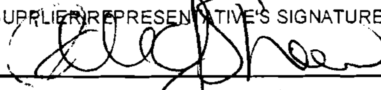
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050028	A. BUILDING ______ B. WING ______	07/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAD RIVER COMMUNITY HOSPITAL	3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	The following reflects the findings of the Department of Public Health during an inspection visit: Complaint Intake Number: CA00245459 - Substantiated Representing the Department of Public Health: Surveyor ID # 27533, HFEN The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. Health and Safety Code Section 1280.1(c): For purposes 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. Penalty number 110008764 E 347 T22 DIV5 CH1 ART3-70223(b) (2) Surgical Services General Requirement (b) A committee of the medical staff shall be assigned responsibility for: (2) Development, maintenance and implementation of written policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate. Based on interview, and record review, the hospital		**Response** **E347 T22 DIV5 CH1 ART3-70223(b) (2) Surgical Services General Requirement** Following Mad River Community Hospital's self reporting of a retained object on October 9, 2010, the Policy and Procedure, Sponge, Instrument and Sharp Count (revision 7-10) was reviewed by all surgical staff during in-service.	10/10/10
			The Sponge, Instrument, and Sharp Count Policy was revised to include Section 9 (handling of patients with dressings acquired prior to surgery) *"Before surgery begins, all dressings (if present) must be removed and placed in a small red biohazard bag, tied shut and removed from the operating room by the circulating nurse. They will be documented on nurse's notes in the Intra Operative Record."*	10/30/2010

Event ID:SDPK11 12/7/2011 9:56:00AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	CEO	12/15/11

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.

PC accepted 1/4/12 [illegible] 10am

JAN 1 0 2012

State-2567

REVISED

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050028	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 07/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAD RIVER COMMUNITY HOSPITAL	3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	Continued From page 1 failed to implement its policies and procedures for counting all dressings in the operating room, resulting in nausea, vomiting, and abdominal pain, and the need for Patient 1 to return to surgery, for removal of a retained foreign object. Patient 1's clinical record was reviewed on 10/26/10 at 1:30 p.m. The clinical record indicated that Patient 1 had a laparoscopic colon resection at the hospital on /10, for extensive diverticular disease and adhesions, (abnormal attachment between abdominal organs, which affects the functioning of the organs and can cause pain). Patient 1's post-operative course was complicated by a bowel obstruction which required abdominal X-rays for diagnosis. Reports of abdominal X-rays, done /10 and /10, and reviewed on 10/26/10 at 1:40 P.M., indicated that the bowel obstruction was worse, and was caused by further adhesions. There was no indication of any foreign body, in the abdominal cavity, in either report. Patient 1 returned to the operating room on /10, for surgical lysis, (cutting free), of the adhesions. Patient 1's post op course was complicated by fever, an elevated white blood count of 15.3, (WBC-normal=4.3-10.8), and poor wound healing. Physician's Progress notes, dated /10, indicated that Patient 1's wound had serous, (clear), drainage. Physician's Progress Notes, dated /10, indicated that there was "some redness around wounds" and on /10, Patient 1's WBC had risen to 16.0, indicative of an		and Section 19 (Radio Frequency Detection Sponges). *"At the end of the procedure, prior to leaving the operating room and emergence from anesthesia, the circulating nurse does a final check for radio frequency sponges by passing the radio frequency wand over the body cavity three times. The equipment will signal that the area is free of radio frequency sponges and show a certification number that is entered on the Intra Operative Record."* Incorrect count Section 4 was revised to include Radio Frequency detection. *"The circulating nurse will perform a Radio Frequency Sponge check using the wand, if the missing item is a Radio Frequency Sponge. If it is positive for a retained object, the surgeon is informed and the cavity is researched. If it is negative the surrounding area is searched with the wand. If sponge or other missing item still evades discovery, an X-ray of the cavity must be performed before closure is completed."*	10/30/2010 10/30/2010

Event ID:SDPK11 12/7/2011 9:56:00AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	CEO	12/15/11

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.

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
	050028	A. BUILDING ______ B. WING ______	07/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAD RIVER COMMUNITY HOSPITAL	3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	Continued From page 2			
	infection.		New Policy and Procedure Sponge, Instrument, and Sharp Count (revision 10/10) reviewed with staff.	10/30/2010
	Abdominal X-rays, done on ███/10, showed no indication of a foreign body in Patient 1's abdomen.			
	During interview, on 10/27/10 at 11:55 A.M., Physician A said he went to see Patient 1, on ███/10 about 8:00 P.M. He said he took a "super Kerlix" dressing, (one yard of sterile cotton gauze rolled into an absorbent dressing), into the room with him. He said he expected to find a wound infection, but when he removed the sutures, he saw Patient 1's bowel. The fascia, connective tissue underlying the skin, and covering the intestines, had opened, exposing Patient 1's bowel. Physician A said he put the Kerlix dressing into the wound and asked the nurse to finish dressing the wound. He said he assumed the nurse put an abdominal pad over the wound, held in place with tape. Physician A then scheduled Patient 1 for emergency surgery. Physician A said when he came into the operating room for surgery; there was no dressing on the wound.		The Policy and Procedure, Sponge, Instrument, and Sharp Count revision dated 10/10 was taken to the Medical Staff committee, Surgical Committee, November, 2010 and approved. Radio Frequency Lap Sponge Detection Equipment training completed and placed in service.	11/2010 10/30/2010
	The Physician Progress Note, and Nurses Notes, written on ███/10, pre-operatively, did not indicate that a dressing had been placed on the wound.		**Monitoring:** The Director of Surgical Services randomly audits surgical charts for documentation completeness. The Peri Operative Data Set Form and the Intra Operative Nursing Summary Form are reviewed for the radio frequency scan confirmation number and sponge count.	
	During interview, on 10/27/20 at 8:55 A.M., Surgical Tech B, said he had been surgical tech for Patient 1's emergency surgery on ███/10.			
	Surgical Tech B said that approximately 2 hours had passed from the time Patient 1's sutures were removed until her arrival in the operating room at		***Corrective action was completed 10/30/2010.***	

Event ID:SDPK11 12/7/2011 9:56:00AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

CEO

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050028	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 07/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAD RIVER COMMUNITY HOSPITAL	3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

Continued From page 3

9:45 P.M. Surgical Tech B said when Patient 1 entered the operating room, there was an "ABD", (Army Battle Dressing, a three layer dressing), over her abdominal wound. He removed the ABD and her intestine was "sitting right there". He did not see a Kerlix dressing.

During an interview, on 10/26/10 at 4:05 P.M., Licensed Nurse C, circulating nurse for the emergency surgery on ███/10, said in preparation for the surgery, he separated the lap pads, also called sponges, in each package and counted each lap pad, out loud, with the surgical tech, as well as needles and instruments. He recorded this initial count on the board in the operating room.

Licensed Nurse C said that as surgery progressed, Physician A and Surgical Tech B, noted out loud, when, and the number of lap pads/sponge, as each lap pad was used in the operative site. Licensed Nurse C recorded, on the board, each item as he heard it.

Licensed Nurse C said that an auditory count was done prior to closure of the first body cavity, as each item was removed. Each lap pad/sponge was put into the sponge count bag. Another count was done, with the surgical tech, out loud, prior to skin closure. After skin closure Licensed Nurse C said he made visual checks of everything left on the field and in the sponge bag and verified the count with the surgical tech. All the counts were the same and correct.

During interview, on 10/27/10 at 8:55 A.M., Surgical

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Ceo

(X6) DATE: 12/5/11

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050028	A. BUILDING ____ B. WING ____	07/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAD RIVER COMMUNITY HOSPITAL	**3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	Continued From page 4 Tech B said he and Circulating Nurse C counted everything that went in and everything that came out and verified that count together; "Three in and three out". Patient 1 was discharged home, but returned to the hospital on [redacted]/10, with abdominal pain, nausea, and vomiting. Abdominal X-rays done [redacted]/10 indicated there was a foreign body present in Patient 1's abdomen. The finding was confirmed with an abdominal CT scan. Patient 1 returned to surgery on [redacted]/10 where, as stated in the Operative Report reviewed on 10/26/10 at 1:30 P.M., the surgeon removed a foreign body. A Surgical Pathology Report, dated [redacted]/10, indicated the foreign body was a laparotomy towel, also known as a lap pad. During interview, on 10/27/10 at 12:15, Physician A said that if the needle holder or possibly a ribbon retractor, had pushed a lap pad into the wound during surgery, and the Kerlix from the floor was included as part of the final count, then it would explain the lap pad that was left behind but that he didn't know what had happened. During interview, on 10/27/10 at 10:15 A.M., the Director of Surgical Services said that dressings from the outside the operating room, such as the Kerlix placed on Patient 1's wound preoperatively were usually placed in a "red" bag, (colored plastic garbage bag used to hold contaminated items for disposal).			

Event ID:SDPK11 12/7/2011 9:56:00AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	CEO	12/15/11

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.

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
	050028	A. BUILDING ______ B. WING ______	07/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAD RIVER COMMUNITY HOSPITAL	3800 JANES RD., ARCATA, CA 95521 HUMBOLDT 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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	Continued From page 5 During the hospital investigation of the incident, the Director of Surgical Services said she took a lap pad and a Kerlix, wet each of them and squished them around. She said they felt identical and wondered if the surgical team counted the Kerlix as a lap pad. The Director of Surgical Services said she saw an increased risk of error given the surgical team had worked all day and then were on call for the night of [redacted]/10, when the surgery started at 10:00 P.M. Review, on 10/27/10 at 9:45 A.M., of the hospital policy entitled Sponge, Instrument and Sharp Count, dated 7/10, does not mention dressings with which a patient may enter the operating room. The facility's failure to develop, maintain, and implement written policies and procedures to prevent the retention of the lap pad used during a surgical procedure in violation of Section 70223(b)(2) of Title 22 of the California Code of Regulations was a deficiency that caused, or was likely to cause, serious injury and death to the patient, and therefore constitutes an immediate jeopardy within the meaning of Health and Safety Code 1280.1. This facility failed to prevent the deficiency(ies) as described above that caused, or is likely to cause, serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of Health and Safety Code Section 1280.1(c).			

Event ID:SDPK11 12/7/2011 9:56:00AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

CEO 12/15/11

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.

JAN 10 2012