

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

| | | | | |
|--|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/04/2008 |
| NAME OF PROVIDER OR SUPPLIER JOHN F. KENNEDY MEMORIAL HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP CODE 47-111 MONROE STREET, INDIO, CA 92201 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>The following reflects the findings of the Department of Public Health during a Complaint Investigation visit.</p> <p>The following reflects the findings of the California Department of Public Health during a complaint investigation (Complaint # CA00158812).</p> <p>Representing the Department of Public Health: [REDACTED]</p> <p>Abbreviations used in this document:</p> <p>CEO - Chief Executive Officer COO - Chief Operating Officer DQI - Director of Quality Improvement ED - Emergency Department hr - Hour(s) HSC - Health and Safety Code ICU - Intensive Care Unit IV - Intravenous ml - Milliliter(s)</p> <hr/> <p>A 012 1280.1 (a) HSC Section 1280</p> <p>If a licensee of a health facility licensed under subdivision (a), (b), or (f) of Section 1250 receives a notice of deficiency constituting an immediate jeopardy to the health or safety of a patient and is required to submit a plan of correction, the department may assess the licensee an administrative penalty in an amount not to exceed</p> | | <p>The plan of correction is prepared in compliance with federal regulations and is intended as JFK Memorial Hospital (the "hospital") credible evidence of compliance. The submission of the plan of correction is not an admission by the facility that it agrees that the citations are correct or that it violated the law.</p> <p>Organization Minutes: The confidential and privileged minutes are being retained at the facility for agency review and verification if required.</p> <p>Exhibits: All exhibits including revisions to Medical staff Bylaws, reviewed/revised or promulgated policies and procedures, documentation of staff and medical staff training/education are retained at the facility for agency review and verification upon request.</p> | <p>09 SEP 29 PM 4:14</p> <p>CA DEPT OF PUBLIC HEALTH</p> |

Event ID:96D811

9/16/2009

6:29:45PM

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

TITLE

(X6) DATE

[Signature] C.O.O. 9/25/09

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: 050534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/04/2008 |
|--|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER JOHN F. KENNEDY MEMORIAL HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP CODE 47-111 MONROE STREET, INDIO, CA 92201 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 2</p> <p>Based on interview and record review, the facility failed to ensure the ED nursing staff possessed the knowledge and skills required to meet the needs of Patient 3 who presented for emergency care. This failure caused a significant medication error due to incorrect programming of equipment, and the potential for injury and death for all patients seen in the ED.</p> <p>Findings:</p> <p>The record for Patient 3 was reviewed on August 4, 2008. Patient 3, an 87 year old male, presented to the ED on July 9, 2008, with complaints of high blood pressure associated with dizziness. The triage assessment indicated the patient had a blood pressure of 207/68 (normal 120/80).</p> <p>The ED nurse's notes indicated the patient was given a heparin bolus of 5,000 units (an average dose) at 6:15 p.m. The notes further indicated a heparin drip (continuous IV infusion) of 1000 units/hr, or 20 ml/hr, was started at 6:35 p.m. (an average dose).</p> <p>The facility utilized a standard mix of heparin using 25,000 units in 500 ml of fluid, which was equal to 50 units/ml. 20 ml/hr was equal to 1,000 units/hr.</p> <p>According to the record, the patient required admission to the hospital, and was transferred from the ED to the telemetry floor at 8:59 p.m. Upon arrival to the telemetry floor, it was noted by the receiving nurse the heparin bag was empty. This</p> | | <ul style="list-style-type: none"> • Expectations of Care Delivery outlining nursing responsibilities and functions in the provision of patient care and services; • Administration of Vasopressors, Insulin and Heparin in the Emergency Department in conjunction with Pharmacy to ensure current guidelines and standards are met regarding high risk medications. <p>The Director of the Laboratory developed and implemented a policy and procedure on critical lab values that included specific Emergency Room tests and values. The Interim Director of the Emergency Department and the Chief Nursing Officer developed the Results Reporting policy and procedure outlining the steps for staff in notifying physicians of the results of lab and diagnostic studies.</p> <p>The Chief Nursing Officer and the Director of Education adapted the textbook <u>Emergency Nursing Core Curriculum; 5th Edition, 2005 Jean Puell</u> in the development of the core curriculum for nursing in the Emergency Department.</p> <p>The National Patient Safety Goal Team reviewed, revised, and approved the Hospital-wide Critical Tests and Critical Values/Results policy and procedure on November 20, 2008. The revised policy states that if the staff is unable to contact the physician or his/her designee within 30 minutes upon receipt of the critical value, the hospital Chain of Command policy will be followed. The Chief Nursing Officer, the Director of laboratory reviewed and revised the nursing Chain of Command policy to make it a hospital wide policy. The policy includes the chain of command for nursing leadership, physician leadership and resource persons within the hospital available for consultation. The revised policies were approved by the Medical Executive Committee and the</p> | <p>12/08</p> <p>12/08</p> <p>8/08</p> <p>11/20/08</p> <p>12/17/08</p> <p>1/6/09</p> <p>1/15/09</p> |
| Event ID:96D811 | | 9/16/2009 | 6:29:45PM | |

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: 050534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/04/2008 |
| NAME OF PROVIDER OR SUPPLIER JOHN F. KENNEDY MEMORIAL HOSPITAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47-111 MONROE STREET, INDIO, CA 92201 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 3</p> <p>meant Patient 3 received 30,000 units of heparin over two and a half hours. With the normal dose infusing, the total 30,000 units would have been completed in 25 hours.</p> <p>During an interview with the ED Director on August 8, 2008, at 12:08 p.m., the Director stated, upon finding the entire bag of heparin had infused, the ED nurse noted the IV infusion pump had been set at 200 ml/hr instead of 20 ml/hr, resulting in the entire bag of heparin infusing over two and a half hours.</p> <p>This error resulted in Patient 3 requiring transfer to the ICU for intensive monitoring for complications of a heparin overdose.</p> <p>Heparin is a naturally occurring anticoagulant (blood thinner), preventing the formation of clots and extension of existing clots within the blood. An overdose of heparin may cause abnormal bleeding from cuts, nosebleeds, blood in the urine, bleeding into the brain, and possible death (D. Nelson; M. Cox, Lehninger, Principles of Biochemistry, 2004).</p> <p>The employee files for seven random additional ED nurses (including the ED Director) were reviewed on August 8, 2008. The files indicated there was no validation of ED clinical competencies for any of these nurses.</p> <p>During an interview with the nurse educator on August 8, 2008, at 11:20 a.m., the educator stated the facility had general nursing competencies, and in addition all departments, except the ED, had department specific competencies. He stated all</p> | | <p>Governing Board during their regularly scheduled meetings in January 2009.</p> <p>Training: A qualified, competent Emergency Room Registered Nurse from a sister hospital was assigned to the Emergency Department to act as a resource, provide education, monitor care and documentation until all JFK Emergency Department nursing staff completed a comprehensive eight hour education that was developed by the ED leadership staff from the sister hospital. This RN did not take patient assignments, but rather observed care and reviewed all documentation for compliance with policy and to educate nursing staff on quality, safe and appropriate care of the patient who presents to the ED.</p> <p>Five qualified, competent RN's in care of the Emergency Department patient, from the sister hospital, conducted classes and observed competencies developed for the JFK ED nursing staff beginning on the evening of August 8, 2008. The training classes were eight hours long including didactic training and hands on learning. This training included re-education on the revised policies and procedures in nursing assessment, reassessment, informed consent, medication administration and universal protocol.</p> <p>All nursing staff in the ED was trained on the nursing process focusing on the assessment and reassessment of patients, use of waived testing equipment, use of restraints and hands-on training for commonly used pieces of equipment. Re-education included the use of scenarios and questions in the following areas:</p> <ul style="list-style-type: none"> • Restraint and seclusion • Moderate and deep sedation • Procedure sedation/pediatric population | <p>8/08</p> <p>8/08</p> <p>8/08</p> | <p>09 SEP 29 PM 4:15</p> <p>DEPT OF PUBLIC HEALTH</p> |

Event ID:96D811

9/16/2009

6:29:45PM

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: 050534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/04/2008 |
|--|--|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER JOHN F. KENNEDY MEMORIAL HOSPITAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47-111 MONROE STREET, INDIO, CA 92201 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 4</p> <p>nursing areas, except the ED, had competencies that included the types of patients the unit cared for, the types of disease processes they took care of, the types of procedures they did, and the types of equipment they used. The educator stated he did not know why the department specific competencies were not done in the ED.</p> <p>During an interview with the ED Director on August 8, 2008, at 12:10 a.m., the Director stated she had only been doing "core" competencies for the ED nurses, which included general nursing practices. The ED Director stated she had not been validating department specific competencies for the ED nurses in the past, but she had recently developed a tool to do so. She stated the nurses were "working on" their competencies, but none of them had been completed.</p> <p>The CEO, COO, and DQI were notified Immediate Jeopardy was identified on August 8, 2008, at 12:38 p.m. The Immediate Jeopardy was identified due to the facility's failure to ensure competency of the nursing staff in the ED, resulting in a significant medication error on Patient 3, and the potential for injury and death in all patients seen in the ED.</p> <p>The facility provided an immediate plan of correction to address the immediate jeopardy on August 11, 2008, that included:</p> <p>a. Floating a RN from their local sister facility every shift who had documented competencies specific to the ED to serve as a clinical resource nurse and monitor the nursing care provided in the ED. This</p> | | <ul style="list-style-type: none"> • Age specific appropriate care • Arrhythmia recognition • Pain management • IV admixture • Blood transfusions • Emergency severity index • Infant tests • Pediatric tests • Critical drugs/Infusion tests <p>The Director of the Emergency Department educated all clinical staff in the ED on the hospital policy on Chain of Command and all new staff hired at the hospital will be required to take the course during the orientation period.</p> <p>The Director of the Emergency Department and qualified staff from the sister hospital measured the effectiveness of the training through the use of a written test given during the didactic session to identify additional learning needs that were addressed in the eight hour course.</p> <p>The effectiveness of the training was evaluated through the use of a web based education program and a written test 60 days after the completion of the first round of training. 100% of the staff (excluding staff on medical and maternity leave) passed with a score of 90% or better. Staff returning from medical or maternity leave will be required to complete the competencies and pass a written test with a score of 90% prior to working in the Emergency Department.</p> <p>This information has been incorporated into new Emergency Department RN orientation and re-orientation.</p> | <p>8/08</p> <p>8/08</p> <p>11/08</p> <p>1/30/09</p> | |

Event ID:96D811

9/16/2009

6:29:45PM

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: 050534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/04/2008 |
| NAME OF PROVIDER OR SUPPLIER JOHN F. KENNEDY MEMORIAL HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP CODE 47-111 MONROE STREET, INDIO, CA 92201 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 5</p> <p>would occur until all ED nurses working in the facility had verification of competencies specific to the ED;</p> <p>b. Development of nursing competencies specific to the ED;</p> <p>c. An eight hour course including didactic training and hands on learning with the equipment used in the ED, with validation of competencies for 100% of the ED nursing staff by August 30, 2008;</p> <p>d. Employment of an ED nurse consultant to assess the effectiveness of the ED leadership and recommend changes;</p> <p>e. Employment of a clinical nurse educator for the ED and ICU; and,</p> <p>f. Formal training and assessment of competency of all future ED nurses, with no nurse being assigned to care for a patient without prior verification of competency.</p> <p>After implementation of the plan of correction was verified, the DQI and CEO were notified the Immediate Jeopardy was abated on August 11, 2008, at 12:40 p.m.</p> | | <p>The Chairman of the National Patient Safety Goal Team, who is a member of the Quality Management Department, created a critical test/value poster and distributed it to department directors/managers for posting in their respective departments. The Department Directors/Managers will educate all staff on the revised policy. Upon arrival of the new Emergency Department Director, the Interim Director for the ED, competent and qualified in emergency medicine, will remain in place for 90 days to mentor and train the new Director for a period of 90 days. The Interim Director will then assume the roles and responsibilities of the nurse educator for the ED and ICU, and will continue to be an expert resource for the new Director.</p> <p>Monitoring: The Director of the Emergency Department educated all clinical staff in the ED on the hospital policy on Chain of Command and all new staff hired at the hospital will be required to take the course during the orientation period.</p> <p>The Director of the Emergency Department and qualified staff from the sister hospital measured the effectiveness of the training through the use of a written test given during the didactic session to identify additional learning needs that were addressed in the eight hour course.</p> <p>The effectiveness of the training was evaluated through the use of a web based education program and a written test 60 days after the completion of the first round of training. 100% of the staff (excluding staff on medical and maternity leave) passed with a score of 90% or better. Staff returning from medical or maternity leave will be required to complete the competencies and pass a written test with a score of 90% prior to working in the Emergency Department.</p> | <p>12/18/08</p> <p>11/08</p> |

Event ID:96D811

9/16/2009

6:29:45PM

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: 050534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/04/2008 |
|--|---|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER JOHN F. KENNEDY MEMORIAL HOSPITAL | STREET ADDRESS, CITY, STATE, ZIP CODE 47-111 MONROE STREET, INDIO, CA 92201 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>This information has been incorporated into new Emergency Department RN orientation and re-orientation.</p> <p>The Chairman of the National Patient Safety Goal Team, who is a member of the Quality Management Department, created a critical test/value poster and distributed it to department directors/managers for posting in their respective departments. The Department Directors/Managers will educate all staff on the revised policy. Upon arrival of the new Emergency Department Director, the Interim Director for the ED, competent and qualified in emergency medicine, will remain in place for 90 days to mentor and train the new Director for a period of 90 days. The Interim Director will then assume the roles and responsibilities of the nurse educator for the ED and ICU, and will continue to be an expert resource for the new Director.</p> <p>Other Corrective Actions: The Chief Executive Officer and the Director of Human Resources approved a national recruitment effort to fill the opening left when the former Director of the Emergency Department resigned. The position has been filled by a qualified, competent Critical Care RN with leadership experience who began his role of the Director of ED/ICU in January 2009.</p> <p>Addendum: An experienced, qualified, competent RN was hired as the clinical manager of the Emergency Department.</p> | <p>12/08</p> <p>12/18/08</p> <p>1/09</p> <p>5/26/09</p> |

Event ID:96D811

9/16/2009

6:54:19PM

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.

