	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050045	(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
	ROVIDER OR SUPPLIER Regional Medical Center	STREET ADDRE	SS, CITY, STATE, 3	ZIP CODE A 92243-4306 IMPERIAL COU	- I	ingen of Free states
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
	The following reflects to of Public Health during	he findings of the Department an inspection visit:		RECEN CA DEPT OF PU	VED BLIC HEALTH	~
	Complaint Intake Num CA00464104 - Substa		9	OCT 0 5		
	Representing the Depa Surveyor ID # 1864, H	artment of Public Health: FEN		LICENSING & CE SAN DIEGO DIST	RTIFICATION RICT OFFICE	
		ited to the specific facility does not represent the ction of the facility.			×	
	purposes of this section means a situation in w					
		ne or more requirements of or is likely to cause, serious atient.		Title 22 DIV 5 CH 1 ART 7	7 {70707 {b} {2, 4,	
	 (a) Written policies an shall be developed, m the nursing service. (b) Policies and proce current standards of n consistent with the nurassessment, nursing of the nurassessment of	n, and, as circumstances		9} On September 7, 2015 EC implement nursing care ar policies and procedures to of a patient. Patient was r appropriate and timely ass interventions related to ch symptoms during an emer visit. Patients repeated re treatment, related to chest were not managed in a ma	nd assessment o meet the needs not provided with sessments and est pain rgency department equests for t pain symptoms, anner that	9/07/15
1	policy on patients' righ	ical staffs shall adopt a written		maintained standard of pra rights. California Departme Health (CDPH) completed 12/06/16 to assess compli standards identified in this	ent of Public I an onsite visit on iance with the	
Event ID:		6/25/20	18 11:	07:44AM		1
		DERISUPPLIER REPRESENTATIVE'S		CEO	041B	

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.

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SUF COMPLET	
		050045		B. WING		03/29	9/2017
102-00 10.1	OVIDER OR SUPPLIER Regional Medical Center		STREET ADDRESS, 1415 Ross Ave, E		ZIP CODE A 92243-4306 IMPERIAL COUNTY	ä	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLETE DATE
	both Spanish and Engli within the hospital so th by patients. This list sh to the patients' rights to (2) Considerate and res (4) Receive information of treatment and prospe the patient can underst (9) Reasonable respon- requests made for serv	hat such rights may be all include but not be spectful care. about the illness, th ects for recovery in te and. ses to any reasonab	e read limited e course erms that		Prior to receiving this patient griev ECRMC had identified opportuniti triage process. 9/16/15 triage com process was reviewed and redefin meet current standards. On 10/05/15 ECRMC received a g from the patient related to patient Quality immediately initiated the g	es in the ipetency ied to grievance care.	9/16/15 10/05/15
	Based on observation, the hospital failed to im assessment policies an needs of a patient (Pati provided with appropria and interventions relate during an Emergency D 1's repeated requests for pain symptoms, were n maintained standards o Patient 1 was diagnose emergency, which ultim (specially equipped and	plement nursing care d procedures to mee ent 1). Patient 1 was te and timely assess d to chest pain symp pepartment (ED) visit or treatment, related ot managed in a mar f practice and patien d with a cardiac (hea ately required critica	e and et the s not sments otoms . Patient to chest nner that t rights. art) I care		 process. On 10/06/15 this case was flagged by the quality department for quality of care concerns and sent to Peer Review. Case was reviewed by the Emergency Department Chair. The physician involved in this event received 1:1 education on dating, timing and signing of all EKGs. On 10/07/15 the EDA that performed the initial EKG was re-educated on the importance of showing the EKG to the lead provider, documenting the provider reviewed the EKG and communicating the 		10/06/15
	situations) transportatio an emergent cardiac pro practice delayed diagno provide care that respect immediate response to cardiac condition, which serious harm and/or dea Findings:	n to a higher level of ocedure. This deficie sis/treatment and fa cted the patient's righ symptoms of an eme had the potential to	care for ent iled to nt to an ergent		result of that review to the triage n On 10/07/15 the triage and intake involved in this incident were retra the process of Assessment/Reass EKG timeliness, physician notifica Chest Pain patient and immediate placement of ESI II Chest Pain pa following ESI best practice.	RNs ined on sessment, tion in the	10/07/15
Event ID:J8	M411		7/12/2018	1:09	9:15PM	1	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SUF COMPLET	
		050045		B. WING		03/29	9/2017
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE,	ZIP CODE		
El Centro I	Regional Medical Center		1415 Ross Ave, I	El Centro, C	A 92243-4306 IMPERIAL COUNTY	2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETE DATE
	During an interview on Patient 1 described an ED, which began the er Patient 1 stated the ons her ED visit. Patient 1 st respond appropriately t chest pain. Patient 1 st the reception area to a repeated complaints of breathing and "needing stated that an ED physi an hour and that after a identified, a Cardiologis treatment of the heart d "until 5:00 in the mornin then required transfer to emergency helicopter tr stated she then required procedure due to a "hea During a joint observatio Director of Quality Risk 12/10/15 at 11:00 A.M., areas were observed. T were adjacent to the EE waiting area. Patients w entered the area and we Registered Nurse (RN) complaints. Some patie main ED area, some we screening tests in an ad some were triaged to th stated that a patient who complaints of "severe" of	encounter at Hospita vening of 9/7/15 at 10 set of chest pain pror stated that ED staff d o her complaints of s ated that she was se waiting area despite severe chest pain, d to lie down". Patient cian did not see her heart problem was t (physician specializ isorders) was not co g". Patient 1 stated s o Hospital B by mear ransportation. Patient d an emergent heart art attack". on and interview with Management (DQRI the ED reception an he reception and tria o patient entrance an rere observed as the ere assessed by a for symptoms and ch ints were escorted to ere provided with initi jacent treatment roo e waiting area. The I o presented to the EI	al A's D:18 p.m. mpted id not severe nt from ifficulty : 1 for over zed in nsulted she as of t 1 the M), on d triage age areas d y hief the al m, and DQRM D with sent to		On 10/05/15 the following policies procedures were reviewed "Triage of the Cardiac Patient", "Assessment/Reassessment and Sign", "Emergency Standards of N Practice and Standards of Patient "Pain Assessment and Manageme no changes were required. Policy procedure "Triage Intake Standing Emergency Department," this polic modified prior to the event and wa through the committee process for Final revisions were approved on 10/23/15 the first triage class was and 100% of full time triage and in were re-educated and demonstrat competency in the triage process 11/9/15. This education included "Assessment/reassessment of the "Emergency Severity Index (ESI) f levels, "Triage Intake Standing Or "Care of the Chest Pain Patient". {Appendix-A} Ongoing education reinforcement of triage expectation conducted monthly at staff meeting {Appendix-B} and daily during hud {Appendix-C} Monitoring activities for complianc assessment/reassessment of the f patient, EKG signed and timed by within 10 min of arrival and docum of EKG completion in the medical the EDA were conducted monthly director of the Emergency Departr	e," "Care Vital lursing Care", ent" and and g Orders cy was s going r approval. 10/27/15. initiated take RNs ed by patient, riage ders" and and ns g dles. e with triage provider eentation record by by the	10/05/15 10/27/18 10/23/15
Event ID: J8N	1411		7/12/2018	1.00	:15PM		

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MULT		(X3) DATE SU COMPLET	
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NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDRESS.	CITY, STATE,	ZIP CODE		
El Centro	Regional Medical Center		1415 Ross Ave, I	El Centro, C	CA 92243-4306 IMPERIAL COUNTY	2	
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	the main treatment area Patient 1 presented to 10:18 P.M. with a comp the Patient Information Nurse's Notes, dated 9. "Acuity: ESI (Emergence ESI is a patient classified numerical value to ED p patient's chief complain establish the priority of care. The ESI numerical from a level 5, which is which is critical (life three classified as ESI 2, whi need. The same notes chest pressure had star arrival in the ED. The sa the patient was hyperver rapidly). A review of the Nurse's Assessment, dated 9/7/ Patient 1's description of "chest pressure" with a (0=no pain to 10=worst apparent distress, unco agitated, anxious" No physician exam was pro 9/7/15 at 10:22 P.M., Pa nausea, arm numbness "I can't breathemy fan and MI (myocardial infa ED Course notes, dated	Hospital A's ED on 9 plaint of "chest press form. The hospital r (7/15 at 10:17 P.M., 1 cy Severity Index) 2". cation tool, which ass patients' based upon t/signs/symptoms in emergency assessm al value classifies pat non-urgent to a leve eatening).] Patient 1 y ch indicated an emer included Patient 1 sta ted 20 minutes prior ame notes also indic entilating (breathing y Notes ED Triage (15, at 10:18 P.M., ir of pain, documented severity of "10 out of pain). "Appears in no mfortableBehavior pain medication or by ided at that time. O atient 1 also complain and was quoted as a hily has a history of s rction or heart attack a 9/7/15 at 10:18 P.M.	ure" per ecord ncluded [The signs a a order to ent and ients 1, was rgent ated the to ated that rery ncluded as 10" o is n ned of stating trokes o". The		Monitoring activities and compliar assessment/reassessment of the patient, EKG signed and timed by within 10 min of arrival and docum of EKG completion in the medical the EDA is the responsibility of the of Emergency Department. Beginning on Nov. 10, 2015 the E the Chest Pain process related to the EKG, documentation of the co and verification by ERMD was init all EDA staff. 100% of full time El were trained by Dec. 23, 2015. [A B] On 1/11/16 patient contacted ECF disputing her bill. Her bill was imm placed on hold until the conclusion investigation. On 6/1/16 this patie ECRMC bill was written off. Results of monitoring were report at Emergency Department throug committee, Emergency Departme meeting and quarterly at the Qual and Board Quality. Compliance for monitoring for these standards we achieved and sustained by Nov. 2 goal of 90% or greater compliance consecutive months. {Appendix-E	triage provider nentation record by e director DA role in timing of mpletion iated with DA staff ppendix- RMC nediately n of the nt's entire ed monthly hput nt staff ity Council or ere 016 with e for three	11/10/15 01/11/16 06/01/16 11/30/16
Event ID:J8	M411		7/12/2018	1:09	9:15PM		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
	050045		B. WING		03/2	9/2017
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE,	ZIP CODE		
El Centro Regional Medical Center		1415 Ross Ave,	El Centro, C	A 92243-4306 IMPERIAL COUNTY		
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notified of wait time. La X-ray ordered. EKG (el image of the heart rhyth Patient 1 was then sent for an ED treatment root The initial laboratory bld level (measurement of body after possible hea levels can appear up to attack). The initial tropo which was within norma interpretation of the initi indicated "low QRS volt was no evidence of a pl ECG or verification that results were shown to a No pain medication was until 9/8/15 at 1:45 A.M. (medication used to treat (milligram) Sublingual (f provided. The same me repeated at 1:49 A.M. of A review of the "Nurse's 9/8/15, at 1:52 A.M., inco apparent distressCom (front of body) aspect of radiates to thoracic (mid of 10 on a pain scaleC severebegan 4 hours assessment was timed of patient's initial ED asses 9/8/15, Dilaudid (narcoti	ectro-cardiogram, pri hm) done per protoco t to the waiting area t born assignment. bood tests included a f protein levels found i rt damage. Higher tro six hours after a hea nin level was "<0.01; al range. The mechar al ECG (same as EK rage Borderline ECG hysician interpretation Patient 1's printed E in ED physician. a administered to the when Nitroglycerin at heart muscle pain) under the tongue) wa dication and dose wa n 9/8/15. Notes Assessment" luded "Appears in no plains of pain in anter i left upper chest. Pain i chest) area Severity Chest pain is described prior to arrival." This pover three hours after ssment. At 2:28 A.M	inted ol." to wait troponin n the oponin art 2", nical (G) ". There n of the CG patient 0.4 mg as as , dated o erior in / 10 out ed as r the . on		In Jan. of 2016 ECRMC engaged conversation with the American C Cardiology (ACC) to pursue Ches Accreditation. ECRMC instituted based protocols for care of the Cl patient. This accreditation was ac Dec. 22, 2017. ECRMC is current accredited chest pain center. {Ap	ollege of t Pain evidence hest Pain hieved on ly an	01/01/16

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT			(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE,	ZIP CODE		* 100 heart 1	
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Event ID:J88	(intravenous) was admi 3:07 A.M. on 9/8/15 the "pain decreased", over with complaints of seve During an interview on Registered Nurse (RN) triage nurse at the time ED. RN 1 recalled that included chest pressure hyperventilation. RN 1 ED diagnostic tests, ass level 2 and sent the pat ordered diagnostic tests patients assessed as E an ED treatment room, available, the ED physic decide if the patient cou- speaking to an ED physic decide if the patient cou- speaking to an ED physic the patient's symptoms. "intake nurse" responsit who were in the waiting the patient "periodically" she "appeared anxious A review of Hospital A's titled "Triage", effective titled "Policy", "It is the p Emergency Department Severity Index (ESI) tria system promotes: 1. Im- intervention to all patien Department. 2. Timely a through the Emergency utilization of ED resource	 Nurse's Notes indic 4 hours after arrival is re chest pain. 12/17/16, at 8:30 A.M. 1 stated he was assise Patient 1 presented Patient 1's symptoms a, anxiety, and stated he initiated the sessed the patient's listent to the intake are as RN 1 stated "usual SI level 2 would be p but if beds were not cian and charge nurse id wait. RN 1 did not idician or charge nurse RN 1 stated it was to bility to reassess pati area. RN 1 recalled ' in the waiting area at and jittery". ED policy and proces 10/27/15, under the solicy of [facility] to use the Emergen ge tool and system. mediate and approprise mediate and approprise Department. 3. Apprise 	ated in the ED A., igned as to the s e usual ESI at a for the ly" laced in e would recall e about he ents seeing and that edure section cy This riate	1:00	D:15PM			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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El Centro	Regional Medical Center		1415 Ross Ave, E	l Centro, C	A 92243-4	1306 IMPERIAL COUNTY		
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	well-being while they an physician" "Appendix B. ESI Triag that if a patient is in sev- vital signs and potential "Notes" section for ESI risk situation is a patient open bed, Severe pain/ clinical observation and than or equal to 7 or 0- Under section Vital Sign II-Emergent: "Guideline signs are documented of measurement periodicit condition, chief complai Vital signs every 2 hour condition requires. "EKG is performed on a complain of chest pain to ordered. EKG is to be s immediately on complet Under the section "Patie "The triage RN will conff Department physician for are unsure of their class The MD will be notified immediately." Under "Tr Procedures": " Pain n on a case-by-case basis physician will be notified a pain level of greater th	e Algorithm, v.4", ind vere pain/distress the lly move to ESI Level level 2 indicates that it you would put in yo distress is determine l/or patient rating of g 10 pain scale." Ins and Reassessmer is - Acuity Level II par on arrival to care area by increases as per part of hemodynamic s is minimum and as part all patients with a chiet to rule-out ACS - will hows to physician tion." ent requiring MD triage or any patient, which sification or how to cla and MD triage compli- iage Standardized medication will be ado is in consultation with d of patients presenting	icates n check 3. The a "High ur last d by reater nt: Level tient vital a, then atient stability. atient ef be ge": cy they assify. eted ED ng with	1:00	D:15PM		2	

The second second second second	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 050045		(X2) MUL ⁻ A. BUILDII B. WING	TIPLE CONSTRUCTION	(X3) DATE SU COMPLET	
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El Centro I	Regional Medical Center		1415 Ross Ave	e, El Centro, C	CA 92243-4306 IMPERIAL COU	NTY	
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMAT	FION)	TAG	REFERENCED TO THE APPROF	PRIATE DEFICIENCY)	DATE
	management intervention A review of Hospital A's titled "Triage Intake Sta Department", under "TE 1/22/13 included, "Patie physician: The emerger shall be informed when adverse reactions or sig require immediate media Chest pain (over 30 y/o "EKG- [ECG] shown to than 10 min [and] Media protocols and MD [med During an interview on a stated that she was the Patient 1 presented to the Patient 1 presented to the Patient 1 was "hyperver and complained of dizzi the patient to the waiting and laboratory blood tes acknowledged she did r or charge nurse of Patie hyperventilating, anxiety stated "usually", waiting reassessed by a nurse of RN 2 stated the charge of waiting patients who level. RN 2 stated that s the patient again and dia had reassessed the patient the charge nurse was in assessment.	a ED policy and proce inding Orders; Emerg EXT" section B(3), eff ant conditions to notif ncy department phys ever the patient exhiling (any symptoms develop ical intervention." The) or Shortness of Bre ERMD [ED physician cations per chest pair ical doctor] orders." 12/17/16 at 9:00 A.M "intake nurse" at the he ED. RN 2 stated to the ED. RN 2 stated to the ED. RN 2 stated to the explicit and the explicit states were completed. In the inform the ED physic and inform the ED physic and 1's symptoms of or pain level of 10. If patients would be every 2 hours. In add nurse would be mad were assessed at ES the did not see or assist a not know if any oth- ient. RN 2 was not av	gency fective y ician bits b that en under eath, b] less n ., RN 2 time hat tated he sent I ECG RN 2 vsicians RN 2 lition, e aware b] 2 sess er nurse vare if c's ESI 2			3	
Event ID:J8N	1411		7/12/2018	1:0	9:15PM		

AND FLANOF CORRECTION IDENTIFICATION NUMBER: A BUILDING IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: <th>Sand State State State State</th> <th>OF DEFICIENCIES</th> <th>(X1) PROVIDER/SUPPL</th> <th></th> <th>(X2) MULT</th> <th>TIPLE CONSTRUCTION</th> <th>(X3) DATE SU</th> <th>RVEY</th>	Sand State State State State	OF DEFICIENCIES	(X1) PROVIDER/SUPPL		(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SU	RVEY
INVE OF PROVIDER ON SUPPLIER INVEG Inveg <th< td=""><td>AND PLAN C</td><td>F CORRECTION</td><td>IDENTIFICATION N</td><td>UMBER:</td><td></td><td></td><td>COMPLET</td><td>ED</td></th<>	AND PLAN C	F CORRECTION	IDENTIFICATION N	UMBER:			COMPLET	ED
INVERSION FORMULE STREET ADDRESS, CITY, STATE, ZP CODE EI Centro Regional Modical Center 115 Ross Ave, EI Centro, CA 92243-4306 IMPERIAL COUNTY IVERION ISLIMMARY STATEACH OF REFIGENCES PREDVAILERS IN AN OF CORRECTION (EACH CONDENT VISITIE FREGENCIES IN FULL) PREDVAILERS IN AN OF CORRECTION (EACH CONDENT VISITIE FREGENCIES IN FULL) PREDVAILERS IN AN OF CORRECTION (EACH CONDENT VISITIE FREGENCIES IN FULL) PREDVAILERS IN AN OF CORRECTION (EACH CONDENT VISITIE FREGENCIES IN FULL) PREDVAILERS IN AN OF CORRECTION (EACH CONDENT VISITIE FREGENCIES IN FULL) CONFERNE SCALE CONDENT VISITIE FREGENCIES IN THIS INTERPRETATION OF CONDENT VISITIE FREGENCIES IN THIS IN CONDENT VISITIE FREGENCIES IN THE ADMINISTRATE CENCIRIENCY CONFERNE CONFERNE TAG During an interview and joint record review on 12/10/15 at 2:15 P M, ED physician (MD 1) stated that she was one of two physicians on duty in the ED on the inplicit shift. MD 1 stated she first encountered Patient's Intel CS and the construction of the patient's status prior to this encounter (mM D1 stated she did not recall viewing the patient's intel CSG, she would have prioritized the patient to be seen active. MD 1 stated that if she had been informed of the patient presenting symptoms, pain assessment of 10, and had seen the Initial ECG, she would have prioritized the patient to be seen active. MD 1 stated that the patient's stated pain description was "aryproximal assessment of 12/10/15 at 3:10 PM, the Emregrency Department Aide (EDA) stated har ign creased. Initial GR 2000 During an interview and joint record review on 12/10/15 at 3:10 EDA acknowledged that as the pachemed Patient 15 initial ECG to be the PD 2 in a media and to document the same in the patient medical record. The EDA acknowledged that she patient medical sto record In D2			050045		21/09/25/2020/09/15/2019	NG		0/2047
III Seas Ave, El Centro, CA 92243-4365 IMPERIAL COUNTY DMIN BUMMARY STATEMENT OF DEFICIENCES DD DMIN BUMMARY STATEMENT OF DEFICIENCES DD TAG BUMMARY STATEMENT OF DEFICIENCES DD DE PROVIDER'S PLANOF COMPECTION DOW TAG BUMMARY STATEMENT OF DEFICIENCES DD DE PROVIDER'S PLANOF COMPECTIVE COMPECTION DOW TAG BUMMARY STATEMENT OF DEFICIENCES DE DE PROVIDER'S PLANOF COMPECTIVE ADDITION DOW TAG BUMMARY STATEMENT OF DEFICIENCES DE				T			. 03/2	9/2017
DVID PREFX SUMMARY STATEMENT OF DEFICIENCIES (IDATION FOR LSC DEVIEW AND THE PROCREDED BY TRUL REGULTION FOR LSC DEVIEW AND INSTANCE TAG D PREFX PROVIDER'S PLAN OF CORRECTION (EXCH CORRECTIVE ACTION SHOULD BE CROSS- REGULTION OR LSC DEVIEW AND INSTANCE DUTING an interview and joint record review on 12/10/15 at 2:15 P.M., ED physician (MD 1) stated that she was one of two physicians on duty in the ED on the night shift of 97/715 to 98/715. MD 1 stated she first encountered Patient 1 in an ED treatment room at 2:12 A.M., and 98/015. MD 1 stated she was not informed of the patients status prior to this encountered Patient 1 in an ED treatment room at 2:12 A.M., and would have initialed/signed the ECG if she had reviewed it earlier. MD 1 stated she was not informed of the patients status prior to this encountered Patient for the advective on 12/10/15 at 3:10 P.M., the Emergency Department Aide (EDA) stated pain description was "stypical" and that is disorders) after the troponin levels increased. During an interview and joint record review on 12/10/15 at 3:10 P.M., the Emergency Department Aide (EDA) stated the rj be responsibility included performing ECGs as directed by the ED nursing/physician specialist for heart disorders) after the troponin levels increased. During an interview and joint record review on 12/10/15 at 3:10 P.M., the Emergency Department Aide (EDA) stated the rj be responsibility included performing ECGs as directed by the ED nursing/physician and to document the same in the patient medical rocord. The EDA astrowledged that she performed Patient 1's initial ECG at 10:22 P.M. on 97/716. The EDA was unable to recall if she showed the ECG to either MD 1 on MD 2. In addition, the EDA astrowledged that the showed the ECG to either ED physician.								
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2/10/2019 4/00.45PM								
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU 050045		(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SU COMPLET 03/2	
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The second			STREET ADDRES				
El Centro I	Regional Medical Center		1415 Ross Ave	, El Centro, C	A 92243-4306 IMPERIAL COUNTY		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	6	ID	PROVIDER'S PLAN OF CORREC	CTION	(X5)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMA	TION)	TAG	REFERENCED TO THE APPROPRIATE	DEFICIENCY)	DATE
	During an interview on stated that she was ass in the ED at the time Pa on 9/7/15. RN 3 stated the coordination of staff flow through the ED. RI presenting with complating triaged to an open ED to nurse for an immediate case, the ECG would the physician, in less than a ED physician would the patient could wait or new exam. RN 3 stated an E made available if the physicians triaged to the wareassessed by an RN "et that non-narcotic (mild rise administered to waiti patients with continued to an ED treatment room recall of Patient 1's ED staff about the patient's A record review of the N dated 9/8/15, indicated for a series of troponin level righ normal" was reported. A.M. At 12:58 A.M. the treatment bed in the ED presenting ED with com A second ECG was performed a second ECG was performed and a second ECG was performed and a second ECG was performed and a second ECG was performed a second ECG was performed and a second ECG was performed a second ECG was performed and a second ECG	signed as the charge atient 1 presented to her responsibilities i f and the oversight of N 3 stated that patien ints of chest pain wo reatment bed or to th ECG. RN 3 stated in the be shown to an E 10 minutes. RN 3 state an make a determinate eded an immediate r ED treatment bed wo hysician determined a nation. RN 3 stated that vaiting area were to be every 30 to 60 minute medications for pain) ing patients. RN 3 state severe pain would be n. RN 3 stated she h visit or communication symptoms or care ne furses Notes ED Cou that Patient 1's pain wo of 10" at 12:16 A.M. a provided. A second results was "0.115a ed by the laboratory patient was "moved" ; over 2 hours after plaints of severe che	nurse the ED ncluded f patient its uld be ne intake ne either ED ted the cion if a nedical uld be a patient at pe es" and could ated e moved ad no on from eeds. urse, was and that in a above at 12:38 to a st pain.			3	
Event ID:J8N	1411		7/12/2018	1:09	:15PM		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050045	B. WING		03/29/2017
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	ESS, CITY, STATE, 2	ZIP CODE	
El Centro	Regional Medical Center	1415 Ross A	ve, El Centro, C	A 92243-4306 IMPERIAL COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE D	BE CROSS- COMPLETE
	"sinus rhythm with sinu QRS (wave form) Sept damage due to decreas undermined Abnormal I patient's pain level was out of 10". On 9/8/15 at 1:45 A.M., administration record (N was provided Nitroglyce treat angina (heart pain (milligram) sublingual (n medication and dose w patient was then examin at 2:11 A.M. The MAR if given Dilaudid (a narcord (intravenous push, throu 2:28 A.M. A pain asses indicated that the patier 10. Patient 1 was not pr for more than 3 hours a complaints of severe ch examined by a physicia demonstrated changes level was reported, mor presenting to the ED. A continued record revia Course indicated a seco administered on 9/8/15 pain level assessment w at the time the medicatio addition, a third troponir	ECG". At 1:39 A.M., the again documented as "10 the ED medication MAR) indicated the patient erin (a medication used to and/or chest pain) 0.4 mg under tongue). The same as repeated at 1:49 A.M. The ned by ED physician (MD 1), ndicated Patient 1 was then ic pain medication) 1 mg IVP ugh a needle in the vein) at esment at 2:39 A.M. It's pain level was 4 out of ovided with pain intervention fiter presenting to the ED with est pain and was not in until a second ECG and an elevated troponin e than 3 1/2 hours after ew of the Nurse's Notes ED and dose of Dilaudid was at 5:19 A.M.; however, a vas not found in the record on was administered. In			
Event ID:J8	W411	7/12/201	18 1:09	:15PM	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT		(X3) DATE SUF COMPLET	
		050045		B. WING		03/29	9/2017
3162022425 JV 50	OVIDER OR SUPPLIER Regional Medical Center		STREET ADDRESS, 1415 Ross Ave, E		ZIP CODE CA 92243-4306 IMPERIAL COUNTY	6	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
	by the laboratory at 5:2 Course indicated that the "critical value" and that been ordered. The med ECG at 6:15 A.M. indic sinus arrhythmia Septa Abnormal ECG". Again in the notes as shown the initialed by MD 1. A record review of the B dated 9/07/15 at 4:40 A diagnosis: acute myoca pulmonary embolus, un documentation included call cardiologist at "6:59 Cardiologist recommen transfer for higher level A record review of copie performed on Patient 1 the on call Cardiologist" notes and initials. The r performed at 9/7/15 at 4 "Anterior STEMI" (an at a segment of a recorder PQRST, shown on an e of heartbeats Specific c the PQRST segment tra myocardial infarction or ECG performed on 9/8/ "worsening ST elevatior reciprocal changes of in blood flow)". The third E interpretation and the C	he MD 1 was informe a consultation and E shanical interpretation ated "Sinus rhythm w I infarct age undetern h, the ECG result was o MD 1 and the ECG ED Physician Docum .M. included "Differe rdial infarction, pneu stable angina". The s d that MD 1 contacted 0 A.M." and the on ca ded "maximal therap of care". es of the three ECGs during the ED visit in s handwritten interpre- totes on the initial EC I0:21 P.M., included onormal variation/eleved heart beat, known a lectrocardiogram or the hanges in height/wid acings, could indicate heart attack). The s 15 at 1:28 A.M. include in anterior leads with f [infarction] (Decrea CCG included the mediation acings could d the mediation acings in the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solut	ed of the CG had n of the vith mined s verified s was entation, ntial monia, same d the on ill y and hecluded etation CG vation in tracing th, of e an MI econd ded sed				
Event ID:J8	M411		7/12/2018	1.00	9:15PM		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
050045			B. WING		03/2	03/29/2017		
NAME OF PROVIDER OR SUPPLIER				DRESS, CITY, STATE, ZIP CODE				
El Centro	Regional Medical Center		1415 Ross Ave	, El Centro, CA	4 92243-4306 IMPERIAL CO	UNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTION REFERENCED TO THE APPR	N SHOULD BE CROSS- COMPLETE		
Event ID:J8	A continued record review of the ED course indicated that Patient 1's pain was assessed at 8:18 A.M. as "5 out of 10" and again at 8:30 A.M. as "7 out of 10". No further administration of pain medication was documented in the record. A critical care transportation provider was contacted by Hospital A at 7:15 A.M. and arrived at 8:16 A.M. Patient 1 was transferred via critical care helicopter to Hospital B at 8:55 A.M. A review of Hospital B's Cardiovascular Admission History and Physical, dated 9/8/15, included "Impression and PlanAcute lateral/? anterior ST elevation MI (an abnormal variation/elevation in a segment of a recorded heartbeat, known as PQRST, shown on an electrocardiogram or tracing of heartbeats Specific changes in height/width, of the PQRST segment tracings, could indicate a MI (myocardial infarction or heart attack)Plan Emergent coronary angiography (an invasive procedure which uses dye and special x rays to show the inside of coronary arteries, which supply oxygen-rich blood to the heart)". A review of Hospital B's Procedure note, dated 9/8/15 included "Procedures Performed: Selective coronary angiography. Percutaneous coronary transluminal angioplasty (a procedure performed on the heart to restore of blood flow)"Post-Procedural Diagnosis: ST elevation myocardial infarction due to 100% proximal LAD due to 100% proximal LAD occlusion (left anterior descending artery blockage)". The LAD is one of the main arteries which supplies oxygen to the heart, which when			1:09:	15РМ			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 12 24	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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El Centro F	Regional Medical Center		1415 Ross Ave	15 Ross Ave, El Centro, CA 92243-4306 IMPERIAL COUNTY					
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(X4) ID	and the second	TEMENT OF DEFICIENCIES	earlier and the second s	ID		PROVIDER'S PLAN OF CORRECTION			
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			,	1110	HEI ERENGEB TO THEFT.	Hor Him Denoienon)	DATE		
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	occluded, could cause	severe injury to the h	eart						
	muscle and/or death.								
	A CONSTRUCTION OF FULL PROPERTY AND A	1.							
	A review of Hospital A's					*			
	"Standard of Nursing P		s of						
	Patient Care", effective								
	"Assessments and patie communicated to the he		ube ere						
	responsible for the care		A DESCRIPTION OF THE PROPERTY OF						
	patientPatient assessments are used to identify patient needs and problemsThe patient will receive								
	appropriate nursing care and emergency interventions to meet his/her assessed needsThe patient will be continually assessed (reassessed)The nurse serves as a patient								
	advocate with regard t	o health care and pe	rsonal						
	dignityThe nurse collaborates with the patient and communicates his/her concerns and goals/needs to					162			
	other members of the multidisciplinary team "						-		
	A review of Hospital A's policy and procedure titled "Rights and Responsibilities; Patient", effective 3/24/15, included "Purpose [name of hospital]								
	respects the rights of the								
	each patient is an indivi		Ith care						
100	needs, and, because of	the second s							
	respecting each patient								
	considerate, respectful (31					
	patient's individual need								
	receive considerate and respectful care, and to be made comfortableTo receive reasonable responsible response to any reasonable requests								
1									
	made for serviceTo re		lesis						
	made for service10 le	ceive appropriate							
Event ID:J8N			7/12/2018	1:00	9-15PM				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
050045			B. WING		03/2	03/29/2017		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRES	ESS, CITY, STATE, ZIP CODE				
El Centro	Regional Medical Center		1415 Ross Ave	ve, El Centro, CA 92243-4306 IMPERIAL COUNTY				
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			
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Event ID: J8M411 7/12/2018 1:09:15PM								

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