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050444 B. WING 06/29/20 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 333 Mercy Ave, Merced, CA 95340-8319 MERCED COUNTY (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG The following reflects the findings of the Department of Public Health during an inspection visit: Complaint Intake Number: ID CA00305275 - Substantiated Frame ID ID Representing the Department of Public Health: Surveyor ID # 28531, HFEN ID ID The inspection was limited to the specific facility ID ID ID	012 (X5) COMPLETE
MERCY MEDICAL CENTER 333 Mercy Ave, Merced, CA 95340-8319 MERCED 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) The following reflects the findings of the Department of Public Health during an inspection visit: ID PREFIX CA00305275 - Substantiated PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) Complaint Intake Number: CA00305275 - Substantiated ID Public Health: Surveyor ID # 28531, HFEN ID Public Health: Date: IO125(III)	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) The following reflects the findings of the Department of Public Health during an inspection visit: PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) Complaint Intake Number: CA00305275 - Substantiated Complaint Intake Number: CA00305275 - Substantiated PREFIX TAG Representing the Department of Public Health: Surveyor ID # 28531, HFEN	
of Public Health during an inspection visit: Complaint Intake Number: CA00305275 - Substantiated Representing the Department of Public Health: Surveyor ID # 28531, HFEN	DATE
CA00305275 - Substantiated Representing the Department of Public Health: Surveyor ID # 28531, HFEN	
Surveyor ID # 28531, HFEN	•
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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.	
Health and Safety Code Section 1279.1(c): "The facility shall inform the patient or the responsible party of the patient of the adverse event by the time the report was made."	
Health and Safety Code 1279.1(b) (5) (C) (b) For the purposes of the section, "adverse event" includes any of the following:	
 (5) Environmental events, including the following: (C) A patient death or serious disability associated with a burn incurred from any source while being cared for in a health facility. 	
Health and Safety Code 1279.1(b) (2) (B) (b) For the purposes of the section, "adverse event"	
Event ID:OCUO11 10/9/2012 3:10:48PM	
LABORATORY DIRECTORS OF PROVIDER/SUPPORT REPRESENTATIVE'S SIGNATURE TITLE (X6	

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PTIFILATION - POPULATION

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050444	B	3. WING		06/2	29/2012	
	OVIDER OR SUPPLIER EDICAL CENTER		ET ADDRESS, CITY Hercy Ave, Merc		9E 8319 MERCED COUNTY			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	PR	1 .	PROVIDER'S PLAN OF CORRECT EACH CORRECTIVE ACTION SHOULD EFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE		
	 (B) Patient death of with the use or function which the device as intended. For pulled in which the device as intended. For pulled vice includes, but drain, or other spectiventilator. 70215. Planning and Ir (b) The planning and reflect all elements assessment, nurse intervention, evaluation, evaluation, evaluation aregistered nurse at the DEFICIENCY COUSEOPARDY Based on staff in administrative docum to implement the nurevaluation, and intervention for a 2.5 month old third degree burn to intervention an IV catheter (tubin deliver fluids and hospital nursing staff an IV without as effectiveness of this 	owing: events, including the following or serious disability assistion of a device in patient is used or functions other bourposes of this subpara- t is not limited to, a car alized tube, infusion put mplementing Patient Care d delivery of patient care d delivery of patient care s of the nursing p ing diagnosis, plation and, as circums cacy, and shall be initian the time of admission. DNSTITUTES IMME terviews, clinical recom- ent review, the hospital ursing process of assess rention in the planning of infant (Patient 1) resultir	ociated nt care er than agraph, atheter, mp, or e shall rocess: nning, stances ited by DIATE d and failed asment, of care ig in a o start ised to ent 1, o start g the	1. un di 2. re in in 3. ei de fo 4. re an at ve R as fo St ar fo Av E Ve Ve Ve Ve	orrective Action: The employee using equipment intended purpose received prog- sciplinary corrective action. All ED nursing staff were re-edu- egarding pediatric standards of ca- cluding the use of equipment on tended use. Pediatric competencies were va- ther through observation, return emonstration, verbal review or ex- r all ED nursing staff. The IV Therapy policy was reviewed evised to include two attempts to nd the procedure to follow once or tempts are reached. If unsuccess enous cannulation after two attern N requests another competent R ssess patient for further attempts he will make the determination to and or consult with the LIP. No mo- ur attempts will be made by an F dditionally, the policy was reviewed evised to include Vein Viewer and enoscope as the only acceptable bources for vein illumination.	ressive ucated are ly for its alidated kamination ewed and cannulate maximum ssful at npts, the N to E He or proceed proceed proceed N. ed and	4-26-12 7-16-12 7-16-12 8-14-12	
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provid that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 da of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to corr		days fo	the dat	e	2 20	12	U	transfer of the second se
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE MERCY MEDICAL CENTER 333 Mercy Ava, Merced, CA 95340-8319 MERCED COUNTY PMID PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES PROVIDER STATEMENT OF DEFICIENCIES (0) PREDX ELEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CONFECTION (00) PREDX ELEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CONFECTION (00) Staff member to two attempts. The exact number of times staff inserted a needle into Patient 1 attempting to start an IV was not established and could not be verified in the clinical record. 5. Communicated with ED staff via ED Spindle (Electronic communication to all ED staff) the change in IV Therapy policy more maximum atempts are resched, and acceptable light counce as an intervention to illuminate the veries in the infant's weins was not in accordance with the manufacturer's directions for use. 5. Communicated with ED staff via ED Spindle (Electronic communitation to all ED staff) the change in IV Therapy policy more maximum atempts are resched, and acceptable light was provided with the revised IV Therapy policy more maximum atempts are resched, and acceptable light was provided with the revised IV Therapy policy. Further noncompliance with the manufacturer's directions for use. 8-16-12 or nextshift worked These failures resulted in Patient 1 (a two month and theren's policy regarding mumber of atempts and regulated the dispolicy complexity and the propersive disciplinary corrective action. 8-16-12 or for for congliance will result are policy r	STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:				(X3) DATE SU COMPLET	22.0422
PREFIX TAO Centinued From page 2 IEACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCES TO THE APPROPRIATE DEFICIENCY Counting E Cross- DATE Continued From page 2 taff member to two attempts. The exact number of times staff inserted a needle into Patient 1 attempting to start an IV was not established and could not be verified in the clinical record. 5. Communicated with ED staff via ED Spindle (Electronic communication to disseminate information to all ED staff) the change in IV Therapy policy regarding the number of acceptable attempts to cannulate (two), the procedure to follow once maximum attempts are reached, and acceptable light sources (Vein Viewer and Venoscope) for vein illuminate. 8-15-12 8-15-12 These failures resulted in Patient 1 receiving a third degree burn to the palm of the infant's hend, utilimately required skin grafts. 5. The ED nursing staff was provided with the reviewed IV Therapy policy regarding number of attempts and equipment use. 8-15-12 & 0. The ED nursing staff was provided with the reviewed IV Therapy policy regarding number of attempts and equipment use. 8-16-12 or prior to inaccontance with the manufacturer's directions for use. 8-15-12 & 0. The ED nursing staff was provided with the reviewed IV Therapy policy. Further noncompliance is observed, the individual involved will receive counseling and re- ducation on the IV Therapy policy. Further noncompliance will result in progressive disciplinary corrective action. 8-15-12 & 0. The ED nursing of the cluaity Management Committee (MCC) and Governing Board until 100% compliance is sustained for four monities and thing quarterly for or year at which time frequency will be re-evaluated. 8-15-12 & 0. The cluaity the cluaity manupreachee and diarrhea								
staff member to two attempts. The exact number of times staff inserted a needle into Patient 1 attempting to start an IV was not established and could not be verified in the clinical record. 5. Communicated with ED staff via ED Spindle (Electronic communication to disseminate information to all ED staff) the change in VT herapy policy regarding the number of acceptable attempts or catched and acceptable light sources (Yein Viewer and Venoscope) for vein illuminate the view in the infant's hand being burned. The use of this light source as an intervention to illuminate the infant's veins was not in accordance with the manufacturer's directions for use. 8-16-12 or vein illumination. 8-16-12 or vein illumination. These failures resulted in Patient 1 receiving a third degree burn to the paim of ther hand which utimately required skin grafts. 8-15-12 & montor: 8-15-12 & not solve weight in the ED to ensure adherence to policy regarding number of attempts and equipment use. 8-16-12 or vein illumination. Prior Ingris: On 12 at 11:32 p.m., Patient 1 (a two month and twerty three day old baby) was brought into the Energency Department (ED) by her parents because she had diarrhea (loose, watery, non-bloody stools) four to sk times a day, for an estimated ten days. She also had one episode of vomiting on 12. Results are reported monthly to the Cuality Management Committee (MEC) and Governing Board until 10% compliance is subaried for four monts and then quarterly for one year at which time frequency will be re-evalued. Patient 1 is Emergency Room Report, dated indicated the infant was sluggish, had a decrease intake of fluids and a decrease in unination. Staff stated multiple attempts were made unsuccessfully to start an IV so that fluids could be given to the <t< td=""><td>PREFIX</td><td>(EACH DEFICIENCY</td><td>MUST BE PRECEEDED BY</td><td>FULL</td><td>PREFIX</td><td>(EACH CORRECTIVE ACTION SHOULD</td><td>BE CROSS-</td><td>COMPLETE</td></t<>	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETE
		staff member to two of times staff inser- attempting to start a could not be verified in b) The ED Nurse S evaluate Patient 1's vaginal light (without illuminate the veins attempt to start an resulted in the palm burned. The use intervention to illumin in accordance with th use. These failures resulted degree burn to the ultimately required skin Findings: On 12 at 11:32 and twenty three da the Emergency Dep because she had non-bloody stools) for estimated ten days. vomiting on 12. Patient 1's Emerg 12, in the Histe indicated the infant of intake of fluids and stated multiple attem	attempts. The extend a needle into n IV was not esta the clinical record. upervisor failed to care needs when out its protective in the infant's ha IV. The use of of the infant's left of this light sour ate the infant's vei the manufacturer's di d in Patient 1 recei e palm of her h grafts. p.m., Patient 1 (a y old baby) was the artment (ED) by H I diarrhea (loose ur to six times a of She also had one ency Room Rep pory of Present Illine was sluggish, had a decrease in urin pts were made un	Patient 1 blished and assess and he used a cover) to and, in the this device hand being ce as an ins was not irections for ving a third hand which two month brought into her parents a, watery, day, for an episode of ort, dated ess section a decrease hation. Staff successfully		Spindle (Electronic communication disseminate information to all ED st change in IV Therapy policy regardi number of acceptable attempts to ca (two), the procedure to follow once in attempts are reached, and acceptable sources (Vein Viewer and Venoscop vein illumination. 6. The ED nursing staff was provide the revised IV Therapy policy and re- sign for receipt. Monitor: Forty random direct visualization auto completed per month in the ED to er- adherence to policy regarding numb attempts and equipment use. If noncompliance is observed, the in involved will receive counseling and education on the IV Therapy policy. noncompliance will result in progress disciplinary corrective action. Results are reported monthly to the Management Committee (QMC), Me Executive Committee (MEC) and Go Board until 100% compliance is sust four months and then quarterly for or at which time frequency will be re-ev Responsible Person(s):	to aff) the ng the annulate maximum ole light be) for d with equired to dits nsure er of dividual re- Further sive Quality edical overning ained for ne year aluated.	8-16-12 or prior to next shift worked 8-15-12 &
						48PM TITLE		(X6) DATE

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable to the facility. If deficiencies are cited, an approved plan of correction is requisite to confir	foi	owing t	he date	e	201		
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Continued From page 3			REFERENCED TO THE APPROPRIATE DEFICIENC	
stated he used a vagin speculum cover, in ord the infant's hand. Staff source, (used for oth intended purpose) was patient safety. The use degree burns as indica summary, dated 11 performed a skin graft to On 6/28/12 at 3:22 p.m pointed to the area in where IV document recorded. RN 1 stated attempts. Nothing was ch On 6/28/12, at 3:10 record review and inter 1, the RN Supervisor 12) stated he used 1. RN 1 stated, "It ner the practice [use of painful." However, in 6/21/12 at 1:45 p.m. respectively, the Eme (EDD) and the Registe bulb at the tip of the vagin On 6/29/12 at 2:05 p.m (CNO) provided hospits Standards," which indi 4/11," for review.	., Registered Nurse (RN) 1 n Patient 1's clinical record ation should have been d, "There's no record of IV harted." p.m., during a concurrent rview, Registered Nurse (RN in the ED on the night of d the vaginal light on Patient ver occurred to anyone that the light] was unsafe or two separate interviews, on and 6/29/12 at 9:10 a.m. rgency Department Director red Nurse (RN) 2 stated the hal light gets very hot. ., the Chief Nursing Officer al P&P titled, "Patient Care cated, "Implementation Date			
Event ID:OCUO11	rtion site, Gauge 10/9/2012	3:10:4	8PM	

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from cor that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are dis of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is r participation.	closable 90 days tollowing the date
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIF		(X3) DATE SU COMPLET	
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	OVIDER OR SUPPLIER EDICAL CENTER		STREET ADDRESS 333 Mercy Ave,		P CODE 5340-8319 MERCED COUN	TY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED BY SC IDENTIFYING INFORMAT	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
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	length, and type Number of attempts response to procedur seek a more exper stated the staff lost times the IV was at the appropriateness without its speculum co The manufacturer's i "KleenSpec Vaginal contained the follo Cautions: "Warning: touched. Allow lamp replacing. Lamp gene off until just prior to not place illuminator is illuminatedLam used outside of the vag The discharge sum Patient 1 went for si the burn on her I reviewed. The pre-	of needle/cathete (if more than o reAfter two faile intenced person" awareness of the tempted and never of using the v over. Instructions for the Specula Illumination owing under Waa Lamp is harmful to cool for 5 min erates heat and sh and immediately at onto flammable sum p is hot and can ca ginal specula."	ne)Client ed attempts, The CNO number of questioned raginal light WelchAllyn ion System rnings and to skin if nutes before rould remain fter use. Do face if lamp ause burn if tal 2 where amage from 12, was				
	surgery) was "3rd de post-op diagnosis wa of about 1.5 cm surgical procedure excision," meaning be layers. A full thickne site] was also performe	as the same, with (centimeter) x 1 done was called urned skin is remo ss skin graft [requin	h "Findings: cm." The "Tangential oved in thin				
	The hospital failed to degree burn when th illumination System" wa	protect Patient 1 e "KleenSpec Vagi					
Event ID:0	DCU011		10/9/2012	3:10:4	BPM		
LABORATOR	Y DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESE	NTATIVE'S SIGNA	TURE	TITLE		(X6) DATE

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Any deficiency statement ending with an asterisk (*) denotes that other safeguards provide sufficient protection to the patie					W E	10)
of survey whether or not a plan of correction is provided. For the date these documents are made available to the facility.	nursing homes the above findings and plans of c	correction are disclosable	Aldave followin	na	00.	間前
participation.	it deficiencies are cited, an approved plan of corre	action is requisite to conjun	ied programmer;	122	2012	P
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL AND PLAN OF CORRECTION IDENTIFICATION N 050444			(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE SUF COMPLET		
		1	STREET ADDRESS,				
1	Ronder or Supplier IEDICAL CENTER				95340-8319 MERCED COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	OULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	e 5					
	illumination sourc instructions for use, resulted in a third Patient 1's left hand.	to start an IV. degree burn to t	This failure he palm of				
	This facility failed to prevent the deficiency (ies) a described above that caused, or is likely to cause serious injury or death to the patient, and therefor constitutes an immediate jeopardy within th meaning of Health and Safety Code Sectio 1280.1(c).						
Event (D)	001/01/		10/9/2012	3:10:4	49DM	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
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that other sa of survey wi	afeguards provide sufficient pri hether or not a plan of correcti se documents are made availa	otection to the patients. Ex on is provided. For nursing	xcept for nursing hon g homes, the above t	nes, the findin indings and p	excused from correcting providing it is ngs above are disclosable 90 days foll plans of correction are disclosable 14 of n of correction is requisite to continued	by ing the date 2 2 days following the date 2 2	
					12.55	DEPLICE SEATS A	

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