

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2008
NAME OF PROVIDER OR SUPPLIER LAC/HARBOR-UCLA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST CARSON STREET, TORRANCE, CA 90509 LOS ANGELES 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 1</p> <p>required for removal of the sponge for Patient M.</p> <p>Findings:</p> <p>In the 2008 Perioperative Standards and Recommended Practices published by AORN (Association of periOperative Registered Nurses) the chapter titled Recommended Practices for Sponge, Sharp, and Instrument Counts addresses operative count procedures. A sponge is defined as a soft good, for example a gauze pad, used to absorb fluids, protect tissue, and/or apply pressure or traction. According to AORN, counts are performed to account for all items and to lessen the potential for injury to the patient as a result of a retained foreign body. Sponge counts should be performed before the procedure to establish baseline, before closure of a cavity within a cavity, before wound closure begins, and at skin closure or end of the procedure. Closed claim studies conducted over the past 20 years show that roughly two-thirds of reported cases of retained surgical items are attributed to sponges.</p> <p>An additional AORN recommendation is that counted sponges should not be used as post operative packing. According to the AORN, in certain circumstances, when counted sponges are intentionally used as packing and the patient leaves the OR with this packing in place, the number and types of sponges retained and the reason for the variation should be documented and confirmed by the surgeon.</p> <p>On 8/25/08, review of Hospital A's policy and</p>		<p>incorrect and stating if there is any packing." Furthermore, the rationale/key point associated with Step 13 was changed from the previous "The surgeon will actively acknowledge the report of the count," to read "The surgeon will actively acknowledge the report of the count by repeating back the count results." In addition, on page 8 under Step 14 a new paragraph was added that reads "When the circulating RN announces the count to the surgeon, he/she will say: 'count is correct with # (type) sponges packed.' The surgeon will repeat back this statement."</p> <p>These changes in the Operating Room Policy and Procedures relating to surgical Counts will be disseminated to all surgeons and OR nursing personnel through educational activities specifically intended for the purpose. Immediately thereafter, the procedures will be implemented for all operations conducted in the OR.</p> <p><u>The title or position of the person responsible for the correction.</u> Co-chairs, Operating Room Committee</p> <p><u>A Description of the Monitoring Process</u> A random sample of 20% of all OR cases will be audited until 90% compliance is achieved and maintained for 3 months using the following indicators:</p>	

Event ID:H3OT11

12/12/2008

11:14:21AM

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

TITLE

(X6) DATE

Guthrie M. Oliver

Accreditation & Licensing Administrator

12/22/08

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: 050376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2008
NAME OF PROVIDER OR SUPPLIER LAC/HARBOR-UCLA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST CARSON STREET, TORRANCE, CA 90509 LOS ANGELES 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>procedure for "Surgical Counts," showed surgical counts are the responsibility of the circulating nurse and the scrub person responsible for the case. Additionally, the policy and procedure showed when counted items are used for packing the wound the surgical team must make the scrub and circulating RN aware of any sponges that are to intentionally remain in the patient. The number and types of sponges remaining with the patient will be documented under the packing section of the Perioperative Care Plan by the circulating nurse.</p> <p>On 8/25/08, review of Patient M's medical record showed, on an operative report, the patient had abdominal surgery on 9/15/07 for removal of an infected peritoneal dialysis catheter (placed in the abdomen to remove bodily wastes) and for exploration of the abdomen. On the operative report, in the final count section, a "Correct" box was checked. Under the box were the initials "N/A" and then a star with "Lap sponge x 1 abd packing." The Perioperative Care Plan showed on the line titled "Packing" a 4 inch by 4 inch lap sponge in the abdomen. Review of the post operative physician notes, postoperative physician orders, operative report, and recovery room nurses notes failed to show mention of a lap sponge in the wound. Patient M was discharged on 10/3/07 with instructions for the retention sutures to be removed during a clinic follow-up visit.</p> <p>On 8/27/08 at 0900 hours, a telephone interview was conducted with RN C who was the circulating nurse in the operating room for Patient M's surgery on 9/15/07. RN C said during the surgery the</p>		<p>The RN notifies the surgeon of the completed count status, including any packs intentionally left in the patient's body. The surgeon actively acknowledges the count status by repeating back the count results.</p>	

Event ID:H3OT11

12/12/2008

11:14:21AM

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

TITLE

(X6) DATE

Cynthia M. Oliva

Accreditation & Licensing Administrator

12/22/08

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: 050376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2008
NAME OF PROVIDER OR SUPPLIER LAC/HARBOR-UCLA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST CARSON STREET, TORRANCE, CA 90509 LOS ANGELES 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>abdomen was washed out and a lap sponge was in the abdomen before the abdomen was sutured with retention sutures. According to the nurse, sometimes when they do surgeries that require a wash out of the abdomen they leave sponges in and remove them several days later and that was why she charted a sponge was in the wound. When asked if the surgeons called out they were leaving a sponge in the patient the RN said no. When asked if the surgeons were asked if they wanted to leave a sponge in by either the circulating nurse or scrub person, RN C said no.</p> <p>On 10/14/08 at 1350 hours during an interview, the surgeon for Patient M's 9/15/07 surgery stated that when a sponge was to be left in for wound packing the surgeon would say out loud "we're packing the belly." The surgeon also stated no packing was used for Patient M's surgery because the fascia (connective tissue) was closed. Packing was only used if the fascia was left open.</p> <p>Review of Hospital B's medical records on 8/26/08 showed an ED (Emergency Department) physician's report for Patient M dated 8/5/08. According to the physician's history Patient M presented with nausea, vomiting, and abdominal pain. According to the physician's notes a CAT scan of the abdomen showed an apparent abcess associated with a foreign body.</p> <p>Further review of Patient M's medical record from Hospital B showed in the surgeon's history and physical, dated 8/5/08, the patient had the feeling of a mass in the upper abdomen since he had</p>			

Event ID:H3OT11

12/12/2008

11:14:21AM

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

TITLE

(X6) DATE

Christopher M. Olson

Accreditation & Licensing Administrator

12/22/08

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: 050376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2008
NAME OF PROVIDER OR SUPPLIER LAC/HARBOR-UCLA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST CARSON STREET, TORRANCE, CA 90509 LOS ANGELES 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>surgery for removal of a peritoneal catheter at LAC/Harbor-UCLA Medical Center.</p> <p>An operative report, dated 8/6/08, showed the patient had an exploratory abdominal surgery. The operative report showed a mass was felt in the abdomen. After the surgical incision was made a cyst (an abnormal membranous sac containing a gaseous, liquid, or semisolid substance) was identified. After the cyst was opened an obvious foreign body, a laporatomy sponge was removed. The cyst contained the sponge and the cyst including the sponge was surgically removed.</p> <p>The violation(s) has caused or is likely to cause, serious injury or death to the patient(s).</p>			

Event ID:H3OT11

12/12/2008

11:14:21AM

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

TITLE

(X6) DATE



Accreditation & Licensing Administrator

12/22/08

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.