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	t of deficiencies of corauction	(X1) PROVIDENSUPPI ROBINTIFICATION & 050510		(X2) MULTIP A GUILGING B WING	LE CONSTRUCTION	(X3) DATE SUI COMPLET 03/2	
	ROVIDER OR SUPPLIER FOUNDATION KOSPITAL	SAN RAFAEL		S, CITY, STATE 2 O ROAD, SAN	# Code Rafael, ca 94903 Marin	COUNTY	
(X4) ID PREFIX 1AQ	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST LE PRECEDED D LSC IDENTIFYING MFORM	IT FULL	ю Ряерж Тас	PROVIDER'S PLAN OF IEACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS.	(XS) COMPLETE DATE
	The following reflects of Public Health during						
	Complaint Intake Num CA00244476 - Substa		i				
	Representing the Dep Surveyor ID # 25962,		zəllh:				
	The Inspection was lin event investigated and findings of a full inspe	does not represen					
	Health and Safety purposes of this means a situatio noncompliance with liconsure has causo injury or death to the	section "Immedia a in which th one or more rea d, or is likely to c	ite jeopardy" e liconsee's quirements of				
	Ponalty number: #11	0008500					i
	E 347 T22 DIV5 C Services General Rec	•	b) (2) Surgical				
	(b) A committee assigned responsibilit (2) Development, in of written policies with other appropriadministration. Polic governing body, Pri- the administration a sppropriate.	y for; naintenanco and i and procedures i riato health profe ios shall be app ocedures shall be	mplemontation n consultation issionals and roved by the approved by				
Evonil	DRFUY11	<u> </u>	8/26/2011	11:27:	58AM		:
	DRY DIRECTOR'S OF PROVI		SENTATIVE'S SIGN	IATURE	COO- CN	10	(XG) DATE
al Olher : Survay v	saleguards piovide sufficient p whether or not a plen of correct whether or not a see made avai	rataction to the patients fon is providedFor nurs	Except for nursing t ing homes, the above	romes, the findin ve findings and p	excused fram correcting providing Ds hoove are disclosable 00 days and of correction mre disclosable of correction is requisite to contin	It is determined following the dista t4 days following	<u></u>
 12•2587	Poi ac	cipted i	119/11 10.	45 m	with Prasy R actived, 1 Coord	coss en Rejudict + Li Netter _ 1	censing HEFEN #

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	of deficiencies F correction	(X1) PROVIDER/SUPPLICER/CLIA IDENTIFICATION NUMBER.		(X3) DATE SURVEY COMPLETLO
		050510	B WING	03/22/2011
	OVIDER OR SUPPLIER OUNDATION HOSPITAL -		IS CITY STATE ZIP CODE LO ROAD, SAN RAFAEL, CA 94903 MARII	
(X4) IŬ PREFIX TAG	LEACH DEFICIENCY	NTEMENT OF DEFICIENCILS MUST DE PRECEREDED BY FULL SE IDENTIFYING INFORMATION)	D PROVIDER 3 PLAN C PREFIX IEACH CORRECTIVE ACTIO TAG REFERENCED TO THE APPL	IN SHOULD BE GROSS- COMPLE
	the facility failed to implement a surgical items on the surgi violation caused or it or death to a patt performed and a piece patient which resulted wound. Findings: During an Interviee Administrative Staff Patient 1's medical laparoscopic surgery with uso of lighted 2010 for gallbla Administrative Staff A a post-operative ap that Patient 1's incision area was sli- which appeared to be Review of Patient dated 10, on that the epigastric Physician B and ci- out of the wound. I and documented tha of 3-4 inches of imprognated) gauze	n, interview and record review, properly develop, maintain, and count policy that ensured all cal field were counted. This is likely to cause serious injury ent. On 10, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5	surgeons involved in reviewed the newly i "Counts: Sponge, SI Miscellaneous Smal and Instruments" (05 policy had recently b in scope to include a potential of becomin foreign objects' in th and was in process at the time of the dis retained foreign object team concluded that revised policy addre process successfully been in place at the patient's surgery, thi not have occurred. The revised policy w final review and app Medical Executive C Responsibility: PeriOperative Servic Director Risk Manag Assistant Physician- Services	icians, and 9/29/10 i the surgery, revised policy harp, I Items/Devices 9/03/2010). The been broadened all items with a ig 'retained' e count process, of implementation covery of the ect. The surgical it the newly ssed the count y and, if it had time of the is incident would will be going for roval by the committee. per Director gement
	On 10/5/10 at 3 p.m.,	during a review of supplies		
Currel 10	REUY11	8/26/201	1 11:27:58AM	

Any deficiency statement ending with an estensk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sateguards provide sufficient protection to the patients. Except for nursing homes, the findings above are declosable 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 faculty. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	of deficiencies F correction	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME	ER	AULTIPLE CONSTRUCTION	(X3) DATE SUR COMPLET	
		050510	6 W		03/2:	2/2011
	OVIDER OR SUPPLIER OUNDATION HOSPITAL -		TREET ADDRESS, CITY ST MONTECILLO ROAD	até, Zip Code , San Rafael, CA 94903 Marin C	OUNTY	
(X4) ID PREFIX TAG	(LACH DEFICIENCY	ATEMENT OF DEFICIENCIES 1 MUST DE PRECECOED DY FU LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF C INACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD DE CROSS.	(X5) COMPLETE DATE
	no lodoform gauze (and Administrative S not have been on the used on the surface no During an intervie Licensod Staff D stato on 2010 require- sterile instrument and patient was position times with several of Staff D stated that gauze for any of the clear and without infect During an intervie Technician E stated by holding the came not remember that the that was used. Tech surgeries, he had se gauze dressing) that surgical port at the b from escaping, where allow scope visualiz Technician E stated the trocars (surging laparoscopic procedu count before; hower	ical procedure listed c' electronic roco e Staff C slated that on the list of supplie- taff C also stated that heir count sheet if the ot inside the body. ew on 10/5/10 at bled that the surgery d three set-ups d supply table set-up led and draped three factors doing surgery she did not rememb e procedures, and the ction before they stated that he assisted the ra during the procedu here was any "lodots inician E stated that of an Xeroform (petrola at was used around base of the skin to he in the abdomen was cation of the abdomi the gauze that is us cat instrumentation	thore was scharged, at it would item was 3:40 p.m., performed (3 separate s) and the e different . Licensed er opening a skin was f. 4:05 p.m., physician re and did form" geuze during past tum based the large lp keep air inflated to nal cavity ted around used for part of the item inat	Immediate Action Co All staff from the opera made aware of the inci trained regarding the n revision expectations t non-radiopaque dressi should be withheld from the wound is closed or completed. If required these items are to be of noted on the white boar included in the count p Training was provided of the operative staff receiver inservices regarding the recently approved cha "Counts: Sponge, Sha Miscellaneous Smail It and Instruments" (09/0 Responsibility: PeriOperative Services Manager PeriOperative	tive area, were ident and ecent policy hat, as a rule, ng materials m the field until the case is in a case, called out, and and process. to the majority la huddles at maining d face-to-face he incident and nges to the rp, ems/Devices 03/2010) policy.	09/24/10

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

(XO) DATE

TITLE

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Any deficiency statement ending with an astatisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the pallents. Except for nursing homes, the findings above are disclosable 00 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 decuments 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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Page in transmission Page in transmission of the properties of the transmission of the staff for stated that they just had revised their surgical count policy on 10/5/10 at 4:20 p.m., Administrative Staff F stated that they just had revised in surgical count policy on 10/5/10 at 4:25 p.m., during an interview staff F stated that indicated to count policy was not as detailed. In that it indicated to count, but it was not specific about other items that should be counted. Systemic Action: O9/03/10 During an interview on 10/5/10 at 4:25 p.m., during an interview, Licensed Staff F stated that he ald count policy was not as detailed. In that it indicated to count, sompes, needles and harps and when to count, but it was not specific about other items that should be counted. Sustemic Action: O9/03/10 During an interview on 10/5/10 at 10:50 a.m., Licensed Staff H stated that almough the did not remember any Xeroform or tol/6/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11.20 m. Licensed Staff G stated that the past. O1/5/10 at 10/5/10 at 10/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11.20 m. Licensed Staff G stated that the past. O1/5/10 at 10/5/10 at 11 a.m., with a result date of 100/5/10 at 11 a.m., with a result date of 100/5/10 at 11.20 m. Licensed Staff G stated that the pastholicy report on 10/5/10 at 11.20 m. Licensed Staff G				COUNTY	
 During an interview on 10/5/10 at 4:20 p.m., Administrative Staff F stated that they just had revised their surgical count policy on 92/10 and they were still inservicing staff and physicians on the new policy. Administrative Staff F stated that not all the staff had read the new policy yet. On 10/5/10 at 4:25 p.m., during an interview, Licensed Staff A stated that it had locunt policy was not as detailed, in that it indicated to count sponges, needies and sharps and when to count, but it was not specific about other items that should be counted. During an interview on 10/6/10 at 10:50 a.m., Licensed Staff H stated that it had not boon the protice to remember any xeroform or 10/6/10 at 10:50 a.m., Licensed Staff H stated that it had not boon the protice to count gauze that was put around the trocar in the past. Review of the pathology report on 10/6/10 at 11:05 a.m., Licensed Staff G stated that a foreign body was removed from the opigstric incision site. During an interview and observation, on 10/6/10 at 11:05 a.m., Licensed Staff G stated that a foreign body was removed from the opigstric incision site. During an interview and observation, on 10/6/10 at 11:05 a.m., Licensed a statile package of 1 inch by 8 inch (2,5 cm x 20.3 cm) Xeroform' petrolatum The row circulator and the size of Xeroform gauze which was used in the operating rom and presented a statile package of 1 inch by 8 inch (2,5 cm x 20.3 cm) Xeroform' petrolatum 	PREFIX (EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	PREFIX (FACH CORRECTIVE ACTION	SHOULD BE CROSS- COMPLETE	
gauze process	During an intervie Administrative Staff revised their surgica they were still in-so the new policy. Adr not all the staff had red On 10/5/10 at 4:2 Licensed Staff G st was not as detailed sponges, needles ar but it was not sp should be counted. During an intervie Licensed Staff H state remember any Xero that was used on th Staff H stated that if count gauze that wa past. Review of the path a.m., with a result d 17 x 2-cm (centime identified. The report was removed from the During an interview 11:05 a.m., License pathologist's descripti "Xeroform" gauze wit room and presented	w on 10/5/10 at 4:20 p.m., F stated that they just had al count policy on 9/3/10 and riveling staff and physicians on ministrative Staff F stated that ad the new policy yet. S p.m., during an interview, ated that the old count policy i, in that it indicated to count ad sharps and when to count, we on 10/6/10 at 10:50 a.m., ated that although she did not form or iodoform type gauze his surgical procedure. Licensed thad not been the practice lo is put around the trocar in the ology report on 10/6/10 at 11 late of 10, indicated that a ider) gauze like material was t indicated that a foreign body copigastric incision site. and observation, on 10/6/10 at the on was reflective of the size of hich was used in the operating a sterile package of 1 inch by	The policy, "Counts: S Miscellaneous Small and Instruments" (09/ revised to decrease th 'retained foreign object Responsibility: PeriOperative Service Manager PeriOperative The annual performa- and competency valid for licensed staff and been expanded by th Services to include th "Counts: Sponge, Sh Miscellaneous Small and Instruments" (09/ includes focus on sta that: Only x-ray detect are used in surgid the body Non-radiopaque of materials are with field until the wound, is announced and w count board; as it removed from the are crossed off of packed" items co The RN circulator person include m	Items/Devices 03/2010), was he potential for cts'. as Director ve Services nce evaluation dation process technicians has e Perioperative re policy arp, Items/Devices (03/2010). This ff understanding able materials cal wounds or in gauze dressing held from the and is closed or leted cked or packed is verbally written on the ems are a wound, they f the "tucked or unt. r and the scrub	CB provide use provide of the provide of th

Any deficiency statement ending with an asterials (*) denotes a deficiency which the institution may be accused from correcting providing it is determined that other safeguards provide sufficient protoction to the papents. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whather 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 ciled, an approved plan of correction is requisite to Continued program participation.

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State-2507

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	of Deficiencies	(X1) PROVIDERISUIPLIE			IPLE CONSTRUCTION	(X3) DATE SUP	
	İ			A BUILDP	K		
_		050510		8 WING		03/2	2/2011
AME OF PRO	DYIDER OR SUPPLICH		STREET ADDRESS	CITY, STATE	ZIP CODE		
aiser fo	SUNDATION HOSPITAL -	SAN RAFAEL	99 MONTECILLO	D ROAD, SA	N RAFAEL, CA 94903 MARIN C	YYNUC	
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	Continued From page 4				Systemic Action Cont	inued:	1
	During a telephone p.m., Physician I stat gauze was put and during the surgery, wh sometimes was the that he didn't think the afterward in the p stated that it had to surgery.	ed that he did not bund trocars to pri- leh practice. Physicia le gauze was put in physician's office. In have been put in	rømember if avent leaks in 1 statod i the wound Physician 1 during the		This competency evalu- implemented for initial of for new staff in Novemb Inclusion of this compe- existing staff was initiat and will be part of the a in 2012. Responsibility: Adult Services Director Manager PeriOperative	ation was competency per 2010. tency for ed in 2011 nnual process	
	p.m., Physician B sti any lodoform or Xe have been on the su gauze for wound Physician B stated during an office vis- abdominal incision e looked like it was go stated that he thou stitchas and opened fair amount of pus, p gauze which he stated	ated that he did no roform gauze used rgical field, and did packing for th that about 3 mi that a reac the incision and dr robed the wound an	t remember that could not use the e surgery. onthe lator, Patient 1's no the skin Physician B tion to the ained out a		Ongoing focus on the c is occurring at monthly Room Staff meetings. Responsibility: Interim Director Periope Services Manager PeriOperative	Operating	Ongoin
	During a talephone a.m., Patient 1 stated surgery, she felt a p an office visit, Physi her abdomen was in the skin and Patien opened up the incis igeuze out of her al that the doctor said know how it happened	I that after the fifth ain in her abdomen ician B thought an infected by a stitch int 1 stated that th lon and pulled a lo boominal area. Pati someone loft it in	wook aftor and during incision on underneath e physician ong strip of ent 1 stated				}
Évent ID;	RFUY11		8/26/2011	11:2	7:58AM		

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State-2507

deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL		(X3) DATE SUP COMPLET	
	050610	E VANG		03/2	2/2011
 EAGH DEFICIENCY REGULATONY OK	SAN RAFAEL 89 MON ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ADDRESS, CITY, STATE TÉCILLO ROAD, SA ID PREFIX TAG	PROVIDER S PLAN OF CO PROVIDER S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPRI	RECTION DULD HE CROSS-	(X5) COMPLETE DATE
p.m., Physician J s about three weeks is that time that there abdominal incisions, did not place any ga gauze must have b surgery. On 3/22/11 at 2:10 revised surgical of Sponge, Sharp Items/Devices And indicated that only should be used in s and non- radiopaqu dressing, should be until the wound is c The policy indicated was to onsure that b result of retained forei On 7/7/11, review of Recommended Pi Retained Surgical Recommended Pi Retained Surgical Recommended Pi Retained Surgical	Interview on 10/21/10 at lated that she saw Palio after the surgery and state were no problems with Physician J stated that uze in her wounds and that een left in at the time of p.m., a review of the hos- count policy, titled "Ca , Miscollaneous S instrument" effective 9 "x-ray" detectable mail urgical wounds or body ca e (non-x-ray detectable) of withheld from the surgical losed or the case is comp that the purpose of the p he patient was not harmed gn body. of the Association of Ope 011 edition of Periopa Recommended Pract actices for Prevention Items" indicated to that retained surgical ents that can be reduce lisciplinary system and hat establishing a system rgical items opened and o constitutes a primary	nt 1 od at her sho at the f the pital's bunts: mail k8/10, lefails jauze field jauze field policy as a rating rative ices, of under items d by team that used	 Monitoring: Ongoing monitoring acti OR include: Direct validation observation that following the su policy White board aud documentation process is accu complete, which tucked and mission provided and monitoring shared at Operating Rot meetings. Continued monitoring of of ten random cases per occur. Results from monitoring reviewed and actions ar necessary by the Surgio Committee, and the Qua that reports to the Medic Committee. Monitoring will be complied determination by the Qui that a sustained accepta of performance has bee Responsibility: Interim Director Periope Services 	by t staff are rgical counts dits that of count rate and included t included t includet t includet includet in	11/01/10 Current
 BEUY11		25/2011 11:2	17:58AM		i

Any deficiency statement ending with an asteriak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient providing to the patients. Except for Aursing homes, the Indings above are disclosedly 60 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above lindings and plans of correction are disclosed to 14 days following the date these documents are made evaluable to the facility. If deficiences are cited, an approved plan of correction is requisite to continued program participation

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SINte-2007

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMUER	(XZ) MULTIPL	É CONSTRUCTION	(X3) DATE SUI COMPLET	
		050510	A BURDING	·····		2/2011
NAE OF PRO	IVIDER OR SUPPLIER	STREET ADDRE	SS, CITY, STATE, ZIP	CODE		
AISER FC	OUNDATION HOSPITAL - :	SAN RAFAEL 99 MONTECIL	LO ROAD, SAN F	RAFAEL. CA 94903 MARIN	COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	Providents Mlan of (Each Corrective Action Referenced to the Appri	COUNTY CORRECTION SHOULD BE CROSS-	(X5) COMPLET DATE
	Continued From page	6	•			
	procedure so that al that a surgical item information under it that all soft goods to be radiopaque and non-radiopaque soft Non-radiopaque gaut	unted for at the end of a I team members can be sure a is not left in the patient. Recommendation 2, indicated used in surgical wound should d easily differentiated from goods (e.g. sponges, towols), te dressing materials should field until the final count was				1.
	items used on the su a surgery was perfor is likely to cause, it patient, and therefore	to develop, maintain and count policy that required all rigical field to be counted when med. This violation caused, or serious injury or deeth to the tro constitutes an immediate meaning of Health and Safety				
	described above that serious injury or deat constitutes an imm	prevent the deficiency(les) as caused, or is likely to cause, h to the patient, and therefore rediate jeopardy within the and Safety Code Section				3
	RFUY11	8/26/201	1 11:27:58			·

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Any deficiency statement ending with an estensk (*) denotes a deficiency which the institution may be excused from corrocting providing it is determined that other sateguards 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 hidings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are clied, on approved plan of correction is requisite to continued program participation.

Stnte-2507

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