

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2008
NAME OF PROVIDER OR SUPPLIER FOUNTAIN VALLEY REGIONAL HOSPITAL & MED CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 17100 EUCLID, FOUNTAIN VALLEY, CA 92708 ORANGE COUNTY		
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	<p>The following reflects the findings of the Department of Public Health during the investigation of COMPLAINT NO: CA00146510</p> <p>Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department of Public Health: [REDACTED], HFEN.</p> <p>HSC 1280.1 (a) HSC Section 1280</p> <p>1280.1 (a) If a licensee of a health facility licensed under subdivision (a), (b), or (f) of Section 1250 receives a notice of deficiency constituting an immediate jeopardy to the health or 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.</p> <p>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.</p> <p>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</p> <p>T22 DIV5 ART3-70223(b)(2) Surgical Service General Requirements</p> <p>(b) A committee of the medical staff shall be</p>			

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8/14/2008

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

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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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	<p>Continued From page 1</p> <p>assigned responsibility for:</p> <p>(2) Development, maintenance and implementation of written policies and procedures in consultation with other appropriate health professionals and administration. Polices shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.</p> <p>This regulation is NOT MET as evidenced by:</p> <p>Based on interview and record review, the medical staff failed to ensure implementation of a surgery sponge count policy and procedure with the result that a sponge was retained, the patient experienced pain, and another surgery was required for removal of the sponge for Patient A.</p> <p>Findings:</p> <p>On 4/22/08, review of the hospital's policy and procedure (P&P) for "Counts: Sponge, Needle, and Instrument" showed lap sponges are to be counted for any procedure in which they are used. Additionally, the P&P showed lap sponges are bagged in groups of five, raytex sponges are bagged in groups of ten. Counts of sponges, needles, and knife blades, are done before the operation begins, at the closing of any cavity, and at the beginning of skin closure.</p> <p>In the 2007 Standards, Recommended Practices, and Guidelines published by AORN (Association of Perioperative Registered Nurses) provided by the</p>			
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	<p>Continued From page 2</p> <p>hospital, the chapter titled "Recommended Practices for Sponge, Sharp, and Instrument Counts" addresses operative count procedures. A sponge is defined as a gauze pad used to absorb fluids, protect tissue, and/or apply pressure or traction. According to AORN, counts are performed to account for all items and to lessen the potential for retained surgical items. Sponge counts should be performed before the procedure to establish baseline, before closure of a cavity within a cavity, before wound closure begins, and at skin closure or end of the procedure. An additional AORN recommendation is to conduct counts in the same sequence each time. A count procedure that follows the same sequence assists in accuracy, efficiency, and continuity among perioperative team members. Closed claim studies conducted over the past 20 years show that roughly two-thirds of reported cases of retained surgical items are attributed to sponges.</p> <p>On 4/22/08, review of Patient A's medical record was conducted. An operative report for the patient's emergency cesarean section on 4/1/08 showed the surgeon documented the surgical count was correct.</p> <p>Further review of the medical record on 4/22/08, showed an Intraoperative Nursing Record dated 4/1/08. The circulating nurse documented on this record that the four sponge counts were correct and that the surgeon was notified of this. Documentation in the physician's progress notes showed the patient continued to complain of abdominal pain after surgery on 4/2/08, 4/3/08, and</p>				

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	<p>Continued From page 3</p> <p>4/4/08 despite medical interventions such as an enema and pain medications.</p> <p>On 4/4/08, the physician's progress notes had documentation that an x-ray taken of Patient A's abdomen on 4/4/08 at 1145 hours showed the patient had a retained foreign body. On 4/4/08 at 1725 hours, Patient A was taken to surgery for removal of a retained lap sponge. On 4/5/08, the physician's progress note showed the patient no longer complained of abdominal pain</p> <p>During interview on 4/22/08 at 1400 hours, the circulating RN stated Patient A's surgery on 4/1/08 had gone smoothly. She stated she had two nurses orienting with her. The RN stated during the surgery the patient's peritoneum distended out and it was difficult to close the incision. On 4/22/08 at 1535 hours during interview, the scrub technician stated a lap sponge was used on a surgical instrument in the patient's surgical site to allow for suturing of the incision.</p> <p>When asked about the lap sponge being left in the patient, the nurse stated she did not know why the count was incorrect. She stated in order to count the sponges; she used a clear plastic count bag. The plastic bag system consists of a plastic sheet with ten slots. A single sponge goes into each slot.</p> <p>On 4/22/08 at 1535 hours, the surgical scrub technician was interviewed. The scrub technician stated she did not recall the nurse using a plastic count bag, instead she thought the nurse counted the sponges in a basin.</p>				

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	<p>Continued From page 4</p> <p>The sponge count was incorrect and was not noticed by the surgical team.</p> <p>The violation(s) has caused or is likely to cause, serious injury or death to the patient(s).</p>			
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