CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050589	A. BUILDING _____ B. WING _____	05/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLACENTIA LINDA HOSPITAL	1301 ROSE DRIVE, PLACENTIA, CA 92870 ORANGE COUNTY

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	The following reflects the findings of the Department of Public Health during an inspection visit: Complaint Intake Number: CA00265360 - Substantiated Representing the Department of Public Health: Surveyor ID # 21262, HFEN The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. 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. DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY T22 DIV5 CH1 ART3-70203(a)(2) Medical Service General Requirements (a) A committee of the medical staff shall be assigned responsibility for: (2) Developing, maintaining and implementing written policies and procedures 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.		**The plan of correction is prepared in compliance with federal regulations and is intended as Placentia-Linda Hospital's (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.** **Organization Minutes:** The confidential and privileged minutes are being retained at the facility for agency review and verification if required. **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. **Tag:** **Policy & Procedures:** The CA Regional Compliance Officer and Tenet Legal Department reviewed the Hospital's Standards of Conduct Booklet along with the Internal Reporting of Potential Compliance Issues Policy. An educational presentation was created using both source documents which includes a focus on mandatory and timely reporting of actual and/or potential events such as sexual abuse to hospital administration and/or the Ethics Action Line. The Ethics Action Line is a manned phone line that is available 24 hours a day, 7 days a week. This presentation was used to educate both the OR staff and anesthesiologists.	April 21, 2011

Event ID:2PIL11 9/28/2011 2:19:35PM

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[signature]	CEO	10/6/11

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Approved
10/12/11
09/40 hrs

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	Continued From page 1 T22 DIV5 CH1 ART3-70213(a) Nursing Service Policies and Procedures (a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service. The above regulations were NOT MET as evidenced by: Based on observation, record review, and staff interview, the hospital's medical and nursing services failed to implement current Policies and Procedures (P&P) including the hospital's Standards of Conduct for reporting of physician misconduct to the administration. The failure of the medical and nursing staff to report and the consequent failure of the hospital to investigate an allegation of a witnessed sexual assault by medical doctor 2 (MD) resulted in a subsequent sexual assault of Patient B by MD 2 and an ongoing threat of sexual assault to surgical patients by MD 2 over a period of approximately one year. Findings: On 4/8/11, the hospital's Clinical Quality Improvement (CQI) Director delivered a letter of a sexual assault allegation to the local office of the Department of Public Health, Licensing and Certification Program. The letter showed that on [redacted]11, hospital administration was notified that on [redacted]11 a hospital transporter believed she witnessed an anesthesiologist fondle the breast(s) of a female patient under anesthesia for an outpatient surgical procedure.		**Training:** The CA Regional Compliance Officer educated 100% of the OR staff regarding mandatory and timely reporting of actual and/or potential events such as sexual abuse on May 4, 2011 and May 16, 2011. This information has been added to new employee orientation and annual employee reeducation. The CA Regional Compliance Officer educated 100% of anesthesiologists on staff on mandatory and timely reporting of actual and/or potential events such as sexual abuse on May 16, 2011. **Monitoring:** All reports of sexual abuse will be referred to the Hospital risk manager and counsel for investigation. The Tenet Ethics Action Line is monitored 24 hours a day, 7 days a week. All compliance and patient care issues are referred immediately to the hospital compliance officer for investigation, who will involve administration as appropriate. **Responsible Person(s):** CA Regional Compliance Officer Director of OR **Disciplinary Action:** Non-compliance with corrective action by hospital staff will result in immediate remediation and appropriate disciplinary action in accordance with the hospital's Human Resources policies and procedures. Medical Staff members demonstrating non-compliance with corrective action will be referred for peer review in accordance with Medical Staff bylaws, as appropriate.	May 16, 2011

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	Continued From page 2 On 4/11/11 at 0900 hours, review of the hospital's P&P on Sexual and Other Unlawful Harassment showed, "Any employee who encounters an incident of alleged sexual or other unlawful harassment should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact the supervisor, the employee should immediately contact the Human Resources Department. Employees may raise concerns and make reports of unlawful harassment without fear of reprisal." The policy applied to all employees, including supervisors, managers, department heads/directors, and physicians, whether or not employed by the hospital. Anyone engaging in sexual or other unlawful harassment would be subject to corrective action, up to, and including, termination of employment. On 4/11/11, further review of the hospital's Standards of Conduct, under Positive Physician Relationships, showed inappropriate behavior by an employee would be investigated by Human Resources representative, and an appropriate medical staff committee would investigate inappropriate behavior by a physician. If anybody was aware of any behavioral issues, that person should contact the hospital compliance officer or the Ethics Action Line. On 4/11/11 at 1005 hours, Transporter 1 was interviewed to describe the event she witnessed on			

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	Continued From page 3 [redacted]11. Transporter 1 described the responsibilities of her job which was to transport patients for surgery to the operating room (OR) and to transport the patient after surgery to the recovery room. At approximately 1700 hours on [redacted]11, she wanted to inquire from the anesthesiologist (MD 2) if the operating team was ready for the next surgery patient. Transporter 1 approached the back door of the OR. The back door was closest to MD 2. Looking through the glass window of the back door, she saw the circulating nurse (RN 2) charting near the main door of OR Suite E that led to the hallway. The surgical technician (ST) and the surgeon were standing at the foot end of the OR table still performing a surgical excision of hemorrhoids. Patient B's legs were spread apart and raised up in stirrups to be able to perform the surgical procedure. MD 2 was standing at the head part of the OR table with his back towards the back door. A surgical barrier drape, located over Patient B's abdomen, separated MD 2 from the sterile surgical field, and provided a visual barrier from the surgeon and the ST. What caught Transporter 1's attention was Patient B's breasts were exposed, with MD 2's hands on top of the patient's chest. Transporter 1 decided to approach the main door of the OR and asked RN 2 instead when the operating team was ready for the next patient. She approached the back door for the second time. Looking through the glass window of the back door, again she saw MD 2's hands, behind the surgical barrier drape, on top of Patient B's exposed breasts while the surgical team was occupied finishing the surgery on the other side of the barrier drape.			

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	Continued From page 4 Per Transporter 1, she reported the event to Hospital Administration the following Monday, [redacted]11. Transporter 1 met with the Chief Anesthesiologist and other members of the medical staff. MD 2 was taken off the surgery schedule on [redacted]11 however MD 2 was also practicing at other hospitals. The sexual assault allegations for MD 2 were not reported to the police by Hospital Administration until 4/11/11. Patient B was notified of the allegations on [redacted]11. During an interview with the Chief Anesthesiologist, on 4/11/11 at 1230 hours, it was revealed the allegation about MD 2 was not the first one reported to him. Approximately a year ago, RN 1 had reported to him that ST 1, the surgical technician who assisted on the procedure, witnessed MD 2 touch a female patient's genitals while performing a femoral nerve block (a technique to anesthetize the lower extremity). The Chief Anesthesiologist, wanting more concrete evidence, opted to monitor MD 2's performance for any further sexual allegations. The incident was not reported to the medical staff and/or administration by RN 1 or the Chief Anesthesiologist as per the hospital's standards of conduct. MD 2 was not confronted about the incident. The alleged first victim was not notified because the witness, ST 1, was uncertain of the patient identity and the event date. RN 1 and ST 1 were asked by the Chief Anesthesiologist to monitor MD 2 during subsequent surgical cases although there was no guarantee they would be the staff assigned to the surgical cases in MD 2's room every day.			

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	Continued From page 5 On 4/11/11 at 1300 hours, ST 1 was asked about the first allegation. She stated during the performance of a femoral nerve block on an 18-year old female patient, she witnessed MD 2 touch the patient's vagina in an inappropriate way. ST 1 was unsure if what she saw was part of the normal procedure. The incident bothered her so she told RN 1 but claimed she remained uncertain of what she saw, who the patient was, and when it happened. On 4/11/11 at 1417 hours RN 1 was asked what she did after ST 1 had told her of the first allegation about MD 2. She stated she promised ST 1 to be quiet about the incident but felt guilty so she revealed it to the Chief Anesthesiologist. Like ST 1, she was told to continue monitoring MD 2 for any further allegation. The incident was not reported to the hospital administration, the Human Resources Department or the Ethics Action Line, as per the hospital's policy and/or the hospital's standards of conduct. The hospital failed to follow their P&P on reporting unlawful sexual conduct/harassment. As a consequence, there was no investigation done of the first sexual allegation about MD 2 and/or corrective action taken to prevent future occurrences. These failures resulted in a subsequent sexual assault of Patient B by MD 2 and exposed surgical patients under anesthesia to the ongoing threat and likelihood of sexual assault by MD 2.			

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	Continued From page 6 These failures, jointly or separately, are deficiencies that have caused, or are 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). 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).			

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