

GALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2008
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CITY DRIVE SOUTH ROUTE 153, ORANGE, CA 92868 ORANGE COUNTY
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	<p>The following reflects the findings of the Department of Public Health during the investigation of COMPLAINT NO: CA00164872.</p> <p>Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department of Public Health: [REDACTED] HFEN.</p> <p>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</p> <p>T22 DIV5 CH1 ART3- § 70707(b)(2)(d) Patients' Rights.</p> <p>(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(2) Considerate and respectful care.</p> <p>(d) All hospital personnel shall observe these patients' rights.</p> <p>The above regulations were NOT MET as evidenced by:</p> <p>Based on medical record review, staff interview, and review of policies and procedures, the hospital failed to protect patients from abuse during investigation of an allegation of sexual abuse and failed to ensure Patient #1 was afforded considerate and respectful care.</p>		<p>The Chief Patient Care Services Officer hereby requests an informal conference with the District Administrator to discuss the merits of the alleged deficiencies stated herein.</p> <p>The following corrective actions were immediately taken to ensure the ongoing safety and protection of patients.</p> <p>The Director, Risk Management met with the Manager, Patient Relations to define the process for responding to any complaint of alleged sexual abuse received by their office. Any report of alleged sexual abuse received by a member of the Patient Relations staff will be immediately called to the Office of Risk Management. Patient Relations will not discuss the allegation of abuse with the reporting party or attempt to investigate said complaint.</p> <p>The Director, Risk Management is responsible for initiating immediate contact with UCI Police Department to begin an investigation and to contact the manager of the involved employee to have the employee placed on investigatory leave.</p>	09/12/08

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maureen Johnson</i>	TITLE Chief Executive Officer	(X6) DATE 02/12/09
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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.

*Acceptable
3-2-09
S. Martinez*

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	<p>Continued From page 1</p> <p>Findings:</p> <p>During interview on 10/7/08, staff disclosed that after being discharged on 9/9/08, Patient #1 called on 9/10/08 to report she had been sexually abused by a staff member on 9/7/08. Patient #1 alleged she was inappropriately touched "vaginally" by a male nursing assistant. Staff stated the involved staff member was off duty on 9/8/08, but worked three more days, before being placed on administrative leave on 9/17/08.</p> <p>When questioned as to why the staff member was not placed on leave when the report of alleged abuse was received by the hospital, staff members explained the employee had not had previous complaints cited against him and other staff members felt he was a good employee.</p> <p>The facility failed to ensure the safety of other patients by allowing the alleged abuser continued contact with other patients after the reported allegation.</p> <p>Review of hospital investigatory reports on 10/7/08, revealed that on 9/25/08, the facility was notified by the detective assigned to the case that the investigation was completed. The detective believed the incident to be credible and would be discussing the case with the District Attorney.</p> <p>During interview on 10/7/08, staff stated they were not sure what action to take when they were made aware of the reported abuse. They had forwarded the report to the Risk Management Department,</p>		<p>The Director, Risk Management met with UCI Police Department Detective responsible for medical center investigations. UCIPD confirmed the process for initiating alleged sexual assault investigations.</p> <p>The Director of Inpatient Nursing met with all nursing managers. Managers were re-educated on the process for responding to reports of alleged inappropriate touching of a sexual nature received from a patient or from a staff member on behalf of a patient. Pursuant to the existing University policy "Investigatory Leave" (Policy #63), managers will immediately place any involved employee(s) on investigatory leave. Managers will then contact via pager, the Director, Risk Management and the unit/department nursing or administrative manager. Managers will immediately notify their Human Resources consultant of the action taken.</p> <p>The Director, Human Resources will develop a competency tool for clinical managers. Completion of the competency tool by at least 95% of the clinical managers will be reported to Performance Improvement Committee in the first quarter of 2009.</p>	<p>09/19/08</p> <p>10/10/08</p> <p>03/11/08</p>

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	<p>Continued From page 2</p> <p>and had waited for instruction/guidance from the Risk Management Department. During interview, staff stated it was the facility's practice to place the employee on leave immediately when the report was received; however, staff was unable to produce a policy citing this action. The staff was unable to provide policies/procedures addressing immediate actions to be taken by staff when this type of incident occurred to assist them in handling these situations appropriately and promptly to ensure the safety of all patients.</p> <p>The hospital failed to have mechanisms/methods in place that ensured patients were free of all forms of abuse, neglect, or harassment. In addition, the facility failed to protect patients from abuse during the investigation of the allegation of abuse.</p> <p>The violation(s) has caused or is likely to cause, serious injury or death to the patient(s).</p>		<p>Upon notice from Risk Management, House Supervisor or Nurse Manager of an alleged sexual assault by an employee, the Director, Human Resources or designee is responsible for ensuring the involved employee has been placed on immediate investigatory leave pending the outcome of the UCIPD investigation.</p> <p>The Director, Risk Management will conduct a Root Cause Analysis investigation of any alleged sexual abuse complaint filed during the next 12 months to ensure continued compliance with the investigatory process. Outcomes of the RCA will be reported to the Medical Executive Committee and Governing Body.</p>	<p>Ongoing</p> <p>Ongoing</p>	

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