

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>Bakersfield Memorial Hospital</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>420 34th St, Bakersfield, CA 93301-2237 KERN COUNTY</b>		
(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) COMPLETE DATE
	<p>The following reflects the findings of the Department of Public Health during an inspection visit:</p> <p>Complaint Intake Number: CA00480900 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 32587, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.3(g): For purposes of this section "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.</p> <p><b>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</b></p> <p>70215(a)(2) Planning and Implementing Patient Care</p> <p>(a) A registered nurse shall directly provide: (2) The planning, supervision, implementation, and evaluation of the nursing care provided to each patient. The implementation of nursing care may be delegated by the registered nurse responsible for the patient to other licensed nursing staff, or may be assigned to unlicensed staff, subject to any limitations of their</p>			

RECEIVED  
STATE OF CALIF.  
DEPT. OF PUBLIC HEALTH  
2016 AUG 24 PM 4:23  
LICENSING & CERTIFICATION  
BAKERSFIELD DIST. OFFICE

Event ID:L94R11

8/2/2016

9:11:51AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Thomas RN CNO*

*8-24-16*

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 8

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

*8/1/16 HC accepted 8/2/16*



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/25/2016
NAME OF PROVIDER OR SUPPLIER <b>Bakersfield Memorial Hospital</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>420 34th St, Bakersfield, CA 93301-2237 KERN COUNTY</b>		
(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) COMPLETE DATE
	<p>During a review of the "Nurses' Notes" written by RN 2, dated 3/7/16, at 7:40 PM, it indicated the patient was being supervised while eating her snacks "As [the] patient tends to eat too fast."</p> <p>During a review of the "Physician's Orders", dated 3/8/16, it indicated Patient 1 was ordered to have "Supervision during eating."</p> <p>During a review of the "Nurses' Notes" written by RN 3, dated 3/10/16, at 4:34 PM, it indicated the patient "Puts more food in [her] mouth than [what she was] able to chew and swallow", and that the patient was at risk for aspirating (accidentally inhaling foreign materials such as food, blocking the airway passage).</p> <p>During a concurrent interview and record review with the Physical Therapist (PT), on 3/22/16, at 10:20 AM, she stated she had participated in Patient 1's therapy treatment and described her as "impulsive" with poor safety awareness. The PT stated Patient 1 was noted to fill her mouth with food without swallowing. The patient stopped whenever she was redirected but would ask for food again after a few minutes. The PT also stated Patient 1's behavior towards food had increased, and on 3/10/16, she relayed her concerns to the licensed nursing staff and also placed a note for the doctor to be aware.</p> <p>During a review of the "Physician's Orders",</p>		<p>Developed Form FG1303-0416 Physician Orders – Speech Language Pathology Recommendations Person(s) Responsible: Director Rehabilitation Services</p> <p>RN staff was educated on Form FG1303-0416 Physician Orders – Speech Language Pathology Recommendations. Person(s) Responsible: Sr. Director of Nursing</p> <p>RN staff was educated on Revisions to Form FG 263-0416 Bedside Swallow Evaluation, supervising patients during meals, and notifying physician of SLP recommendations. Person(s) Responsible: Sr. Director of Nursing</p> <p>Developed Aspiration Precaution Policy #AD-PC 526 Person(s) Responsible: Sr. Director of Nursing</p> <p>RN staff was educated on new Aspiration Policy AD-PC 526 Person(s) Responsible: Sr. Director of Nursing</p> <p>RN staff received update education on Aspiration Precautions via Weekly Huddle week of August 29, 2016 Person(s) Responsible: Sr. Director of Nursing</p> <p>Weekly audits- Review 100% of patients with SLP recommendations to ensure compliance that recommendation is communicated with the physician x4 months with compliance at or above 90%. Non-compliance</p>	<p>Fast tracked</p> <p>4/25/16</p> <p>5/26/16</p> <p>5/26/16</p> <p>Fast tracked</p> <p>4/25/16</p> <p>5/26/16</p> <p>8/29/16</p> <p>4/25/16 -</p> <p>12/23/16</p>
Event ID:L94R11		8/2/2016	9:11:51AM	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>Bakersfield Memorial Hospital</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>420 34th St, Bakersfield, CA 93301-2237 KERN COUNTY</b>		
(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) COMPLETE DATE
	<p>dated 3/11/16, it indicated Patient 1 was ordered to be evaluated by a speech-language pathologist (trained professional who evaluates and treats patients with communication and swallowing disorders).</p> <p>During a concurrent interview and record review with the Speech-Language Pathologist (SLP), on 3/22/16, at 3:22 PM, he reviewed the "Clinical Dysphagia Evaluation," dated 3/11/16, that was found in the clinical record. SLP stated he had evaluated Patient 1 on 3/11/16 as ordered by the doctor. When he offered the patient liquids, he stated she wanted to "drink it all". The SLP verified his evaluation notes which were documented as follows: "Poor control over bolus size" (amount of food to put in mouth at one time), "Took half piece of bread and pushed in [to her] mouth", "Attempts large sips [of liquids]", and "Benefits from cues [signals]/ feeder assistance". The SLP also noted Patient 1 had a "Safety awareness deficit" with an elevated risk of aspirating especially with food secondary to "stuffing [food] in [her] mouth". The SLP recommended the patient to have a mechanically soft diet (food is altered into smaller and softer pieces to make it easier to chew and swallow) and indicated he had notified the licensed nursing staff of his recommendations. In addition to the evaluation being placed in the patient's record, the SLP stated he had spoken to one of the licensed nurses but could not remember exactly who the person was.</p>		<p>will result in 1:1 coaching Person(s) Responsible: Sr. Director of Nursing</p> <p>Weekly audits- Observe 100% of patients with Safe Swallow Recommendations to ensure compliance that staff is supervising meal intake x4 months with compliance at or above 90%. Non-compliance will result in 1:1 coaching Person(s) Responsible: Sr. Director of Nursing</p> <p>Results of audits forwarded to Patient Safety Committee Person(s) Responsible: Sr. Director of Nursing</p> <p>With regards to SLP staff SLP staff was educated on policy: Speech Pathology- Bedside Swallow evaluation and Follow Up, on April 2-6, 2016; Person(s) Responsible: Director Rehabilitation Services</p> <p>SLP staff was educated on Revisions to Form FG 263-1112 Bedside Swallow Evaluation, supervising patients during meals, and notifying physician of SLP recommendations. Person(s) Responsible: Director Rehabilitation Services</p> <p>SLP staff was educated on Form FG1303-0416 Physician Orders – Speech Language Pathology Recommendations. Person(s) Responsible: Director Rehabilitation Services</p>	<p>4/25/16 - 12/23/16  5/2016 - 12/2016  8/23/16  8/23/16  8/23/16</p>

Event ID:L94R11

8/2/2016

9:11:51AM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>Bakersfield Memorial Hospital</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>420 34th St, Bakersfield, CA 93301-2237 KERN COUNTY</b>		
(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) COMPLETE DATE
	<p>During an interview with Charge Nurse (CN) 1, on 3/22/16, at 4:18 PM, she reviewed Patient 1's clinical records and was unable to find documentation which indicated the doctor was notified of the SLP's recommendations to provide a mechanically-soft diet to the patient. She stated the procedure was the SLP will notify the patient's primary nurse, who will notify the doctor for further orders. She also verified the patient had remained on a regular diet.</p> <p>During an interview with CN 1, on 3/22/16, at 10:52 AM, she stated Patient 1 was only being fed by staff because "She was just too impulsive." She stated on 3/12/16, at around dinner time, she went to the patient's room after RN 4, who was the patient's primary nurse, called the "Code [Blue]" (Code Blue- a hospital-wide emergency alarm that alerts hospital staff a patient was in need of life-saving measures). CN 1 also stated upon arriving at the patient's room, the patient was "foaming at the mouth and turning blue." She noted pieces of lettuce on the patient's chest area and that "there was food all over." She indicated at that time there were no visitors or family members in the room, and before the code was called, both RN 4 and Certified Nurse Assistant (CNA) 1, the patient's primary CNA, were assisting other patients.</p> <p>During a concurrent interview with CN 1, CNA 1, and NM 2, on 3/22/16, at 11:06 AM, CNA 1 stated Patient 1 would always ask for food and</p>		<p>Weekly audits – 100% of Safe Swallow Recommendations to ensure patient recommendations are documented on the new order form for ongoing compliance x4 months with compliance at or above 90%. Non-compliance will result in 1:1 coaching Person(s) Responsible: Director Rehabilitation Services</p> <p>Weekly audits – 100% of patients with recommendations that the RN name who received the recommendations is documented in the SLP notes for ongoing compliance x4 months with compliance at or above 90%. Non-compliance will result in 1:1 coaching Person(s) Responsible: Director Rehabilitation Services</p> <p>Results of audit forwarded to Patient Safety Committee Person(s) Responsible: Director Rehabilitation Services</p>	<p>4/25/16 - 12/23/16</p> <p>4/25/16 - 12/23/16</p> <p>5/2016 - 12/2016</p>

Event ID:L94R11

8/2/2016

9:11:51AM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/25/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>Bakersfield Memorial Hospital</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>420 34th St, Bakersfield, CA 93301-2237 KERN COUNTY</b>		
(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) COMPLETE DATE
	<p>was hungry all the time. She stated on 3/12/16, during lunch time, she was feeding the patient and she "got scared" so she pushed the emergency button. CN 1 verified the incident and stated she went to Patient 1's room, and she managed to pull out a piece of lettuce from the patient's mouth. CNA 1 also stated she did not feed the patient at dinner time because she was admitting another patient. She was also not aware of who gave the dinner tray to the patient. NM 2 stated the patient was brought a regular diet tray for dinner inside the room and she was unable to find out who had placed the food tray within the patient's reach.</p> <p>During a review of the clinical record for Patient 1, the "Nurses' Notes" written by RN 4, dated 3/12/16, at 6 PM, indicated she was notified by the telemetry technician (person who electronically monitors a patient's heart rate and rhythm) that the patient's heart rate was in the "40s" (beats per minute) and was still dropping. RN 4 noted she found the patient unresponsive and was "Light blue in color." She called a "Code Blue" and cardiopulmonary resuscitation (life-saving chest compressions) was initiated after noting the patient had no pulse at 5:23 PM. Further review of Patient 1's clinical record indicated her heart rates were ranging from 66 to 108 beats per minute.</p> <p>During a review of the "Cardiopulmonary Arrest Record" (condition wherein the patient's heart and breathing suddenly stopped with loss of</p>			

STATE OF CALIFORNIA  
 DEPT. OF PUBLIC HEALTH  
 LICENSING & CERTIFICATION  
 BAKERSFIELD DIST. OFFICE  
 2016 AUG 26 PM 6:24

Event ID:L94R11

8/2/2016

9:11:51AM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  060036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/25/2016
NAME OF PROVIDER OR SUPPLIER <b>Bakersfield Memorial Hospital</b>		STREET ADDRESS, CITY, STATE, ZIP CODE 420 34th St, Bakersfield, CA 93301-2237 KERN COUNTY		
(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) COMPLETE DATE
	<p>consciousness), dated 3/12/16, it indicated Patient 1 was "Asystole" (the heart was not beating) from 5:20 PM to 5:33 PM (a total of 13 minutes).</p> <p>During a review of the clinical record for Patient 1, the "Emergency Room Report" written by Medical Doctor (MD) 1, dated 3/12/16, at 5:51 PM, indicated the patient had a "Cardiopulmonary arrest possibly secondary to aspiration (food entered the lungs)." MD 1 also indicated it was difficult to intubate the patient (insert a tube in the airway to deliver oxygen) because the posterior pharynx (area located behind the throat) was full of food and it was very difficult to excavate (remove) the food in order to even see the larynx (muscular part of the throat which forms an air passage to the lungs). The notes also indicated the food pieces were "Just too big to be sucked out." MD 1 eventually used a pair of "forceps" (an instrument that grasps objects resembling tongs) to remove enough food "which allowed for the intubation." MD 1 also indicated "The patient had a lot of food contents coming back up through the endotracheal tube (name of the tube inserted in the airway) and stated it was "all suctioned free."</p> <p>During a review of the "Progress Record" written by MD 2, dated 3/14/16, at 10:03 AM, it indicated Patient 1 had "Severe Hypoxic Ischemic Encephalopathy" (a brain injury caused by deprivation of oxygen to the brain) with an " Extremely poor prognosis" (extremely</p>			

Event ID:L94R11

8/2/2016

9:11:51AM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/25/2016
NAME OF PROVIDER OR SUPPLIER  Bakersfield Memorial Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 420 34th St, Bakersfield, CA 93301-2237 KERN COUNTY		
(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) COMPLETE DATE
	<p>poor outcome or chances of recovery). On 3/15/16, at 2:40 PM, MD 2's notes indicated the patient was declared brain dead.</p> <p>The hospital's failure to directly provide supervision of the patient caused or was likely to cause serious injury or death.</p> <p>This facility failed to prevent the deficiency(ies) as described above that caused, or is likely to cause, serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of Health and Safety Code Section 1280.3(g).</p>			<p>2016 AUG 24 PM 1: 24</p> <p>RECEIVED DEPT. OF PUBLIC HEALTH BAKERSFIELD DIST. OFFICE</p>

Event ID:L94R11 8/2/2016 9:11:51AM