

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA060000073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/07/2023
NAME OF PROVIDER OR SUPPLIER ORANGE COUNTY GLOBAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 NORTH TUSTIN AVENUE SANTA ANA, CA 92705			
(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	
A 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of Facility Reported Incident (FRI) Adverse Event (AE) No: CA00865593. Inspection was limited to the specific FRI AE investigated and did not represent the findings of a full inspection of the hospital. Representing the California Department of Public Health: Surveyor 22553, HFEN. THE DEPARTMENT WAS ABLE TO SUBSTANTIATE THE FRI AE ALLEGATION. FINDINGS WERE CITED AT E 294. GLOSSARY OF ABBREVIATIONS AND DEFINITIONS: Eschar: dry, dark, dead tissue Intergluteal: between the buttocks Perineum: location between the thighs RN: Registered Nurse Sacrococcyx: a large triangular bone at the base of the spine Slough: yellow, tan, or dead tissue	A 000			
A 001	Informed Adverse Event Notification Health and Safety Code Section 1279.1 (c), "The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made." The CDPH verified that the facility informed the patient or the party responsible for the patient of the adverse event by the time the report was made.	A 001			

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

TSUD11

If continuation sheet 1 of 4

acceptable 12/12/23 22553

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A 001	Continued From page 1	A 001		
E 294	<p>T22 DIV5 CH1 ART3-70215(b) Planning and Implementing Patient Care</p> <p>(b) The planning and delivery of patient care shall reflect all elements of the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission.</p> <p>This Statute is not met as evidenced by: The above regulation was NOT MET as evidenced by:</p> <p>Based on interview and record review, the hospital failed to ensure the nursing staff implementing the hospital's P&P related to skin integrity for Patient A.</p> <p>Findings:</p> <p>On 4/13/16, the National Pressure Ulcer Advisory Panel defined the following:</p> <p>* A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device.</p> <p>* Unstageable pressure injury is defined as an obscured full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar.</p> <p>Review of the hospital's P&P titled Skin Integrity dated 8/2021, showed pressure injuries or other</p>	E 294		

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E 294	<p>Continued From page 2</p> <p>wounds will be assessed with each dressing change. A photograph will be taken and placed on the designated form in the patient's medical record when skin breakdown occurs. Pictures should be taken at a minimum of every week with wound care consult. Skin integrity will be reassessed each shift for all acute patients and documented on the electronic health record (EHR).</p> <p>On 11/7/23 at 0930 hours, Patient A's medical record was reviewed with Wound Care RN 1.</p> <p>Wound Care RN 1 stated Patient A was consulted on 9/22/23 for a moisture-associated skin damage (MASD) with erosion on the perineum/intergluteal/scrotum area.</p> <p>The Wound/Burn Treatment Note dated 9/27/23, showed the moisture -associated skin damage (MASD) with erosion on the perineum/ intergluteal/scrotum area was improved.</p> <p>The Wound/Burn Treatment Note dated 10/3/23, showed the MASD on the buttocks, intergluteal, perineum, and scrotum area was not able to be assessed.</p> <p>The Wound/Burn Treatment Note dated 10/7/23, showed the MASD of the sacrococcyx was deteriorated with pressure, the wound was an unstageable pressure injury.</p> <p>1. Wound Care RN 1 stated the nursing staff on the patient care unit should take weekly wound photo between 9/27 to 10/3/23 for the perineum/ intergluteal/scrotum area, but the wound photo was not able to be located in EMR.</p> <p>2. Review of the nursing document dated 10/5/23</p>	E 294			

Licensing and Certification Division
STATE FORM

CA00865593

Findings:	Plan of Correction	Person Responsible	Completion Date
<p>Initial Comments</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by provisions of federal and state law. None of the actions taken by Orange County Global Medical Center pursuant to its Plan of Correction should be considered an admission that a deficiency existed or that additional measures should have been in place at the time of the complaint investigation. The provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider, its employees, agents, officers, directors, or shareholders. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Corrective Actions:</p> <p>The Director of Wound Care reviewed the hospital policy on skin assessment and pressure injury prevention. The policy was found to be sufficient, and no revisions were needed.</p> <p>By 12/20/2023, All nursing staff on the Telemetry/Med Surge, Telemetry/DOU, Med Surge and Adult ICUCCU/BICU, and wound care nurses will be assigned</p>	<p>Initial Comments</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by provisions of federal and state law. None of the actions taken by Orange County Global Medical Center pursuant to its Plan of Correction should be considered an admission that a deficiency existed or that additional measures should have been in place at the time of the complaint investigation. The provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider, its employees, agents, officers, directors, or shareholders. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Corrective Actions:</p> <p>The Director of Wound Care reviewed the hospital policy on skin assessment and pressure injury prevention. The policy was found to be sufficient, and no revisions were needed.</p> <p>By 12/20/2023, All nursing staff on the Telemetry/Med Surge, Telemetry/DOU, Med Surge and Adult ICUCCU/BICU, and wound care nurses will be assigned</p>	<p>NA</p> <p>Director of Wound Care</p> <p>Director of Wound Care/Designee</p>	<p>12/20/2023</p>

<p>evidenced by:</p> <p>Based on interview and record review, the hospital failed to ensure the nursing staff implementing the hospital's P&P related to skin integrity for Patient A.</p>	<p>Computer Based Learning module on Skin Care/Pressure Injury Prevention. The education will focus on Wound Care/PI assessment, photos, prevention, treatment, MD notification, and documentation.</p> <p>Additional education will be provided on Wound Care/PI documentation and Weekly Wound/PI photos for staff and registry nurses during shift huddles and staff meetings.</p> <p>Monitoring:</p> <p>Once a month, the Director of Wound Care/ designee will audit 10-patient charts with pressures to ensure that the Weekly Pressure Injury photos, assessment, treatment, prevention measures, and correct documentation on Wound Care/Pressure Injury assessment are present in the record.</p> <p>Any deficiencies identified during the audits will be corrected upon discovery and the staff will be reeducated.</p> <p>Data will be collected until 100% compliance is achieved for three consecutive months.</p> <p>The data collected from these audits will be shared quarterly at Quality Council Meetings, the Medical executive Committee and the Governing Board.</p>	<p>Director of Wound Care/ designee</p>
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