

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

JUN 25 2010  
VSG/25/10  
Daly City Dist. Office

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050076	(X2) MULTIPLE FACILITY LOCATION: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/16/2009
NAME OF PROVIDER OR SUPPLIER <b>KAISER FOUNDATION HOSPITAL - SAN FRANCISCO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2425 GEARY BOULEVARD, SAN FRANCISCO, CA 94115 SAN FRANCISCO COUNTY</b>		
(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>The following reflects the findings of the Department of Public Health during a complaint/adverse investigation visit:</p> <p>Complaint Intake Number: CA00173737 - Substantiated</p> <p>Representing the Department of Public Health: [REDACTED] HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>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.</p> <p>Title 22 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.</p> <p>This RULE is not met as evidenced by: Based on interview and record review, the surgeon and the scrub nurse failed to implement the</p>		<p>Health and Safety Code Section 1280.1 (c)</p> <p><b>Actions:</b> In response to this event, the Labor and Delivery OR (Operating Room) process for counting and reconciling all items during a surgical procedure, and the white boards used to visualize the count and tracking process for the team in the OR were revised on January 15 2009. Specifically, the process and boards were revised to include a specific count category for the Fetal Scalp Electrode (FSE).</p> <p>Review of the hospital's policy confirmed that counts of "miscellaneous small items/devices" such as FSEs are part of the policy.</p> <p>L &amp; D staff and physicians were trained to follow the revised process, which includes accounting for all parts of the FSE if it is cut during the procedure. The training occurred at department huddles between January 16 and 22-2009</p> <p>This patient underwent surgery to remove the retained object and was successfully treated for the resulting infection.</p> <p><b>Accountable Person:</b> Maternal Child Health Service Director and Labor and Delivery Manager.</p>	<p>January 15, 2009</p> <p>January 22, 2009</p>

6/28/10  
US

Event ID:RTK611

6/9/2010

11:51:17AM

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

TITLE

(X6) DATE

*Christina M. [Signature]*

*S. V. P. & Area Mgr.*

*6/22/10*

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.

*POC accepted*

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  01/16/2009
NAME OF PROVIDER OR SUPPLIER  KAISER FOUNDATION HOSPITAL - SAN FRANCISCO			STREET ADDRESS, CITY, STATE, ZIP CODE 2425 GEARY BOULEVARD, SAN FRANCISCO, CA 94115 SAN FRANCISCO COUNTY		
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	<p><b>Continued From page 1</b></p> <p>hospital's policy and procedure on counting instruments and making sure that all instruments used during surgery were complete and accounted for when a segment of a fetal scalp electrode was found on imaging. Patient 1 complained of fever and right lower quadrant (RLQ) pain three weeks after having a Caesarian Section on 11/29/08. Patient 1 had to go through another surgery to remove the retained foreign object on 1/01/09.</p> <p><b>Findings:</b></p> <p>Patient 1 had a Caesarian Section at the hospital in 11/29/08. On 1/01/09, three weeks after surgery, Patient 1 went to the clinic complaining of right lower quadrant pain and fever of 102 degrees. Patient 1 was brought to the Emergency Room and an X-ray showed a foreign object in the patient's right lower pelvis. Physician 1 discussed the findings with the patient and husband at the Emergency Room and agreed to take the patient to the Operating Room the same day for removal of the retained foreign object.</p> <p>Review of the Operating Room notes dated 1/01/09 indicated that the following procedures were performed on Patient 1: an exploratory laparotomy (surgical procedure to remove or repair the inflamed organ); Incision and Drainage of right lower quadrant abscess (localized pockets of infection); and removal of retained 4 centimeter proximal segment of fetal scalp electrode found in the abscess that was approximately 6 centimeter in size. "The abscess was sharply perforated, with subsequent leakage of approximately 100 cc of</p>		<p><b>Monitoring:</b></p> <p>Compliance to the revised count process was monitored via random observational audits to validate inclusion of the FSE in the count.</p> <p>During direct observation there is a focus on FSE counts to assure this has been incorporated into the process.</p> <p>A final report was made to the hospital's Medical Executive Committee, QUEOC (Quality Utilization Executive Oversight Committee), in November 2009. Based on the reported 8 months of 100% compliance with inclusion of the FSE in the count process it was determined that the corrective action had been successfully sustained.</p> <p style="text-align: center;"><b>State of California CDPH – L&amp;C JUN 25 2010 Daly City Dist. Office</b></p>	Nov 2009	

Event ID:RTK611

6/9/2010

11:51:17AM

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

*Christina M. ...*

TITLE

*Asst. VP + Area Mgr.*

(X6) DATE

*6/22/10*

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MARK B. HORTON, MD, MSPH  
Director

State of California -- Health and Human Services Agency  
**California Department of Public Health**



ARNOLD SCHWARZENEGGER  
Governor

**REQUEST FOR PLAN OF CORRECTION FOR IMMEDIATE JEOPARDY (IJ)  
DEFICIENCIES**

June 09, 2010

CERTIFIED MAIL

Christine Robisch  
Kaiser Foundation Hospital - San Francisco  
2425 Geary Boulevard  
San Francisco, CA 94115

**RECEIVED**

JUN 11 2010

Dear Christine Robisch:

**QUALITY DEPARTMENT**

**Facility ID: 220000008**

**Penalty Number: 220007288**

An exit conference has been conducted regarding deficiencies found during a visit to this facility to determine compliance with state licensing regulations as a provider of health care services.

The plan of correction must be submitted on the enclosed Form State-2567. The California Department of Public Health (CDPH) will not accept a plan of correction on attachments. The plan of correction for each deficiency listed must contain the following:

- A. How the correction will be accomplished, both temporarily and permanently.
- B. The title or position of the person responsible for the correction.
- C. A description of the monitoring process to prevent recurrence of the deficiency.
- D. The date the immediate correction of the deficiency will be accomplished. Normally this will be no more than thirty days (30) from the date of the exit conference.

If the plan of correction is not acceptable to CDPH, you will be notified and requested to provide a more specific plan. If necessary, an informal conference will be held to obtain a satisfactory plan of correction.

**State of California  
CDPH - L&C  
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Daly City Dist. Office**

Christine Robisch

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June 09, 2010

A rebuttal of the deficiency is not a plan of correction. California Health and Safety Code, Section 1280, requires a plan of correction for all deficiencies. By providing a plan of correction a licensee or designee does not necessarily admit guilt of any alleged violation nor does this interfere with the right to contest or appeal any alleged violations.

If you disagree with any deficiency, you may submit a written appeal to the district administrator/district manager of this office. A formal appeal process will be afforded to you if and when an administrative penalty notice is issued to your facility for an immediate jeopardy deficiency. Please do not request a formal appeal of any penalties until the notice of a penalty is issued.

The plan of correction must be returned within 15 calendar days of receipt of the statement of deficiencies.

Sincerely,

*Virginia Solis*  
JOM

Diana Marana, District Administrator  
Daly City District Office

Enclosure

*Christine M. Robisch*

Signature of Facility Representative  
Receiving Letter

*6/22/10*

Date Letter Returned With  
Plan of Correction

NOTE: Sign, date, and return this letter with the plan of correction.

**State of California**  
**CDPH - L&C**  
JUN 25 2010  
**Daly City Dist. Office**