

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/03/2008
NAME OF PROVIDER OR SUPPLIER KAISER FOUNDATION HOSPITAL FONTANA			STREET ADDRESS, CITY, STATE, ZIP CODE 9961 SIERRA AVENUE, FONTANA, CA 92335 SAN BERNARDINO COUNTY	
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	<p>The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident.</p> <p>Intake #: CA00167812</p> <p>Representing the Department of Public Health: [REDACTED], HFEN.</p> <p>The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>REGULATION VIOLATION: Title 22 70833 Autoclaves and Sterilizers. (c) Written procedures shall be developed, maintained and available to personnel responsible for sterilization of supplies and equipment to include, but are not limited to the following: (1) Time, temperature and pressure for sterilizing the various bundle, packs, dressings, instruments solutions, ect. (2) Cleaning, packaging, string and issuance of supplies and equipment. (3) Dating and outdating of materials sterilized. (4) Loading of the sterilizer. (5) Daily checking of recording and indicating thermometers and filing for one year of recording thermometer charts. (6) Monthly bacteriological test, the bacterial organism used and filing for one year of the test results. (7) Length of aeration time for materials gas-sterilized.</p>		<p><u>Corrective Action:</u> Education provided to the Registered Nurses and Operating Room Technicians of the involved department. The in-services were initiated on 11/20/08. Education consisted of two acceptable means by which flash sterilized instruments are to be cooled prior to use. The flash sterilization policy was reviewed during in-services and additional changes were made to the policy following staff in-put from completed education</p>	11/25/08

Event ID: 59SQ11

12/22/2009

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

TITLE

(X6) DATE

Nancy McClelland

Director Accreditation & Lic.

1-12-10

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.

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	<p>Continued From page 1</p> <p>Based on interviews and record review, the facility failed to develop a written procedure for flash sterilization that included procedures to protect patients from burns due to hot instruments. This failure resulted in Patient 1 developing a third degree burn on the left calf from a flash sterilized instrument (triangle) requiring skin grafting of the burned area.</p> <p>FINDINGS: On 11/3/08 at 1:00 PM a visit was made to the facility to investigate a self reported facility incident regarding a patient receiving a burn during surgery performed on [REDACTED].</p> <p>Review on 1/21/09 of Patient 1's record, revealed that Patient 1 was [REDACTED] years of age and was admitted on [REDACTED] for outpatient surgery to remove orthopedic hardware from the left knee. Patient 1 had previous surgery of the left knee following a fracture of the knee cap.</p> <p>In an interview on 1/21/09 at 1:30 PM, with the Department Administrator for Operative Services regarding the incident involving Patient 1, she stated that a "Triangle" was used to position Patient 1's knee for surgery. She stated that a triangle was a positioning device to hold the knee in the operative position. The patient's leg was put on it so that the knee was in a bent position. She further stated that the operating room staff "flash sterilized" (a procedure to sterilize instruments</p>		<p>In addition, additional "Triangles" (positioning devices used on "patient 1" during surgery to hold the knee in the operative position) were purchased and placed into service.</p> <p>The Flash Sterilization Policy and Procedure was revised 12/09 and 1/6/10 to directly address the procedures for cooling of flash sterilized instruments. This revised policy will be presented to the Registered Nurses and Operating Technicians of the involved department in January 2010. Once in-services are completed, these staff members will sign an attestation form validating their understanding and commitment to the department's policy and procedure on "Flash Sterilization".</p> <p><u>Responsible Party:</u> Department Administrator of Operating Room Director of Perioperative Services</p>	<p>12/08</p> <p>1/22/09</p>

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	<p>Continued From page 2</p> <p>quickly) the triangle before the start of the surgery. The staff member, who removed the triangle from the sterilizer, felt it was cool enough for use. And, when Patient 1's leg was placed on the triangle, the physician did not feel that it was too warm to be used because he had two pairs of thick orthopedic gloves on.</p> <p>Review of the recovery room note dated [REDACTED], revealed that Patient 1 was discharged to home after surgery.</p> <p>In an interview on 8/18/09 at 2:00 PM with the Director of Accreditation and Licensing, she stated that after Patient 1 went home after the surgery he felt pain behind his left knee, removed his bandages himself at home and saw blisters. The next day, on [REDACTED] he went to the clinic and was diagnosed with second degree burns (a burn with blisters or with a break in the top layer of skin). She further stated that Patient 1 was then referred to plastic surgery.</p> <p>Review of a clinic note dated [REDACTED], revealed that Patient 1 had a 17cm (centimeter) by 9 cm area with second degree burns with multiple small blisters.</p> <p>Review of a clinic visit note dated [REDACTED], revealed that the physician documented that the burn blisters were debrided and he was started on silvadene care (cream) for the treatment of 1st and 2nd degree burns and collagenase/double antibiotic ointment for</p>		<p><u>Monitoring Process:</u> Daily flash sterilization logs are posted at each autoclave. These are collected, monitored and reviewed by the Assistant Department Administrator and in their absence, the Department Administrator. A flash sterilization report is generated monthly that captures the reasons that instrument(s) are being flashed sterilized. Any noted trends on this report are addressed. This report is reported monthly to Infection Control Committee of the hospital. No issues have been identified with flashing of triangles.</p> <p>Monitoring logs for the past year reflect no triangles have been flashed. They are all processed through the Central Sterilization Department.</p>

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	Continued From page 4 The facility's failure to develop a written procedure for flash sterilization that included procedures to protect patients from burns due to hot instruments is a deficiency that has 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 1280.1(c).			

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