	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUF AND PLAN OF CORRECTION IDENTIFICATION				PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		054087		A. BUILDING B. WING		 02/2	02/29/2008	
	OVIDER OR SUPPLIER STA HOSPITAL, INC.		STREET ADDRESS 8001 BRUCEVIL		ZIP CODE ACRAMENTO, CA 95823 SAC	CRAMENTO COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE	
Event ID:	The following reflects of Public Health complaint  Representing the Deparation of Public Health complaint  Representing the Deparation of Person of Clin RN = Registered Nurse LN = Licensed Nurse MHT = MAR = Medication adr PRN = as needed A/R = Assessment and EMS = emergency me P&P = policy and processory of Person of Clin RN = quality improvement  MG. = milligrams  CC = cubic centimeters  Health and Safety Codd  (a) If a licensee of subdivision (a), (b), contice of deficiency is poparaty to the health of CM I I I I I I I I I I I I I I I I I I	during the inversal and artment of Public Heat artment of Public Hea	ensed under to receives a immediate	11:08:	38AM			
	Y DIRECTOR'S OR PROVID	ED/SI IDDI IED DEDDESE			TITLE		(X6) DATE	
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State-2567 1 of 13

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
		054087		B. WING		_ 02/2	9/2008
	OVIDER OR SUPPLIER ISTA HOSPITAL, INC.		STREET ADDRESS 8001 BRUCEVIL		ZIP CODE ACRAMENTO, CA 95823 SAC	RAMENTO COUNTY	
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	required to submit department may administrative penalty twenty-five thousand department and Safety Code For purposes of this means a situation noncompliance with licensure has caused injury or death to the period of the perio	a plan of cor assess the lice in an amount no ollars (\$25,000) per vide 1280.1(c) as section, "immedia in which the one or more required, or is likely to calculate at the other appropriate of the other appropriate of the other appropriate of the other appropriate of the other appropriate. View, clinical record deprocedures (P&P d/or implement P&F dessments, P&Ps for provision of calculate of the other appropriate.	censee an at to exceed violation.  Ite jeopardy" licensee's suirements of use, serious  IMMEDIATE  General as shall be or of nursing itate health les shall be edures shall medical staff  review and by the facility are related to or physician of care for				
	The facility failed assessments of pat such						
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	I 1 1	(X3) DATE SURVEY COMPLETED	
		054087		B. WING		02/29	9/2008	
	OVIDER OR SUPPLIER STA HOSPITAL, INC.		STREET ADDRESS 8001 BRUCEVIL		ZIP CODE ACRAMENTO, CA 95823 SA	ACRAMENTO COUNTY		
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	prescribed by a physician and the require physician and the require physician not p.m., the nursing stephysician of the companies of the compa	the nursing state complaint of second	the nursing the patient condition to to notify a sed care for nurse failed to 1 informed for set usually set is					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		FRUCTION	(X3) DATE SURVEY COMPLETED	
		054087		B. WING			02/29	/2008
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	transferred to the e acute care hospital who These deficient pra assessments of Pa Patient 1 not receivequipment physician of Patient information presented safety. An Immediate acceptable interim F	pund in room use to obtain vital set obtain vital set of staff's expired.  The facility such acceptable of the process of staff's expired.  The facility such acceptable of the process of staff's expired.	inadequate conditions, ary medical notifying the al condition to patients' s called on ubmitted an (POC) on on					
	Findings:							
	The clinical Intake Form dated Patient 1 was a "wathe hospital, indicated Patient 1 was	alk-in assessment" for . The p	showed an indicating admitted to atient's					
	A CONTRACTOR OF THE PROPERTY O	admission physicia	an					
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State-2567 4 of 13

TITLE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SUF COMPLET	
		054087		B. WING		02/29	9/2008
	OVIDER OR SUPPLIER ISTA HOSPITAL, INC.		STREET ADDRESS, 8001 BRUCEVILI		ZIP CODE ACRAMENTO, CA 95823 SACR	AMENTO COUNTY	
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	orders indicated The ord give upon admission  : 1). 2). 3). Review of the Met (MAR) indicated	Patient 1 had ders contained tele for and for and for and for and for and for assessment, compatient 1 was assessment. The name of the Part II assessment assessment assessment. The name of the Part II assessment assessment assessment assessment assessment. The name of the Part II assessment asses	dated  dated  dated  dated  dated  dated				
	documented the follo Patient 1:	wing treatment plai	n issues for				
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	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	ΓURE	TITLE		(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI	IPLE CONSTRUCTION	■ * * *	(X3) DATE SURVEY COMPLETED	
		054087		B. WING		02/2!	9/2008	
	OVIDER OR SUPPLIER ISTA HOSPITAL, INC.		STREET ADDRESS 8001 BRUCEVIL		ZIP CODE ACRAMENTO, CA 95823 SA	ACRAMENTO COUNTY		
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	Patient 1 reported  took  The the the patient 1 had  The assessment indicate that a physician for Patient 1.  Review of physician for Patient 1.  physician orders, hi progress notes, or n was aware of Patient 1.	intensity-scoring to  The RN noted RN indicated on the plate of the nurse docure comments section sician was notified orders showed not there was no indicatory and physical cursing notes that the performed the initial of Patient 1 control o	the patient ne form that an issue. In mented that did not about the orders cation in the I, physician mentation in ssessed to mentation in statementation in					
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		054087		B. WING		02/2	9/2008
	OVIDER OR SUPPLIER ISTA HOSPITAL, INC.		STREET ADDRESS 8001 BRUCEVIL		ZIP CODE ACRAMENTO, CA 95823 SAC	CRAMENTO COUNTY	
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	Continued From page	6					
	admission packet wipatients answered yet developed a plan of She recalled Patient.  The RN  patient's  The patient told confirmed that Patient  The RN state questions regarding 1  She docum followed the form."	then assessing paties to any question care for that particularies arrival to the stated that Patient when she her when the complained at the complained when the content of the content plan issue. So the patient of the content plan issue of the content plan issue. So the patient of the content plan issue of the content plan issue. So the patient of the content plan issue of the content plan issue. So the patient of the content plan issue of the content plan issue of the content plan issue of the content plan issue. So the patient of the content plan issue of the content plan issue of the content plan issue of the content plan issue. So the plan issue of the content plan issue of the con	s, then she allar problem. B unit on a A was a The talked with The RN The RN The RN The clinical initiate the She was not she did not because the talked was at ng it in the was for the e developed d				
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	needed to go to ar that she was not consider that she would maybe can a physician on a physician record a physician physician (H&P) for documented Patient included medications patient claimed The physician noted Patient staff, the patient staff, the patient physician was aware admission or the need On in an interview that Patient 1 complained	y had no capability that patients need about patients in the incerned about patients. She incerned about patients in the incerned about patients in the incerned about patients in the incerned about patients. The physician has been in noted the patient at the time of the interned in the	also stated ents needing ad of btain orders id not notify to 1 needed at history and exphysician ical history and					
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		TRUCTION	(X3) DATE SURVEY COMPLETED	
		054087		B. WING			02/29	/2008
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	RN medi The note the bedside with the indicated the RN was a  On documented "At room, found pt to several staff at bed  vital signs were docu	was not available the H&P. If he patient had it. The se had called him was he would 1 sent to the ER The physician stanight and he had regarding Patient 1.  Silinary progress no a LN (licerental Health Techn and called in the atient stated nurse noted two nt unit) "got pt (pa the indicated a RN was expected by the indicated a RN was the patient. At the night sur be in bed, side. Pt medicated	knew that would have be physician when Patient have most (Emergency ated that he not received tes showed ased nurse) ician) found nurse. The male MHTs atient) to make a note and a note and the note of the shift RN moned to with the money of the note of the n					
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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		RUCTION	(X3) DATE SURVEY COMPLETED	
		054087		B. WING			02/29	/2008
	OVIDER OR SUPPLIER STA HOSPITAL, INC.		STREET ADDRESS, 8001 BRUCEVILL			ITO, CA 95823 SACRAMEN	TO COUNTY	
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	Continued From page	9						
	The nursing notes paged at in an Patient 1. At  The next note date  MHT informed this R is not responsive an	indicated a psyclagain at again at attempt to "give retent the nurse attempt to the nurse attempt to the nurse attempt to the a note	hiatrist was, and again eport" about wrote, bed. incident. Pt and and called and The note hospital at indicated a					
Event ID:\	A late entry for RN indicated that F patient was noted in placed "outside pt do that she asked the p the patient stated, indicated awaiting re On nurse called the EF passed away.	Patient 1 used, and the or to assist pt." The atient about the eturn call from the a note indice.	that the at MHT was a RN noted and The note e physician. cated that a RN noted and The note at that a RN note and the received that a RN note at the receiv	11:08:	38AM			

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State-2567 10 of 13

TITLE

NAME OF PROVIDER OR SUPPLIER SIERRA VISTA HOSPITAL, INC.  B. WING D02/29/20  STREET ADDRESS, CITY, STATE, ZIP CODE 8001 BRUCEVILLE ROAD, SACRAMENTO, CA 95823 SACRAMENTO COUNTY	8008
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS- TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Continued From page 10	
shift RN for stated that on little before was conducted. The RN stated that on little before he checked his assignments had a standard the night shift. The RN went to the nursing station, then to the other end of the hallway to clock-in as the near computer was not working. The RN stated he clocked in before where the MHT was still standing outside Patient 1's room. The RN stated that he walked into Patient 1's room to check on the patient. Patient 1 did not respond to him. The RN then immediately turned on the light and found Patient 1 lying on diagonally.  The RN stated Patient 1's Shortly after other staff arrived and resuscitation measures were performed until EMS arrived (approximately 15-20 minutes.) The RN stated there was no patient 1's room.  Review of the facility P&Ps with the DCS on showed the facility had no P&P available to nursing staff for ongoing assessments of patients presenting to the facility with medical symptoms such as anad/or There was no P&P that addressed patient care for	
Event ID:VWJJ11 5/8/2008 11:08:38AM	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		054087		B. WING		02/29	9/2008
	OVIDER OR SUPPLIER ISTA HOSPITAL, INC.		STREET ADDRESS 8001 BRUCEVIL		ZIP CODE ACRAMENTO, CA 95823 SA	CRAMENTO COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEEDED BY  SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	11					
	addressed ongoing patients with med confirmed was stated there was nequipment. The DCS contacted on Patient 1 and that the respond to the page notes. The DCS state tried alternative number then call the Medical He stated the facility when and under we physician.  These deficient proassessments of Patient 1 not receiving	the DCS ating and identified atient 1. The DCS ating and identified atient 1. The DCS of ready to be precedive actions implies were not harmed to be DCS confirmed the when complained there was no P&P in nursing assessical symptoms. In the properties of the properties of the psychiatrist on as documented in the determinant of the call so that the nurses bers on the call so that the nurses are the call so that the nurses bers on the call so that the nurses bers on the call so that the nurses bers on the call so that the nurses are the call so that the nurses bers on the call so that the nurses are the call so that the nurses bers on the call so the nurses the nurse that the nurses the nurse that the nurses the nurse that the	stated the date care stated the stated the stated the stated the stated the stated and stated to as a result at Patient 1 and ing medical system was regarding call did not the nursing should have chedule and in not occur. The state of the notify a state of the notify a should have chedule and in not occur. The state of the notify a should have chedule and in not occur. The state of the notify a should have chedule and in not occur. The state of the notify a should have chedule and in not occur. The state of the notify a should have chedule and in not occur. The state of the notify a should have chedule and in not occur. The state of the notify a should have chedule and in not occur. The state of the notify a should have chedule and in notify a should have chedule and in notify a should have conditions, state of the notified have conditions, and the notified have t				
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED  02/29/2008	
		054087				02/2		
NAME OF PROVIDER OR SUPPLIER SIERRA VISTA HOSPITAL, INC.		I	STREET ADDRESS, CITY, STATE, ZIP CODE 8001 BRUCEVILLE ROAD, SACRAMENTO, CA 95823 SACRAMENTO COUNTY					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE ACTI REFERENCED TO THE APP	ION SHOULD BE CROSS- COMPLETE		
	Continued From page 12							
	equipment physician of Patient information caused, or injury or death to the p	and staff not of the st	al condition					
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