### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 060557

**Name of Provider or Supplier:** Memorial Medical Center

**Street Address, City, State, Zip Code:** 1700 Coffee Rd, Modesto, CA 95355-2803

**Stanislaus County**

#### Summary Statement of Deficiencies

(Each deficiency must be preceded by full regulatory or LSC identifying information)

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
<th>(K5) Complete Date</th>
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<td>The following reflects the findings of the Department of Public Health during an inspection visit:</td>
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<td></td>
<td><strong>Complaint Intake Number:</strong> CA00295285 - Substantiated</td>
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<td><strong>Corrective actions accomplished for the patient affected:</strong> CA00295285</td>
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<td><strong>Representing the Department of Public Health:</strong> Surveyor ID # 20365, HFEN</td>
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<td>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility</td>
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<td><strong>Corrective actions accomplished for the patient(s) identified to have been affected by the practice:</strong></td>
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<td><strong>Health and Safety Code Section 1280 1(c):</strong> For purposes of this section &quot;immediate jeopardy&quot; 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</td>
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<td><strong>2011:</strong></td>
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<td><strong>Health and Safety Code Section 1279 1(c):</strong> &quot;The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.&quot;</td>
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<td></td>
<td>• The patient was admitted to a higher level of care (Neonatal Intensive Care Unit) for closer observation.</td>
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<td><strong>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</strong></td>
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<td><strong>2012:</strong></td>
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<td><strong>Health and Safety Code 1279 1(b):</strong> For purposes of this section, &quot;adverse event&quot; includes any of the following:</td>
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<td>• The attending physician for this patient was contacted for post-discharge follow up, and conveyed to the hospital staff an EEG was performed on 12 with normal results.</td>
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<td>(4) Care management events, including the following:</td>
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<td><strong>Title/Position of person responsible for implementing the correction:</strong> NICU Supervisor and Attending Physician</td>
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<td>(A) A patient death or serious disability directly</td>
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<td><strong>(K5) Complete Date:</strong></td>
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</table>

**Event ID:** 224711  
**2/5/2013 2:56:52PM**

**Laboratory Director's or Provider/Supplier Representative's Signature:**

**X:** [Signature]

**Daryn J. Kumar**  
**Chief Executive Officer**  
**2/27/13**

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 disclosed to the extent necessary to conduct a VOS survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed within days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required as continued program participation.

**Received:** MAR - 1 2013  
**DEPT OF HEALTH SERVICES LICENSING & CERTIFICATION-FRESNO**
related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility

Deficiency Constitutes Immediate Jeopardy

Title 22
70213 Nursing Service Policies and Procedures
(d) Policies and procedures that require consistency and continuity in patient care, incorporating the nursing process and the medical treatment plan, shall be developed and implemented in cooperation with the medical staff

Based on staff interview, clinical record and administrative document review, the hospital failed to implement its newborn nursery policy and procedure on notifying physicians immediately when the infant had a very low blood glucose (sugar) level of 12 milligrams per deciliter (mg/dl - a method of measurement) (normal blood glucose in the newborn is above 40 mg/dl).

This failure resulted in the infant suffering a series of hypoglycemic (low blood glucose levels) events. The infant suffered a tonic-clonic (alternately contracting and relaxing) seizure (excessive and abnormal electrical brain activity) An EEG (electroencephalogram - a specialized brain study measuring brain waves) following the infant's seizures was interpreted by a pediatric neurologist (physician specializing in neurologic diseases of the infant and child) as abnormal. The EEG indicated the infant was diagnosed with partial seizures due to hypoglycemia.

Date the immediate correction was accomplished: 2011

How other patients having the potential to be affected by the same practice will be identified, and what corrective actions will be taken:

- Immediate action included an addendum to the "Management of Neonatal Hypoglycemia" policy and procedure by the neonatal medical staff leaders in collaboration with the unit nursing leadership.

- Policy changes included:
  - A new 1-page visual diagram listing action steps to be taken based on symptoms and corresponding blood glucose levels.
  - Revision of the hypoglycemic range's "low" value was raised from 20 to 40 for earlier nursing intervention.
## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLI Identification Number:** 050657

**Multiple Construction**

- **A Building**
- **B Wing**

**Date Survey Completed:** 02/22/2012

**Name of Provider or Supplier:** Memorial Medical Center

**Street Address, City, State, Zip Code:** 1700 Coffee Rd, Modesto, CA 95355-2803, STANISLAUS COUNTY

### Summary Statement of Deficiencies

Each deficiency must be preceded by full regulatory or LSC identifying information.

Continued From page 2

**Findings:**

On March 6, 2012, the infant's clinical record was reviewed. The infant was delivered on March 11 at 1:37 p.m. According to the well-baby admission note, the infant was designated as a "high risk" for "Lactation Assessment." Lactation Assessment is the process of evaluating how well the newborn breastfeeds. This is a breastfed infant and due to feeding poorly had glucose check done with the results being 12 mg/dl. A glucometer is a medical device that can estimate the blood glucose level by reading a drop of blood on an applicator. On March 1, 2011 at 4:59 p.m. the infant was noted to have rhythmic right arm and eye twitching. On March 2, 2011 at 5:05 a.m., after physician assessment the infant was transferred to ICN (Intensive Care Nursery). The physician progress note stated that the seizure activity was most likely due to hypoglycemia. EEG was ordered and done on March 2011.

The Care Team Notes indicated the infant was a poor feeder after birth. The Care Team Notes documented between March 11 at 6:49 a.m. and March 12 at 5:35 p.m. that the infant was not feeding well. The documentation indicated the infant was "too sleepy and reluctant to latch." RN 7 documented on March 12 at 5:05 p.m. "father of the baby reported infant had not nursed this afternoon." The blood sugar was checked and resulted in 12 mg/dl and the infant was bottle fed at the bedside. The Care Team Notes did not document the physician was called at this time RN 1.

### Provider's Plan of Correction

- The addition of timed feeding guidelines with parameters for the immediate post-birth period.
- The inclusion of additional verification for low glucose readings by point-of-care and blood glucose testing.
- Earlier provider notification (based on the new hypoglycemic low value of 40 or less).

- These changes were reviewed with nursing staff individually, during daily unit rounding, and in stand-up meetings at shift change.
- The changes to the "Management of Neonatal Hypoglycemia" policy and procedure were formally approved in accordance with the established hospital approval process.
- The revised policy was finalized on 6/15/2012.
### Summary Statement of Deficiencies

<table>
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<tr>
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<tbody>
<tr>
<td>2567</td>
<td>x1</td>
<td>None</td>
<td>Trained staff documented intermittent infant movement at 6:34 AM. An individual determined the infant was hypoglycemic with blood sugar of 12 mg/dl. The infant was fed formula infant PO (fed by mouth) and an additional 15 ml. The RN 6 documented the following at 5:05 AM: Infant in NBN (newborn nursery) noted to have rhythmic R (right) arm twitching and eye movement. On 4/20/12, the history and physical of Patient 1 reviewed by MD 3 (pediatrician in charge of Patient 1) was reviewed. The chief complaint was &quot;Low blood sugars and seizures.&quot; MD 3 documented the following: Soon after birth, the infant was noted to be hypoglycemic with a blood sugar of 12 (mg/dl). She was fed and the blood sugar was repeated and it was 26 (mg/dl). It subsequently went up to 41 (mg/dl). Some jerking activity was noted today by one of the nurses. The infant was monitored by a physician on arrival and was felt to be having seizure activity. MD 3 contacted and asked to come in and evaluate this infant. When I arrived, the infant was still having the rhythmic jerking activity of the right upper extremity. This lasted for about 5 minutes. I questioned the parents about any similar activity and they said that yes since about 12 hours of age the infant has had intermittent jerking activities, sometimes involving head rolling.</td>
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### Corrective Action


- A hand-off communication tool, (customized for this patient population), titled "Situation, Background, Action, and Recommendation (SBAR)" was developed and fully implemented by 4/10/2012. Key elements to be reviewed during handoffs between care providers include:
  - Feeding type, plan, and status.
  - Mother's medical history.
  - Significant lab results, point-of-care testing, and critical lab values.
  - A list of planned nursing interventions for the next 24-hour time period.

- Human resource policies were followed with involved staff by 1/18/2012.

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**Note:** 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 violations 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 discloseable violations. When the date these documents are made available to the facility, if deficiencies are cited, an approved plan of correction is requisite to continued participation.
Continued From page 4

both upper extremities, sometimes involving just
the right upper extremity, sometimes grimacing of
the face that has been occurring. He (the father of
the infant) had reported this to the nurses but
apparently prior to today the activity was not
observed by the nursing staff. Because of this
history of hypoglycemia and now seizure activity
this infant is being admitted to the Intensive Care
Nursery for further management. The infant
will be transferred to the care of the neonatologist (MD
2) later in the day.

On 4/20/12 at 1:15 p.m. during an interview, MD 3
stated he was the pediatrician for the infant and
performed a history and physical and admitted the
infant to the ICN. He stated the nurse
communicated the blood sugars were as low as 12
mg/dl. MD 3 stated he witnessed "tonic/clonic"
seizure activity during his visit that morning. He
was informed by the family the infant had several
episodes of similar activity about twelve hours after
birth. "This seizure activity apparently was not
witnessed by nurses." The father stated to MD 3
he was told, "Sometimes babies are just jittery
which is normal." MD 3 stated he was not informed
about the blood sugars until after the infant was
three days old and already experiencing seizure
activity. MD 3 stated his expectation if a baby had
a blood sugar of 12 mg/dl was that he would be
called immediately. MD 3 stated, "I would like to
be notified right away.

On 4/19/12 at 3:30 p.m., during a concurrent
interview, RN 4 (supervisor for the ICN) and QM
(Quality Manager) discussed the care of the infant.

What immediate measures and
systematic changes will be put
into place to ensure that the
practice does not recur:

1. The following actions were taken
   immediately:
   - The current policy regarding critical value
     notification was immediately reviewed with
     nursing staff to reinforce timeliness.
   - On 4/20/12, specific policy
     changes included:
     o Immediate
     physician notification, with
     abnormal point of
     care testing per
     revised policy
     parameters.
     o Follow up
     verification with
     serum glucose
     when a critical
     point of care value
     indicates further
     testing is required.
Continued From page 5

RN 4 and QM agreed the doctor should have been called immediately after the blood sugar of 12mg/dl was obtained. RN 4 and QM stated the nursing policy and procedure at the time of the event directed staff to call the physician immediately.

On 4/20/12 at 2:30 p.m., an interview was conducted with RN 5 who helped to admit the infant to the ICU. RN 5 was asked how she would have responded with low blood glucose. RN 5 stated, "If I had an infant with a blood sugar of 12 mg/dl, I would call the doctor right away and take the infant to ICU and start an IV (intravenous - a tube placed in the vein to provide fluids and or medications) and do a serum blood glucose."

On 4/20/12 at 11:40 a.m., during an interview, MD 2 (neonatologist) stated he was first notified of the infant's condition on 11/1 at 5:05 a.m. when RN 6 notified him by phone of the "rhythmic right arm twitching and eye movement." MD 2 arrived at the hospital on 4/1 at 5:30 a.m. to assess the infant. MD 2 stated he also noted the rhythmic arm twitching and eye movement. He stated at 6:00 a.m. while writing orders he noted episodes of rhythmic movements more pronounced on the right side and lasting minutes. MD 2 stated, "I had concerns regarding communication." MD 2 commented that what he meant was that communication between the parents and nurses may not have been ideal. He stated he asked the parents if there was any history of seizure activity. The parents told him that they had told the nurses of the twitching.

Date the immediate correction was accomplished: blank 2011

2. In addition to the immediate changes, the following systematic changes were made:
   • A new model integrating mother-baby care (couplet) was introduced on 5/7/2012, allowing for better oversight of mother-baby-family interactions.

Title/Position of person responsible for implementing the correction:
Maternal Child Health Manager

A description of the monitoring process and position of person responsible for monitoring. How the facility plans to monitor its performance to ensure corrective actions are achieved for its effectiveness, and how it will be integrated into the quality assurance system:

• Communication audits to promote consistent staff hand-offs began on 03/01/12. Thirty...
During this interview, MD 2 confirmed that the expectation would be for the nurses to call immediately with blood glucose of 12 mg/dl in reference to the care the infant, MD 2 stated "The doctor should have been notified immediately. The infant probably would not have had seizures if treatment had started right away. The delay could result in the baby having long term affects." MD 2 stated, "The parents alerted nurses of possible seizures, they should have followed up on the point of care blood sugar to rule out hypoglycemia. The baby probably had low blood sugars hours before treatment started."

On 4/20/12, a NICU (Neonatal Intensive Care Unit) note dated 6/1/12 8:52 a.m., by MD 2 was reviewed. Impression: My impression is that the (infant's) seizure activity was most likely due to hypoglycemia. Plan: Continue treatment with seizure medication; obtain EEG Monitor blood glucose at least every 4 hours for now.

On 4/20/12, the EEG for 6/11 was reviewed and indicated under "Indications: This sleepy baby girl who reportedly has been noticed to have some right upper extremity jerking and lip smacking. Interpretation: This is an abnormal EEG because of frequent left temporal sharp activity noticed. This is indicative of low threshold for partial seizures."

On 4/20/12, the NICU report by MD 2 at 1:36 p.m. was reviewed. Discharge Diagnoses were: 1 Hypoglycemia 2 Seizures due to hypoglycemia 3 A 41 week infant with a birth weight of 2836 grams. 4 Neurological: My impression is that medical records are audited per month, beginning in June, 2012. The verbal and/or electronic audit includes the following SBAR elements: Feeding type, plan, and status; Mother's medical history; significant lab results, point-of-care testing and critical lab values; and, a list of planned nursing interventions for the next 24-hour time period. Monthly auditing is planned until a compliance rate of 100% for six consecutive months is achieved, followed by a quarterly assessment which must reach a compliance rate of 100% for 2 consecutive quarters before the auditing cycle is terminated.

- Review and reconciliation of the daily Critical Value Report has been expanded to include a process of auditing 100% of all patients requiring point-of-care testing each month (due to a variable "n") and is planned to continue with no end date. The monthly audit includes a medical record review for the following: Any lab values reported as critical by date and...
NAME OF PROVIDER OR SUPPLIER: Memorial Medical Center
STREET ADDRESS: 1700 Coffee Rd, Modesto, CA 95355-2803
STATE: STANISLAUS COUNTY
ZIP CODE:

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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050557</th>
<th>(X2) MULTIPLE CONSTRUCTION A. BUILDING</th>
<th>(X3) DATE SURVEY COMPLETED 02/22/2012</th>
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**NAME OF PROVIDER OR SUPPLIER**: Memorial Medical Center

**STREET ADDRESS**: 1700 Coffee Rd, Modesto, CA 95355-2803

**STATE**: STANISLAUS COUNTY

**ZIP CODE**: 95355

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**SUMMARY STATEMENT OF DEFICIENCIES**

Continued From page 7

she had seizure activity due to hypoglycemia."

On 4/20/12, the policy that was in place on 11, titled "Newborn hypoglycemia", with a revision date of 6/09, was reviewed. The policy indicated: "II Purpose A To provide guidance in monitoring of blood glucose levels and to identify the required interventions in the care of the neonate at risk for hypoglycemia during transition. IV C If glucometer value (less than symbol) 20, call attending pediatrician, the ICN on-call pediatrician, or the neonatologist immediately."

The article Neonatal Hypoglycemia (emedicine.medscape.com/article/802334-overview) indicated "Hypoglycemia is the most common metabolic problem in neonates. In children a blood glucose value of less than 40 mg/dl (2.2 mmol/L) represents hypoglycemia. A plasma glucose level of less than 30 mg/dl (1.65 mmol/L) in the first 24 hours of life and less than 45 mg/dl (2.5 mmol/L) thereafter constitutes hypoglycemia in the newborn. Patients with hypoglycemia may be asymptomatic or may present with severe central nervous system (CNS) and cardiopulmonary disturbances. The most common clinical manifestations can include altered level of consciousness, seizure, vomiting, unresponsiveness, and lethargy. Any acutely ill child should be evaluated for hypoglycemia, especially when history reveals diminished oral intake. Sustained or repetitive hypoglycemia in infants and children has a major impact on normal brain development and function."

The hospital failed to implement the policy directing

time, a verification of documentation including the "read back" process of the reported value, and provider notification (if applicable per the new policy guidelines). This process began 04/01/12.

**Title/Position of person responsible for implementing the correction**: Maternal Child Health Manager

**Event ID**:ZF5T11 2/5/2013 2:58:52PM

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**: Daryn J. Kumar Chief Executive Officer 2/27/13

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 required for continued participation.

**DEPT OF HEALTH SERVICES LICENSING & CERTIFICATION-FRESNO**

RECEIVED MAR - 1 2013
Continued From page 8

nursing staff to immediately notify a physician upon obtaining low blood glucose in the infant. By not immediately notifying the physician, the infant suffered a series of hypoglycemic events and subsequent seizure activity. This failure directly led to an abnormal EEG reading in the infant. Hypoglycemia and seizure activity in the newborn could negatively affect normal brain development.

The failure to implement immediate physician notification following low blood glucose in the infant led to the licensee's noncompliance with one or more requirements of licensure and caused, or is likely to cause, serious injury or death to the patient. The above facility failures may result in an Administrative Penalty.

This facility failed to prevent the deficiency(ies) as described above that 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 1280 1(c).

Event ID:ZF5T11 2/5/2013 2:58:52PM

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 discardable 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 discardable 15 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to begin participation.