## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

NAME OF PROVIDER OR SUPPLIER  KAISER FOUNDATION HOSPITAL - FRESNO  SUMMANY STATEMENT OF DEFICIENCE  TAG  The following reflects the findings of the California Department of Public Health during a Full Medicare Survey Revisit (CIO & CA00126902).  Representing the California Department of Public Health was:  HEEN.  Pharmaceutical Consultant.  1280.1 (a) HSC Section 1280  If a licensee of a health facility licensed under subdivision (a), (b), or (f) of Sections 1250 receives a notice of deficiency constituting an immediate jeopardy to the health and safety of a patient and is required to submit a plan of correction, the department may assess the licensee an administrative penalty in an amount not to exceed twenty-five thousand dollars (\$25,000) per violation.  1280.1 (c) HSC Section 1280  For purpose of this section "immediate jeopardy" 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.  DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY  70263. Pharmacy and therapeutics committee, or a committee of equivalent composition, shall be established. The committee shall consist of at least one physician, one pharmacist, the director of at least one physician, one pharmacist, the director of at least one physician, one pharmacist, the director of at least one physician, one pharmacist, the director of at least one physician, one pharmacist, the director of at least one physician, one pharmacist, the director of at least one physician, one pharmacist, the director of at least one physician, one pharmacist, the director of at least one physician, one pharmacist, the director of at least one physician one pharmacist, the director of at least one physician one pharmacist.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
204   ID   SUMMARY STATEMENT OF DEFICIENCES   TAG   PROVIDER'S PLAN OF CORRECTION   DATE			050710		B. WING	-		07/14	07/14/2008	
PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS. TOMPLITE TAG REGULATORY OR USC IDENTEYING MERCHANDIN)  The following reflects the findings of the California Department of Public Health during a Full Medicare Survey Revisit (C/O # CA00129602)  Representing the California Department of Public Health was:    HFEN,			FRESNO				NO, CA 93720 FRESNO CO	UNTY		
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		Department of Public Survey Revisit (C/O # of Representing the Carlealth was:  Pharmaceuti  1280.1 (a) HSC Section  If a licensee of a subdivision (a), (b), (a notice of deficier jeopardy to the health required to submit department may administrative penalty twenty-five thousand do 1280.1 (c) HSC Section  For purpose of this means a situation noncompliance with licensure has caused injury or death to the public period of the purpose of t	Health during a FCA00129602)  alifornia Department HFEI tical Consultant.  In 1280  health facility lice or (f) of Sections 1 and safety of a para a plan of corresponding (\$25,000) per virulation and amount no ollars (\$25,000) per virulation in which the one or more requirulation.  In 1280  Section "immediation in which the one or more requirulation in which the one	ull Medicare  t of Public N,  msed under 250 receives immediate atient and is rection, the tensee an t to exceed violation.  te jeopardy" licensee's uirements of use, serious  MMEDIATE  General committee, or n, shall be sinsist of at rector of						
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLII IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETED			
		050710	B. WING			07/1	4/2008
	OVIDER OR SUPPLIER  OUNDATION HOSPITAL	FRESNO	STREET ADDRESS, 7300 NORTH FR		ZIP CODE ET, FRESNO, CA 93720 FRE	ESNO 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 ACTION REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	:1					
	nursing service or administrator or his rep (1) The committe and procedures for effective systems distribution, dispensifichemicals. The plother appropriate administration shall development and in Policies shall be approcedures shall be and medical staff where Based on observe administrative document to establish safe and of drugs and far procedures when:  1. Three of three Department were undetermine pediatrice medications when patients.  2. Policies and procedure to the processes for demedications for neon the emergency department were unknown.	her representative resentative ee shall develop with establishment of for procurement of harmacist in consideration of proved by the governmentation of proved by the governmentation, staff integent review the hold effective systems alled to properly the nurses in the able to quickly and ic doses of the ent weights were unlessed to the effective systems and pediatric doses of the entity of th	ritten policies f safe and t, storage, drugs and ultation with onals and e for the procedures. erning body. dministration e.  rview, and ospital failed for the use implement  Emergency d accurately emergency known.  early identify f emergency patients in ient weights  contain the ted in the uide on the				
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# CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

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050710			B. WING		07/1	4/2008	
			STREET ADDRESS, 7300 NORTH FRE		ZIP CODE ET, FRESNO, CA 93720 FR	ESNO COUNTY	
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	Continued From page	2					
	Guide was used to medications to be pediatric patients.  The cumulative effect wild the process of the completions of the compl	administered to no	eonatal and ation related				
	violations created un patient care. These likely to cause serio As a result, immedi 12:25 p.m. on 7/9/08.	violations have ca us injury or death	used or are to patients.				
	Findings:						
	1. a. At 10:20 a.m. on 7/8/08 Registered Nurse (RN) 1 was observed with Pharmacist (PH) 1 and Director of Pharmacy (DOP) in attendance in the Emergency Department (ED). RN 1 was asked to calculate and draw into a syringe a dose of atropine (to increase heart rate) for a theoretical pediatric patient of known height but unknown weight. She was asked to use the medications and equipment in the emergency cart for this purpose. RN 1 required seven minutes to complete the task. She used the Broselow Tape (a color coded pediatric emergency measuring tape) to determine both the patient's weight and dose. The Broselow Tape provided weights from height measurements and doses according to weight of emergency medications for patients when weights were not available. She did not ask whether the dose was to be administered intravenously (IV) or through an endotracheal tube (ET). Doses listed on the Broselow Tape were different for each route of administration.						
Event ID:I	X9F12		8/14/2008	2:02:	37PM		·
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTII	PLE CONSTRUCTION	1 1	X3) DATE SURVEY COMPLETED	
		050710		B. WING		07/1	4/2008	
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	Continued From page	9 3						
	b. At 11:35 a.m. on	7/8/08 RN 2 was ol	oserved with					
	PH 1 and DOP in att							
	asked to calculate a	•	-					
	of epinephrine (to i pressure) from the e							
	pediatric patient of	• .						
	weight. She required	_						
	task. She used the	· · · · · · · · · · · · · · · · · · ·						
	both the patient's w	-						
	ask whether the dose through the ET tube.							
	Tape correctly and							
	incorrect dose.							
	AL 0.40	7/0/00 511 0						
	c. At 3:10 p.m. on 3 PH 1 and DOP in at							
	asked to calculate a							
	of lidocaine (for irre	-	-					
	emergency cart for a	•						
	known height but u	-	RN 3 used					
	lidocaine, 20 milligradetermine the dose.	, •,						
	to determine the pa							
	Pediatric Code	•						
	(PCMDG) on the to		•					
	determine the dose.	-						
	of emergency medications based on weight. However, the PCMDG listed a dose based on							
	lidocaine, 10 mg/ml.							
	contain lidocaine 10 mg/ml. It contained only lidocaine, 20 mg/ml. RN 3, therefore, drew up an							
	incorrect dose which							
	required. RN 3 required the dose.	iirea seven minutes	to calculate					
	uic dose.							
	0.02		0/4 / / 2005	2.25	27014			
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# CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

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	OVIDER OR SUPPLIER  DUNDATION HOSPITAL	FRESNO	· ·	SS, CITY, STATE, ZIP CODE FRESNO STREET, FRESNO, CA 93720 FRESNO COUNTY					
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			_						
	Continued From page 4  2. a. At 10:40 a.m. on 7/8/08 the Emergency Department Manager (EDM) was interviewed with the Director of Pharmacy (DOP) and Pharmacist (PH) 1 in attendance. She stated nurses in the Emergency Department (ED) should use the Broselow Tape to determine a neonatal or pediatric patient's weight when it was unknown and the Pediatric Code Medications Dosing Guide (PCMDG) to determine the correct dose based on the patient's weight. The Emergency Department Manager (EDM) stated the emergency department nurses were Advanced Cardiac Life Support (ACLS) and Pediatric Life Support (PALS) certified. The (DOP) stated the hospital policy was to use the PCDMG to determine doses for pediatric patients.  b. The DOP provided on 7/8/08 the emergency response policy ("Code Blue/Resuscitation and Help Stat Policy") including addendums A - J. Page two of Addendum A ("Procedures for Code Blue Response in the Medical Center") under responsibilities for ED Registered Nurse (RN) staff was printed, "assists with IV medication preparation and manages IV medication, sequencing and administration." Page three under responsibilities for "RN staff (all nursing units)" was printed, "If certified: Initiates ACLS." The document did not define what "Initiates ACLS" meant.  The policy and procedures including addendums did not define how the Broselow Tape should be used to determine a neonatal or pediatric patient's weight nor the use of the PCMDG to determine the correct dose based on patient weight. Neither the Broselow Tape nor the PCMDG was included in the								
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	Continued From page	5						
	policy and procedures.							
	policy and procedures.  3. On 7/8/08 at 2:30 p.m. RN 4 in the Special Care Nursery provided a policy and procedures from the "Perinatal Services Policy and Procedure Manual" titled, "Resuscitation, Neonatal." The last revision date was listed as 2007 and the DOP stated at 8:50 a.m. on 7/9/08 that it had not been approved by the Pharmacy and Therapeutics Committee.  4. At 9:37 p.m. on 7/9/08 RN 5 on 3 East medical/surgical unit was asked to determine a dose of atropine for a theoretical adult patient with the DOP and PH 1 in attendance. She used a dosage guide which was located on the emergency medical cart. The DOP stated that the guide had not been approved by the Pharmacy and Therapeutics Committee. The process for determining an adult dose of an emergency medication using the guide was not listed in the Code Blue policy.  The hospital submitted an acceptable Plan of Action on 7/14/08 at 3:47 p.m. and the Immediate Jeopardy was abated.							
Event ID:I	X9F12		8/14/2008	2:02:	37PM			
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