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No. 5359 P. 5 PRINTED: 08/16/2010 FORM APPROVED

Californ	ia Department of Pul	olic Health	HU	GPIC	7) MANO	,	
STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER				(XZ) MULTIPLE CONSTRUCTION A. BUILDING B. WINS		(XS) DATE SURVEY COMPLETED C	
NAME OF T	PROVIDER OR SUPPLIER	CA930000912	STREET AND	PERS DITY	STATE, ZIP CODE	04/0	5/2010
NAME OF F	THUVIUEN UN DUFFEIEN		1500 SAN				
USC UN	IVERSITY HOSPITAL		LOS ANGE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IO PREFIX TAG	PROVIDERS PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	COMPLETE DATE	
E 000	Initial Comments			E 000	Preparation and execution	n of this	
			Constant		plan of correction does no	ot	
		its the findings of the			constitute admission or		1
	Department of Pub	lic Health during the entity reported incide	nt		agreement by the provide	r of the	
,	: 1114000900001011 OF 6011	sing iopolog made			truth of the facts alleged of		
	Entity reported incl	dent number: CA002	19553		conclusions set forth on the		
	Representing the E	Department of Public	Health:		Statement of Deficiencies	<b>3</b> .	
					This plan of correction is	prepared	
	The insensition time	· limited to the enecif	in polity		and executed solely beca	use it is	
	The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.  1280.1(c) Health and Safety Code Section				required by federal/state	law.	
	Jeopardy" means a licensee's noncom requirements of lice	s section, "Immediate i situation in which the pliance with one or mensure has caused, or ry or death to the pat	e lore or likely to				
E 264	T22 DIV5 CH1 ART Policies and Proce		Sarvice	E 264	Actions Taken:		
	(a) Written naticios	and procedures for )	nationt		1. Nursing Leadership re	viewed	5/5/10
	care shall be devel	oped, maintained an			the Physician's Order and	Ė	
	implemented by the	a nursing service.			Medication Administration	า	
	: : :				Record policies and proce	edures.	
	This Statute is not	met as evidenced by	<i>p</i>				-
,		and record review, i			2. As of May 5, 2010, Nu	ırsing	5/5/10
failed to implement their "Physician's Orders" policy and procedure to ensure a patient (Patien)		t (Patient		Leadership inserviced nu		f I	
	1) received the pro	per dose of a medica	tion as		on the Physician's Order	and	
	ordered by a physic	clan. Patient 1 who w	res		Medication Administration		
	Colletin (colletimeth	itic fibrosis, was orde rate: antibiotic used t	o treat		policies and procedures,	emphasiz	
		igrams (mg) intraven			ing the process for verific		i <b>i</b>
icensing ar	id Certification Division	MANA	nan	nn	Od THE A		(X8) DATE
ABORATOR	Y PRECIDENCE	PROPERTIES REPRESE	Types S	14L	-LUM DIVECTO		<u>0'-30</u>
TATEFOR	M		6	: <del>2</del> 9	J71311 DICKWAN	Comme	side abuset 1 of 9

California Department of Public Health									
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLU DENTIFICATION NUMBER		R/CLIA MBER	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		CA930000912	•	3 WING_			5/2010		
NAME OF F	PROVIDER OR SUPPLIER	William Co. M. Co.	STREET AD	DRESS, CITY,	STATE, ZIP CODE				
USC UN	VERSITY HOSPITAL			Pablo St Eles, ca					
(X4) (D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
E 284	Continued From pa	ge 1		E 264	medication order and 24-h	our	Witness and the second second second		
	however five doses	of 150 mm IV were	1112		chart check against the or	ginal			
		egistered nurse. The	fecility's		physician order.				
		atient 1 sustaining s			s constant				
		zure, and requiring coment therapy and	onunuous		3. Nursing Leadership eva	aluated	5/5/10		
	hemodialysis.	outtour money and			the annual nursing compe	tencies,			
					which includes verification of				
	Findings:				orders and medication adr	ninistrati	on.		
	investigation of an ewas conducted at the Was conducted at the Facesheet, indicate the tacility on Febru of cystic fibrosis Four the body to produce that clogs the lungs lung infections.	10 a.m., an unannous antity reported adverse facility.  review of an Admission Patient 1 was admission 1, 2010 with the acerbation. According addition the condition and leads to life-through and Physical assess	ion itted to diagnosis g to the causes ky mucus atening		4. As of July 19, 2010 Hospital Leadership is evaluating the new proces as "interruption free zones instituting a pilot program evaluate its effectiveness additional measure for ensproper verification of mediorders.	," and to as an suring			
	conducted by a phy 2010, indicated Patifacility with bleeding implanted in the bot antibiotic use) site a infection.  On April 5, 2010, a report dated Februa indicated Patient 1's level was 20 milligra Creatinine (Cr) leve values: BUN 6-20 m Urea is a byproduct removed from the b Creatinine is a byproduct removed from the b Creatinine is a byproduct section.	sician, dated Februs ient 1 was admitted to of a porta-cath (a didy for long term intra- and treatment of a lur review of a laborator and 1,2010 at 8:05 p. Blood Urea Nitroge arms/deciliter (mg/dL) to was 0.7 mg/dL (nor ng/dL and Cr 0.5-1.0 secreted by the liver	ry 1, o the evice venous ng y result m. n (BUN) and the mal mg/dL). and nd in a		5. Nursing and Pharmacy Leadership met to discuss processing and verification medication orders. Pharm Leadership removed high-drugs, including Colistin, frability to be an autopopula order entry, resulting in the to manually type in drug nadose. Pharmacy Leadershinserviced all pharmacists processing and verification	of acy risk com the ted need ame and ip on the	2/15/10 4/21/10		

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AND PLAN OF CORRECTION IDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING		IRVEY TED
		CA930000912	***	<u> </u>		04/0	5/2010
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		
USC UNI	VERSITY HOSPITAL			Pablo St Eles, ca 8			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of Deficiencie: "Must be preceded by sc identifying Informa	FULL	id Prefix Tag	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD 86	(X5) COMPLETE DATE
E 264	and Creatinine lever A review of a Physic 2010 at 5:20 p.m., 1 100 mg IV every eight signed by Employer On April 5, 2010 at (director of pharma pharmacist receiver IV every eight hours (50 mg physician ordered d B, the medication in the dosage for Colistin and instead eight hours (50 mg physician ordered d B, the medication in the dosage for Colistin and instead eight hours (50 mg physician ordered d B, the medication in the dosage for Colistin the dosage for Colistin Con April 5, 2010 at stated the pharmaca autopopulated dose ordered dose. Emporommon practice for Therapeutic Drug Matient was to receive for kidney toxic the worksheet serve monitoring of patier Colistin; however, timple the colistin; however, timple the colistin; however, timple the colistin the colistin; however, timple the colistin the colist	cian's Order dated Fe ndicated to administration is abnormal, it is will increase in the cian's Order dated Fe ndicated to administration of the content of the order for Collistics and inputted the order for Collistics and inputted the order for Collistics and inputted the order for Collistics and input the correct is entered 150 mg IV of more per dose than to lose). According to Enput system "autopopation as 150 mg.  12:15 p.m., Employee ist did not change the input system autopopation as 150 mg.  12:15 p.m., Employee ist did not change the input system and the input system as 150 mg.  12:15 p.m., Employee ist did not change the input system and the input system as 150 mg.	blood.  abruary 3, ar Collistin was a B is in 100 mg for in the abstated dose of every the imployee unlates."  a B stated dose of every the imployee unlates."  a B stated dose of every the imployee unlates."  a B stated dose of every the imployee unlates."  b correct was sate a event all ployee B, a that alle on t create a every for in the contract of the contract	E 264	medication orders, includir not limited to, the inputting medication orders, perform daily drug profile checks, a of the therapeutic drug wo Annual pharmacy compete include processing and verof medication orders.  Compliance and Monitorin Process:  1. Beginning September 1 Director of Nursing or desishall conduct random daily audits of Initial Physician Medication Orders and 24 Chart Checks for 30 patien medical charts a day for omonth and then 30 patient charts a month for 6 month monitor nursing compliance The Director of Nursing or designee shall take correct action as necessary and reduced in the Committee and the Quality Committee and the Ruspital Governing Board.  2. Beginning September 1 Director of Pharmacy or designee(s) shall monitor	of nance of and use rksheet. encies rification  g  I, the gnee  Hour nt ne medical ns to se. etive eport the the the the the the the the the th	3/1/11
e unitali salemanes sessi	stated she scanned	every eight hours. En the Colistin order int r system to be prepa	o the		pharmacists' activities to a	ssess	

Californ	a Department of Pul	olic Health				PORM 2	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA930000912		(XX) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION	(XI) DATE SURVEY COMPLETED C 04/05/2010			
NAME OF E	ROVIDER OR SUPPLIER	000400011	STREET AD	DRESS, CITY,	STATE, ZIP CODE	1 04/03	12010
	VERSITY HOSPITAL			PABLO ST			
(X4) 13 PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY  SC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDERS PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO BE	(XS) COMPLETE DATE
E 264	Interview, Employer Colistin from the ph medication's label a Medication Administer Medication's label at Medication's label of Colemans o	12:45 p.m., during a a A stated she received armacy and checked against the Electronic tration Record (EMA yee A, the medicatic istin 150 mg matched dosage entered by the A stated she did beled dosage with the recouracy. Employed in 150 mg, instead or uring an interview at all surgical unit nurse was the facility's polic order with the EMAR of dosage eccuracy, the night shift nurse by sorder and EMAR of the conduction of t	red the of the of the control of the	E 264	whether they are completed assigned duties which incomonitoring of all patient properties of Pharmacy designee(s) include up to Coordinator Pharmacists, are uninvolved in the inpurpatient medication orders, daily to complete this requirementaring and initiation of monitoring profiles. The Experiment of Pharmacy or designee(be assessing the pharmacy compliance with completed their daily duties for 6 more The Director of Pharmacy report on compliance even month to the Pharmacy are Therapeutics Committee and Medical Executive Commit (MEC), which will subseque to the Quality Committee of Hospital Governing Board	lude rofiles. 's 6 Clinical which tting of on duty sired f drug Director (s) will cists' on of nths. shall ry other and and the ittee uently rep of the	
	information indicate an antibiotic used to generally reserved more effective antib According to the Dr	d collstimethate (Co o treat infections and for cases where less slotics were not avail- ug Reference, side of the extremities, slurr	listin) was was toxic or able. affects		Persons Responsible: Director of Nursing Director of Pharmacy		

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if continuation sheet 4 of

California Department of Public Health									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE (DENTIFICATION NO.			(X2) MULTI	PLE CONSTRUCTION	(X9) DATE SURVEY COMPLETED				
		CA930000912		B. WING _		04/0	; 5/2010		
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS. CITY, S	STATS, ZIP CODE				
USC UNI	VERSITY HOSPITAL			PABLO ST ELES, CA 9					
(%4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)			id Prefix Tag	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	CTION SHOULD BE COMPLET O THE APPROPRIATE DATE			
E 254	and seizures. The I indicated the renal increases in blood increases in blood increases in creating and renal toxicity. A Reference, the may exceed 5 mg per ki should not exceed 5 mg per	as (numbness), conforms (side effects included urea nitrogen (BUN), ine, decreased urine according to the Drug dmum dose should reage (reage). Side effects of the dose of Colistin she was "Busy and is locured on the Colistin accuracy on the EM/eck; however, Employee Colistin the Colistin accuracy on the Colestin accuracy of the Colestin accurac	mation  cutput,  ot and  interview ne was atient 1's id not that night doing gned the was yee D distin  indicated mg on 2010 at 2 on dose a.m. was its order dicated to	E 264	DEFICIENCY				
	According to the Pa February 5, 2010 a	atient Care Flowshee t 8 p.m., Patient 1 wa tion of urine which m	t dated is oliguric						

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California Department of Public Health									
		(X1) PROVIDER/EUPPLIE IDENTIFICATION NO		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
		CA930000912		B. WING_	A CONTRACTOR OF THE CONTRACTOR	1 '	5/2010		
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
USC UN	IVERSITY HOSPITAL			Pablost Eles, ca 9	0033				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)			ID PREFIX TAG					
E 264	February 6, 2010 at Patient 1 stated she output since February 7, 2010 at 1's urine output was physician was notification used to and after two hours "Little to no improve "Little to no improve 1's BUN was 75 mg (normal values: BU mg/dL).  A review of a Critica February 7, 2010 at nephrology team waregarding Continuo Therapy (CRRT). Cherapy where a pat a set of tubing via a products (creatinine	nt Care Flowsheet dat 12:30 a.m., indicated has had decreased any 4, 2010.  If Care Flowsheet, do at 1:30 a.m., indicated is low and the patient ed. According to the was placed on a conformation of Burnex (a potent increase urine product of the infusion the patient in urine output review of a laborator any 7, 2010, indicated and the Cr was 18-20 mg/dL and Care Flowsheet, do 1:7:30 a.m., indicated as talking to the patieus Renal Replaceme RRT, is a slow contitutient's blood is passes and urea) and wate	d that urine  ated Patient s  ntinuous atient had " y result I Patient 7.4 mg/dL r 0.5-1.0  ated the ant nuous d through the r was	E 264	DEFICIENCY				
	failure, At 1:20 p.m. Patient 1 for initiatio failure.  On April 5, 2010, a indicated Patient 1 nephrologist on Feb According to the res	d when the kidneys a , a catheter was plac on of CRRT to treat ti review of a Progress was examined by a cruary 7, 2010 at 9:30 hal consult note, the ne wrong dose of Co	red in ne renal Note Da.m. patient				Anada a a company a construction and a construction		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE S COMPL	ETED	
		CA930000912			W	i i	C )5/2010
NAME OF F	nomber or supplier		STREET AD	ORESS, CITY, :	STATE, ZIP CODE	<u>.,,</u>	
USC UNI	VERSITY HOSPITAL			i pablo st Eles, ca 9			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(D PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CORRESPONDED TO THE APPROPRIATE DEFICIENCY)	
E 264	Continued From pa	ge 6		E 264			
	Itie Cr laboratory result was elevated. According to the flowsheet, the patient sustained acute (sudden) renal failure after Colistin was administered. The note indicated that Colistin toxicity could cause neuromuscular blockade and renal failure.  A review of an attending renal physician note, dated February 7, 2010, indicated Patient 1 had Colistin induced toxicity and the patient was in acute renal failure and would require hemodialysis (a method for removing waste products such as creatinine and urea, as well as free water from the blood when the kidneys are in failure).  On April 5, 2010 a review of a Continuous Renal Replacement Therapy Physician Order dated						And the control of th
	February 7, 2010 at 10 a.m., indicated to start CRRT therapy for Patient 1. A review of a CRRT Flow Sheet indicated CRRT therapy was initiated on February 7, 2010 at 3:30 p.m. Patient 1 underwent CRRT therapy for approximately 70 hours.  A review of a Critical Care Flow Sheet, dated					The state of the s	
Ochora di Chancesson et di	February 7, 2010 at 3:20 p.m., indicated Patient 1 was not responsive to verbal stimulus.						- Company of the Control of the Cont
And the second s	February 8, 2010 at was not able to folio "blank stare." At 12 Care Flowsheet, the an echoencephalog diagnose abnormal	al Care Flow Sheet, of a.m., indicated Pa ow commands and his p.m., according to the patient was monitor raph (used to assessibles of brain function lacking and was four	itient 1 ad a ne Critical red with a and via				
	A review of an electroencephalogram (EEG)						

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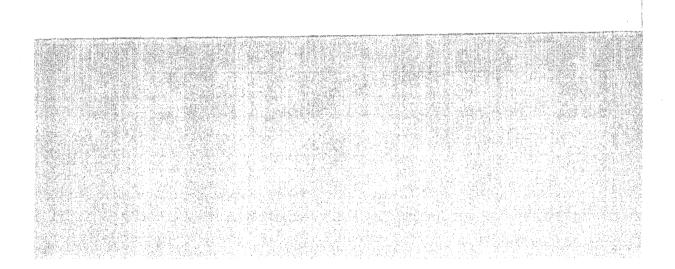
No. 5359 P. 12 PRINTED: 08/18/2010 FORM APPROVED

California Department of Public Health								
STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING		CS) DATE SURVEY COMPLETED				
	CA930000912			B WING_		1	5/2010	
NAME OF P	ROVIDER OR SUPPLIER	3.45	STREET ADD	RESS, CITY, S	state, zip code			
USC UN	VERSITY HOSPITAL			PABLO ST ELES, CA 9				
(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 ( (EAGH CORRECTIVE ACTION SHOULD BE CON CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
E 264	Continued From pa	ge 7		E 264				
	report dated February 8, 2010, indicated Patient 1 was status epilepticus (condition where the brain in is a state of persistent seizure).							
:	On February 10, 20 2 p.m. and hemodia	110 CRRT was disco alysis was initiated.	ntinued at				Market and the second s	
,	Flowsheet, indicate hemodialysis on Fe	review of Acute Hen d Patient 1 received bruary 11, 12, 15, 16 0; and March 12, 13 2010.	3, 19, 20,					
	5, 2010 indicated P	atory result report da atient 1's BUN was t I to baseline level an	33 mg/dL	,			Ridge of the control	

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No. 5359 9, 13 PRINTED: 08/16/2010 FORM APPROVED

California Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING CA930000912 04/05/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1500 SAN PABLO ST LOS ANGELES, CA 90033 USC UNIVERSITY HOSPITAL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG ID PREFIX TAG (XS) COMPLETE DATE E 264 Continued From page 8 E 264 mg/dL (normal values: BUN 6-20 mg/dL and Cr 0.5-1.0 mg/dL). A review of the facility's policy and procedure titled "Physician's Orders" dated June 28, 2005 indicated the night shift nurse would conduct a chart check to ensure accuracy of transcription and prevention of errors. The policy stipulated that pharmacy would deliver the medication with the name of the medication on the label and the nurse would verify the label with the computer to ensure the medication entry by pharmacy was accurate. The facility's Physician's Orders policy stipulated the nurse would verify new medications orders by checking the original physician order prior to carrying out the order, however according to Employee A, the Colistin order was not verified with the original physician's order prior to its administration to Patient 1. The facility's failure to implement its policies and procedures to ensure a patient received the proper dose of medication, as ordered by the physician, is a deficiency that has 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.

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if continuation sheet 9 of 9