

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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 a complaint/adverse investigation visit:</p> <p>Complaint Intake Number: CA00152233 - Substantiated</p> <p>Representing the Department of Public Health: [REDACTED] 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 1280.1(c): 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>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</p> <p>§ 70837(a)(f) General Safety and Maintenance (a) The hospital shall be clean, sanitary and in good repair at all times. Maintenance shall include provision and surveillance of services and procedures for the safety and well-being of patients, personnel and visitors.</p> <p>(f) All gauging and measuring equipment shall be regularly calibrated as specified by the manufacturer and records of such testing kept for at least two years.</p>			

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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>The above regulation was NOT met as evidence by:</p> <p>Based on observation, interview, and record review, the hospital failed to provide a safe environment for patients with regard to equipment condition, types of equipment used, patient access to dangerous items, and environmental temperatures. All patients on both campuses were potentially affected.</p> <p>Findings:</p> <p>Buena Park Campus</p> <p>1. On 2/22/08 from 0805 hours to 0940 hours, the psychiatric unit at the hospital's Buena Park campus was toured with the help of psychiatric nurse #1. The following was identified:</p> <p>(a) In the hallways, handrails along three walls were missing end caps and had sharp points of metal objects protruding. There were two six foot cracks in the tile of the hallway floor outside the nurse's station.</p> <p>(b) Patient room #106 was viewed at 0830 hours on 2/22/08. The room flooring had cracked and broken tiles. Light fixtures with removable fluorescent bulbs were within easy reach on the wall above the head of the beds. The three beds in the room had detachable head and foot boards the patients could use to cause injury. The beds were electric with removable electric cords visible and available for injury by the patients. The nurses' call light was non-functioning. The ambient room air temperature was 64.5 degrees F. In the bathroom, there was a</p>			

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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>six inch by six inch area of damaged wall. The hot water in the bathroom sink was 66 degrees F after running the water for three minutes. There was a wet towel on floor next to the base of the toilet. The toilet was leaking water around the base.</p> <p>(c) The shower room across from room #106 did not have a breakaway shower rod. The ceiling sprinkler was heavily coated with rust. The ceiling and wall adjacent to the shower had water damage and a heavy growth of what appeared to be black mold.</p> <p>(d) In the patient room across from the nurse's station (the room was unnumbered); there were quarter size holes in the wall above an unused telephone connection between the two beds. The ambient room air temperature was 66.5 degrees F. Both beds in the room had detachable head and footboards accessible for patients to use for injury. Both beds had light fixtures with removable fluorescent bulbs above the head of the bed within easy reach. Outside the closet door there was a two by six inch piece of wallboard missing. There was an oxygen wall flow meter in an oxygen outlet that could easily be removed by a patient for injury. The water in the bathroom was 62 degrees F. after running the hot water for three minutes. The baseboard in the bathroom was peeling away from the wall in several areas. The largest area was four inches long.</p> <p>(e) In the seclusion room, there was a spare mattress on the floor next to the bed. The bed mattress had two sheets on it. A patient could use both of these items for injury to themselves or</p>				

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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>others. The nurses' call light in the room and bathroom was non-functional. Psychiatric nurse #1 was not able to adjust the camera so that the bed was in constant observation when viewed through the camera.</p> <p>(f) At 0905 hours, the activity room was reviewed. There was a TV and VCR on a cart. The TV and VCR were unsecured and cords from the TV and VCR were visible and easily accessible to patients. The TV and VCR were plugged into an extension cord bar that was plugged into an electrical outlet that had the faceplate falling off and exposing the wiring. There were pushpins in a bulletin board on the wall; again, accessible to patients for injury.</p> <p>(g) In a patient activity extension room across the hall from the activity room, there was a water dispensing system, with an electrical cord visible and easily accessible. There was a quarter size hole in the wall to the left of the sink. The hole had wires visible and 1/2 of a cigarette wound up in the electrical wires in the hole. There was an unlocked office entered through the activity extension room. The room also contained crutches, dumbbells, and cords for cell phones. All of these items were accessible to patients for injury to themselves or others. Patient #63 was observed sitting in this room cursing at anyone who entered. A review of the patient's medical record showed documentation on the Nursing Assessment form dated 2/14/08 of violent, combative behavior and throwing things at the nursing staff.</p> <p>(h) The patient smoking patio was inspected at</p>				

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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>0920 hours on 2/22/08. The patio contained breakable glass windows to an adjacent nursing unit, a table with one seat missing with two large bolts exposed, and a garden hose for use by the patients for injury to themselves or others. There was one small female staff member present with six large male patients. The staff member had no means for calling for help if needed to control the patients. Confidential staff interviews revealed all of the above unsafe conditions and deferred maintenance had been brought to the attention of the administrative staff.</p> <p>Anaheim Campus</p> <p>2. On 2/22/08 at approximately 0930 hours, a tour of the newborn nursery was conducted. RN HK was interviewed and the following was noted:</p> <p>(a) A newborn infant was being warmed on the radiant heater (AGH 00026). This newborn infant warmer in the main nursery area was noted to have a Biomedical Inspection Sticker (BME), indicating that the last BME inspection had been performed in 2005. This infant warmer was scheduled for inspection on 4/06. When interviewed, RN HK seemed unaware that the inspection was past due. RN HK could not verify the accuracy of the temperature probe, placed on the infant's abdomen, and stated that the only way to verify the accuracy of the radiant warmer would be to check the infant's body temperature.</p> <p>(b) An intravenous pump (CE871035) was seen with the BME inspection sticker revealing that the</p>				

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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 5</p> <p>maintenance and inspection for this equipment had last been performed in 6/07/07 and should have been repeated in 12/07.</p> <p>(c) Infant isolette (00023) contained a BME sticker indicating that this piece of equipment was last inspected 11/05.</p> <p>(d) The nursery glucometer was inspected. There was no quality control log available upon request. When interviewed, RN HK stated that the glucometer was cleaned and standardized by the "night shift." RN HK seemed unaware of the cleaning procedures or the general maintenance of the glucometer.</p> <p>3. A tour of Labor and Delivery room #1 was conducted on 2/22/08 at approximately 0900 hours. The following was found:</p> <p>(a) The room temperature was noted to be 60 degrees F (The recommended temperature for the operating room is 68-73 degrees F).</p> <p>(b) The BME sticker for the Hull Anesthesia machine, located in room #1, revealed that the last service had been performed in 11/07. The routine maintenance was due on 1/08, but had not been performed. There was no documentation that the anesthetic gases, including Sevoflurane and Isoflurane had been inspected or had received routine preventive maintenance.</p> <p>(c) In the anesthesia cart, sterile endotracheal tubes had been opened and were in the drawer</p>				

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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 6</p> <p>along with unopened tubes and trochars. The OR technician stated that these sterile packages were frequently opened, by the anesthesiologist, prior to a patient procedure, to "save time." There was no documentation for a dated or timed label to indicate when these sterile packages had been opened, or for how long these instruments had been in the tray. The entire anesthesia tray was unlocked, with numerous medications in situ, including Succinyl Choline, Narcan, Propofol and Bupivacaine.</p> <p>(d) An Infant warmer and radiant heater in L&D room #1 was noted to have been serviced last on 9/11/06. There was "Scotch tape" covering the Alarm button on the radiant heater. The temperature probe, to be attached to the infant, was lying on the floor of the operating room and was coated with a greasy substance and covered with soot and dirt. The cover for indicator dial, on the side of the warmer had been removed.</p> <p>(e) Inspection of room #1 with RN SZ revealed that L&D room #1 was used a recovery room. The overhead light fixture was noted to be filled with water. The adjacent ceiling tiles showed recent water damage and were seen to be wet. The cardiac defibrillator in room #1 was past due for BME inspection and preventive maintenance.</p> <p>4. A tour of L&D operating room #2 revealed that the fetal monitor, video monitor, H-P computer, and Infant radiant warmer, had not received routine maintenance or BME inspection since 7/20/06.</p> <p>5. The labor rooms, L&D #1, # 2, #3, #4 and #5 had</p>			

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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 7</p> <p>monitors, printers and computers with BME stickers from 4/06, due for repeat inspection and maintenance on 4/07. These had not been performed.</p> <p>6. On 2/20/08 at 1530 hours, rounds were conducted in the ICU (Intensive Care Unit).The following was found:</p> <p>(a) Review of the contents of the procedure cart showed a temporary pacemaker with a sticker showing the last BME inspection was done on 6/2000. On the crash cart, the cardiac monitor/defibrillator (AGH 00544) showed the last BME inspection was on 8/00/06. The nurse accompanying the surveyor had no response to why the equipment hadn't been checked more frequently.</p> <p>(b) Review of the patient rooms 1 through 12 showed bedside monitors, EKG modules, NIBP (non-invasive blood pressure), pressure monitors, cardiac output monitors, and oxygen saturation monitors with the following BME inspection dates:</p> <p>Bedside monitors: AGH 00129, 00206, 00206, 00928, 00829, 00202, 00817 and 00826 last inspected from 1/2006 to 12/2006. Three bedside monitors did not have visible identification numbers and showed the following: BME inspection dates: two with 2/2007, one with 9/2006, and one with 1/2006.</p> <p>EKG modules - AGH 00848, 00130, 00846, 00854 00206 last inspected and calibrated from 1/2004 to</p>				

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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 8</p> <p>7/2006.</p> <p>The modules for measuring cardiac/arterial pressures - AGH 00591, 00823, and 00885 were last inspected and calibrated from 7/2003 to 1/2006.</p> <p>Non-invasive blood pressure modules - AGH 00819 and 00840 inspected and calibrated last on 7/2004 and 7/2005 respectively.</p> <p>Two cardiac output modules (AGH 00766 and AGH 00136) had BME inspection dates of 7/2003 and 7/2004.</p> <p>One oxygen saturation module BME inspection date was 7/2006.</p> <p>(c) Two tube feeding machines in the ICU had a BME inspection date of 6/2006.</p> <p>(d) Three ICU ventilators had no BME inspection dates on them and one ventilator had a label indicating it passed inspection, but no date.</p> <p>(e) The timer wall clock in ICU room #8 did not work.</p> <p>During an interview on 2/20/08 at 1445 hours, the biomedical employee stated quality control inspections were done on equipment according to the equipment schedule. When asked what the schedule was for checking bedside monitoring equipment, the employee stated they should be checked every six months. When asked what the</p>			

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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 9</p> <p>schedule for checking a pacemaker was, the employee replied "there's a pacemaker?"</p> <p>According to the biomedical employee, a rental company serviced the ventilators (machines to assist the patient's breathing). In an interview with the rental company on 2/21/08 at 1528 hours, a company representative stated they only serviced the rental unit ventilators not any hospital owned units. A hospital record titled "Main Campus Ventilator Tracking Sheet" showed four hospital owned ventilators were in use on patients in the ICU.</p> <p>When asked how biomedical checks were documented, the biomedical employee stated they were kept on a computer. When asked to produce the list, the employee stated that the list was on DOS and could not easily be printed. No evidence of current biomedical equipment checks was given to the survey team.</p> <p>The hospital's policy and procedure titled "Equipment Management Program" contains the statement that an equipment inventory will be kept as long as the equipment is in the hospital and equipment will be maintained according to the manufacturer's recommendations.</p> <p>7. During confidential staff interview at approximately 1145 hours on 2/19/08, it was stated that the biomedical employee had been out on leave and was behind in the checking and maintenance of equipment. At 1430 hours on 2/20/08, the biomedical engineering employee was</p>				

Event ID:VFYN11

3/11/2010

8:14:59AM

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: 050173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2008
NAME OF PROVIDER OR SUPPLIER ANAHEIM GENERAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 W. BALL ROAD, ANAHEIM, CA 92804 ORANGE 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 10</p> <p>requested to provide all history of maintenance and repair for the following pieces of equipment: Newport 360 and Puritan 7200 Bennet ventilators in ICU, the instrument washer (AGH00234) in the OR workroom, a laser machine for endometriosis in surgery (AGH00465), an electrosurgical cautery unit (ESU) in the operating room that had a frayed electrical cord, and a doppler in the recovery room area (AGH00245).</p> <p>The employee stated that the ESU unit and ventilators were rental equipment and that they were not included in the hospital's inventory to ensure electrical safety, quality assurance or accurate calibration and routine preventative maintenance. The employee stated the ESU unit found in surgery with frayed electrical wiring had not been inspected when it was brought to the hospital to ensure it was safe. As of 1800 hours on 2/22/08, no requested information about the equipment had been received.</p> <p>The violation(s) has caused, or is likely to cause, serious injury or death to the patient(s).</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 1280.1(c).</p>				

Event ID:VFYN11

3/11/2010

8:14:59AM

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.