The following reflects the findings of the Department of Public Health during an inspection visit:

Complaint Intake Number: CA00219506 - Substantiated

Representing the Department of Public Health:
Surveyor ID # 20059, 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.

Health and Safety Code 1279.1(b) For purposes of this section, "adverse event" includes any of the following:
(6) Criminal events, including the following:
(C) The sexual assault on a patient within or on the grounds of a health facility.

Health and Safety Code 1279.1(c), "The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made."

The CDPH verified that the facility informed the patient or the party responsible for the patient of the adverse event by the time the report was made.

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.
Continued From page 1

DEFICIENCY CONSTITUING IMMEDIATE JEOPARDY:

CCR, Title 22, 70707(b)(2)(d) Patients' Rights

(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:

(2) Considerate and Respectful care.

(d) All hospital personnel shall observe these patients' rights.

This regulation was NOT MET as evidenced by:

Based on interview and review of hospital documents, police agency investigative reports and a report from the California Board of Registered Nursing, the hospital failed to protect Patient A from sexual misconduct/assault by a Registered Nurse (RN 1). Documentation showed RN 1 gave a narcotic analgesic medication injection to Patient A and proceeded to sexually assault the patient.

Findings:

Hospital documentation (investigative report) dated 7/10, showed the hospital was contacted by Patient A with a complaint that during her emergency department visit on 7/10 at 0500 hours, she was sexually assaulted by the registered nurse (RN 1) caring for her.

Documentation showed RN 1 was suspended and the hospital conducted an investigation.

By providing this plan of correction, this licensee does not admit guilt of any alleged violation(s) nor does this interfere with our rights to contest and/or appeal any alleged violation(s). Please allow this response to serve as a written appeal to the proposed deficiency.

Points of Clarification:

1. CCR, Title 22, 70707 (b)(2)(d) Patients' Rights

Chapman Medical Center displays the Patient Rights Poster, both in Spanish and English, at multiple areas within the hospital. The Poster includes the patients' right to considerate, safe and respectful care as well as the information needed to contact The California Department of Public Health, Licensing and Certification Division and the Office of Quality Monitoring at the Joint Commission. In addition, a copy of the same information is given to each patient, regardless of their admission status, upon registration.

2. RN 1's background check was completed on 12/30/2008 prior to hire. The background check included criminal history reports for Orange County and LA County and San Bernardino County. It also included inquiry with National Sex Offender Registry. The report showed no records.
## Summary Statement of Deficiencies

On 4/16/10 at 1230 hours, an interview was conducted with the Director of the Emergency Department/Intensive Care units. The Director stated she notified a local police department on 2/17/10, and spoke to Officer X, and Officer X stated someone would be out to take a statement (Officer Y). The Director stated RN 1 was suspended. The Director stated the conduct of the investigation included interviews with hospital staff on duty at the time including the physician caring for Patient A, and nursing staff on duty at the time. In addition, the director stated she was waiting to receive the official police investigative report.

A clinical record review was conducted on 4/16/10, and showed Patient A was admitted to the Emergency Department on 4/10 at 0500 hours, with complaint of pain in her right arm.

Documentation on the Emergency Department Patient Care Record, page 2 of 3, showed RN 1 administered to Patient A Dilaudid 2 (milligrams) mgs (a narcotic pain killer) by injection intramuscularly, Phenergan 50 mgs (an antihistamine and potentiates effects of opiate narcotic pain killers) intramuscularly by injection, and Flexeril 10 mgs (a muscle relaxant) by mouth at 0550 hours. RN 1 documented the administration of the medications followed by his initials.

On 8/23/10, a review of the police agency's investigative report by Officer Y, documented RN 1 admitted to administering the aforementioned medications and kissing Patient A on the mouth using his tongue, fondled her breasts, and he

### Immediate Actions Taken:

1. RN 1 was suspended immediately upon notification of the alleged incident by Patient A on 2/17/2010.
2. Investigation was initiated by the Department Manager immediately on 2/17/2010 including but was not limited to employee interviews including RN 1, medical records review for Patient A, and review of HR file for RN 1, etc.
3. We contacted Orange Police Dept. (OPD) on 2/17/10.
4. We also reported the alleged incident to the BRN.
5. Staff meeting was held on 2/17/2010 at the change of shifts and repeated again on 2/18/2010 in ED. The Department Manager discussed, whenever possible having a female chaperone when a male healthcare provider provides care to a female patient AND touching an intimate body part, e.g., any sexual organ including vagina, anus, and groin, buttocks, breast is anticipated.
6. HR policies of "Professional Relationship with Patients" and "Employee Conduct and Work Rules" were posted in the ED on 2/26/2010 for additional education of the staff and physicians. Sign in sheets were maintained.
7. HR Director continues to monitor primary source verification for all licensed staff prior to expiration date to ensure no unfavorable disciplinary action and/or investigation re their licensure since the last renewal.
Continued From page 3
stated she touched his erect penis with her hand. In addition, the investigative report showed RN 1 sent three text messages to Patient A after she was discharged from the Emergency Department.

Additionally, a police agency's supplemental investigative report dated 4/22/10, showed Patient A was interviewed by Officer Y. Officer Y asked Patient A if she freely and voluntarily participated in the incident with RN 1 and she stated, no, because she could not move her arms. Patient A stated when RN 1 moved his penis towards her face she said, "No." Patient A was asked if she consented to the incident and freely and voluntarily participated she said, "No, I wasn't aware of where I was. I was out of it. I was confused. The medication impeded my ability to consent."

Documentation showed RN 1 was arrested by police officers as a result of statements he made during their interview.

Documentation by the Board of Registered Nursing dated 4/27/10, showed under sections titled: FACTS, item #9, while Patient A was under the influence of narcotics, RN 1 kissed her with an open mouth, fondled her breasts, and exposed his penis to her.

The facility's failure to ensure RN 1 respected Patient A's right to considerate and respectful care is a deficiency that has 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

Policy and Procedure Review:
1. HR policies of "Professional Relationship with Patients" and "Employee Conduct and Work Rules" and "Sexual and Other Unlawful Harassments" were reviewed by the HR Director and COO/CNO around 2/23/2010, minor revisions were made to clarify the indications of female chaperon.

Inservice and Training:
1. HR Director presented the HR policies at the Department Managers meeting on 2/25/2010 and re-educated the DMs. She also requested the Department Managers to include the HR policies in their staff meetings and submit the proof of training to HR.
2. In addition to the initial training upon notification, the ED/CCU Manager reviewed the above HR policies with the CCU staff twice during March, 2010.
3. The 3 HR policies, "Professional Relationship with Patients" and "Employee Conduct and Work Rules" and "Sexual and Other Unlawful Harassments", are already included in New Hire Orientation, the practice will continue. They have been included in the annual skills update started 4/2010.
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050745

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED 06/25/2010

NAME OF PROVIDER OR SUPPLIER
CHAPMAN MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
2601 E. CHAPMAN AVENUE, ORANGE, CA 92869 ORANGE 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

Continued From page 4
1280.1(c).

4. The ED Medical Director provides training to new ED physicians upon hire re "Sexual Harassment" and indications for female chaperone, started 4/2010.

5. The Department Managers continue to provide ongoing training to their staff re of "Professional Relationship with Patients" and "Employee Conduct and Work Rules" and "Sexual and Other Unlawful Harassments" no less than twice a year and maintain sign in sheets.

Monitoring:

1. Department Managers or designee monitors staff compliance with "Professional Relationship with Patients" and "Employee Conduct and Work Rules" and "Sexual and Other Unlawful Harassments" including female chaperone indications. Any adverse findings shall be reported to HR and Risk Management. The aggregated data shall also be tracked, trended and included in the quarterly HR PI report to be submitted to the Housewide PI Committee.

Event ID:Q2411 1/24/2012 4:47:06PM

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

TITLE

(X6) DATE

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