

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

OK - 6/19/09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2009
NAME OF PROVIDER OR SUPPLIER MERCY SAN JUAN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6501 COYLE AVENUE, CARMICHAEL, CA 95608 SACRAMENTO 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>The following reflects the findings of the Department of Public Health during complaint visit, CA00169749.</p> <p>The investigation was limited to the specific complaint and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the Department of Health Services: [REDACTED] HFEN</p> <p>T22 DIV5 CH1 ART3-70213(a) Nursing Service Policies and Procedures (a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.</p> <p>This RULE: is not met as evidenced by: Based on medical record review, staff interview, family interview, and policy and procedure review the hospital failed to follow their policy and procedure called "Fall Prevention and Intervention" (revised 2/2007) when staff left the side rail down on a gurney causing Patient A to fall and fracture his left hip. Patient A sustained a left hip fracture, which required surgery to repair the fracture.</p> <p>The failure resulted in serious harm to Patient A, constituting an Immediate Jeopardy. The Immediate Jeopardy was called on 6/11/09 at 2:30 p.m. with the hospital's Risk Manager.</p> <p>On 6/12/09 at 12:31 p.m. the hospital's Risk Manager faxed a written acceptable plan of correction to the Department. The plan of correction included plans to in-service and educate</p>		<p>Preparation and/or execution of the Plan of Correction and Credible Evidence of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged by the Department of Public Health. This Plan of Correction and Credible Evidence of Correction is prepared and/or executed solely because it is required by federal and state requirements for the participation in the Medicare and Medi-Cal programs.</p> <p>Plan of Correction begins here:</p> <ol style="list-style-type: none"> Stand-up meetings to re-educate all ED nursing staff about: <ol style="list-style-type: none"> Completing and documenting ED physical assessment including Fall Risk Assessment. Place gurneys in low position and keep side rails up and locked to prevent falls. Perform a competency validation of ED nursing staff (RN's and ED Techs) on use of side rails. Criteria for successful competency validation: Correctly demonstrates putting side rails up and in locked position. 	<p>6/11/2009 ED Throughput Coordinator</p> <p>6/11/2009 ED Throughput Coordinator</p>

Event ID: B2U611
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* 6/26/2009 8:34:00AM TITLE: *Director* (X6) DATE: *07/13/2009*

Any deficiency statement ending with an asterisk (*) denoted 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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2009
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MERCY SAN JUAN MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 COYLE AVENUE, CARMICHAEL, CA 95608 SACRAMENTO 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>Continued From page 1</p> <p>all emergency nursing staff, radiology technologists, phlebotomists, and transporters, who perform all or part of their work in the emergency department on the proper use of side rails. The plan of correction included an audit of emergency department gurneys by the hospital engineering department to ensure that gurneys in the emergency department raise and lower, and that they will lock in the up position. The plan of correction included random audits of emergency patient records to evaluate compliance with completing patient fall risk assessments, and implementing a mandatory field in Cerner-CareConnect electronic medical record software, that requires fall risk assessments to be completed during the initial assessment of all emergency department patients. The IJ was lifted on 06/19/09 at 2:00 p.m., the with Risk Manager and other administrative staff present after the hospital presented and implemented a written acceptable plan of correction, confirmed by the surveyor's observations, interviews with staff, and documentation reviews.</p> <p>Findings:</p> <p>Review of Patient A's medical record revealed a 91 year old with a history osteoarthritis of the lower leg who was brought to the emergency department by caregivers for symptoms of cough and chest pain. On 2/17/08 at 1:00 p.m. Patient A fell from his gurney while in the emergency department before he was transferred to the medical unit. Patient A sustained a left femoral neck fracture of the left hip, which resulted in having surgery the</p>		<p>Plan of Correction continues here:</p> <p>3. Perform a competency validation of Radiological Technologists on use of side rails. Criteria for successful competency validation: Correctly demonstrates putting side rails up and in locked position.</p> <p>4. Perform a competency validation of Phlebotomists on use of side rails. Criteria for successful competency validation: Correctly demonstrates putting side rails up and in locked position.</p> <p>5. Perform a competency validation of Transporters on use of side rails. Criteria for successful competency validation: Correctly demonstrates putting side rails up and in locked position.</p> <p>6. Inventory audit of ED gurneys by Hospital engineer to validate that side rails on gurneys in ED raise and lower and lock in the up position. Completed. Audit results 23/23-100%.</p>	<p>6/11/2009 Director, Imaging</p> <p>6/11/2009 Director, Laboratory</p> <p>6/11/2009 Supervisor, Transportation</p> <p>6/11/2009 Director, Plant Operations</p>
--	--	--	---	--

Event ID: B2U611 6/26/2009 8:34:00AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Director* (X6) DATE: *07/13/2009*

Any deficiency statement ending with an asterisk (*) denoted 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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2009	
NAME OF PROVIDER OR SUPPLIER MERCY SAN JUAN MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6501 COYLE AVENUE, CARMICHAEL, CA 95608 SACRAMENTO 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>Continued From page 2</p> <p>following day on 2/18/08 for a closed reduction and precutaneous pinning of the fracture. Patient A was transferred back to the medical unit after surgery for recovery.</p> <p>During telephone interview on 12/29/08 at 9?:30 a.m. Patient A's caregiver stated that she returned to the emergency department on 2/17/08 after leaving earlier and was told by patient A that he fell out of the bed/gurney. The caregiver stated that Patient A said "I fell, boom, and landed on my head and body, and staff rushed in to pick me up."</p> <p>During telephone interview on 1/13/09 at 10:30 a.m. the ER Director stated the ER Manager 3 met with RN 1 after Patient A fell and RN 1 told ER Manager 3 that Patient A's left side rail had been left down because she (RN 1) believed that Patient A was stable and was not considered a fall risk.</p> <p>During interview on 12/26/08 at 11:45 a.m. RN 1 stated that she cared for Patient A in the emergency department and he was alert, cooperative, and answered questions appropriately. RN 1 stated that Patient A was checked on prior to the fall when she went into the room to take vital signs. RN 1 stated that approximately 30 minutes later Patient A found on the floor, lying on the left side of his body. RN 1 stated that she remembered both side rails being elevated before Patient A's fall, however the left side rail had come down when Patient A fell. RN 1 stated that Patient A was placed back on the bed and shortly after Patient A's caregiver arrived. RN 1 stated that she overheard Patient A telling the caregiver that he fell</p>		<p>Plan of Correction continues here:</p> <p>7. Random audit of ED patient records to evaluate compliance with completing Fall Risk Assessment. Audit results : 179/179=100%. No further auditing required. This is a mandatory field that must be completed during the initial patient assessment.</p> <p>8. Implemented a mandatory field in Cerner CareConnect electronic Medical record software that requires fall risk assessment be performed during the initial assessment of all ED patients.</p> <p>9. Patient Safety Alert – Fall Prevention forwarded by email to nurse managers for posting.</p> <p>10. Perform a competency validation of EKG Technicians on use of side rails. Criteria for successful competency validation: Correctly demonstrates putting side rails up and in locked position.</p> <p>11. Perform a competency validation of Echo-technologists on use of side rails. Criteria for successful competency validation: Correctly demonstrates putting side rails up and in locked position.</p>	<p>6/11/2009 ED Director</p> <p>3/2/2009 Care Connect Steering Committe</p> <p>6/12/2009 Director, Med-Surg</p> <p>6/12/2009 Manager, EKG/Echo</p> <p>6/11/2009 Manager, EKG/Echo</p>

Event ID: B2U611 6/26/2009 8:34:00AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Linda Steward* TITLE: *Director* (X6) DATE: *07/13/2009*

Any deficiency statement ending with an asterisk (*) denoted 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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2009
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MERCY SAN JUAN MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 COYLE AVENUE, CARMICHAEL, CA 95608 SACRAMENTO 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>Continued From page 3</p> <p>from the gurney when he turned to his left side, grabbed the side rail, it came down, and he went down to the ground. RN 1 stated that side rails are used in the emergency department when a patient is elderly, confused, mentally altered, or if the patient has been medicated and the medication hinders their ability to stand.</p> <p>Review of the emergency department medical records indicated that Patient A had received the medication nitroglycerin paste (absorbed through the skin) which is used when patients present with symptoms of chest pain. Adverse reaction caused by the medication nitroglycerin can include lightheadedness, dizziness and hypotension (reference "Drug Information Handbook for Nursing" 2007, 8th Edition, page 891). Patient A was also an elderly 91 year old patient.</p> <p>During interview on 12/26/09 at 10:30 a.m. the Risk Manager stated that the "Fall Prevention and Intervention" policy and procedure is what all nursing departments in the hospital used and she could not find another policy that was specific to the emergency department for the use of gurney or bed side rails.</p> <p>During interview on 12/26/08 at 11:00 a.m. Charge RN 2 stated that use of side rails is patient specific in the emergency department and they are typically used when a patient is elderly, confused, receiving medications, and if they have a seizure disorder (along with padding).</p> <p>During telephone interview on 12/26/08 ER Manager</p>		<p><u>Plan of Correction continues here:</u></p> <p>12. Perform a competency validation of Respiratory Therapists on use of side rails. Criteria for successful competency validation: Correctly demonstrates putting side rails up and in locked position.</p> <p><u>Plan of Correction ends here.</u></p>	6/11/2009 Manager, Resp. Therapy

Event ID: B2U61T
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature] 6/26/2009 8:34:00AM TITLE: Director (X6) DATE: 07/13/2009

Any deficiency statement ending with an asterisk (*) denoted 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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2009
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MERCY SAN JUAN MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6501 COYLE AVENUE, CARMICHAEL, CA 95608 SACRAMENTO 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>Continued From page 4</p> <p>3 stated that there was no specific emergency department policy and procedure on the use of side rails, however all departments used the hospital policy procedure for side rail use. ER Manager 3 stated that side rails in the emergency are elevated when a patient is in bed and if they are a fall risk, if they have an altered level of consciousness, or were medicated.</p> <p>On 12/26/08 at 12:00 p.m. an observation was made of various types of gurneys used in the emergency department. There were approximately 4 types that surveyor observed on the unit. The gurneys had one bar on each side (side rails) that when lifted to an up position, locked in place. In order to ascertain that the side rail locked in place when elevated, it had to be tested by pulling down on it to make sure it was not secure. If the side rail was locked it was not secure and could lower itself by holding or pushing down on it. A release arm had to be pushed in, in order to lower the side rail again.</p> <p>Review of the policy and procedure called "Fall Prevention and Intervention" (revised 2/2007) for All Departments indicated the following in part "Utilize upper side-rails when patient is in bed" (B. Intervention).</p>		<u>Page Intentionally Left Blank</u>	

Event ID: B2U611	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	6/26/2009	8:34:00AM	TITLE <i>Director</i>	(X6) DATE <i>09/13/2009</i>
------------------	---	-----------	-----------	--------------------------	--------------------------------

Any deficiency statement ending with an asterisk (*) denoted 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.