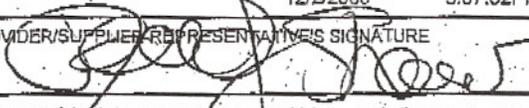


RECEIVED
JAN 22 2009

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2008
NAME OF PROVIDER OR SUPPLIER MAD RIVER COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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 California Department of Public Health during a COMPLAINT visit.</p> <p>Complaint number: CA00151356.</p> <p>Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: [REDACTED]</p> <p>70253(b) Radiological Service General Requirements (b) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.</p> <p>Based on record review, policies and procedures review, personnel file review, and staff interview, the facility failed to ensure that the Imaging Department staff implemented the written policies and procedures titled "Radiation Safety As Low As Reasonably Achievable (ALARA) Philosophy," dated 10/04 and "Radiation Safety Committee," dated 4/04, which resulted in Patient 2 having an extensive ionizing radiation exposure while having a Computed Tomography (CT) scan of the cervical spine.</p>		<p>The facility will provide an ALARA Philosophy educational in-service and a competency validation tool developed by the Radiology Manager and approved by the Chief Radiologist, to each radiology (see addendum 1a and 1b) technician prior to assumption of their duties.</p> <p>Recommendations for pediatric patients, (patients 12 and under), in accordance with recommendations of the ARRT, present on Imaging Department policies, will be included on this in-service. Technicians will be reminded that expert resource will be available at all times to assist with CT concerns. This same in-service and competency validation will be provided to newly hired technicians as part of their department orientation. Validation of in-service completion and the ALARA (see addendum 2a and 2b) competency is verified by the Radiology Department Manager prior to all technicians assuming duties.</p> <p>Yearly review of ALARA philosophy with re-validation of competency will be included in a technician's annual evaluation, (see addendum 3) and must be documented in order to continue their duties. The Radiology manager will maintain a record of ALARA competency for each technician and verified quarterly with the Performance Improvement Director. The validation of ALARA competency for radiology technicians will be achieved by 1/09/2009. These revisions to ALARA philosophy will be dated 01/09/2009, and signed by the Chief Radiologist. (see addendum 4)</p>	1/09/09

Event ID: DUB511 12/2/2008 3:07:52PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
 Douglas Shaw, CEO  TITLE _____ (X6) DATE 1/21/09

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 PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2008
---	---	--	---

NAME OF PROVIDER OR SUPPLIER MAD RIVER COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3000 JANES RD., ARCATA, CA 95521 HUMBOLDT 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
--------------------------	--	---------------------	--	--------------------------

Continued From page 1

THIS EVENT CONSTITUTED AN IMMEDIATE JEOPARDY (IJ), WHICH PUT THE HEALTH AND SAFETY OF PATIENT 2 AT RISK WHEN THE IMAGING DEPARTMENT STAFF FAILED TO IMPLEMENT THE HOSPITAL'S WRITTEN POLICIES AND PROCEDURES FOR RADIATION SAFETY LEVELS RESULTING IN PATIENT 2 RECEIVING EXCESSIVE RADIATION EXPOSURE.

Findings:

On 5/27/08 at 1:35 p.m., a review of Patient 2's clinical record revealed that the patient presented to the Emergency Department on 1/23/08 at 7:38 a.m. carried in by the parents indicating that Patient 2 had fallen off his bed the night before and was now reluctant to move his neck and was complaining of neck pain. Patient 2 was placed in cervical spine (C-spine) precautions. A review of the Emergency Department (ED) physician orders revealed that an x-ray of the patient's C-spine was ordered and completed on 1/23/08. The x-ray results impression indicated that the patient had a C-2-C-3 subluxation (when one or more of the bones of the spine [vertebrae] move out of position and create pressure on, or irritate spinal nerves), which was more marked than a pseudosubluxation (refers to normal mobility of C-2 on C-3 in flexion in children); however there was no fractures nor any other acute pathology noted.

The ED physician decided to have a CT scan done to rule out any injury to the cervical spine (C-2 and C-3). A review of the documentation revealed that:

A policy guiding CT exams, dated 01/09/2009*, will establish a weekly review by the Lead CT Technician of radiation exposure in 10% (see addendum 5a,5b,5c) of all CT procedures, and 100% of pediatric CT scans. The Radiology Department Manager and Chief Radiologist will examine the result of CT exam reviews. Results of the review will be presented for the agenda of the Performance Improvement Committee. These results will also be provided to the Radiology/Pathology Committee, the Medical Executive Committee and Board of Directors.

The event of a patient suspected to have received excessive radiation exposure will be regarded as an "unusual occurrence," and reported immediately to the Risk Management Team. If excessive radiation confirmed by the Chief Radiologist, a subsequent report will be made by Risk Management to the appropriate public health agency. (see addendum 6 and 7). Any patient confirmed to have received excessive radiation by the Chief Radiologist, will be contacted by that physician, with recommendations for follow-up screening or treatment. Imaging Department policies will be reviewed annually by the Executive Team for effectiveness.

Event ID: DU8511	12/2/2008	3:07:52PM
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: 050028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2008
---	---	--	---

NAME OF PROVIDER OR SUPPLIER MAD RIVER COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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>CT Tech R started the CT scan at 8:32:05 a.m. and was completed at 9:37:15 a.m., which was more than an hour. The document revealed that the patient received 151 images in the same section of the mid maxillary sinuses, mid-clivus, and posterior fossa. The record lacked documented evidence that the ED physician was notified by CT Tech R that the CT scan images were not clear and therefore not a good study. A second CT scan was completed by CT Tech S. The CT scan started at 10:55:01 a.m. and was completed at 10:56:39 a.m.</p> <p>Review of the color pictures of Patient 2 provided by the hospital on 5/28/08 with the Nurse Executive revealed redness on Patient 2's right and left cheeks. The photographs of the left side of Patient 2's face demonstrate a clear line that extends from Patient 2's infraorbital ridge (bony ridge under the eye) backwards through the ear and nape of the neck. The photographs of the right side of Patient 2's face also demonstrate a clear line extending from the infraorbital ridge backwards through the ear. These lines are consistent with the anatomical region that received the excessive radiation, and represent a plane approximately 3mm thick.</p> <p>During an interview on 5/27/08 at 4:55 p.m., CT Tech R stated that she had programmed the CT scanner to Level C-spine; C-1 through C-4. After 1-2 images the error number for the table position was visible on the computer screen. CT Tech R stated that she went into the gantry and re-adjusted the table. She stated that the parent was leaning on the table to help keep the patient from moving. She returned to the computer room and re-set the</p>			

Event ID: DU8511	12/2/2008	3:07:52PM	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: 050020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2008
--	--	--	--

NAME OF PROVIDER OR SUPPLIER MAD RIVER COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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>was she was distracted by the parents. The documentation revealed that CT Tech R's explanation for what happened during the incident did not match her actions. The past Manager of the Imaging Department documented that the above violated the hospital's ALARA policies for acceptable levels of radiation.</p> <p>A review on 5/28/08 of the written report generated by Medical Physicist T revealed the following; "The new report absorbed dose is calculated to be 2.8 Gy (280 Rad), and could be as high as 11 Gy (1,100 Rad), using a factor of four for pediatric size and makeup. Based on this amended absorbed dose, and using relevant material from the American Journal of Roentgenology, 176 (2), 289-296, "Estimated Risks of Radiation Induced Fatal Cancer from Pediatric CT." Based on this information, Medical Physicist T indicated that Patient 2 had a lifetime increased risk of a fatal cancer at 39%.</p> <p>The policy and procedure titled "Radiation Safety AS Low As Reasonably Achievable (ALARA) Philosophy," dated 10/04 indicated that the hospital adopted the California Radiation Control Regulations (Section 30253 (Title 17) that requires each licensee make every reasonable effort to maintain radiation exposures and releases of radiation materials in effluents to unrestricted areas as low as is reasonably achievable taking into account that state of technology and the economics of improvements in relation to benefits to the public health and safety. The ALARA philosophy extends to exposure to individuals in the</p>			

Event ID:DU8511	12/2/2008	3:07:52PM
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: 050028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/28/2008
NAME OF PROVIDER OR SUPPLIER MAD RIVER COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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>performance of their duties and to patients undergoing medical evaluations and treatments. This policy and procedure was violated as demonstrated by the actions of CT Tech R in this incident.</p> <p>The policy and procedure titled, "Radiation Safety Committee," dated 4/04, indicated that the hospital had adopted the State of California, Department of Health Services, Radiologic Health Section, Appendix B from publications RBH 2010 (4/90) as the standard guidelines for the Radiation Safety Committee guidelines, ensuring that all uses of radioactive material and of radiation machines are conducted in a manner consistent with ALARA philosophy and in accordance with the California regulations and the conditions of the license. This policy and procedure was violated as demonstrated by the actions of CT Tech R in this incident.</p>				

Event ID: DUB511

12/2/2008

3:07:52PM

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.