**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:**

CA930000162

**MULTIPLE CONSTRUCTION**

A. BUILDING: 

**DATE SURVEY COMPLETED:**

C 02/22/2013

**NAME OF PROVIDER OR SUPPLIER**

RONALD REAGAN UCLA MEDICAL CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

717 WESTWOOD PLAZA

LOS ANGELES, CA 90095

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>The following reflects the findings of the Department of Public Health during an entity reported incident investigation. Complaint Intake # CA00281298- Substantiated The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility, Representing the Department of Public Health: Evaluator ID# 31335, RN, HFEN 1280.1(c) Health and Safety Code Section 1280 For purposes of this section, &quot;Immediate Jeopardy means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or likely to cause, serious injury or death to the patient.</td>
<td>E 000</td>
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<tr>
<td>E 347</td>
<td>T22 DIV5 CH1 ART3-70223(b)(2) Surgical Service General Requirements (b) A committee of the medical staff shall be assigned responsibility for: (2) Development, maintenance and implementation of 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. This Statute is not met as evidenced by: Based on record review and interview, the facility</td>
<td>E 347</td>
<td></td>
<td>7/12/2013</td>
</tr>
</tbody>
</table>

**STATE FORM 6899**

30L311

If continuation sheet 1 of 5
According to the Operative Record dated February 14, 2013, an unannounced visit was made to the facility to investigate an entity reported incident on a retained foreign object (lap sponge) after a surgical procedure on Patient 1. A review of the Discharge Summary for Patient 1 disclosed the patient was admitted to the facility on June 12, 2011, and discharged on September 13, 2011. The admitting diagnosis was hepatic flexure colon cancer. (Hepatic flexure is a bend in the colon that connects the ascending and transverse colon.) The discharge diagnoses included hepatic flexure colon cancer and retracted foreign body.

Findings:

On February 14, 2013, an unannounced visit was made to the facility to investigate an entity reported incident on a retained foreign object (lap sponge) after a surgical procedure on Patient 1. A review of the Discharge Summary for Patient 1 disclosed the patient was admitted to the facility on June 12, 2011, and discharged on September 13, 2011. The admitting diagnosis was hepatic flexure colon cancer. (Hepatic flexure is a bend in the colon that connects the ascending and transverse colon.) The discharge diagnoses included hepatic flexure colon cancer and retracted foreign body.

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E 347 Continued From page 2

Laparotomy, Cholecystectomy, and a resection of tumor mass anterior body of pancreas.

The Operating Room Nursing Record for Patient 1 dated 2011, disclosed that the preliminary count was conducted by Employee 1 and Employee 3 and it was correct. The first count and the final counts were done by Employee 2 and Employee 4, and they were correct. However, according to the Discharge Summary, on the fourth post-operative day a Gastrografin study (swallowing of contrast dye) was done to assess for duodenal (the first part of the small intestine) leak, which did not show any leak. Instead, the study showed the ribbon like densities projecting over the left lower abdominal. The repeat KUB (an x-ray of the kidneys, ureter, and bladder) was completed and again it showed the same image of the object.

A review of Patient 1's X-ray of the abdomen dated 2011, indicated "one or two ribbon like densities projecting over the left abdomen are unchanged and likely lap pad markers."

A review of the Operating Room Record for Patient 1 underwent a second surgery of an exploratory laparotomy to remove a foreign body under general anesthesia. The Operating Room Record indicated a preoperative and postoperative diagnosis of retained lap sponge.

During an interview on February 22, 2013 starting at 1:05 p.m., Employee 1 (Circulating Nurse) stated that there were three (3) sponge counts, the preliminary count was done before the first incision, the first count was done before the closing of the body cavity, and the final count was done.

E 347 (Continued from Page 2)

The in-room trails begin

The pilot included trialing the system in (5) rooms of the main OR. The system was trialed in five OR Suites. The trial continues daily for 12 hours at a time. The trial lasts from 9/12/2011 through 9/23/2011.

Responsible Party: Director of Perioperative Services

Administrative Nurse 1 meeting

An update of the patient safety initiative was provided to this group. Roles and responsibilities changes were discussed.

Responsible Party: Director of Perioperative Services

Grand Rounds presentation

Surgicount education, data review, and implementation of the process was discussed with the group.

Responsible Party: Director of Medical Staff

Surgical Faculty Group presentation

Surgicount education, data review, and implementation of the process was discussed with the group.

Responsible Party: Director of Perioperative Services

Policy revision

The Health System Count Policy final draft submitted for leadership approval

(applicable to perioperative services and labor & delivery in the UCLA Health System)

Surgicount Team on site for go live ramp up and staff training.

Responsible Party: Director of Perioperative Services

In-service

Count policy changes and overview and Surgicount training with staff.

Responsible Party: Director of Perioperative Services

Data Review

360 reports were reviewed by leadership and selected staff.

Responsible Party: Director of Perioperative Services

California Department of Public Health

STATE FORM

CA930000162

NAME OF PROVIDER OR SUPPLIER

RONALD REAGAN UCLA MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

757 WESTWOOD PLAZA

LOS ANGELES, CA 90095

DATE SURVEY COMPLETED

C 02/22/2013

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(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

SUMMARY STATEMENT OF DEFICIENCIES

ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION

(Each Corrective Action Should Be Cross-referenced to the Appropriate Deficiency)

(4a) ID

PREFIX TAG

DATE

COMPLETE

E 347

Continued From page 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

E 347 Continued From page 3

done before closing of the skin. Employee 1 stated as sponges were added or removed from the field they were separated and put on each finger of one hand, followed by 2 staff members verifying the count of the sponges. Employee 1 also stated that he was unsure of how a sponge was missed.

Employee 1 further stated Employee 2 (Circulating Nurse), Employee 3 (Scrub Nurse), and Employee 4 (Scrub Tech) verified the procedures on counting sponges. Employee 1 added that if a doctor used a sponge for packing and leaves it in the body cavity, they were to inform the nurses in the OR and that count would be included in the count. None of the employees were able to explain how a sponge was left in the patient when the documentation indicated the count was correct.

A review of the facility's policy and procedure titled, "Counts, Sponges and Sharps, Misc. Instruments" dated June 2010, indicated the purpose was to provide guidelines for sponges, sharps, miscellaneous, and instrument counts during a surgical procedure to ensure patient safety. The policy indicates: (1) Mandatory counts are performed visually and audibly by the scrub person and circulating nurse. (1.1.1) The scrub person and circulating nurse must be independent practitioners in their designated role. (1.1.2) Sponges, sharps and miscellaneous items are counted at the initial count - prior to the start of the procedure, first count - prior to the closure of the body, and final count - skin closure. (1.1.2.2) Scrub person and circulating nurse count all instruments on thoracic, abdominal, retroperitoneal, and pelvic surgical procedures.

The facility's failure to implement its policy and

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<tr>
<td>E347</td>
<td>(Continued from page 3)</td>
<td>Implementation Health System wide</td>
<td>7/16/2012</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Go Live with Surgicount scanning at RR &amp; BMN Main Operating Rooms and Labor and Delivery rooms. Responsible Party: Director of Perioperative Services</td>
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<td></td>
<td></td>
<td>Morbidity &amp; Mortality Review topic: Preventing RFO's 7/23/2012 A presentation was made to the group that discussed the FMEA, Surgicount process, Health System policy and procedure changes as a related to the implementation of Surgicount. Responsible Party: Director of Anesthesia</td>
<td>7/23/2012</td>
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Licensing and Certification Division

STATE FORM 3OL311

If continuation sheet 4 of 5
California Department of Public Health

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| (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000162 |
| (X2) MULTIPLE CONSTRUCTION |
| A BUILDING: _______ |
| B. VANG _______ |

(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000162

MULTIPLE CONSTRUCTION

A. BUILDING: _______ 
B. VANG _______

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<td>E 347</td>
<td>Continued From page 4 procedure to prevent retention of a lap sponge during a surgical procedure for Patient 1 is a deficiency that has caused, or likely to cause, serious injury or death to the patient, and therefore constitutes and immediate jeopardy within the meaning Health and Safety Code Section 1280.1</td>
<td>E 347</td>
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Licensing and Certification Division

STATE FORM 3OL311

Printed: 07/08/2013 Form Approved