 16-23)  
Started the PATS reports electronically  
about 4 years ago. The report is also sent to  
the Chief of Staff and his Administrative  
Assistant. (Page 6, lines 2-23)  
In December 2012, (b) (6) met with me  
and asked for me to send the monthly  
reports to (b) (6). But I had not done  
that previously for over a year, except to

	<p>those that asked for it.  <i>(Page 9, lines 11-23).</i></p> <p>During that year when he was not forwarding the monthly reports, he thought someone else was doing it.  <i>(Page 11, lines 19-24).</i></p> <p>That person was (b) (6), from Data Management.  <i>(Page 13, lines 1-10)</i></p> <p>When some issues were brought to his attention he had not been contacting the Care Partners because they had been difficult to reach, and was contacting the Nurse Managers, until recently (b) (6) told him to copy sensitive issues into an email to the Service Chief.  <i>(Page 15, lines 3-10)</i></p>
<p>(b) (6), Social Worker, CLC-2, 1-9-13</p>	<p>It was overwhelming to do my job. So to handle complaints that was outside my circle of influence or my scope of work, it was even more defeating.  <i>(Page 13, line 19-21)</i></p> <p>There was no accountability or tracking mechanism. So it was more about solution-focus.  <i>(Page 15, lines 3-4)</i></p> <p>...the step 1 was to move the nurse to another neighborhood.  <i>(Page 16, line 16)</i></p> <p>There is more involvement of (b) (6) and (b) (6), (not (b) (6) as ACOS  <i>(Page 30, line 2)</i></p>
<p>(b) (6), CLC Physician, 1-9-13</p>	<p>Talk to the family member if there is a concern, if the Nurse Manager needs to be involved, they set up a meeting  <i>(Page 15, lines 5-6)</i></p> <p>The Medical Director is informed of any significant medical issue, they notify the Chief of the Department and discuss in the Morning meeting with the Medical Center Director  <i>(Page 17, lines 19-22)</i></p> <p>The process to process complaints in the CLC: I always talked to (b) (6) so she is aware of what is happening and what we are doing.  <i>(Page 19, lines 17-24)</i></p> <p>(b) (6) attends the PIC meetings so we are in contact weekly or more often if we</p>

	<p>need. <i>(Page 21, line 12)</i>          And in the monthly GEC meeting where they discuss satisfaction rates, but not specific complaints. <i>(Page 24, lines 15-22)</i>          The Patient Representative sends an email with the complaint to (b) (6) and Dr. (b) (6) as the Attending Physician. <i>(Page 27, lines 11-16)</i>          If there is a significant concern, both Dr. (b) (6) and (b) (6) would be aware. <i>(Page 37, line 23, 24; page 38, line 4, Page 48, lines 1-2)</i></p>
<p>(b) (6) 1-9-13</p>	<p>Administrative Assistant to the ACOS, GEC, since Oct 15, 2012. After she came, the process was established by a Memo in an email that all patient complaints received by the Patient Representative Office were to be forwarded by email to (b) (6) and her as AO. She is not aware of the process prior to that. <i>(Page 12, line 18; page 13, line 14; page 14, line 5)</i>          She cannot locate the files for patient complaints in the GEC Office <i>(Page 22, line 3)</i></p>
<p>(b) (6), Chief of Staff, 1-10-13</p>	<p>In the Patient Representative Office they provide a monthly report to every Service Chief so they can track or address the issue on a monthly basis. <i>(Page 13, lines 11-16)</i>          The Patient Rep Office shares information in the Medical Executive Board meetings and in the Director's Meeting- as a Vital Signs Report with all Service Chiefs, once a month. <i>(Page 16, lines 9-16)</i>          The Service Chiefs are then to share the information at their monthly Program meeting, but the ACOS, Geriatrics has not been consistent with those meetings. <i>(Page 18, lines 15-16)</i>          As an organization, we are still in need of consolidated better mechanisms to have all the sources (patient complaints). And they have discussed that at the Executive level. <i>(Page 24, lines 12-15)</i>          The Care Partner we have positioned in each Service and who works with the customer</p>

	<p>service representative to try and work to improve the customer service, the relationship of the care of those patients in each area. (Page 33, lines 8-12)</p>
<p>(b) (6) RN, 1-9-13</p>	<p>Explains that she shares ROCs, complaints, issues, fact-finding with supervisor, DADPCS, (b) (6) at the time she acted in the ACNS role. (p.12)          Reports that as Acting ACNS she instructed her NMs to follow same procedure as identified above; states she told them she liked to know everything because her vision was broader. (p.12)          Reports also sharing information with (b) (6), Medical Director and occasionally (b) (6) who she indicates has become more involved in CLC issues in last 9 months, following last LTCI Survey. (p.13-14)          Called back for additional interview (b) (6) (b) (6) was asked about hand-off provided to her by (b) (6) in Feb 2012: Described a grid that (b) (6) created and requested (b) (6) fill out re: significant hand-off issues; explains hand-off took place on Feb 22, 2012 (an estimated 12-days after (b) (6) (b) (6) received the letter) (p.5)          Described observing as (b) (6) provided hand-off to (b) (6); states they sat at a table where (b) (6) provided documents and explained them while (b) (6) took notes; states (b) (6) submitted a binder with a lot of documents in it; recalled issues discussed such as artifacts and CLC projects pending completion; could not recall any open resident care issues related during hand-off; did not recall complaint letter or feel there was any significant issues that needed to be followed-up on immediately in binder (p.6-8)          Denies being given a copy of (b) (6) letter or any related fact-finding (p.9)          When shown the table of contents from (b) (6)</p>

	<p>(b) (6) binder (exhibit #78) witness denies any specific recollection of discussion on entry '3-B' (refer to (b) (6) interview).</p>
<p>(b) (6), Deputy DADPCS, 1-10-13</p>	<p>Explained proper process a NM is to follow for complaint resolution:          Simple Issue/Minor Complaint: should be handled at neighborhood level by NM;          Mid-level Complaint: address with supervisor on a weekly basis to maintain awareness;          Larger Complaints/ Allegations of Abuse: discussed incident reports, reports of contact, immediate notification of supervisor (ACNS or Acting ACNS)          (p.9, line 22 – p.11, line 14)          Discussed tracking tool that she (at Deputy) requires her ACNSs to maintain and submit bi-weekly of all relevant happenings/pending issues in their area; she instructed this via email/developed process about 2yrs ago; feels her ACNSs report appropriately via this tool, but has to advise them occasionally that they have not handled an issue quickly enough (p.12-13)          Explained that she previously thought she was receiving all CLC related complaints from the Patient Representative, but found out she was not when this major issue came up (unaddressed letter); states had to meet with (b) (6) and give clear instruction that she is to receive all CLC related complaints; states she found out that they were being sent to (b) (6) but not to her (p.14, line 8 – p.16, line7)          Discussed "Care Partner" in relation to customer service liaison role; was not sure where process was, but now that team leaders will be assigned by NMs; claims process was previously initiated, but not fully implemented, is currently an ongoing process throughout hospital (p.17, line 13 – p.19, line 21)          Explains she became aware of the (b) (6) complaint letter through (b) (6) visit in response to a whistleblower event; states (b) (6) was given letter by (b) (6),</p>

NM CLC-2; states that when she was given the letter it was attached to the tempo training record and NM fact-finding, none of which she had seen previously  
(p.20, line 4 – p.22, line 22)

Reports that she conducted a drill down on letter to find that resident's daughter gave a copy to (b) (6), and believes she mailed a copy to (b) (6)  
(p.23, line 11 – p. 24, line 22)

Daughter voiced she was currently happy with care her father was receiving at time of drill-down (p.26)

Feels action taken by (b) (6) was not serious enough, would've proposed disciplinary action; (b) (6) explained to her that she had reviewed case with (b) (6) and did as she was advised; witness states she advised (b) (6) to keep signed copy of items given to ACNS in the future to evidence proper reporting process  
(p.27-28)

Witness recalls reviewing letter with (b) (6) during drill-down, who recalled even the employee's name who was counseled and that she was given the letter and fact-finding by (b) (6); witness states (b) (6) told her to look for it in her files in her old office (p.30)

States she received an e-mail from (b) (6) the following day stating that she was confused and that was not the letter she was talking about (p. 31, lines 3-6)

Discussed previous dissatisfaction with (b) (6) (b) (6) performance and plan to place her on a performance improvement plan (PIP) prior to her request to be reassigned  
(p. 31, lines 7-21)

Provided several examples of poor performance and evidence of how she dealt with said performance (p. 32-34)

Reports that (b) (6) conducted hand-off to her and (b) (6) in her office on Feb 21, 2012 and that she "prepared a binder which I still keep in this office," "with everything that was going to be in the hand-off."

	<p>(p.5, lines 6-13) Indicates that she informed (b) (6) in advance of the items she would need in hand-off, that (b) (6) gave her the binder and "discussed one-to-one issues" which took almost an entire day.</p> <p>(p.5, lines 14-20) Denied any open patient complaint issues discussed during hand-off &amp; denied a copy of the (b) (6) letter being in the binder.</p> <p>(p.6, lines 5-10) Retrieved binder from her desk cabinet and removed table of contents (exhibit #78); exhibit examined by AIB members; exhibit was a typed document with ink written notes scattered about it; witness indicates the notes were her writing during the hand-off. (p.8)</p> <p>When shown item 3-A "CLC family complaint" which (b) (6) indicated was regarding the (b) (6) family complaint letter witness had to refer to her notes and stated that "if I didn't put something here, an asterisk, like I did (implied other locations on the exhibit), it wasn't something important." "But I know it was something she already resolved." (p.9) * Binder contents reviewed by AIB member; binder did not contain a copy of the (b) (6) family complaint letter.</p> <p>Witness reiterates she first received the letter through (b) (6) (p.10) Discussed an 11-day overlap between (b) (6) (b) (6) and (b) (6) transition into the role of Acting ACNS; indicates that during that time (Feb 9-21, 2012) (b) (6) was expected to complete any paperwork, evaluations, and follow-up on any open complaints.</p> <p>(p.12, lines 12-24 and p.13, lines 1-8) Witness denies any items being removed from the binder or any additional items being presented during the hand-off.</p> <p>(p.16, lines 9-24) * AIB members notate that there was one ink mark of a bracket "{" but no notes</p>
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	<p>written notes near 3-A.          Witness reports that she “doodles” and often makes brackets in expectation that she may write more, but that if there was something that she needs to follow-up on would’ve written a note indicating what type of follow-up. (p.17)</p>
<p>(b) (6) RN, Past ACNS, 1-10-13</p>	<p>Indicates that when she received a complaint she met with the nurse manager (NM) to discuss and initiate a fact-finding. The findings were then submitted to Nursing Service through her supervisor, G. Navarro, DADPCS. (p.8, lines 12-23)          Could not clearly define individual roles in the complaint resolution process. Was unable to differentiate the Care Partner identified in the agencies complaint resolution policy. Does indicate that other services were included in the process if involved in order to “close the loop” of service recovery (p.9-12)          When asked about receiving a complaint letter from (b) (6) (former CLC resident’s daughter) (b) (6) states that she requested reassignment to another position this same week. She admits that the letter was given to her by her administrative assistant, that she did not give a copy to (b) (6) (b) (6) because she had also been given the letter, but did give a copy of the letter to (b) (6) and (b) (6) during “hand-off”. She further explained that the letter was in a binder that she gave to (b) (6) and (b) (6) and that she pointed out the importance of following-up on the issues within the letter during the hand-off meeting by way of a table of contents she developed for the aforementioned binder (p.12-18)          Provided a copy of the table of contents and identified the brief entry ‘3-B’ as referring to the aforementioned complaint letter. Many other entries included in-depth explanations of specific issues or items that required follow-up (see exhibit #78). Entry ‘3-B’ reads “CLC family complaint” and identifies</p>

	<p>the responsible party as "Nurse Manager CLC2.". When asked why no explanation was provided re: specific complaints within the letter (b) (6) implied only that the issue was "discussed" (p.19, lines 8-15)</p> <p>Indicates that she discussed the specified complaint letter with (b) (6), NM and that (b) (6) knew the proper process for conducting a "fact-finding" but denies knowing how the situation was handled by (b) (6) or (b) (6) (p.22, lines 10-14)</p>
<p>(b) (6), RN, 1-10-13</p>	<p>Denies ever being contacted by (b) (6) re: customer complaints (p.11, lines 13-15)</p> <p>Described discussing complaints with (b) (6) but not the letter specifically or giving her a copy of the letter, only the fact-finding r/t the letter's complaints (p.12 &amp; p. 13, lines 22-24)</p> <p>Reports giving the fact-finding including a tempo record r/t the brief staff meeting she conducted to (b) (6) on or about Feb 10, 2012 (p.14, lines 14-16)</p> <p>Denies ever discussing letter or complaints within with (b) (6) (p.13, lines 9-13)</p> <p>Suddenly recalled discussing the complaint letter with (b) (6) and apologized for previous misinformation (p.15, lines 1-6)</p> <p>Indicates that she feels confident in her understanding of the complaint resolution/fact-finding process, that she did indeed handle the case appropriately by informing (b) (6), and that the ACNS would normally elevate such information to higher level administrators in nursing service (p.15-16)</p> <p>Denied feeling the need to involve other services in complaint resolution because she felt issues were only relevant to nursing service (p. 16, lines 16-17)</p> <p>When asked about complaint resolution policy stated "We do the chain of command" (p.17, line17)</p> <p>Was not able to articulate any specifics r/t agency policy or the related term 'care partner'. Explained that when the patient</p>

	<p>representative communicated a complaint it came through Outlook E-mail and that she had only received 2-3 such complaints that way the previous year (p.19, lines 16-22) Expounded on the fact that she was not oriented to the complaint resolution process at the NM level (p.22, lines 22-24 &amp; p.23, lines 1-2) Implied that in hindsight she realizes that her decision to counsel the employee may not have been strong enough action and that she should have sought supervisory recommendation (p.23, lines 12-19) When asked if she consulted HR specialists for suggestion r/t this or any such case indicated that she had but thought that if she needed to that time her ACNS would have suggested it. Indicates that (b) (6) as a superior instructs her to consult HR frequently (p.24, lines 19-24 &amp; p.25, lines 1-21)</p>
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**Issue 3: Leadership oversight and involvement in daily operations**

<p>(b) (6), 1-8-13</p>	<p>She is herself supervised by (b) (6) ACOS, GEC. The two physicians in the CLC are supervised by the ACOS, GEC. The physicians and the three Nurse Practitioners- I'm their <i>clinical</i> supervisor.          (Page 8, lines 18-24, Page 9, lines 3-4)          The two Nurse Practitioners report administratively to Nursing. They are under the two services- Nursing and ACOS.          (Page 10, lines 4-11)          A new Council was started in December to review quality of care issues, like pressure ulcers.          (Page 37, lines 7-11)          (b) (6) walks through the CLC less than once a month, maybe once a quarter          (Page 63, lines 6-17)          Indeed there are some people that don't know who she is.          (Page 64, line 9)          The Nurse Practitioners report administratively to the ACOS, but starting in calendar 2013, (b) (6) is going to do their evaluations. Previously she only gave informal verbal input to the ACOS.          (Page 75, lines 19-24)          When ACOS is on leave, (b) (6) is the Acting ACOS for past 6 years          (Page 85, line 5-6)</p>
<p>(b) (6), 1-9-13</p>	<p>We have a meeting with the Chief of Staff for administrative issues like credentialing and privileging, budgets, positions; we have to make sure that patients are receiving quality of service.          (Page 9, lines 4-12)          In the PI Committee meeting that she attends, (and also gets minutes routinely) they discuss monitors for pressure ulcers and falls and patient satisfaction also.          (Page 12, lines 13-15)          Because I want to be informed, and sometimes not everything is informed to me.          (Page 15, lines 5-6)          The threshold for CLC satisfaction is 85%, what actions have you personally taken as ACOS to bridge the gap that you've seen?</p>

	<p>We've been working on many issues, working on the patient satisfaction in relation to nursing services. (Page 15, lines 10-21)</p> <p>I've been very, very busy. I'm approving a lot of administrative trainings for (b) (6), and I'm relying on her also for the management of the CLC. These years have been very difficult. (Second Interview: Page 15, lines 15-22).</p> <p>I'm a very hard worker. But if you look at me, I look relaxed. "Oh, she's not doing anything". I'm doing a lot of things. (Page 18, lines 13-14).</p> <p>If there is a patient complaint they are sent to me and then we will discuss that in the GEC meeting. But we work on the process. If there's a complaint I receive that. (Page 19, lines 10-24)</p> <p>Whenever there's a problem, they notify me. I have almost daily communication with the Medical director of the CLC. (Page 27, lines 22-24)</p> <p>I visit the CLC almost every week. (contradicts (b) (6) statement) (Page 29, line 24)</p> <p>So people would generally know you well because they see you every week. "Si," they know me well. (Page 30, lines 21-23)</p> <p>Everybody reports to me: the Nurse Practitioner, the Medical Director, the other physicians. (Page 37, lines 16-17)</p> <p>The next ACNS, (b) (6) and (b) (6) had poor communications; she was invited to meetings, but she never came. (Page 41, lines 5-13)</p> <p>In response to question what could be done to improve CLC care: "We have an issue with Nursing, with Nurse staffing, staffing issues. But they are working on that". (Page 68, lines 8-9)</p> <p>What could you do personally that you would recommend as ACOS, that you can control or guide in the CLC? Stated "work on Respect and Dignity as part of CLC Cultural Transformation and more education of the</p>
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	<p>nurses”, with poor insight regarding discrete and potential performance improvements to enhance direct patient care in response to the patient complaints. (Pages 69-71)</p> <p>Was told on Dec 7, 2012 that she can no longer have oversight of the CLC or supervise the providers. (Page 71, line 14)</p> <p>Also had five FY12 performance evaluations pending as of December 2012. (Page 74, lines 17-21)</p> <p>Several GEC Service Action items were late, although many included action items from Nursing. (Page 79, lines 5-11)</p> <p>Had difficulty in communications with the former ACNS, (b) (6), and complained to ADPNS, (b) (6) and Deputy DPNS, (b) (6). However, received a message from (b) (6), “If you have more commitment with the mission and vision of the CLC, you will communicate better with this person”. (Page 95, lines 4-18)</p>
<p>(b) (6), RN, 1-9-13</p>	<p>Reports also sharing information with (b) (6), Medical Director and occasionally (b) (6) who she indicates has become more involved in CLC issues in last 9 months, following last LTCI Survey (p.13-14)</p> <p>Implies that she felt (b) (6) was busy with other ACOS duties and “not always as accessible” as (b) (6); cited her as “not the expert in CLC issues and policies” despite being her medical equivalent while acting as ACNS; provided example of (b) (6) lack of understanding of handbook, new admission criteria, etc.; stated she felt more comfortable dealing with (b) (6). (p.15-17)</p> <p>When asked if (b) (6) signed CLC policies. Overseeing implementation, and should be an expert in those policies witness answered yes, but that it was not her impression in practice that she was indeed an expert in CLC policy. Stating, “My impression was that she not have the</p>

	<p>knowledge – enough knowledge to deal with decisions, important decisions to see all the picture” (p.19, and p. 20, lines 6-8) describes (b) (6) as “great,” “open-minded”; feels communication is two-way; states she trusts (b) (6) and can call her anytime; has worked with (b) (6) for 19 years (p.35-36)</p> <p>Witness expresses comfort in communication with (b) (6), but not (b) (6); does not trust that (b) (6) handles complaints re: provider issues appropriately; provided several examples of CLC providers acting unprofessionally which were reported to (b) (6) via (b) (6) (b) (6) and (b) (6) through witness; this is perceived through lack of change in the provider’s behavior (p.41-51)</p> <p>Discussed current state of CLC-2 as improved since she took over and reorganized of cultural transformation processes, including Culture Transformation and PI Meetings; indicates (b) (6) seldom attended PI meetings prior to last LTCl survey, but only stays 20-30 minutes (p.55-56)</p> <p>Provided retrospective perception of (b) (6) (b) (6) as a supervisor as having led to the CLC losing track of a lot of culture transformation aspects (p.69).</p>
<p>(b) (6), Social Worker, CLC-2, 1-9-13</p>	<p>The lack of leadership was something we had trouble dealing with. (Page 28, lines 23) ...A ship without a captain. To me, that meant nursing. (Page 29, line 6-7)</p> <p>Would distinguish (b) (6) as more distinguished in providing the leadership. (Page 31, lines 5-9)</p> <p>The perfect storm was contributed to by external factors socioeconomically, plus the internal factors of leadership, time and task, the ratios. (Page 33, lines 4-7)</p>
<p>(b) (6), Chief of Staff, 1-10-13</p>	<p>Has fostered to all his Service Chiefs that they embrace all the Supervisors and staff; that they first know the tracking of the complaints and drill down. (Page 8, lines 14-18)</p>

In all his meetings, in the Clinical Executive Boards, in the Administrative meetings, he always asks them that they need to be aware of (b) (6) Office, patient complaints and that they try to solve it immediately at the Service level.

*(Page 9, lines 21-24)*

He tries to foster especially to (b) (6), is to address that this is not a Nursing issue, it's not a doctor issue, it's a program issue.

*(Page 11, lines 5-10)*

That she is the owner of the program, and she is accountable to ensure that the operation is completely done, and that she has to facilitate.

*(Page 11, lines 13-15)*

Has some problems with Dr. Feliciano in this regard.

*(Page 11, lines 19-20)*

They know that is their responsibility, because otherwise, it gets lost.

*(Page 15, lines 15-16)*

This past year had discovered this great mess in the CLC as a result of a lot of leadership issues he has with the ACOS of Geriatrics.

*(Page 12, lines 14-23)*

She has had serious problems with nurses, with physicians, especially with (b) (6) (b) (6), and also with the administrative staff working for her.

*(Page 18, lines 21-24)*

I observe a lot of problems- interpersonal and professional- for (b) (6) with (b) (6) (b) (6), with (b) (6) (former AO to (b) (6)), with nurses, with other Service Chiefs- something is wrong if you are the only correct person and the rest is wrong.

*(Page 22, lines 18-23)*

Everybody has recognized the ACOS Geriatrics as the weak part for a lot of leaders here in the organization.

*(Page 27, lines 2-3)*

It is the ACOS, the nurses, the CLC Medical Director's responsibility to continue investigating and continue in being more involved.

*(Page 27, lines 21-23)*

My personal opinion is that (b) (6) should not return back to her position

	<p>overseeing the CLC. And I have serious concerns about that she stay / that she remain as ACOS of Geriatrics.          (Page 30, lines 17-20)          That would be the most benefit for her, for us, for the organization and for patients.          (Page 31, lines 14-15)          Strong interpersonal relationship and a person that can be a facilitator with all basically is the leadership required.          (Page 31, lines 23-24)          We are in an isolated island here, so this is important for our veterans, because we don't have the resources that the Mainland has in the community, in the counties. So that's why we need to give the extra mile to provide the best service, because it is a challenge for these veterans to have in the community something like this. So for all of us, it's our promise to have the best care. So we will continue working to serve the best.          (Page 35, lines 2-11)</p>
<p>(b) (6), Deputy DADPCS, 1-10-13</p>	<p>Explained orientation process to NM and ACNS role: discussion of functional statement, self-assessment/90-day competency checklist, preceptorship, routine meetings, and observation of practice; duration on case-by-case basis          (p.7, line2 through p.8, line 3).          Indicates process is not as formalized a it should or could be. (p.8, line 6)          Explains that CLC is currently in the process of formalizing the process based on a Central Office program call 'Passport to Success for Nurse Managers'          (p.8, lines10-15)          Explained that (b) (6) did not communicate any complaints received re: the CLC with her (p.17, lines 1-8)          Provided thorough, excellent description of nursing leadership oversight of CLC          (p. 34, lines 24 – p.35, line 15)          Expressed expectation of ACOS as knowledgeable of CLC policy, mission, vision, standards, etc.; does not feel current ACOS meets these expectations nor does she</p>

	know culture transformation principles, the VHA handbook, or is she able to articulate in any forum (p.36)
(b) (6), RN, Past ACNS, 1-10-13	Former ACNS, G&EC explained that as ACNS, G&EC she was responsible for clinical and operational oversight of the CLC (p. 7, lines 14-16)

**F. CONCLUSIONS:**

**Patient/ Family complaints:**

1. During 2011 and 2012, there were several complaints brought forward from CLC patients, families and the Resident Council.
2. The complaints stemmed from various dissatisfactions with CLC direct patient care, accountability and staffing issues.
3. Several external survey such as the LTCl, reported repeat findings of significant patient care concerns, and corrective actions were not sustained. These findings corroborated many of the patient and family complaints.

**Systems Issues:**

1. The complaints were variously reported to different staff of the San Juan VA Medical Center: Patient Representative, Resident Council Chairperson, Nurse Managers, ADPNS, Physicians, CLC Medical Director, ACOS, GEC, as well as directly to the Executive office.
2. The patient complaints were not systematically collated, consolidated, or tracked till resolution with feedback to the complainant, either within the GEC Service by the ACOS and ACNS Office which was responsible for the oversight of the CLC program, or through a Medical Center-wide system.
3. Due to the lack of a consolidated reporting system to ensure tracking and resolution, or a response to patients or families, several complaints may not have been adequately addressed at several levels, or brought to the attention of the Medical Center Executive leadership if warranted.

**Process/CLC leadership issues:**

1. Due to several transitions in CLC Nursing leadership, there appeared to be a lack of consistency and accountability for resolution of the complaints. In some cases, the complaint warranted further actions or a more comprehensive action plan to avoid further dissatisfaction, and was not undertaken due to a possible lack of recognition, collaboration, or elevation of the issues for awareness at higher levels.
2. In spite of a dedicated and hard-working CLC Medical Director who provided 100% clinical care at the bedside, plus was given significant administrative responsibilities, there was no supervisory authority assigned, thereby diminishing the effectiveness of this position.
3. A significant lack of oversight of the CLC and recognition of the role and responsibilities on part of the ACOS, GEC resulted in complacency, and compounding of the lack of accountability at the Service level and ownership of issues. Interpersonal communication issues and a lack of consistent collaboration between the ACOS, GEC and CLC Nursing leadership further complicated resolution of patient complaints and quality of patient care.

**G. RECOMMENDATIONS:**

1. It is recommended that there is consideration given to the development and implementation of a system-wide tracking system in regards to patient complaints, either within the GEC Service including the CLC program, or at the Medical Center level for all patient and family complaints, regardless of the point of reporting, with follow-through to resolution, sustainment of actions taken, and timely feedback provided to the complainant.

Note: Some steps have been taken to ensure that all Patient Representative collated complaints and compliments are routinely forwarded to each Service Chief. There is already recognition by the San Juan HCS Executive Office, as per the Chief of Staff, that creating such a system is essential and is being considered.

2. It is recommended that a culture of trusting interpersonal communication, collaboration, and accountability at all levels of staff within the GEC Service and the CLC be fostered and expected, in order to consistently deliver patient-centered care at all times. All interdisciplinary CLC staffing levels should be commensurate with the complexity of the care being delivered. Day to day operations of the CLC and nursing staffing should be guided by VHA Directive 2010-034, CLC Staffing Methodology for VHA Nursing Personnel, dated July 19, 2010, which clearly provides guidance regarding nursing staffing analysis when peer activity suggests that outcomes may be impacted by staffing levels and any triggers of adverse patient or resident outcomes.

Note: San Juan HCS has already made some efforts to temporarily reduce the effective operational beds in the CLC-2, in order to optimize available nursing staffing of this neighborhood, till additional nursing staffing is recruited.

3. It is recommended that the Medical Center Executive Office consider appropriate and commensurate actions for a lack of leadership and accountability during the tenures of the ACOS, GEC ((b) (6) - current as of January 11, 2013), ACNS ((b) (6) Feb 2010 - Feb 2012), and CLC-2 Nurse Manager ((b) (6) : Sept 2011- Dec 2012) to ensure the highest quality of care and resolutions of patient/family complaints.

Note: Nursing Service has already undertaken actions to change the CLC Nursing leadership personnel. In fact, the Deputy ADPCS has stepped in as Acting ACNS for the CLC and it is anticipated that through her efforts, there will be a significant positive change affected in the CLC. There has also been a Nursing Manager change for the CLC-2 Unit.

The Chief of Staff has also recognized the need to take some actions in regards to the leadership of GEC Service and the CLC. In fact, his expectations for the best service provision at the San Juan HCS in view of being on an island far from the mainland and devoid of alternate resources for veterans are highly appreciated, especially in context of the Community Living Center.

**ADMINISTRATION INVESTIGATION BOARD (AIB13-02)**  
**DEPARTMENT OF VETERANS AFFAIRS**  
**VA Caribbean Healthcare System**  
**San Juan, Puerto Rico**  
**July 24, 2013**

**STATUS OF RECOMMENDATIONS:**

Recommendation 1. It is recommended that there is consideration given to the development and implementation of a system-wide tracking system in regards to patient complaints, either within the Geriatric and Extended Care (GEC) Service including the Community Living Center (CLC) program, or at the Medical Center level for all patient and family complaints, regardless of the point of reporting, with follow-through to resolution, sustainment of actions taken, and timely feedback provided to the complainant.

Action Plan: Facility has taken steps to ensure that all Patient Representative collated complaints and compliments are routinely forwarded to each Service Chief. A system-wide tracking system was established for all patient and family complaints, regardless of point of reporting, with evidence of noted follow through to resolution; sustainment of actions taken; and timely feedback to the complainant. The process to utilize this system was communicated to all facility Service Chiefs via email in July 2013. Additionally, Facility Service Chiefs were reminded to reference Medical Center Memorandum (00-12-26, dated August 2012) regarding the different reporting processes to be utilized for reporting complaints.

**Status: Completed July 3, 2013**

Recommendation 2. It is recommended that a culture of trusting interpersonal communication, collaboration, and accountability at all levels of staff within the GEC Service and the CLC be fostered and expected, in order to consistently deliver patient-centered care at all times. All interdisciplinary CLC staffing levels should be commensurate with the complexity of the care being delivered. Day to day operations of the CLC and nursing staffing should be guided by VHA Directive 2010-034, Staffing Methodology for VHA Nursing Personnel, dated July 19, 2010, which clearly provides guidance regarding nursing staffing analysis when peer activity suggests that outcomes may be impacted by staffing levels and any triggers of adverse patient or resident outcomes.

Action Plan: San Juan HCS has made efforts to temporarily reduce the effective operational beds in the CLC-2, in order to optimize available nursing staffing of this neighborhood until additional nursing staffing is recruited. Staffing levels have been reviewed using staffing methodology in areas where applicable in addition to benchmarking with similar facilities. Significant progress has been made. All actions are scheduled to be completed by December 2013. The following is the result of the staffing evaluation:

**Status: Ongoing/In Progress. See table below for specific timelines**

Discipline	Actual FTEE	Actions	Status	Estimated date of completion
Nursing	134, 92 LPN's and 42 RN's	Additional nursing staff was recruited (a total of 25 LPN's were recruited). We are following HPPD on daily basis and use this information as a working tool and reported to the VISN on monthly basis. During past month HPPD were 6.2 CLC-3, 5 in CLC-1 and 4.8 in CLC-2. CLC-2 beds were re-opened on a stepwise manner based on HPPD	Completed	12/31/12  All beds in CLC-2 opened by 2/12/13
Medical	3 MD's, 3 NP's	There's no staffing methodology for CLC medical staff. At present ceiling staffing is being evaluated comparing with similar CLC facilities. CLC Medical Director assumed ACOS position and this position at present is on recruitment process.	In progress	At present in interview process, for CLC Medical Director pending selection of candidate and credentialing process. (ACOS covering both positions and covering clinical area) November 2013
Nutrition	1.5	Currently working with the documents to be submitted to increase FTEE by one RD for CLC 1 & 2.	In progress	December 2013
Recreational Therapy	3RT , 2 RTA	Additional staff was recruited. One RT & RTA still pending for HR posting.	In progress	November 2013
Skin nurse	1	Due to high prevalence of ulcers it was stated the need for a certified wound care specialist devoted to the CLC. A CLC RN received training by our Hospital certified wound nurse and was detailed with her for one to one coaching and competencies validated	In recruitment process  Completed	November 2013  April 2013

Recommendation 3. It is recommended that the Medical Center Executive Office consider appropriate and commensurate actions for a lack of leadership and accountability during the tenures of the Associate Chief of Staff (ACOS), GEC; Associate Chief of Nursing Service (ACNS); and CLC-2 Nurse Manager to ensure the highest quality of care and resolutions of patient/family complaints.

Action Plan: Nursing Service has undertaken actions to change the CLC Nursing leadership personnel. 1) The Deputy Associate Director of Patient Care Services (ADPSC) has stepped in as Acting ACNS for the CLC and it is anticipated that through her efforts, there will be a significant positive change affected in the CLC. The Associate Chief Nurse CLC voluntarily requested reassignment out of her position on February 8, 2013 and was reassigned as Caregiver Coordinator on February 26, 2013; 2) there has also been a Nursing Manager change for the CLC-2 Unit. The CLC-2 Nurse Manager was detailed out of her position on December 5, 2012 as a consequence of the request AIB. On May 8, 2013 the Director submitted to the ADPCS the AIB final report which indicated that the CLC-2 Nurse Manager could be released to Mayaguez OPC (position she accepted prior to this investigation) therefore she was released on June 10, 2013. Currently she is under the direct mentoring of the Chief Nurse H&CBC and is taking the Nuts and Bolts leadership training. In addition, an extensive leadership orientation check list was developed and is being utilized by the Chief Nurse H&CBC to guide the orientation process; and 3) the Chief of Staff also recognized the need to take some actions in regards to the leadership of GEC Service and the CLC. The Associate Chief of Staff for Geriatrics and Extended Care (ACOS/GEC) was detailed out of the ACOS CLC position on November 6, 2012; she later voluntarily requested reassignment out of her position of ACOS/GEC on January 10, 2013 and was reassigned to Internal medicine and Endocrinologist on January 27, 2013.

**Status: Completed.** ACOS for Geriatrics resigned her position prior to the conclusion of the AIB; the Associate Chief Nurse CLC voluntarily requested reassignment out of her position on February 8, 2013 and was reassigned as Caregiver Coordinator on February 26, 2013; and the CLC-2 Nurse Manager was reassigned to the Mayaguez OPC (position she had accepted prior to this investigation) on June 10, 2013

**VA Caribbean Healthcare System (VACHS)  
Community Living Center (CLC)  
Immediate Actions Taken in Response to VHA Team Recommendations  
Revised: July 24, 2013**

**The Medical Center should:**

1. Not tolerate any substantiated resident abuse and/or neglect.

**Immediately** – CLC 2 staff have been reeducated on signs/symptoms and the reporting of resident abuse and/or neglect. Training began on December 2012. **Completed May 30, 2013**

2. Take resident and/or family complaints of care issues seriously, and take immediate and appropriate action.

**Immediately** – All Nurse Managers were re-educated on the process of investigating and reporting complaints of care issues on December 4, 2012. The process for handling patient and/or family complaints is as follows: when a complaint is sent to the patient representative it is also sent to the CLC Medical Director and Chief Nurse CLC, via e-mail and a fact finding is conducted. Those results go back to the patient representative thru the chain of command. If the complaint comes to the Nurse Manager, she/he does a report of contact and submits it to the Chief Nurse with a fact finding which goes thru the chain of command.

Since the time of the original site visit, there has been one complaint received regarding care (on CLC 3). That complaint was investigated properly with appropriate follow up. In addition, immediate communication was held with Chief Patient and Community Relations to assure that all resident/family complaints received at the Patient Representative's office be sent to the CLC Medical Director and Chief Nurse CLC for investigation. On December 10, 2012 follow up to this communication was done advising of the process in place.

**Ongoing**

3. Investigate any occurrences of failure to report resident and/or family complaints, and take appropriate action.

**Immediately** – Effective December 2012 the Acting Chief Nurse CLC has a report meeting with the CLC Nurse Manager's daily from 4-5pm to discuss various care issues in the responsibility of the nursing staff including resident/family/staff complaints. The importance of notifying any and all resident/family complaints to the Chief Nurse CLC was re-enforced with the NMs. Depending on the magnitude of the complaint corresponding appropriate actions are taken. In addition, the Acting Chief Nurse performs rounds in the units

including during off tours. No occurrences of failure to report have been detected since these actions are in place. In addition, 100% of the staff was re-educated on the process of reporting resident and/or family complaints.

**Ongoing**

4. Implement a plan to observe direct care staff to ensure each resident is provided assistance with assigned care and activities of daily living as needed.

**Immediately** – Effective December 2012 the Acting Chief Nurse CLC has a report meeting with the CLC Nurse Managers daily from 4-5pm; the daily report includes food consumption, residents taken out of bed, residents taken to the dining room, special/unusual incidents, changes of position, oral care, nail care, among other resident care issues. A form was developed where the nurse leaders (Charge Nurse/Nurse Manager) perform rounds during their shift and observe direct care staff to ensure nursing care is given timely and appropriately; the results of this round is discussed with the Acting Chief Nurse CLC. The Nurse Managers implemented a supervisory round form which they will perform with each individual staff nurse and discuss with Charge Nurse on a weekly basis until 100% of the staff is directly supervised utilizing this format.

Facility target is to finish by September 21, 2013 (8 weeks from now). Facility has a total of 122 direct care employees therefore each Nurse Manager will perform the round utilizing the supervisory form with 6-8 employees per week. At the rate of 6-8 per week we will finish by the established target date. The Nurse Managers have already completed the rounds schedule. **Expected Completion Date: September 2013. Currently we have 10% compliance with the standardized supervisory rounds documentation.**

5. Implement a plan to ensure ongoing education, competency validation and observation of direct care staff.

**Immediately** – Plan to re-educate 100% of staff was developed to include two sessions of a 3 day Registered Nurse (RN) Educational Retreat and three sessions of a 2 day Licensed Practical Nurse (LPN) Educational Retreat. These retreats were coordinated with the Nurse Managers (NM) to assure that all staff is scheduled to attend. Topics covered include: Fall Prevention, Prevention of Medication Errors, Prevention of Aspiration, Grooming Essentials, Monitoring Food Consumption, Monitoring Weight Loss, Liberalize Diets, Principles of Dignity, Respect and Privacy, Restorative Program, Infection Control, Care Planning, Team Nursing as the Model of Care Delivery, Prevention, Assessment and Management of Pressure Ulcers, Management of Contractures, Orthotic/prosthetic Devices, Psychotropic Medications, Nursing Assessments, Pain Management and Management/Screening of Dysphagia. Retreats started on March 20-21, 2013. Parallel to the educational retreats the Clinical Nurse Specialist validated 100% of the staff's competency in feeding, pain

management, suctioning, Protective Personnel Equipment with MRSA Positive High Risk and Head to Toe Skin Inspections. The ongoing plan includes monthly educations in conjunction with competency validation and daily rounds by the Nurse Manager to observe care of residents. **Expected completion date is August 2013.**

**Currently 94% of the LPNs and 95% of RNs have attended the retreats.**

6. Take any additional appropriate actions with regards to the neglect of the CLC 2 residents, based on internal reviews and recommendations.

**Immediately** – A total of six (6) incidents regarding CLC-2 resident/family complaints from August 1, 2011 thru November 30, 2012 were analyzed and it was found that actions were taken either by the Nurse Manager, providers, social worker or CLC Medical Director. In some cases, the investigations and actions taken were not of the depth required of such serious complaints. An internal AIB was requested. In addition, the Acting Chief Nurse met with one resident's daughter who had made a written complaint and had not received feedback on actions taken. The daughter received feedback and follow up given to her on a daily basis until she expressed satisfaction with the services veteran is receiving. **Completed December 2012**

7. Take appropriate actions as necessary, based on recommendations of the Administrative Investigative Board findings

**Immediately** – Administrative Board of Investigation was chartered on January 3, 2013 and performed on January 7-8, 2013. Recommendations were received on April 16, 2013. The Associate Chief of Staff for Geriatrics and Extended Care (ACOS/GEC) was detailed out of the ACOS CLC position on November 6, 2012; she later voluntarily requested reassignment out of her position of ACOS/GEC on January 10, 2013 and was reassigned to Internal medicine and Endocrinologist on January 27, 2013. The Associate Chief Nurse CLC voluntarily requested reassignment out of her position on February 8, 2013 and was reassigned as Caregiver Coordinator on February 26, 2013. The CLC-2 Nurse Manager was detailed out of her position on December 5, 2012 as a consequence of the request AIB. On May 8, 2013 the Director submitted to the Associate Director of Patient Care Services the AIB final report which indicated that the CLC-2 Nurse Manager could be released to Mayaguez OPC (position where she had been accepted prior to this investigation) therefore she was released on June 10, 2013. In addition, the AIB final report indicated that Nursing Leadership was responsible for providing a leadership training and appointing a mentor to the CLC-2 Nurse Manager for a period of time that guarantees her full development and advantage to the facility; currently she is under the direct mentoring of the Chief Nurse Home & Community Based Care and is taking the Nuts and Bolts leadership training. In addition, an extensive leadership orientation check list

was developed and is being utilized by the Chief Nurse H&CBC to guide the orientation process.

**Completed July 2013**

8. Assure that the Quality Improvement committee evaluates each resident with documented weight change on the CMS-802 to determine each resident's nutritional needs.

**Immediately** – The CLC Resident Assessment Instrument/Minimum Data Set Coordinator is evaluating each residents documented weight change on the CMS 802; results are discussed in the CLC Performance Improvement Committee and also sent as an Action Item to the VISN. One of the findings was that the weight at times has been coded incorrectly therefore this aspect the MDS will be included in the MDS Inter-Rater report. Currently we have an 8% of weight loss.

**Ongoing**

9. Continue carrying out the action plans identified through the Falls Prevention Collaborative.

**Immediately** – Fall prevention actions are part of the CLC Unannounced Survey CAP and discussed with VACO/VISN on a monthly basis. We are monitoring falls on a daily basis and perform a post fall safety huddle to evaluate what went wrong and what can be done to avoid a future fall. In addition, residents with more than one fall are discussed in the interdisciplinary care planning meeting and their plan of care revised accordingly. During FY 12 we had 10 falls with injury; during this FY we have had 3 falls with injury for a decrease of 2 injuries when compared with this same time last FY.

**Ongoing**

10. Monitor status of progress to the Performance Improvement Committee and provide updates to leadership until resolution of corrective actions is reached and improved performance is evident.

**Immediately** – The care issues investigated during the VACO/OGC investigative site visit were cited during the CLC Unannounced Survey visit and a Corrective Action Plan (CAP) was developed and included over 14 weekly performance improvement monitors that were discussed with the VISN on a weekly basis and with VACO on a monthly basis. We are in the process of establishing the mechanism to report to the VACHS Performance Improvement Board. **Ongoing; Performance Improvement Nurse already presented to the Performance Improvement Board and will continue to do so on a quarterly basis.**