

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2007</b>
NAME OF PROVIDER OR SUPPLIER <b>DOCTORS MEDICAL CENTER - SAN PABLO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 VALE RD, SAN PABLO, CA 94806 CONTRA COSTA COUNTY</b>		
(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>70213(a) Nursing Service Policies and Procedures (a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.</p> <p>Based on clinical record review, policy and procedure review, and staff interview, the hospital failed to ensure that nursing staff implement the policies and procedures titled "Accu-Chek Advantage Blood glucose Monitoring System," and "Hypoglycemia Protocol," when Patient 500 experienced a hypoglycemia episode (a potentially fatal condition if untreated), when the blood glucose level was extremely low at 22 mg/dl on 9/2/07 at 9 p.m.</p> <p>THIS EVENT CONSTITUTED AN IMMEDIATE JEOPARDY (IJ), WHICH PUT THE HEALTH AND SAFETY OF PATIENT 500 AND ALL DIABETIC PATIENTS AT RISK WHEN THE NURSING STAFF FAILED TO IMPLEMENT THE HOSPITAL'S WRITTEN POLICIES AND PROCEDURES FOR MONITORING BLOOD GLUCOSE LEVELS AND TREATING HYPOGLYCEMIA.</p> <p>Findings:</p> <p>On 10/17/07, a review of Patient 500's record revealed that the patient was admitted to the hospital on 8/17/07 with diagnoses of diabetes and end stage renal disease.</p> <p>The Nursing Flowsheet indicated that the patient was alert and oriented on 9/2/07 at 8 p.m. The Diabetic Record dated 9/2/07, indicated that the blood glucose test (measures the blood sugar level)</p>			

Event ID:ND1111

8/14/2008

1:50:10PM

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:  <b>050079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2007</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>DOCTORS MEDICAL CENTER - SAN PABLO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 VALE RD, SAN PABLO, CA 94806 CONTRA COSTA COUNTY</b>
---	---

(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><b>Continued From page 1</b></p> <p>results were 22 mg/dl (milligrams/deciliter is the traditional unit for measuring blood glucose) at 9 p.m. There was no documentation of a repeat blood glucose level taken after 9 p.m.</p> <p>The Plan of Care (Nurses Notes) dated 9/2/07 at 9 p.m., indicated that the blood glucose was 22 mg/dl. Staff gave the patient 120 cc of orange juice with the oral medications that the patient took by mouth at 9 p.m. At 11:45 p.m., the patient was sitting up in a chair at the side of the bed and was encouraged to get into bed.</p> <p>The Medication Administration Record (MAR) dated 9/2/07 indicated that if the patient's blood glucose result was less than 71 mg/dl, the staff were to initiate the Hypoglycemia Protocol.</p> <p>The Plan of Care (Nurses Notes) dated 9/3/07 at 4:45 a.m. indicated that Patient 500 was unresponsive to verbal or tactile stimulation and the skin was cool to touch. A Code Blue (cardiopulmonary resuscitation) was called.</p> <p>The Code Blue Sheet dated 9/3/07 at 4:50 a.m. indicated that the patient did not respond to the resuscitation medications (epinephrine, atropine and sodium bicarb). Patient 500 suffered a cardiopulmonary arrest and expired at 5:13 a.m.</p> <p>A review of the "Hypoglycemia Protocol" dated 5/06, defined Hypoglycemia as a blood sugar of 70 mg/dl or less in a patient on a hypoglycemia agent. The protocol directed that for a blood sugar of 45 mg/dl or less, the staff are to do the following: 1. If</p>			
--	---	--	--	--

Event ID:ND1111

8/14/2008

1:50:10PM

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:  <b>050079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2007</b>
NAME OF PROVIDER OR SUPPLIER <b>DOCTORS MEDICAL CENTER - SAN PABLO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 VALE RD, SAN PABLO, CA 94806 CONTRA COSTA COUNTY</b>		
(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><b>Continued From page 2</b></p> <p>the patient does not have an IV line, give Glucagon 1 mg (helps maintain the level of glucose in the blood) SQ (subcutaneous injection). Establish an IV line. If the patient has an IV line, give D50W ( Dextrose (sugar) 50% in Water) ml IV. 2. Start D10W (Dextrose 10%in Water) at 40 ml/hr (Continue until order from the physician or BS (blood sugar) is greater than 250 mg/dl). Monitoring for the patients: 1. Inform the primary physician of hypoglycemic episode. 2. Accuchecks every 15 minutes until the blood glucose is greater than 90 mg/dl x (times) 2. Notify physician when BS (blood sugar) is less than 80 mg/dl. 3. Decrease frequency of monitoring to hourly x (times) 2, then q (every) 2 hours x (times) 2, then q (every) 4 hour as long as the blood glucose is consistently above 90 mg/dl. 4. Hold any routine Insulin or oral hypoglycemic agents until diabetic regimen is discussed with primary physician.</p> <p>The policy and procedure titled, "Accu-Chek Advantage Blood Glucose Monitoring System," dated 10/98, indicated if the blood glucose test results are below 60 mg or greater than 400 mg a lab blood sugar will be ordered STAT and the results of both tests will be reported to the physician.</p> <p>On 10/17/07 at 4:30 p.m., Staff RN S stated during an interview that she was the nurse that had taken care of Patient 500 on 9/2/07. Staff RN S stated that she had not taken the blood glucose, that the charge nurse had done the finger stick at the beginning of the shift (7 p.m. - 7 a.m.) and the charge nurse had report to her the result, which</p>			

Event ID:ND1111

8/14/2008

1:50:10PM

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:  <b>050079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/15/2007</b>
NAME OF PROVIDER OR SUPPLIER <b>DOCTORS MEDICAL CENTER - SAN PABLO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 VALE RD, SAN PABLO, CA 94806 CONTRA COSTA COUNTY</b>		
(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><b>Continued From page 3</b></p> <p>was 22 mg/dl. Staff RN S stated that she monitored the patient throughout the shift and the patient was alert and oriented. Staff RN S stated that she had given the patient approximately 120 cc of orange juice. She stated that she put two (2) packets of sugar into the orange juice. Staff RN S stated that the patient drank all of the orange juice. Upon inquiry regarding re-taking the blood glucose test, Staff RN S stated that she had not retaken the patient's blood glucose test before or after the orange juice. Upon inquiry regarding using a different glucometer to retake the patient's blood glucose test, Staff RN S stated that she had not gotten another glucometer to retake the blood glucose test to verify the accuracy of the first glucometer. Staff RN S stated that the charge nurse had told her that she put in a "STAT" blood glucose request for the lab to draw the patient's blood. Staff RN S stated that between 12 midnight and 2 a.m., the patient was sitting up at the bedside alert and oriented. Staff RN S stated that between 4:30 a.m. - 5 a.m., she had checked on the patient and found the patient unresponsive and not breathing. Staff RN S stated that she started CPR (cardiopulmonary resuscitation) and called into the hallway to call a Code Blue. The crash cart was brought into the room and the Ambu bag was used for ventilations.</p> <p>Staff RN S stated that she had been in-serviced regarding the hypoglycemia protocol; however she did not follow the protocol. Staff RN S stated that she went on her assessments of the patient condition and therefore did not implement the protocol. Staff RN S stated that she did not notify</p>				

Event ID:ND1111

8/14/2008

1:50:10PM

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:  <b>050079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2007</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>DOCTORS MEDICAL CENTER - SAN PABLO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 VALE RD, SAN PABLO, CA 94806 CONTRA COSTA COUNTY</b>
---	---

(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><b>Continued From page 4</b></p> <p>the physician with any of the blood glucose results and did not recheck the blood glucose every fifteen minutes as directed in the protocol.</p> <p>On 10/18/07 at 7:45 a.m., Staff RN M stated during an interview that she was the charge nurse for the shift (7 p.m. to 7 a.m.) on 9/2/07. Staff RN M stated that it is the charge nurses responsibility to take all of the vital signs and to do any blood glucose tests at the beginning of the shift for the nurses. Staff RN M stated that at approximately 8:50 p.m., she took the first blood glucose test of Patient 500 and the result was 19 mg/dl. Staff RN M stated that at approximately 8:55 p.m., she reprogrammed the glucometer and took Patient 500's blood glucose test for the second time. The result was 22 mg/dl. Staff RN M stated that the patient was alert and oriented. Staff RN M stated that she went to the nurse taking care of the patient and told her the results of the second blood glucose test. Staff RN M stated that at approximately 9 p.m., she took Patient 500's blood glucose test for the third time and the result was 19 mg/dl.</p> <p>A review of the patient's record revealed that the first and third blood glucose results were not documented in the record. Staff RN M stated that she put in a "STAT" (means immediately) lab draw for blood glucose into the computer. Staff RN M stated that she kept the nurse taking care of Patient 500 informed of the "STAT" lab request and the result of the third blood glucose test. Staff RN M stated that she went to help the other nurse on the shift. Staff RN M stated that around 11:30 p.m. to 12 midnight, she realized that she had not seen</p>			
--	---	--	--	--

Event ID:ND1111

8/14/2008

1:50:10PM

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:  <b>050079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/15/2007</b>
NAME OF PROVIDER OR SUPPLIER <b>DOCTORS MEDICAL CENTER - SAN PABLO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 VALE RD, SAN PABLO, CA 94806 CONTRA COSTA COUNTY</b>		
(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><b>Continued From page 5</b></p> <p>the lab staff on the unit. She looked up the request in the computer and the lab request still read "Active," which meant that the lab staff had not drawn the blood glucose. Upon inquiry regarding calling the lab to find out if they had gotten the request, Staff RN M stated that she did not call the lab to confirm that the lab had gotten the request. Staff RN M stated that she told the nurse caring for the patient that the "STAT" lab had not been done. Staff RN M stated that the patient remained alert and oriented and there were no changes in her status.</p> <p>Upon inquiry regarding using another glucometer to recheck blood glucose and to check the accuracy of the first glucometer, Staff RN M stated, "No, I did not get another glucometer and retake the patient's second and third blood glucose tests." Upon inquiry regarding if there was another glucometer available to use, Staff RN M stated that she could have gotten another glucometer from another unit. Staff RN M stated that she believed that the nurse caring for the patient was following the Hypoglycemic Protocol, so she did not follow-up. Staff RN M stated that she had received an in-service on the use of the Hypoglycemic Protocol and she did not implement the protocol. Staff RN M stated that she had not notified the physician with any of the results and did not recheck the blood glucose every fifteen minutes as directed in the protocol.</p> <p>On 10/17/07 at 1:15 p.m., a review of the computer screen sheet print out with administrative staff. Administrative staff stated that Staff RN M had entered the "STAT" lab request as a "charge"</p>				

Event ID:ND1111

8/14/2008

1:50:10PM

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:  <b>050079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/15/2007</b>
NAME OF PROVIDER OR SUPPLIER <b>DOCTORS MEDICAL CENTER - SAN PABLO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 VALE RD, SAN PABLO, CA 94806 CONTRA COSTA COUNTY</b>		
(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><b>Continued From page 6</b></p> <p>instead of an "order." Staff RN M and Staff RN S did not follow-up with the lab, when the lab did not come to draw the "stat" blood glucose level.</p>				

Event ID:ND1111

8/14/2008

1:50:10PM

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.