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	of defniction Correction	COLERISCHALLER SCHALLER CHA DENTIFICATION NUMBER 050701	a a Martin, Costa Garage A.	- 09/17/2009		
	ବ୍ୟୁଟ୍ର ପ୍ରଳାହ୍ୟ ST HEALTHCARE SYST	STRL - TAUDA	ALSS CITY STATE 28-LOG ICAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY			
34-5 Εθεξίτη Τα _{ία}	SACH DE OUENL	TATEMENT OF DEFICIENCIES Y MUST BE PRESERVED BY FULL LSC (DENTITYING INFORMATION)	D PROVIDERS PLAND AREFE EACH OCREETIVE AUTON TAG REFERENCED TO THE APPRIC	SHOLLOF THE SEC. COMPLETE		
	Department of Put investigation condu- 2009 and exited on S Complaint# CA00200	713 California Department of Public	admission or agreemer Healthcare System ("Se Hospital") of the truth o or conclusions set forth of Deficiencies. The He submitting this Plan of	constitute an at by Southwest buthwest" or "the f the facts alleged in the Statement ospital is Correction as ations. This Plan ts the actions		
	regulations The CEO was no identified on Septem	ubstantiated a violation of the tified Immediate Jeopardy was ober 4 2009 at 11.40 a.m. The v was identified due to the	been discharged and w newborns in the hospit any corrective actions p not affect those infants.	cited infants had ere no longer al. Therefore, but in place would		
	facility's failure to failing to provide ap follow up care for developing hyperbi	assess post-hospital needs by propriate discharge planning and infants who were at risk for irrubinemia, resulting in the ipment of brain damage and	The CNO also reviewed medical records and co	nfirmed that		
	SWHCS Upon receipt of an		B. Administration ident infants born at the Hos for hyperbilirubinemia c	bital and at risk ould be affected timely with their harge. Therefore, tions outlined d D. to improve		
Event ID t.	American Asso	Dation of Pediatrics	12 23 56131,1	·		
BORATOR	MECTORS OF PROVIE	ERISTOPLIER REPRESENTATIVE'S SIGN	CEO/Manal	aing Director 1/25		

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ICARE SYSTEM	25500 MEDIC	AL CENTER DRIVE, MURRIETA, CA 92562 RI	VERSIDE COUNTY			
d From page 1						
-		for newborns:				
narge ector of Case Man rgency Departmen mediately Southwest Health - transcutane	agement t care System ous bilirubin (a test	that process changes pu 08/12/09 were still in effi further revised the proce and discharging newbor hyperbilirubinemia consi American Academy of P	at in place on ect, and then oss for assessing ns at risk for istent with Pediatrics			
total serum bili the bilirubin levels		Department of Pediatric * The CNO oversaw the policies and forms p	s. the revision of 09/04/0 ertaining to &			
a situation in ance with one has caused, or r	which the licensee's or more requirements of	hyperbilirubinemia. Spe revisions were made to progress note for discha newborns, the Newborn policy, and the Physiciar	ecifically, the physician irge of Discharge n's Record of			
	(b) Nursing Service	nursing staff must notify	the physician to			
andards of nursil with the nursing ent nursing n. evaluation	ng practice and shall be process which includes diagnosis, planning	additional testing and tre newborn still has risk fac of discharge, the nursing the physician for further parents/guardians of any of developing severe hy	eatment. If the ctors at the time g staff notifies orders. The y newborn at risk perbilirubinemia			
implement the f	acility's nursing practices	are instructed to keep their early follow-up appointment with their physician or clinic after discharge as ordered.				
	Interview and r Interview and r	050701 IPALEP ICARE SYSTEM SUBMARY STATEMENT OF DEFICIENCIES ALM DEFICIENCY MOST BE PROFEDED IN TAL IDATORY OF ISC DENTIFYING INFORMATION IDETURENCY MUST BE PROFEDED INFORMATION IDETURENCY MUST BE PROFEDED INFORMATION IDETURENCY OF ISC DENTIFYING INFORMATION IDATORY OF ISC DENTIFYING INFORMATION IDETURENCY OF DEFICIENCIES IDATORY OF ISC DENTIFYING INFORMATION IDETURENCY OF DEFICIENCIES IDATORY OF ISC DENTIFYING INFORMATION IDETURENCY OF DEFICIENCIES IDETURENCY OF DEFICIENCY IDETURENCY OF DEFICIENCY IDETURENCY OF DEFICIENCY IDETURENCY OF DEFICIENCY IDETURENCY IDETURENCY IDETURENCY IDETURENCY	050701 			

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	ROVIDER OR SLAPPLER IEST HEALTHCARE SYS	TEM	1	TY STATE OF TOOL ENTER DRIVE, MURRIETA, CA	A 92562 RIVERSIDE COUNTY	
-164-143 PREFEX -1475	HALR OFFICEN	Statement of Deficience Dy Must be pape effecto by R LSC (Chattering) (Neurim	Frits	જ્યત્વન સ્થળતા સ્થળતા છે.	RS PEAR OF NERROLF CTURN NE AU PRA SHELL IS BE COUSD THE APPROPRIATE CONCIDENCS	arg Complen Dati
	Continued From pag	ge 2	····	-If a new	vborn does not have risk	<u></u>
	standards of pra- guidelines. The post-hospital needs follow-up of the factors for the de (Patients 265, 218, resulting in the dela and the potential increased bilirubin	erbilirubinemia based ctice according to facility failed by failing to prinewborns discharge evelopment of hype 227 228 247 27 ay of a follow-up af exposure of the in levels which may ntal disabilities and de	the AAP to assess ovide limely d with risk rbilirubinemia 5 and 285) ter discharge newborns to cause brain	policy) on the d test results at th or equal to the nursing staff no instructs parent early follow-up * The Depar Medical Execut	TSB (as indicated by lay of discharge. If the hat point are greater than 75th percentile, the otifies the physician and ts/guardians to keep their appointment as ordered. the two committee, and the mors approved the	10/19/0
	The events constituted an Immediate Jeopardy because the facility's failures caused or were likely to cause serious injury or death to the patients, pursuant to Section 1280 1(c). Findings Background Dunng a complaint investigation initiated on August 6 2009 the following interviews were conducted. 1 On August 25, 2009 at 4.40 pm the Director of Quality stated the issue of discharge follow up for newborns at risk for developing hyperbilirubinemia was sent and discussed to the facility's "Department of Pediatrics" (a group of the facility's medical staff: The group indicated to the Director of PI newborns at risk for developing hyperbilirubinemia may be discharged with an elevated bilirubin level as long as the babies have either repeat bilirubin test or a follow up with the primary care physician the following day		were likely the patients	developed disc assure timely fo deemed to be a hyperbilirubiner orders for post-	tment of Pediatrics harge guidelines to ollow-up for infants at risk for mia, including discharge hospitalization follow-up	09/04/0
			e Director of billow up for billow up for billirubinemia e facility's the facility's e Director of developing d with an babies have	The discharge g infant at risk for needs one of th after discharge: A: An app newborn's pedi appointment da discharge, B: Follow Hospital with re pediatrician for treatment, or	pointment with the atrician with a specific ate/time within one day of <i>r</i> -up bilirubin testing at the sults called to the further assessment and -up in the Hospital's	
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Any two way supported in table with a secret provided. For the secret with the reaction may be excessed that there and a secret protractioner subgradies provide sufficient protection is the patients. Exception (truth) bothes the findings above and to social the patients and the of subject whether arout a path of consoliding provided. For the angle findings and plans of construction are described to down the construction are date these documents are made available to the facility. If deficient we are noted, an approved plan of construction is to construct provided to obtain cardiopathese documents are made available to the facility. If deficient we are noted, an approved plan of construction is registed to construct provided cardiopathon.

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e	of deficiencies Florrection	. CI- PROVIDER/SUPPLIE IDENTIFICATION NUM		KUTMUR THPE SUCKETHE PITERN	CHEATE SUF DUMPLET			
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SOUTHWI	EST HEALTHCARE SYSTE	M	25500 MEDICAL C	ENTER DRIVE, MURRIETA, CA 92562	RIVERSIDE COUNTY			
- 14 10 PREFIX 740	EACH DEI KUENLY	NTEWENT OF DEFICIENCIES MUST HE PRECEEDED DY A SCIDENTICYING INFORMAT		TE FROVIDERSTIAN PPERK IACHLERKEETVRIAUTE TAG REFERENCED TO THE APPI	M HOULD BE THUSS	NC) DEMARCET D'ATE		
	Continued From page	3	l	* The CNO and the	Chair of the	09/04/09		
	2. On August 27 20 Governing Bodyrepri The GB indicated ai had already been d facility identified thro physicians) and inve newborn at nsk for o high or high intermed and not 72 hours.	esentatives were n issue of discharg iscussed with the ugh peer review (i istigation, the follow developing hyperbilin	interviewed ge planning board The a group of v up of a ubinemia at	Department of Pediatr discharge instructions newboms at risk for h The instructions docur physician's order that to follow up with: A: The newborn with a specific appoint within one day of disc B: The Hospita bilirubin testing at the	form specific to yperbilirubinemia. ment the directs the family n's pediatrician tment date/time harge; I for further			
	Definitions			called to the pediatrician for further assessment and treatment; or C: The Hospital's emergency				
	designated along the developing hyperbili follow-up A TcB or Low Intermediate Zc intervention A TcB (95%) or High Inter	alues within the first late, and low nsk curves according to rubinemia that TSB in the Low Ri one (40%) does r or TSB in the High mediate Zone (75%)	5 days of zones are the risk of will need sk Zone or not require Risk Zone 6) requires	C: The Hospita department. * The Women's Se Team provided educa staff on the hyperbiliru guidelines and new fo beginning of each shif taking responsibility fo	rvices Leadership tion to nursing ibinemia discharge rms at the t prior to nurses	09/04/0		
	further investigation and possible intervention 2 A TcB is a non invasive method of screenii determine the probable level of bilirubin in the blood		creening to	* The Women's Services Director directs and provides ongoing followup education on this process through				
3 A TSB is the actual level of bilirubin in the determined by drawing blood and sending it lab.			communication noweletter called "Pr					
	On September 3, 200 of Women Services stated there had not be	was interviewed. Th		* The Directors of V and Case Managemen policy Discharge: New educational material p	nt revised the born to clarify that	11/03/09		
Event ID L			1/15/2010	12 23:56FM				

Any deficiency statement ending with an asterisk (1) denotes a deficency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for surving homes, the findings above an electrospherid darys for owing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosuble. M days for owing the date these documents are made available to the facility. If deficiencies are instead, an approved plan at conjection is required to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF COMPECTION	AT PROVIDENSEPPINE IDENTIFICATION NU	(/બોર્ટ કે વેર્ક્સ્ટ્ર કે પ્રેક્ટ્ર વેસ્ટ્ર કેસ્ટર કે પ્રોક્	▲ 1 A 1 등 51,6 			
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SOUTHWEST HEALTHCARE SYST	EM	25500 MEDICAL CEN	ER DRIVE, MURRIETA, CA 92562	RIVERSIDE COUNTY			
FREEK (EAUHOERIUENI)	ATEMENT OF DEFICIENVIES Y MUS 1 BE PRECEDIED BY LSC IDENTIFYING INFORMA	រ _{ប្រ} េទខ <u>្</u>	HE EACH WARESHIE ACT OF	\$ \$H0112 89 UHF 58	ж 10 Меця П Дала		
• •	ace as a result fro d August 6 2009) the current p The Director s harged with a TSB risk zone the physic f the results to obta the physician still orr without having p trent and/or a rep- pors will be arrang ctor added this was was not included in	The facility toticy for stated for in the high ician will be an an order decided to hototherapy eat bilirubin ed prior to the current	parent/guardian includ jaundice recognition, o when to contact the ph contact emergency set of a complication or er Directors also added a policy regarding when Services or Case Man section gives example Services and/or Case should be consulted to discharge planning pro	hehydration, and hysician or how to rvices in the event nergency. The section to the to consult Social agement. The s of when Social Management assist in the breess.			
facility practice but was not included in the policy and procedure at this time. 1 The record for Patient 265 was reviewed on September 3, 2009 Patient 265 was born on August 27, 2009 at 3 11 p.m. and was breastled The Hour Specific Bilirubin Nomogram indicated the baby was at risk for developing hyperbilirubinemia due to an identified risk factor of poor feeding. On Friday August 28, 2009 at 4 10 p.m. (25 hours of age) the TcB was 7.0. In the high intermediate risk zone on the Bhutani curve. At 5 p.m. (26 hours of age) the TSB was 6.2. In the high intermediate risk zone on the curve		and procedure at this time. The record for Patient 265 was reviewed on ensu September 3, 2009 Patient 265 was born on ensu August 27, 2009 at 3 11 p.m. and was breastfed disch The Hour Specific Bilirubin Nomogram indicated the instru- they was at risk for developing hyperbilirubinemia		* The Women's Services Director 09/04 ensures review of 100% of charts of & ong newborns to confirm that they are being discharged with the appropriate nstructions for timely followup when hey have been assessed as having risk actors for hyperbilirubinemia.			
		2009 at 4 10 p m (25 hours of 7 0. In the high intermediate risk in curve At 5 p m (26 hours of			09/04/09 & ongoing		
The nurse notified results at 6.05 pm baby to be discharg "Monday." The record other interventions ta was no policy in intervene when the bab	and the obysician of ged home with folk 1 did not have evide iken by the nurse place requiring the	ordered the ow up on ince of any and there nurse to	* The Women's Ser reports audit results to the Department of Ped Reliability Unit (HRU) I Team, and the Quality reports to the Patient S	staff members, iatrics, High Multidisciplinary Pillar, which	10/19/09 & ongoing		

Any deficiency, statement anding with an asterials of denotes a deficiency which their attation may be ensued if tem contenting providing it is deformined that other safeguards provide sufficient protection to the patients. Except to revising transmission that the finance are provide sufficient protection to the patients. Except to revising terms the finance are provide and consists as to own give data of any method with an above to a patient of the patients. Except to revising terms the finance are provide and consists as to own give data of any method with a patient of the patients. Except to revising terms the above finance of turns term are discretely and the patients. If any of turns the approximate the patients are discretely and the data the above finance available to the facility. If deficiency are patient of the patient of the facility of the turn of the patient of the patient of the turns of the patient of the patient of the patient of the turns of the patient of the pati

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As a statement of DEF-CENCES0PROVIDE S PLANCE CORPECTION11Define the DEF-CENCED B F-DULPREMEDEFINEDEFINEPage 5DilirubinemiaThe Hospital hereby also requests an informal conference with the district administrator/district manager to discuss the citations because the Hospital submits that the Hospital's nursing staff had assessed and identified newborns at risk for hyperbilirubinemia of the district administrator/district manager to discuss the citations because the Hospital submits that the Hospital's nursing staff had assessed and identified newborns at risk for hyperbilirubinemia, reported them to the attending pediatricians. Second, immediate jeopardy to patients. First, the Hospital's nursing staff had assessed and identified newborns at risk for hyperbilirubinemia during process. There was no evidence a was involved in the discharge process. There was no evidence a was no evidence the nursing staff need for a discharge plan that follow up for prevention of severe sDefine as "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, because all of the patients were under the care of a pediatrician's orders.AAP Gudelines an infant with no was discharged home at 28 hours e seen by the age of 96 hours but should be provided for those babies risk factors for developing aDefine the aneyborn ho on September 2 2009 at 10 09	STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	UKT: PROVICER/SUP IDENTIFICATION		NO MULT PLECKINST	Huu film		CLEATE SURVEY COMPLETED	
SYSTEM STREET ADDRESS CIT: STAT APECINE SYSTEM 2500 MEDICAL CENTER DRIVE. MURRIETA, CA 32562 RIVERSIDE COUNTY La statement of DEF-CENCES 0 DEVERTING MORATION 0 Page 5 0 Dilitudinem:a 0 discharged home on August 28 0 (28 hours of age) with risk factors yperbilrubinema a TSB in the high s zone on the Bhulan curve and exilations because the hospital's nursing staff had assessed and identified newborns at risk for hyperbilrubinemia, reported there was no immediate jeopardy to patients. First, the Hospital's nursing staff had assessed and identified newborns at risk for hyperbilrubinemia, reported them to the attending pediatricians, and obtained discharge of nom the pediatricians. Second, immediate jeopardy to death to the attending pediatricians, and obtained discharge of the nursing staff need for a discharge plan that to the gate of 86 hours but should be provided for those babies risk factors for developing af the serious fluory or death to the patients. None of the cited patients suffered actual harm, nor were they likely to cause and follow-up in accordance with the pediatrician's orders. AAP Guidelines an infant with no was discharged home at 28 hours but should be provided for those babies risk factors for developing af the strice and follow-up in accordance with the pediatrician that ordered discharge and follow-up in accordance with the pediatrician's orders. of Patient 218 was reviewed on 2009 Patient 218 a newborn no no September 2 2000 st 1009 asted 1223 56PM of Hubon Nomogram indicated the k for developing hyperbilrubin				1	-				
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as - Statement of OB-CENCES 0 PROVIDE S PLAY IN CORPECT: N 2 page 5	AVE OF PRC	VOEN OR SUNNUER)					
Definition 20144 Sector deficitions actions exclusion on the sector of the Admicrosite in the district activity of the Admicrosite in the district manager to discuss the citations because the Hospital submits that the Hospital is nursing staff had assessed and identified newborns at risk for hyperbilirubinemia during brocess. There was no evidence a was involved in the district and identified at risk for hyperbilirubinemia during brocess. There was no evidence a was no evidence the nursing staff need for a discharge plan that follow up for prevention of severe adischarged home at 28 hours e seen by the age of 96 hours but should be provided for those babies risk factors for developing affor Patient 218 was reviewed on 2009. Patient 218 as newborn on on Seguember 2 2000 at 10.09 astifed 2014 12 23 56PM 11153 11223 56PM	OUTHWE	ST HEALTHCARE SYS	TEM	25500 MEDICAL CI	INTER DRIVE, MUR	RIETA. CA 92562 RIVERS	SIDE COUNTY		
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bilrubinemia bilrubinemia discharged home on August 28 (28 hours of age) with nsk lactors yperbilirubinemia a TSB in the high corporting a TSB in the high ediatrician three days later evidence a case manager identified at risk for hyperbilrubinemia during process. There was no evidence a was involved in the discharge process. There was no evidence a was no evidence the nursing staff need for a discharge plan that follow up for prevention of severe a AAP Guidelines an infant with no was discharged home at 28 hours e seen by the age of 96 hours but should be provided for those babies risk factors for developing a for Patient 218 was reviewed on 2009 Patient 218 a newborn no on September 2 2009 at 10.09 astfed in Clitrubin Nomogrami indicated the ik for developing hyperbilirubinemia gmentation family history of <u>1015/2010</u> 12.23.56PM		Continued From pa			The Ho	spital hereby also re	quests an		
for Patient 218 was reviewed on 2009 Patient 218 a newborn in on September 2 2009 at 10.09 astfed ic Billrubin Nomograni indicated the ik for developing hyperbillrubinemia igmentation family history of 1/15/2010 12.23.56PM		2009. at 7 pm (2) for developing hype intermediate risk z follow up with a pedi There was no evic the baby was at their screening pro- case manager w blanning of the b needs. There wa dentified the nee included close follo hyperbilirubinemia According to the A tisk factors who will of age should be a earlier follow up sho	ischarged home o 8 hours of age) w erbilirubinemia a TS ione on the Bhuta atrician three days ta dence a case man risk for hyperbilirut cess There was i aby to determine s no evidence the of for a discharg ow up for prevent AP Guidelines an as discharged hom een by the age of build be provided for	ith risk lactors SB in the high ini curve, and ater lager identified binemia during no evidence a the discharge post hospital is nursing staff ge plan that ion of severe infant with no e at 28 hours 96 hours but ir those bables	adminis the cita submits complia was no First, th assess for hyp the atte dischar Second as "a si noncon require is likely to the p patients they like death, I under th ordered accord	strator/district managestrator/district managestions because the Hospital was shat the Hospital was ance with the cited run immediate jeopardy the Hospital's nursing ed and identified new erbilirubinemia, reported and identified new erbilirubinemia, reported at identified new erbilirubinemia, reported at its from the part of the second states from the part to cause, serious injustient." None of the second second at the second states and second se	er to discuss ospital as in le and there to patients. staff had vborns at risk red them to and obtained ediatricians. y is defined icensee's more as caused, oi ury or death cited n, nor were njury or tients were ian that w-up in	: I	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION		7X2+MULTIPU	e construction	STRUCT			
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MAL OF PR	OVIDER OF SUPPLIER		STREET ADDRESS	8 VANS 09(17/2009					
	EST HEALTHCARE SYS	TEM	1		E. MURRIETA, CA 92562 R	VERSIDE COUNTY			
X4,10	SLIMMARY	STATEMENT OF DEFICIENC	1ES	:0	PROVIDER'S PLAN OF	DRRECTION			
REFIX TAG		icy must be preceeded e In LSC IDENTIFYING INFORM		PREFIX TAŬ	-EACH CORRECTIVE ACTION REFERENCED TO THE APPRO		COMPLET DATE		
	Continued From pa	ge 6							
	levels were chec September 4, 2009 the TcB was 11 zone on the Bhuta	and vacuum deliver ked every shift at 9:15 a.m. (47 f 2, in the high inte ni curve. The TSB ph intermediate risk	On Friday nours of age) ermediate risk was 10.4 on						
	and ordered the ba	s notified of the b by to be discharged (four days later (Fr and offices were	and followed day started a						
	"called and nsk fa received. Dr does outpatient serum b not have evidence by the nurse, and	s indicated the pt actors reviewed, no not want to order it at this time." Th of any other interv of any other interv to intervene when the risk for	new orders repeat bill or le record did entions taken likcy in place						
	According to the AAF	Guidelines:							
	home at 47 hours o of 96 hours but ear for those babies	nsk factors who wa f age should be see tier follow up should who have nsk	n by the age						
	developing hyperbilin	ubjnemia and							
	b the risk factors mo	st frequently associate	ed with						
	INON1!	······································	1/15/2010	12 23 586	РМ	····			
vent ID.U			ENTATIVE'S SIGNAT	105	TILE		X6 DATE		

	OF DEFICIENCIES F CORRECTION	IX 11 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	YE MULTIPLE CONSTRUCTION	X2 DATE SURVEN DUMPLETED			
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	Continued From page	7					
	(brother or sister),	vere breastfeeding, gestation undice in a previous sibling and jaundice noted before 18 had two of these four risk					
	the CEO was notili identified on Septemb Immediate Jeopardy facility's failure to id failing to provide app follow up care for developing hyperbilit potential for develop death for at-risk new SWHCS When the GEQ, he stated. "It's the baby should be see	oment of brain damage and wborn infants discharged from findings were shared with the black and white, even I know in the next day "					
	After implementation of an acceptable plan of correction the CNE was notified the Immediate Jeopardy was abated on September 4, 2009 at 4.15 p.m.						
	September 4, 2009	Patient 227 was reviewed on Patient 227 a newborn male 28, 2009, at 9,50 a.m., to a 19 er					
	baby was at risk for	irubin Nomogram indicated the developing hyperbilirubinemia e head and TcB values were lirubin results were as					
Event ID L	JNQN11	1/15/2010	12 23 56PM				
BORATOR	Y DIRECTOR'S OR PROVIDE	RISUPPLIER REPRESENTATIVE'S SIGNATU	RE	E USBIDATE			

Any deficiency statement ending with an asterial "J denotes a deficiency which the institution may be excused from obtrecting providing it is determined that other safeguards provide sufficient protection to the patients. Except for hursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For hursing 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.

State-2557

	t of deficiencies of correction	IX1 PROVIDER SUPPLER CUA		INE MULTIPLE C	CONSTRUCTION		DK3- DATE SURVEY COMPLETED	
				A BUILDING		-		
		050701		8 WANG		09/1	7/2009	
	ROVIDER OR SUPPLIER VEST HEALTHCARE SYSTE	·		RESS CITY STATE 24 CODE CAL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY				
(X4) ID PREFU TAG	EACH DEP ICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE ACTIO REFERENCED TO THE APP)	ON SHOULD BE CROSS	(X5) COMPLETE DATE	
	Continued From page	8	k					
	follows:							
	-	at 8 a.m. (22 hours of ag : ling of the high risk zo						
	-	at 9.45 a.m (24 hours of the high intermediate risk						
	•	at 9.45 p m (36 hours of the high intermediate risk						
	-	at 4/30 a.m. (42.5 hou 10.1 in the high interm						
	-	at 10:40 a.m. (48.5 ho) 4.4. in the high risk zo						
	-	it 11.10 a.m. (49 hours of in the high intermediate						
		at 4.05 p m (54 hours of in the high intermediate						
	baby became jaundice	Care Flowsheet indicated ad on August 27, 2009, to be jaundiced in color	at 7					
Event ID.	UNQN11	//'	5/2010	12.23 56PM				
	· · · · · · · · · · · · · · · · · · ·	RUSUPPLIER REPRESENTATIVE	S SIGNATU	RE	TITLE		X61 DATE	

Any deficiency statement anding with an asterisk (1) 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 there documents are made available to the facility. It deficiences are cited, an approved plan of correction is requisite to continued program participation.

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVICER SUPPLI			CONSTRUCTION	NO GATE SURVEY COMPLETED	
		050701	8 WNG			09/17/2009	
	ROVIDER ON SUPPLIER VEST HEALTHCARE SYST	EM	STREET ADDRESS		00: MURRIETA, CA 92562	RIVERSIDE COUNTY	
SX4,70 PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FRE	il) HŘ <u>†</u> †-X TAG	PROVIDER 5 PLAN (1-40+ CORRECTIVE AUTIC REFERENCED TO THE APP	ON SHOLLD BE CROSS	X5 COMPLETE DATE
	Continued From page	9 9			·····		
	The physician order home on Friday, Aug with the pediatocian's 2009 (three days lat evidence of any ot nurse, and there with the nurse to interve was at risk for develop	gust 28, 2009 and s office on Monday ler; The record di her interventions ta as no policy in pla ene when the baby	to follow up August 31, d not have ken by the De requiring discharged				
	The baby was disch first time mother, w htyperbilirubinemia, a risk zone on the Bho be seen by the pediatr	iith risk factors for TSB in the high itani curve jaundice	developing intermediate				
	There was no evide the baby was at its their screening proce case manager was planning of the bat needs There was identified the need included close follow hyperbilirubinemia.	k for hyperbilirubing s There was no involved in the by to determine po no evidence the n for a discharge	emia during evidence a discharge ost hospital pursing staff plan that				
	According to the AAI risk factors who was of age should be set earlier follow up shou who have risk hyperbilirubinem-a	discharged home on by the age of 91 Id be provided for th	at 54 hours S hours, but				
	4 The record for Patiel	nt 228 was reviewed o	חכ				
Event ID	UNGNIT		1/15/2010	12.23 56PM	Λ		
ABORATOP	RY DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESEN	TATIVE'S SIGNATU	RE	TIT <u>LE</u>		(X6: DATE

Any gelicency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from connecting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing hortes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing hordes, the above findings and plans of correction are disclosable, th days following the date three documents are made available to the facility. If deficiencies are used, an approved plan of correction is requisite to continued program participation.

-	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	Bt.B	CONVERSE OF	ONSTRUCTION	1	SURVEY NETED	
		050701		A BUILDING B VING		D	9/17/2009	3
-	ROVIDER OR SUPPLIER EST HEALTHCARE SYSTE	. 1	STREET ADDRESS CO 5600 MEDICAL CE		NGE MURRIETA, CA 92562 RIV	ERSIDE COUNT	 Y	
IX4110 PREFIX TAG	FEACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FU SC IDENTIFYING INFORMATI			PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	IQUED RE-ORCISS-		- ASI MPLETE UFTE
	Continued From page	10		·				
	September 4, 2009 was born on August Newborn Admit Fil- ingested maternal blo admission physica completed therefore, developing hyperbilirub	a 31 2009 at 4:22 owsheet indicated od at the time of deliver assessment with no physical risk t	am The the baby ivery The was not factors for					
	The Hour Specific Bit baby was at risk for due to identified pigmentation and ing TcB levels were September 1. 2009 the TcB was 7.0 intermediate risk zona was no TSB drawn.	r developing hyperbinsk factors of e restion of maternal to obtained each sh at 8:40 a.m. (28 hour on the line of	ilirubinemia dark skin blood and ift On rs of age), the high					
	The baby was disch 2009, at 10:40 a m factors for developing the high intermediatic curve, no TSB lev pediatrician in two di evidence of any oth nurse and there was the nurse to interver was at risk for developing	(30 hours of age) g hyperbilirubinemia, e risk zone on thi et, and follow up ays The record did er interventions take s no policy in place ne when the baby of	with risk a TcB in e Bhutani with the not have en by the e requiring					
	There was no evider the baby was at nsi their screening proces case manager was planning of the baby to	k for hyperbilirubinen is. There was no e involved in the	nia during widence a discharge			an an an A Cara Dig Tag	to at a s	
Event ID	UNQN11		1/15/2010	12 23 56PM	······································			
BORATOR	Y DIRECTOR'S OR PROVIDE	RISUPPLIER REPRESENT	ATIVE'S SIGNATUR	E	4.4:E		AG (BX)	TE

of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclinished to the facility. If deliciencies are blod, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IXTE PROVIDER/SUPPLIER/SEA IDENTIFICATION NUMBER	A BUILDING	iks ürte surven Uraffichted	
	050701	a HEALDING	09/17/2009	
IAME OF PROVIDER OR SUPPLIER	}	RESS UNY STATE ZE CODE		
SOUTHWEST HEALTHCARE SYSTI	· · · · · · · · · · · · · · · · · · ·	CAL CENTER DRIVE, MURRIETA, CA 92562	RIVERSIDE COUNTY	
PREFIC LEACH DEFICIENCY	ATEMENT OF DEFICIENCIES I MUST BE PRECEEDED BY FUN L ISC IDENTIFYING INFORMATION?	TO PROVIDER SPLAN PREFIX EACH CORRECTIVE ACTI TAG REFERENCED TO THE APP	ON SHOLLO BE URIDES COMPLET	
Continued From page	11			
identified the need	no evidence the nursing sta for a discharge plan thi up for prevention of sever	at		
risk factors who was of age should be se	P Guidelines, an infant with n s discharged home at 30 hou en by the age of 96 hours bi ild be provided for those babie factors for developin	rs ut IS		
September 4 2009 was born on August	Patient 247 was reviewed o Patient 247, a newborn mak 30, 2009, at 10.02 a m, at 36 time developing in the womb was breastfed.	e 6		
baby was at risk fo due to identified risk sister) jaundice and and bilinubin levels September 1, 2009, the TcB was 11.2	lirubin Nomogram indicated th r developing hyperbilirubinemi i factors of sibling (brother of gestational age <38 weeks vere obtained every shift O at 8:30 a.m (45 hours of age in the high intermediate ris irve No TSB was drawn	8 or . 3. n		
	Care Flowsheet indicated thi on September 1 2009 at 8 oon			
2009 at 120 pm	arged home on September 1 (50 hours of age) with ris) hyperbilirubinemia, a TcB i sk zone on the Bhutani	ĸ		
Event ID UNQN11	1/15/20	10 12 23.56PM		
	RISUPPLIER REPRESENTATIVE & SIC	INATURE TILE	XCI D4 TE	

Any deficiency statement ending with an astonsk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguarits provide sufficient protection to the patients. Except for nursing nomes, the findings above and disclosable 90 days following the patient sufficient protection to the patients. Except for nursing nomes, the findings above and disclosable 90 days following the patient sufficient protection to the patients. Except for nursing homes, the indings above and disclosable 90 days following the patient sufficient protection is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the patient date there documents are made available to the facility. If deficiencies are pited an approved plan of correction is requisite to community program patients and approved plan of correction is requisite to community program.

State-2567

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		XT PROVIDI RISUPPLIER/ICLA IDENTIFICATION NUMBER	A BUILDING	CONSTRUCTION	AL-OATE SURVEY COMPLUTED	
		050701	B VANG		09/	17/2009
ALSE OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS CITY STATE ZIM	CODE		
	EST HEALTHCARE SYSTE	M 25500 MEDI	CAL CENTER DRIV	E, MURRIETA, CA 92562	RIVERSIDE COUNTY	
IX4110 PREFIX TAG	EACH DEFICIENCY	ATEMENT OF DEFICIENCIES I MUST BE ARECEEDED BY FULL SCIDENTIFYING INFORMATION	10 PREFIX TAG	PROVIDER S PLAN O EACH CORRECTIVE ACTION REFERENCED TO THE APPR	N SHOULD BE OFFICE	N NÚMELET DATE
	Continued From page					
	two days The record other interventions to was no policy in	ollow up with the pediatocian of did not have evidence of an aken by the nurse, and ther place requiring the nurse to aby was discharged at risk for pinemia.	e o			
	the baby was al ris their screening proce case manager was planning of the bat needs There was identified the need	nce a case manager identifie is for hyperbilirubinemia durin ss. There was no evidence involved in the discharg by to determine post hospite no evidence the nursing stat for a discharge plan that up for prevention of seven	g e al ff			
	6 The Record for September 4, 2009 August 26 2009 at 5.3	Patient 276 was reviewed o Patient 276 was born o 88 p.m.				
	The Hour Specific Bi baby was at risk fo due to identified risk and dark skin pign were obtained every 8:30 pm (27 hours of high intermediate risk At 10:20 pm (29 hou in the high intermedi Curve and the physicia	a 5 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	On Enday August 28 of age) the TSB was 8	 2009 at 4.30 a.m. (35 hours 7 on the line of the high 	3			
Event ID (UNONII	1/15/201	10 12 23 56P	PM		
OPATOR	Y DIRECTOR'S OR PROVIDE	RISUPPLIER REPRESENTATIVE'S SIC	INAT OF	TITLE		-18) CA 15

Any deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing 4 is determined that other safeguards provide sufficient protection to the patients. Except fix intraining homes, the lindings above are disclosable 90 days following the data of survey whether or nor a plan of correction is provide. For nursing homes, the above findings above are disclosable 40 days following the data these documents are made available to the facility of deficiencies are cited, an apprived plan of correction is requisite to continued original participation.

State 2500

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SOUTHWES (X4) ID PREFIX TAG C	(EACH DEFICIENCY REGULATORY OR U Continued From page ntermediate risk zon '30 a.m., the nurse of he base of 75% (hig he physician had been	M 25500 MEDI TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC (DENTIFYING INFORMATION) 13 e of the Bhutani curve. A tocumented the value was. " h intermediate risk zone)," an	D PREFIX TAG		CORRECTION SMOULD BE CROSS	(XB) COMPLETE GATE
SOUTHWES (X4) ID PREFIX TAG C	SUMMARY STA (EACH DEFICIENCY REGULATORY OR C Continued From page ntermediate risk zon '30 a.m., the nurse (he base of 75% (hig he physician had been	M 25500 MEDI TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC (DENTIFYING INFORMATION) 13 e of the Bhutani curve. A tocumented the value was. " h intermediate risk zone)," an	CAL CENTER DR	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION	CORRECTION I SHOULD BE CROSS	COMPLETE
(X4) ID PREFIX TAG C	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI Continued From page ntermediate risk zon '30 a.m., the nurse (he base of 75% (hig he physician had been	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION 13 e of the Bhutani curve. A cocumented the value was. " h intermediate risk zone)," an	D PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION	CORRECTION I SHOULD BE CROSS	COMPLETE
PREFIX TAG C Ir 7	(EACH DEFICIENCY REGULATORY OR U Continued From page ntermediate risk zon '30 a.m., the nurse of he base of 75% (hig he physician had been	NUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION: 13 e of the Bhutani curve. Socumented the value was, " h intermediate risk zone)," an	PREFUK TAG	EACH CORRECTIVE ACTION	SHOULD BE CROSS	COMPLETE
4 7	ntermediate risk zon (30 a.m., the nurse of the base of 75% (hig the physician had been	e of the Bhutani curve. accumented the value was, " h intermediate risk zone)," ar			· · ·	<u> </u>
7	30 a.m., the nurse of 75% (higher physician had been	tocumented the value was, " h intermediate risk zone)," ar				
:	- August 28 200		d.			
a z n	ge), the TcB was 9. one on the Bhutar	iysician was made, "aware o	ik Ie			:
ม พ	he baby home with	nysician ordered to discharg follow up in two days (whic Iday, August 30, 2009, not a	h l			
o P d a tr in	rder indicated the b ediatrician on Mone ays later)." The rece ny other intervention here was no policy in	larification," of the discharg aby was to be seen by th day, August 31, 2009 (thre ord did not have evidence on taken by the nurse, and n place requiring the nurse to aby discharged was at risk for nemia.	e e of d			
21 fa th	009, at 2:10 p.m. Ictors for developing ie High Intermediate	larged home on August 28 (45 hours of age), with ns hyperbilirubinemia, a TcB in Risk Zone on the Bhutar with the pediatrician three day:	k :			
1		ce a case manager identified hyperbilirubinemia during	j			
Event ID UN	11/1	1/15/20	10 12.23 5	6PM		

Any deficiency statement ending with an asteriek (*) denotes a deficiency which the institution may be excused from connecting 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 pericipation.

State-2567

TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	IX11 PROVIDER/SUPPLIER CLIG IDENTIFICATION NUMBER	A BURDING	USATE SURVEY COMPLETED				
	050701	B YANG	09/17/2009				
AME OF PROVIDER OR SUPPLIER	STREET ADDR	ESS CITY STATE 20 CODE					
SOUTHWEST HEALTHCARE SYST	EM 25500 MEDI	CAL CENTER ORIVE, MURRIETA, CA 92562	RIVERSIDE COUNTY				
YAID SUMMARY ST	ATEMENT OF DEFICIENCIES	D PROVIDER'S PLAN OF	CORRECTION INS.				
	Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATIONI	PREFIX (EACH CORRECTIVE ACTION 1 TAG REFERENCED TO THE APPR					
Continued From page	e 14						
case manager wa planning of the ba needs. There was identified the need	their screening process. There was no evidence a case manager was involved in the discharge planning of the baby to determine post hospital needs. There was no evidence the nursing staff identified the need for a discharge plan that included close follow up for prevention of severe						
According to the AAP	Guidelines						
home at 45 hours of of 96 hours, but early	nsk factors who was discharged age should be seen by the age er follow up should be provided who have nsk factors fo binemia	ə 1					
7 The record for September 4 2009 August 28, 2009 at 4							
physician ordered to	t 29. 2009, at 11.30 a.m. the o discharge the baby with a or Tuesday (two or three days	1					
TcB was 7.9, in the curve At 2.25 pm was 6.1 in the high Bhutani curve The ordered "OK to DC The record did not interventions taken by policy in place require	hurs of age), the pre discharge high risk zone on the Bhutani (21 5 hours of age), the TSE intermediate risk zone on the physician was notified and must follow up on Monday have evidence of any other y the nurse and there was no ing the nurse to intervene when ed at risk for developing						
UNE DODY WAS DISCHAIG							
vent ID UNON11	1/15/201	0 12.23.55PM					

Any debicency statement ending with an astensk (*) denotes a debicency 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 hindings and plans of correction are disclosable 14 days following, the date the date there decoments are made available to the fapility. If deficiencies are bled, an approved plan of correction is requisite to continued program participation.

TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	INTERPOLIDERSUPPLIERCUA	- X2: MULTIPLE CONSTRUCTION A BUNDING B WING							
	050701		09/17/2009						
AME OF AROVIDER OF SUPPLIER BOUTHWEST HEALTHCARE SYSJ		IDRESS CITY STATE 2/P CODF DICAL CENTER DRIVE, MURRIETA, CA 92562	RIVERSIDE COUNTY						
PREFIX FEACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC RENTIFYING INFORMATION)	10 PROVIDER'S PLAN C FREFIX EACH CORRECTIVE ACTION TAG REFERENCED TO THE APPR	N SHOULD BE CRUSS- DOMPLET						
Continued From page	e 15								
hyperbilirubinemia									
2009. at 4.30 p.m. (in the high interme		SB							
the baby was at m their screening proce case manager was planning of the ba needs There was identified the need	ence a case manager identif sk for hyperbilirubinemia dur iss. There was no evidence s involved in the dischar by to determine post hosp no evidence the nursing si i for a discharge plan ti w up for prevention of seve	ing : a ige ital talf hat							
According to the AAP	Guidelines:								
discharged home at seen by the age of	no risk factors who w 23.5 hours of age should 72 hours but earlier foilow for those bables who have r hyperbilirubinemia	be up							
"if appropriate follow presence of elevate hyperbilirubinemia, it discharge either unti ensured or the perio	recommends for all newborn -up cannot be ensured in t id risk for developing seve may be necessary to def i appropriate follow-up can id of greatest risk has pass	ne ere lay be							
(72-96 hours) "									
	1/15/2	010 12 23,50PM							
BORATORY DIRECTOR'S OR PROVID	ERISUPPLIER REPRESENTATIVE'S S	SIGNATURE TITLE	KO DATE						
at other safeguards provide sufficient pro auryey whether or not a plan of corrector t date these documents are made availa	ptection to the patients. Except for nurs on is provided. For nursing homes, the	ie institution may be excused from connecting providing ing homes, the findings above are disclosable 50 days above findings and plans of consection are disclosable ed. an approved plan of correction is roduisite to contin	following the date 14 days following						
incipalion									

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X11 PROVIDER/SUPPLIER/SUA		1220 MOLTIPLE CONSTRUCTION			VO DATE SURVEY UOMPLETED	
		050701		A BUILDING				
ALLE DE P	ROVIDER OR SUPPLIER		STREETADORESS	-L			17/2009	
	EST HEALTHCARE SYSTE	EM .			MURRIETA, CA 92562 RI	VERSIDE COUNTY		
(X4) ID PREFIX TAG	EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ю Ркегіх Глс	PROVIDER'S PLAN OF C SEACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS	IXSI COMFLETE DATE	
	Continued From page	16					· · · · · ·	
	The facility policy Assessment, Ident Protocol," last revised August 6 2009 The was to identify hyperbilirubinemia pi hyperbilirubinemia, an to aid in the prevent the brain centers of levels of bilirubin).	ification, and d April 2008, was if e policy indicated if newborns at romote timely ass d initiate appropria tion of kemicterus	the purpose risk for essment of te follow-up (damage to					
	The policy indical hyperbilingbinemia including the following, a Bruising and cept	luded but were no halhematomas (whe						
	the production of bilirup b. Genetic or ethnic neonatal jaundice (East-Asian or Mediterra	nsk factors include yellowish skin di	-					
	c inadequate r suboptimal breastfeedir	lutrition/hydration ng.	through					
	d. Jaundice appeann birth (dark, skin visualization);	ig in the first 24 pigments may						
	e Macrosomic (large diabelic mother	for gestational age)	infant of a					
	f Near-term newborns gestation partrcularly if		37 weeks of					
vent ID	UNQN11		1/15/2010	12 23 56PM	1			
	W 0105-670 010 00 000	R.SUPPLIER REPRESEN	TATIVE'S SIGNATU	RE			ANDATE	

STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION		(X1) PROVIDERISUPPLIERICLIA IDENTIFICATION NUMBER	ICT: MULTIPL	E CONSTRUCTION	X 3, 7, 470, SURVEY , CRAPLE TED		
		050701	A BUILDING B YUNG		09/1	7/2009	
	ROVIOER OR SUPPLIER VEST HEALTHCARE BYSTE		AL CENTER DRIVE, MURRIETA, CA 92562 RIVERSIDE COUNTY				
174-00 PREF:X TAG	EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION!	ID PREFIX TAG	PPOVIDER'S PLAN O EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS	UX61 COMPLET DATE	
	Continued From page	9 17	<u> </u>	······································			
	g Significant weight than 10 % by discharg	t loss (defined as ⇒ (greater ge					
	n Temperature insta and.	ability or treatment of sepsis.					
	i Unrecognized hemolysis, such as ABO blood type incompatibility.						
	behalf of the Perina (PQIP) and Califo Collaborative (CPQC was reviewed. The risk for significant have close follow up	Prevention (SHP) Tooikit on Ital Quality Improvement Panel mia Perinatal Quality Care C)" dated October 19 2005, document indicated infants at hyperbilirubinemia needed to after discharge The document isit should be performed within					
	and/or bilirubin test w monitor for jaundice	er indicated a follow up visit within 24 hour post discharge to was recommended in babies. I fell within the High Risk Zone mogram.					
	and/or bilirubin test w	er indicated a follow up visit rithin 48 hour post discharge to e was recommended in the s					
	-	n measurement in the High Zone in the Hour Specific t and					
Eveni ID	UNQN11	1/15/2010	12.23.56	PM			
BORATOR	TY DIRECTOR'S OR PROVIDE	RISUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE		K61 DATE	

Any deticency statement ending with an astensk (1) denotes dideficiency which the institution may be excused from correcting providing it is betermined that other sategoards provide sufficient protection to the patients. Except for musing homes, the findings above are disclosable 90 days to even by 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 called, an approved plan of correction is requisite to continued program participation.

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		ICENTIFICATION N 050701				- K3-DATE SURVEY COMPLETED 09/17/2009	
	ROVIDER OR SUPPLIES EST HEALTHGARE SYS	TEM	STREET ADDRESS		DOE MURRIETA, CA 92552 RIVERS		
X4-10 REFU 14G	EACH DEFICIEN	STATEMENT OF DEFICIENCI CY MUST BE PRECEEDED B R LSC IDENTIFYING INFORM	FULL	'D PREF(X TAG	PROVIDER S PLAN OF CORRE EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	DIBE CROSS COMP	ND PLET
	Continued From page	ge 18					
		voin measurement Cone in infants who ors for develo					
	policies and prot ensure the safe du developing hyperbili that has caused, or or death to the p	to ensure their nu cadures were imp scharging of newborn irubinemia. This is r is likely to cause attents and therefor rdy within the mean stion 1260.1(c).	lemented to ns at-risk for a deficiency serious injury e constitutes				
	JNON11 V DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESE	1/15/2010	12:23 56PN RE	TITLE	iX6I DAT	E.
other sai urvey wh	leguarda provide sufficient p ether or not a plan of correct	rotection to the patients. E ion is provided. For numeric	soopt for nursing home g homes, the above fir	n the findings ab dings and plans o	ed fram correcting providing it is deta ove are disclosable 90 days following f correction are disclosable 14 days frection is requisite to continued prog	g the date following	