

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	DATE OF MULTIPLE CONFINEMENTS: A. BIRTH DATE _____ B. WING _____	DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY	
STATE IDENTIFICATION TAG	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION:	STATE IDENTIFICATION TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY
	<p>The following reflects the findings of the California Department of Public Health during a complaint investigation conducted on September 3 and 4, 2009 and exited on September 17, 2009.</p> <p>Complaint# CA00200713</p> <p>Representing the California Department of Public Health <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> HFEN <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> HFEN <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> HFEN <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> HFEN</p> <p>The Department substantiated a violation of the regulations</p> <p>The CEO was notified Immediate Jeopardy was identified on September 4, 2009, at 11:40 a.m. The Immediate Jeopardy was identified due to the facility's failure to assess post-hospital needs by failing to provide appropriate discharge planning and follow up care for infants who were at risk for developing hyperbilirubinemia, resulting in the potential for development of brain damage and death for at-risk newborn infants discharged from SWHCS.</p> <p>Upon receipt of an acceptable plan of correction the CNO was notified the Immediate Jeopardy was abated on September 4, 2009 at 4:15 p.m.</p> <p>Abbreviations used in this document</p> <p>* - less than AAP - American Association of Pediatrics</p>		<p>Preparation and submission of this Plan of Correction does not constitute an admission or agreement by Southwest Healthcare System ("Southwest" or "the Hospital") of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Hospital is submitting this Plan of Correction as required by state regulations. This Plan of Correction documents the actions taken by the Hospital to address the alleged deficiencies.</p> <p>A. The CNO reviewed the situation and identified that all of the cited infants had been discharged and were no longer newborns in the hospital. Therefore, any corrective actions put in place would not affect those infants. 09/04/09</p> <p>The CNO also reviewed the cited medical records and confirmed that none of the cited newborns suffered any harm. 09/04/09</p> <p>B. Administration identified that all infants born at the Hospital and at risk for hyperbilirubinemia could be affected if they do not follow up timely with their pediatricians after discharge. Therefore, the Hospital took the actions outlined below in sections C. and D. to improve the followup provided to at-risk infants born at the Hospital. 09/04/09</p>

Event ID: UNQ111 1-15-2010 12:23:56PM

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Deanna Kay* TITLE: CEO / Managing Director DATE: 1/25/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are dispositive 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 dispositive 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	AC MULTIPLE IDENTIFICATION: A. BOUNDARY _____ B. WING _____	DATE OF SURVEY 09/17/2009
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY	
FACILITY PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY ALL REGULATORY OR LSC IDENTIFYING INFORMATION)	CIP PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (ACTION MUST BE REFERENCED TO THE APPROPRIATE DEFICIENCY)
	<p>Continued From page 1</p> <p>ABO - antibodies blood group CEO - Chief Executive Officer CNE/O - Chief Nursing Executive/ Officer DC - Discharge DCM - Director of Case Management ED - Emergency Department STAT - immediately SWHCS - Southwest Healthcare System TcB/TCB - transcutaneous bilirubin (a test conducted to obtain bilirubin level using a device applied on the forehead) TSB - total serum bilirubin (a blood test to determine the bilirubin levels)</p> <p>A 014 1280 1 (c)</p> <p>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>T22 DIV5 CH1 ART3-70213 (b) Nursing Service Policies and Procedures</p> <p>(b) Policies and procedures shall be based on current standards of nursing practice and shall be consistent with the nursing process which includes assessment, nursing diagnosis, planning, intervention, evaluation and as circumstances require patient advocacy</p> <p>Based on interview and record review the facility failed to implement the facility's nursing practices to ensure the safe discharging of newborns at-risk</p>		<p>C. The Hospital took the following actions to improve assessment and care for newborns:</p> <p>* The CNO reviewed and confirmed that process changes put in place on 08/12/09 were still in effect, and then further revised the process for assessing and discharging newborns at risk for hyperbilirubinemia consistent with American Academy of Pediatrics guidelines and recommendations of the Department of Pediatrics. 09/04/09</p> <p>* The CNO oversaw the revision of the policies and forms pertaining to discharge of newborns at risk for hyperbilirubinemia. Specifically, revisions were made to the physician progress note for discharge of newborns, the Newborn Discharge policy, and the Physician's Record of Newborn form, to include the following: 09/04/09 & 12/09/09</p> <p>--If a newborn has risk factors, the nursing staff must notify the physician to see if the physician wants to order additional testing and treatment. If the newborn still has risk factors at the time of discharge, the nursing staff notifies the physician for further orders. The parents/guardians of any newborn at risk of developing severe hyperbilirubinemia are instructed to keep their early follow-up appointment with their physician or clinic after discharge as ordered.</p>

Event ID: UNCN11 1/15/2010 12:23:56PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: _____ TITLE: _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (except for nursing homes, the findings above are disclosed 30 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 disclosed 14 days following the date these documents are made available to the facility. If actions are initiated, 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	21. PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	2. MEDICAL CENTER/INSTITUTION A. BUILDING _____ B. WING _____	3. DATE SURVEY COMPLETED 09/17/2009
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NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM	STREET ADDRESS, CITY, STATE, ZIP+4® 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY
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4. ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	5. CIPR/TAJ	PROVIDER'S PLAN OF CORRECTION (A CORRECTIVE ACTION SHOULD BE DISCUSSED REFERENCED TO THE APPROPRIATE DEFICIENCY)	6. HAS COMPLIANCE DATE
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Continued From page 2

for developing hyperbilirubinemia based on current standards of practice according to the AAP guidelines. The facility failed to assess post-hospital needs by failing to provide timely follow-up of the newborns discharged with risk factors for the development of hyperbilirubinemia (Patients 265, 218, 227, 228, 247, 276, and 285) resulting in the delay of a follow-up after discharge and the potential exposure of the newborns to increased bilirubin levels which may cause brain damage, developmental disabilities, and death.

The events constituted an Immediate Jeopardy because the facility's failures caused or were likely to cause serious injury or death to the patients pursuant to Section 12801(c).

Findings

Background: During a complaint investigation initiated on August 6, 2009, the following interviews were conducted:

1. On August 25, 2009, at 4:40 p.m., the Director of Quality stated the issue of discharge follow-up for newborns at risk for developing hyperbilirubinemia was sent and discussed to the facility's "Department of Pediatrics" (a group of the facility's medical staff). The group indicated to the Director of PI newborns at risk for developing hyperbilirubinemia may be discharged with an elevated bilirubin level as long as the babies have either repeat bilirubin test or a follow-up with the primary care physician the following day.

—If a newborn does not have risk factors, then the nursing staff must obtain a TcB or TSB (as indicated by policy) on the day of discharge. If the test results at that point are greater than or equal to the 75th percentile, the nursing staff notifies the physician and instructs parents/guardians to keep their early follow-up appointment as ordered.

* The Department of Pediatrics, the Medical Executive Committee, and the Board of Governors approved the revised policies and forms. 10/19/09

* The Department of Pediatrics developed discharge guidelines to assure timely follow-up for infants deemed to be at risk for hyperbilirubinemia, including discharge orders for post-hospitalization follow-up of infants at risk for hyperbilirubinemia. The discharge guidelines provide that an infant at risk for hyperbilirubinemia needs one of the following on the day after discharge:

- A: An appointment with the newborn's pediatrician with a specific appointment date/time within one day of discharge.
- B: Follow-up bilirubin testing at the Hospital with results called to the pediatrician for further assessment and treatment, or
- C: Follow-up in the Hospital's emergency department.

Event ID: UNQNT1	11/5/2010	12:23:56PM
LABORATOR/DIRECTOR/SUPPLIER/PROVIDER REPRESENTATIVE'S SIGNATURE	TITLE	DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting, provided it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 45 days following the date of a 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 noted, an approved plan of correction is required to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	CCL PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	CCL MULTIPLE LOCATION IDENTIFICATION: A. BUILDING _____ B. WING _____		CLIMATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY		
CCL 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)	COMPLETION DATE
	<p>Continued From page 3</p> <p>2. On August 27, 2009, at 12:20 p.m. the facility's Governing Body representatives were interviewed. The GB indicated an issue of discharge planning had already been discussed with the board. The facility identified through peer review (a group of physicians) and investigation, the follow up of a newborn at risk for developing hyperbilirubinemia at high or high intermediate should be within 24 hours and not 72 hours.</p> <p>Definitions</p> <p>1. The Bhutani Curve contains hour specific curves of normal bilirubin values within the first 5 days of life. High, intermediate, and low risk zones are designated along the curves according to the risk of developing hyperbilirubinemia that will need follow-up. A TcB or TSB in the Low Risk Zone or Low Intermediate Zone (40%) does not require intervention. A TcB or TSB in the High Risk Zone (95%) or High Intermediate Zone (75%) requires further investigation and possible intervention.</p> <p>2. A TcB is a non invasive method of screening to determine the probable level of bilirubin in the blood.</p> <p>3. A TSB is the actual level of bilirubin in the blood determined by drawing blood and sending it to the lab.</p> <p>On September 3, 2009, at 11:35 a.m. the Director of Women Services was interviewed. The Director stated there had not been any changes in the</p>		<p>* The CNO and the Chair of the Department of Pediatrics developed a discharge instructions form specific to newborns at risk for hyperbilirubinemia. The instructions document the physician's order that directs the family to follow up with:</p> <p>A: The newborn's pediatrician with a specific appointment date/time within one day of discharge;</p> <p>B: The Hospital for further bilirubin testing at the Hospital to be called to the pediatrician for further assessment and treatment; or</p> <p>C: The Hospital's emergency department.</p> <p>* The Women's Services Leadership Team provided education to nursing staff on the hyperbilirubinemia discharge guidelines and new forms at the beginning of each shift prior to nurses taking responsibility for patient care.</p> <p>* The Women's Services Director directs and provides ongoing followup education on this process through various means, including educational modules, memoranda, and a weekly communication newsletter called "Baby Steps."</p> <p>* The Directors of Women's Services and Case Management revised the policy Discharge: Newborn to clarify that educational material provided to the</p>	<p>09/04/09</p> <p>09/04/09</p> <p>08/12/09 & 09/04/09</p> <p>11/03/09</p>

Event ID: UNQN11

11/15/2010

12:23:56PM

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

TITLE

Yr. DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	NAME OF THE FACILITY: A. NAME: _____ B. AND: _____	DATE SURVEY MADE: 09/17/2009
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NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM	STREET ADDRESS, CITY, STATE, ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY
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ALIC PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION.)	IC PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE LINKED REFERENCED TO THE APPROPRIATE DEFICIENCY)	IC COMPLIANCE DATE
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Continued From page 4

practices put in place as a result from the last investigation (initiated August 6, 2009). The facility was following the current policy for hyperbilirubinemia. The Director stated for newborns being discharged with a TSB in the high intermediate or high risk zone the physician will be called and notified of the results to obtain an order for phototherapy. If the physician still decided to discharge the newborn without having phototherapy a follow up appointment and/or a repeat bilirubin testing within 24 hours will be arranged prior to discharge. The Director added this was the current facility practice but was not included in the policy and procedure at this time.

1. The record for Patient 265 was reviewed on September 3, 2009. Patient 265 was born on August 27, 2009 at 3:11 p.m. and was breastfed.

The Hour Specific Bilirubin Nomogram indicated the baby was at risk for developing hyperbilirubinemia due to an identified risk factor of poor feeding. On Friday August 28, 2009 at 4:10 p.m. (25 hours of age) the TcB was 7.0 in the high intermediate risk zone on the Bhutani curve. At 5 p.m. (26 hours of age) the TSB was 6.2 in the high intermediate risk zone on the curve.

The nurse notified the physician of the bilirubin results at 6:05 p.m. and the physician ordered the baby to be discharged home with follow up on "Monday." The record did not have evidence of any other interventions taken by the nurse and there was no policy in place requiring the nurse to intervene when the baby was discharged at risk for

parent/guardian includes the topic of jaundice recognition, dehydration, and when to contact the physician or how to contact emergency services in the event of a complication or emergency. The Directors also added a section to the policy regarding when to consult Social Services or Case Management. The section gives examples of when Social Services and/or Case Management should be consulted to assist in the discharge planning process.

D. The Hospital monitors the corrective actions as follows:

* The Women's Services Director ensures review of 100% of charts of newborns to confirm that they are being discharged with the appropriate instructions for timely followup when they have been assessed as having risk factors for hyperbilirubinemia. 09/04/09 & ongoing

* The Women's Services Leadership Team provides re-education and counseling to nurses whose audits fall out of compliance. Audit results reflect substantial compliance with the process. 09/04/09 & ongoing

* The Women's Services Director reports audit results to staff members, the Department of Pediatrics, High Reliability Unit (HRU) Multidisciplinary Team, and the Quality Pillar, which reports to the Patient Safety Council. 10/19/09 & ongoing

Event ID: UN0911	11/15/2010	12:23:56PM
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency where 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 and/or are actionable 60 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 actionable 14 days following the date these documents are made available to the facility. Deficiencies are cited an approved plan of correction is returned to compliance program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	HEALTH PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	AMMEND FILED CONSTRUCTION A. REFERENCE: _____ B. RISK: _____	REG. DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY	
ALPHABETIC PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION:	DEFICIENCY PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD REFERENCE THE APPROPRIATE DEFICIENCY
	<p>Continued From page 5 developing hyperbilirubinemia</p> <p>The baby was discharged home on August 28 2009 at 7 p.m. (28 hours of age) with risk factors for developing hyperbilirubinemia a TSB in the high intermediate risk zone on the Bhutani curve and follow up with a pediatrician three days later</p> <p>There was no evidence a case manager identified the baby was at risk for hyperbilirubinemia during their screening process. There was no evidence a case manager was involved in the discharge planning of the baby to determine post hospital needs. There was no evidence the nursing staff identified the need for a discharge plan that included close follow up for prevention of severe hyperbilirubinemia</p> <p>According to the AAP Guidelines an infant with no risk factors who was discharged home at 28 hours of age should be seen by the age of 96 hours but earlier follow up should be provided for those babies who have risk factors for developing hyperbilirubinemia</p> <p>2. The record for Patient 218 was reviewed on September 4 2009. Patient 218 a newborn female was born on September 2 2009 at 10:09 a.m. and was breastfed</p> <p>The Hour Specific Bilirubin Nomogram indicated the baby was at risk for developing hyperbilirubinemia due to dark skin pigmentation family history of</p>		<p>The Hospital hereby also requests an informal conference with the district administrator/district manager to discuss the citations because the Hospital submits that the Hospital was in compliance with the cited rule and there was no immediate jeopardy to patients. First, the Hospital's nursing staff had assessed and identified newborns at risk for hyperbilirubinemia, reported them to the attending pediatricians, and obtained discharge orders from the pediatricians. Second, immediate jeopardy is defined as "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." None of the cited patients suffered actual harm, nor were they likely to suffer serious injury or death, because all of the patients were under the care of a pediatrician that ordered discharge and follow-up in accordance with the pediatrician's orders.</p>

Event ID: UNQ011

1/15/2010

12:23:56PM

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

TITLE

REG. DATE

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM		STREET ADDRESS CITY STATE ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE 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)
	Continued From page 8 follows: a. August 27, 2009, at 8 a.m. (22 hours of age) the TcB was 7.5, on the line of the high risk zone on the Bhutani curve. b. August 27, 2009, at 9:45 a.m. (24 hours of age) the TSB was 7.1 in the high intermediate risk zone on the curve. c. August 27, 2009, at 9:45 p.m. (36 hours of age), the TSB was 9.4, in the high intermediate risk zone on the curve. d. August 28, 2009, at 4:30 a.m. (42.5 hours of age) the TSB was 10.1, in the high intermediate risk zone on the curve. e. August 28, 2009, at 10:40 a.m. (48.5 hours of age), the TcB was 14.4, in the high risk zone on the curve. f. August 28, 2009, at 11:10 a.m. (49 hours of age), the TSB was 12.3, in the high intermediate risk zone on the curve, and. g. August 28, 2009, at 4:05 p.m. (54 hours of age), the TSB was 13.0 in the high intermediate risk zone on the curve. The Well Newborn Care Flowsheet indicated the baby became jaundiced on August 27, 2009, at 7 p.m., and continued to be jaundiced in color until the time of discharge.		

Event ID: UNQN11

1/15/2010

12:23:56PM

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

TITLE

(X6) DATE

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE 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)
	<p>Continued From page 9</p> <p>The physician ordered the baby to be discharged home on Friday, August 28, 2009 and to follow up with the pediatrician's office on Monday, August 31, 2009 (three days later). The record did not have evidence of any other interventions taken by the nurse, and there was no policy in place requiring the nurse to intervene when the baby discharged was at risk for developing hyperbilirubinemia.</p> <p>The baby was discharged home to his 19 year old first time mother, with risk factors for developing hyperbilirubinemia, a TSB in the high intermediate risk zone on the Bhutan curve, jaundice in color, to be seen by the pediatrician in three days.</p> <p>There was no evidence a case manager identified the baby was at risk for hyperbilirubinemia during their screening process. There was no evidence a case manager was involved in the discharge planning of the baby to determine post hospital needs. There was no evidence the nursing staff identified the need for a discharge plan that included close follow up for prevention of severe hyperbilirubinemia.</p> <p>According to the AAP Guidelines, an infant with no risk factors who was discharged home at 54 hours of age should be seen by the age of 96 hours, but earlier follow up should be provided for those babies who have risk factors for developing hyperbilirubinemia.</p> <p>4. The record for Patient 228 was reviewed on</p>		

Event ID: UNQIN11

11/15/2010

12:23:56PM

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

TITLE

(X6) DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/17/2009
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NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM	STREET ADDRESS, CITY, STATE, ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X5) ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
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Continued From page 10

September 4, 2009 Patient 228 a newborn male was born on August 31 2009 at 4:22 a.m. The Newborn Admit Flowsheet indicated the baby ingested maternal blood at the time of delivery. The admission physical assessment was not completed therefore, no physical risk factors for developing hyperbilirubinemia were assessed.

The Hour Specific Bilirubin Nomogram indicated the baby was at risk for developing hyperbilirubinemia due to identified risk factors of dark skin pigmentation and ingestion of maternal blood and TcB levels were obtained each shift. On September 1, 2009 at 8:40 a.m. (28 hours of age), the TcB was 7.0 on the line of the high intermediate risk zone on the Bhutani curve. There was no TSB drawn.

The baby was discharged home on September 1, 2009, at 10:40 a.m. (30 hours of age) with risk factors for developing hyperbilirubinemia, a TcB in the high intermediate risk zone on the Bhutani curve, no TSB level, and follow up with the pediatrician in two days. The record did not have evidence of any other interventions taken by the nurse and there was no policy in place requiring the nurse to intervene when the baby discharged was at risk for developing hyperbilirubinemia.

There was no evidence a case manager identified the baby was at risk for hyperbilirubinemia during their screening process. There was no evidence a case manager was involved in the discharge planning of the baby to determine post hospital

10/15/2009
 12:23:56 PM
 09/17/2009

Event ID: UNQN11 1/15/2010 12:23:56PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ LAB DATE _____

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER OR IDENTIFICATION NUMBER 050701	EXEMPT MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETED 09/17/2009
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NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM	STREET ADDRESS CITY STATE ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY
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1X4 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	11 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	15 COMPLETE DATE
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Continued From page 11

needs. There was no evidence the nursing staff identified the need for a discharge plan that included close follow up for prevention of severe hyperbilirubinemia.

According to the AAP Guidelines, an infant with no risk factors who was discharged home at 30 hours of age should be seen by the age of 96 hours, but earlier follow up should be provided for those babies who have risk factors for developing hyperbilirubinemia.

5. The record for Patient 247 was reviewed on September 4, 2009. Patient 247, a newborn male was born on August 30, 2009, at 10:02 a.m., at 36 1/7 weeks gestation (time developing in the womb - normal 40 weeks), and was breastfed.

The Hour Specific Bilirubin Nomogram indicated the baby was at risk for developing hyperbilirubinemia due to identified risk factors of sibling (brother or sister) jaundice and gestational age <38 weeks, and bilirubin levels were obtained every shift. On September 1, 2009, at 8:30 a.m. (45 hours of age) the TcB was 11.2 in the high intermediate risk zone on the Bhutani curve. No TSB was drawn.

The Well Newborn Care Flowsheet indicated the baby was jaundiced on September 1, 2009, at 8 a.m., 10 a.m., and 12 noon.

The baby was discharged home on September 1, 2009, at 1:20 p.m. (50 hours of age) with risk factors for developing hyperbilirubinemia, a TcB in the high intermediate risk zone on the Bhutani.

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060701	X2 MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		X3 DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY		
X4 ICD PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	X5 ICD PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	X6 COMPLETE DATE
<p>Continued From page 12</p> <p>curve, no TSB, and follow up with the pediatrician in two days. The record did not have evidence of any other interventions taken by the nurse, and there was no policy in place requiring the nurse to intervene when the baby was discharged at risk for developing hyperbilirubinemia.</p> <p>There was no evidence a case manager identified the baby was at risk for hyperbilirubinemia during their screening process. There was no evidence a case manager was involved in the discharge planning of the baby to determine post hospital needs. There was no evidence the nursing staff identified the need for a discharge plan that included close follow up for prevention of severe hyperbilirubinemia.</p> <p>6. The Record for Patient 276 was reviewed on September 4, 2009. Patient 276 was born on August 26, 2009, at 5:38 p.m.</p> <p>The Hour Specific Bilirubin Nomogram indicated the baby was at risk for developing hyperbilirubinemia due to identified risk factors of bruising of the head and dark skin pigmentation, and bilirubin levels were obtained every shift. On August 27, 2009, at 8:30 p.m. (27 hours of age), the TcB was 8.4 in the high intermediate risk zone on the Bhutani Curve. At 10:20 p.m. (29 hours of age) the TSB was 7.4 in the high intermediate risk zone on the Bhutani Curve and the physician was notified.</p> <p>On Friday, August 28, 2009, at 4:30 a.m. (35 hours of age) the TSB was 8.7 on the line of the high</p>				

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM			STREET ADDRESS, CITY, STATE, ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE 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 13</p> <p>Intermediate risk zone of the Bhutani curve. At 7:30 a.m., the nurse documented the value was, "at the base of 75% (high intermediate risk zone)," and the physician had been notified.</p> <p>On August 28, 2009, at 8:30 a.m. (39 hours of age), the TcB was 9.9, in the high intermediate risk zone on the Bhutani Curve. According to the nurse's notes, the physician was made, "aware of Tcb results @ Base of 75th percentile "</p> <p>At 8:50 a.m., the physician ordered to discharge the baby home with follow up in two days (which would have been Sunday, August 30, 2009, not an office day).</p> <p>At 10:50 a.m., a "clarification," of the discharge order indicated the baby was to be seen by the pediatrician on Monday, August 31, 2009 (three days later)." The record did not have evidence of any other interventions taken by the nurse, and there was no policy in place requiring the nurse to intervene when the baby discharged was at risk for developing hyperbillrubinemia.</p> <p>The baby was discharged home on August 28, 2009, at 2:10 p.m. (45 hours of age), with risk factors for developing hyperbillrubinemia, a TcB in the High Intermediate Risk Zone on the Bhutani curve, and follow up with the pediatrician three days later</p> <p>There was no evidence a case manager identified the baby was at risk for hyperbilirubinemia during</p>				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2009
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NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM	STREET ADDRESS CITY STATE ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY
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(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
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hyperbilirubinemia

The baby was discharged home on August 29, 2009, at 4:30 p.m. (23.5 hours of age) with a TSB in the high intermediate risk zone on the Bhutaní curve (a risk factor for development of hyperbilirubinemia), and follow up with the pediatrician in two days.

There was no evidence a case manager identified the baby was at risk for hyperbilirubinemia during their screening process. There was no evidence a case manager was involved in the discharge planning of the baby to determine post hospital needs. There was no evidence the nursing staff identified the need for a discharge plan that included close follow up for prevention of severe hyperbilirubinemia.

According to the AAP Guidelines:

a. An infant with no risk factors who was discharged home at 23.5 hours of age should be seen by the age of 72 hours but earlier follow up should be provided for those babies who have risk factors for developing hyperbilirubinemia.

In addition, the AAP recommends for all newborns: "if appropriate follow-up cannot be ensured in the presence of elevated risk for developing severe hyperbilirubinemia, it may be necessary to delay discharge either until appropriate follow-up can be ensured or the period of greatest risk has passed (72-96 hours)."

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2009
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NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM	STREET ADDRESS CITY STATE ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY
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The facility policy titled "Hyperbilirubinemia, Assessment, Identification, and Intervention Protocol," last revised April 2008, was reviewed on August 6 2009. The policy indicated the purpose was to identify newborns at risk for hyperbilirubinemia, promote timely assessment of hyperbilirubinemia, and initiate appropriate follow-up to aid in the prevention of kernicterus (damage to the brain centers of infants caused by increased levels of bilirubin).

The policy indicated the risk factors for hyperbilirubinemia included but were not limited to the following:

- a. Bruising and cephalhematomas (which increase the production of bilirubin).
- b. Genetic or ethnic risk factors include sibling with neonatal jaundice (yellowish skin discoloration), East-Asian or Mediterranean descent.
- c. Inadequate nutrition/hydration through suboptimal breastfeeding.
- d. Jaundice appearing in the first 24 hours after birth (dark skin pigments may obscure visualization);
- e. Macrosomic (large for gestational age) infant of a diabetic mother.
- f. Near-term newborns at 35, 36, and 37 weeks of gestation, particularly if they were breastfed.

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NAME OF PROVIDER OR SUPPLIER SOUTHWEST HEALTHCARE SYSTEM			STREET ADDRESS CITY STATE ZIP CODE 25500 MEDICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE 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 17</p> <p>g Significant weight loss (defined as > (greater than) 10 % by discharge</p> <p>h Temperature instability or treatment of sepsis, and.</p> <p>i Unrecognized hemolysis, such as ABO blood type incompatibility</p> <p>According to a document titled, "Severe Hyperbilirubinemia Prevention (SHP) Toolkit on behalf of the Perinatal Quality Improvement Panel (PQIP) and California Perinatal Quality Care Collaborative (CPQCC)" dated October 19 2005, was reviewed. The document indicated infants at risk for significant hyperbilirubinemia needed to have close follow up after discharge. The document indicated follow up visit should be performed within 24-48 hours post discharge.</p> <p>The document further indicated a follow up visit and/or bilirubin test within 24 hour post discharge to monitor for jaundice was recommended in babies whose serum bilirubin fell within the High Risk Zone in the Hour Specific Nomogram.</p> <p>The document further indicated a follow up visit and/or bilirubin test within 48 hour post discharge to monitor for jaundice was recommended in the following circumstances:</p> <p>a A single bilirubin measurement in the High Intermediate Risk Zone in the Hour Specific Nomogram in the infant, and</p>				

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