

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2010
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NAME OF PROVIDER OR SUPPLIER Santa Monica - UCLA Medical Center and Orthopaedic Hospital	STREET ADDRESS, CITY, STATE, ZIP CODE 1250 16th St, Santa Monica, CA 90404-1249 LOS ANGELES COUNTY
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(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
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	<p>Continued From page 2</p> <p>(surgical procedure to widen the opening in the lower part of the stomach).</p> <p>The Operating Room Nursing Record dated [REDACTED] 2009, disclosed that three lap sponge counts were conducted and all three were correct.</p> <p>A review of Patient B's CT (computed tomography) Abd-Pelvis scan without contrast preliminary report dated [REDACTED] 2009, revealed a foreign object (a surgical sponge) was retained in the patient's left upper quadrant of the abdomen.</p> <p>A review of the Operative Report dated [REDACTED] 2009, disclosed Patient B had an exploratory laparotomy (an incision made into the abdomen and abdominal exploration performed under general anesthesia) to remove a lap sponge.</p> <p>During an interview on January 13, 2010 at 10:45 a.m., Employee 4 stated, Employee 5 (Circulating Nurse) might have failed to separate each sponge to visually conduct a correct count with Employee 6 and 7.</p> <p>In a telephone interview on January 14, 2010 at 3:38 p.m., Employee 5 stated that she had conducted three lap sponge counts with Employee 6 (Scrub Technician) and Employee 7 (Scrub Technician) during the surgical procedure on Patient B on [REDACTED] 2009. Employee 5 stated she had placed all lap</p>			
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Event ID:7PQR11

2/12/2013

11:46:09AM

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.

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	<p>Continued From page 3</p> <p>sponges on the floor and conducted a count with Employee 6 and Employee 7.</p> <p>A review of the facility's policy and procedure (Policy #C4) titled, "Counts, Sponges and Sharps" dated as last revised in April 2008, stipulated the mandatory count are performed audibly and visually by the scrub person and circulating nurse.</p> <p>According to The Recommended Practices for Sponge, Sharp and Instrument Counts by the Association of perioperative Registered Nurses - AORN Standards, Recommended Practices, and Guidelines): Sponges should be separated, counted audibly and concurrently viewed during the count procedure by two individuals, one of which should be a nurse.</p> <p>The facility's failure to implement its policy and procedure to prevent retention of a lap sponge during a surgical procedure for Patient B is a deficiency that has caused, or 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.</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>				

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