STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
050079		050079		B. WING			0/2007		
NAME OF PROVIDER OR SUPPLIER DOCTORS MEDICAL CENTER - SAN PABLO			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 VALE RD, SAN PABLO, CA 94806 CONTRA COSTA COUNTY						
(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 ACTIO REFERENCED TO THE APPF	N SHOULD BE CROSS-	(X5) COMPLETE DATE		
	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 70214(a)(2) Nursing Staff Development (a) There shall be a written, organized in-service education program for all patient care personnel, including temporary staff as described in subsection 70217(m). The program shall include, but shall not be limited to, orientation and the process of competency validation as described in subsection 70213(c). (2) All patient care personnel, including temporary staff as described in subsection 70217(m), shall be subject to the process of competency validation for their assigned patient care unit or units. Prior to the completion of validation of the competency standards for a patient care unit, patient care assignments shall be subject to the following restrictions: Based on medical record review, policy and procedure review, personnel file review, and staff interview, the hospital failed to ensure that only Registered Nurses with validated competencies and according to hospital policies, are allowed to cannulate the External Jugular (EJ) veins for intravenous (IV) catheter placement for patients. During hospitalization, Patient 501 had an EJ catheter placed by an RN without demonstrated competencies in the procedure. Patient 501 developed an air embolism during the course of the patient's stay in the hospital and expired. Insertion of an EJ catheter is associated with the risk of an air embolism if the insertion procedure is not performed correctly or the cannula orifice is not covered at all times (to prevent an air embolism). THE FOLLOWING EVENTS CONSTITUTED AN IMMEDIATE JEOPARDY (IJ), WHICH PUT THE				40PM				
Event ID:			8/14/2008		42PM		(/O) D.A.==		
LABORATOR	Y DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	TURE	TITLE		(X6) DATE		

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.

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	Continued From page	÷1					
	IMPLEMENT THE POLICIES AND "CANNULATION OF VEIN" AND INSERT CATHETER INTO REQUIRED DEMO IN THE PERFORMAN Findings: On 10/17/07 at 8:30 a record revealed that hospital on August altered level of cons	RSING STAFF F HOSPITAL'S PROCEDURES THE EXTERNAL ED AN EXTERNAL A PATIENT WIT NSTRATED COM CE OF THE PROCE a.m., a review of F the patient was adr 18, 2007 with a ciciousness. During	FAILED TO WRITTEN TITLED JUGULAR L JUGULAR HOUT THE IPETENCIES DURE. Patient 501's mitted to the diagnosis of the patient's				
Event ID:	course of stay in the an air embolism and example and	ed that on 9/1/0 N I inserted an EJ ube that is inserted at EJ vein. The parenteral nutrition the patient had a an of her chest, abseripheral embolism. monary arrest dur I expired on 9/14 ism. p.m., Staff RN I seed an 18 gauge Al	07 (no time catheter (a into a vein) patient was (PPN) via a Computed odomen, and The patient ing the CT 1/07 at 3:25	1:52:	42PM		
	Y DIRECTOR'S OR PROVID	FR/SLIPPLIED DEDDESE			TITLE		(X6) DATE
TYDOLAY I OK	I DINLUTURO UK PRUVIDI	LIVOUFFLILK KEFKESE	INTATIVE S SIGNAT	OIL	IIILE		(VO) DVIE

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	REFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL						
Event ID:\	YJK611		8/14/2008	1:52:4	42PM		
LABORATOR	Y DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	URE	TITLE		(X6) DATE

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	Continued From page	3						
	FIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL							
Event ID:\	/JK611		8/14/2008	1:52:	42PM		1	
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	URE	TITLE		(X6) DATE	

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	Continued From page	4						
	maintain competenci current.							
	The policy and procedure titled "Standard Procedure # 1 - Cannulation of the External Jugular Vein," dated 10/05, indicated that the required education and experience to perform external jugular cannulation, the ED RN must be IV competent per the hospital policy. The RN must complete a class on the anatomy of the vascular structure of the neck and be able to correctly identify each in the clinical setting. For the certification process the ED RN must perform three (3) successful external jugular cannulations under the direct supervision of an ED physician. The ED RN must perform a minimum of "(X)" number of							
	procedures annually ED physician will be provide directions to Setting: Standardize performed in the ED have completed the and training and hav written record of the procedure will be man Education Department.	available for any question the ED RN. Lind Procedure # 0 only by those Elements requisite (required to paintained in the ED and the	uestions and mitations on 1 may be D RNs who d) education mpetency. A perform this and in the					
Event ID:	Administrative Staff the definition of "(X), of procedures the RNs	stated that she did " in relationship to	d not know the number	1:52:4	12DM			
Event ID:	YJK611 Y DIRECTOR'S OR PROVIDI	FR/SUPPLIER REPRESE			TITLE		(X6) DATE	

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