STREET ADDRESS, CITY, STATE, ZIP CODE ST. JOSEPH HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES IDO WEST STEWART DRIVE, ORANGE, CA 92868 DRANGE COUNTY (XA) D SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRÉCIEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) The following reflects the findings of the Department of Public Health during the investigation of COMPLAINT NO: CA00182037 Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the hospital. Representing the Department of Public Health: HFEN Health & 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 DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY T22 DIVS CH1 ART3 Plan Of Correction PREFIX (EACH CORRECTION (IX) (IA) PREFIX (EACH CORRECTION OF CORRECTION (IX) (IA) PREFIX (EACH CORRECTION OF CORRECTION OF CORRECTION OF COMPLAINT OF CORRECTION OF CORNECTION OF COMPLAINT OF CORRECTION OF CORNECTION OF CORNECTIO	ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 050069	(X2) MULTIPLE CONSTRUCTION A BUILDING B WING	(X3) DATE SURVEY COMPLETED 04/08/2009
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) The following reflects the findings of the Department of Public Health during the investigation of COMPLAINT NO: CA00182037 Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the hospital. Representing the Department of Public Health: HFEN Health & 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 DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY T22 DIV5 CH1 ART3 Plan Of Correction Develop education for radiology Staff on caring for patients on O2 including technologists responsibility in connecting to central O2 source		100		
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reflect all elements of the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission Transport of the Adult Patient Policy to clarify the role of regulating O2 and changing O2 from portable tank to central source. Event ID LTC511 11/16/2009 9:01:16AM	of Public Health COMPLAINT NO: CA Inspection was limite investigated and does a full inspection of the li Representing the E HFEN Health & Safety Code: For purposes of this means a situation noncompliance with licensure has caused injury or death to the p. DEFICIENCY CO JEOPARDY T22 DIV5 CH1 ART3 70213(a) Nursing Serv (a) Written policies a shall be developed, in the nursing service. 70215(b) Planning and (b) The planning and reflect all elements assessment, nurs intervention, evaluat require, patient advoic a registered nurse at the	during the investigation of 00182037 ed to the specific complaint(s) is not represent the findings of hospital. Department of Public Health: Department o	Develop educe Staff on carin including teel in connecting immediately. Transport of to clarify the and changing to central sou	cation for radiology ag for patients on O2 hnologists responsibility to central O2 source Revise current the Adult Patient Policy role of regulating O2 O2 from portable tank

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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7 F (c r a	Continued From page (19253(b)) Radiolo (19253(b)) Radiolo (1925) Requirements (1925) Written policies leveloped and mesponsible for the semppropriate health procedures shall be approcedures shall be and medical staff when	and procedures naintained by the service in consultation of essionals and adproved by the government of the service by the service of the ser	ne person n with other ministration. Irning body.		Develop Hand-off Community Policy that gives standard guand expectation of staff during patient hand-off including confidence of the patient hand-off Community Policy (1997).	nidelines ng	5/1/09
E S S S S S S S S S S S S S S S S S S S	The above regulations were NOT MET as evidenced by Based on clinical and hospital record review, and staff interview, the hospital failed to ensure policies and procedures for transport and patient assessment were followed prior to patient transport; to assess and plan for appropriate transport personnel; advocate for patient safety and to have a hospital policy and procedure addressing the management of patients transported on oxygen, during the transport as well as in the diagnostic area, for one patient (Patient A), which resulted in the patient's oxygen tank running empty. The patient suffered a respiratory arrest and died on				Revise "ticket to ride" to proon patient assessment prior tand revise policy to indicate communication expectations. Review and Revise the ticke to include receiving cliniciar and make part of the perman	o transport hand-off t-to ride is signature	.5/1/09 : : : : : : : : : : : : : : : : : : :
F C F I t	indings. On 3/9/09, the hosp patient receiving oxy the Ultrasound Department, the jund died. It was obser	gen had been tra tment for a scan, a patient had a respir	nsported to and while in atory arrest		Develop criteria for patient to on O2 that would include hat for when an RN must accompatient or to make the test post add to the "ticket to ride" an	rd stops pany the ortable and	5/1/09

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIE	/ / /	/ / /	1 Conpliance	11/30/05
Any deficiency statement ending with an asterisk (*) der that other safeguards provide sufficient protection to the of survey whether or not a plan of correction is provided the date these documents are made available to the fac participation	notes a deficiency which the institution patients. Except for nursing homes, . For nursing homes, the above finding the properties of the	n way be excused for the findings above are ings and plans of corre	m correctifig providing it is determined re disclosable 90 days following the date ection are disclosable 14 days following	P[Lyanu) 12/3/07

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ļ	the oxygen tank of	onnected to the	patient was				
	empty. The patier	nt had been admi	tted to the				
	hospital with diagnos	ses that included s	hortness of		,		
	breath and general	weakness. A	chest x-ray		D D 31		
Ì	showed the patient had	d pneumonia in both	lungs.		Persons Responsible	T	
					Patient Safety Officer,		
	The hospital's Clinical Manual for Transporting				Educator Radiology, D		
	Patients, reviewed a		1900 Val		Radiology. Clinical Ed		
	under Competency non-licensed, non-ba	,	Item 1,		Medical Surgical Nursi	ng	1
	could transfer stable						
	nursing assistance a	•					
	or transfer to other of						
	Item 5 showed the	20. October 1101 505 A 2	X 12 100.001 • 00.000		Monitoring Proce		
	was responsible for				Audits will be conducted		1
	personnel to acco	ompany the pati	ent during	1	transports to radiology for		
	transport. Under	Communication	of Patient		"ticket to ride". After char		
	Information it showe				implemented, 20 cases per	I	
	Form would be co		99	1	4 months will show 100%	compliance	e
	patient when appro	5	1	1	with use of "ticket to ride"	·.	
	Responsibility it show		51	,	Audit results will be rep	orted to	
	during transport wou			\	Quality Council for app		Į.
	accompanying the pa it showed patients or				further recommendation		
	with the prescribed	THE PARTY OF THE P	NO DESCRIPTION OF THE PARTY OF		runtion recommendation	13.	
	RN or Respiratory	Annual Mark Research					J
	oxygen flow rate.						
	Review of Patient A	's clinical record w	as initiated				ļ
	on 4/9/09. The pati		U.S. 20 444 4040 At 1980				ļ
	hospital with "Do					ļ	
	progress note, dated						
	the nurse had called						
	the patient's oxygen						
	to 70% at times (norma						
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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 seteroized covide sufficient amending to the extent. Except for pureing homes, the findings above are disclosured to 4 days following the date	

that other safeguards rovide 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.

ANAME OF PROVIDER OR SUPPLER ST. JOSEPH HOSPITAL SUMMARY STATEMENT OF DEPICIENCES THO WEST STEWART DRIVE, ORANGE, CA 92868 ORANGE COUNTY THO WEST STEWART DRIVE, ORANGE, CA 92868 ORANGE COUNTY ORANGE OF PROVIDERS PLAN OF CORRECTION FROM PRETAX FROM INFORMATION AND PROVIDERS PLAN OF CORRECTION FROM DRIVE OR SUMMARY STATEMENT OF DEPICIENCES FROM INFORMATION AND PROVIDERS PLAN OF CORRECTION FROM DRIVE OR SUMMARY STATEMENT OF DEPICIENCES FROM INFORMATION OF THE APPROPRIATE OF COMMENT THO ORANGE OR STATEMENT OF DEPICIENCES WERE ONly able to maintain a 92% oxygen saturation with the patient receiving 15 liters of oxygen per minute on a non-rebreather mask (an oxygen mask that delivers 100% oxygen to the patient). The note also showed the patients heart rate had been unstable, and had decreased to the 30% (normal 60-100) and increased to the 120% at the highest. It showed orders were received, and the staff would continue to monitor. Review of the physician's orders showed telephone orders dated 3/5/50 at 0.340 hours, to give 40 mg of Lasix (a diuretic) one time and to stop fluids. A second telephone order on 3/5/50 at 0.340 hours showed they were to give normal sailer 0.09% to induce sputum per respiratory, therapy. There were no further progress notes to show the patient had been reassessed or evaluated. On 3/5/509, Patient A was transferred to radiology to have a renal sonogram performed. During an interview with the Respiratory Therapist (RT) on 4/709 at 0905 hours, the RT stated that 30 minutes prior to the patient leaving the Roor they were to be assessed, and there was a communication tool between departments that was not a part of the record. Patients were transported by non-licensed employees as long as the RN deemed licensed employees as long as the RN deemed licensed employees as long as the RN deemed the patient could leave the area without an RN present. During an interview with RN #1 on 4/9/09 at 0930 hours, the RN stated if a patient was having problems, the RN would do more monitoring of	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES AND PLAN OF CORRECTION IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
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	During an interview with the Respiratory Therapist (RT) on 4/9/09 at 0905 hours, the RT stated that 30 minutes prior to the patient leaving the floor they were to be assessed, and there was a communication tool between departments that was not a part of the record. Patients were transported by non-licensed employees as long as the RN deemed the patient could leave the area without an RN present. During an interview with RN #1 on 4/9/09 at 0930 hours, the RN stated if a patient was having problems, the RN would do more monitoring of the patient. RN #1 stated a checklist was to be completed and signed by the RN that a patient was			ated that 30 e floor they be was a sits that was a transported as the RN a without an 9/09 at 0930 was having toring of the was to be				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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	050069			B WING		04/0	08/2009
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	PH HOSPITAL				, ORANGE, CA 92868 ORA	NGF COUNTY	
O I . GOOL				William Brain	, 0101101, 04 32000 0104	NOE GOOM?	
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	stable for transfer.	The checklist was	not kept as				
	part of the patient's		Review of				
	the hospital's invest		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2				
	Patient A showed		i i				
	("ticket to ride") Form		1				
	signed to show the pat	ient was stable for tra	ensfer				
	ĺ						
	Review of Patient	A's clinical recor	d and the				
	hospital's investigation			į			:
	3/5/09, the assigned	- Committee of the Comm					
	the patient. The p			ì			í
	oxygen supply locate						
	bedside and placed						į
	transportation to the	=:	200				!
	transporter checked						à
	tank prior to taking changed the tank						}
			atient was	Ï			j:
	transporting the p		1				1:
	completed and sig		nowing the	ĺ			1 2
	patient was stable for t		g				
							1 :
	At 0820 hours the pa	atient was in radio	logy for the				زرا
	ultrasound. The pat			ļ			
	wall oxygen in the	treatment room, b	out was left	2			· .)
	connected to the po	ortable oxygen tank	during the	1			
	procedure The p	atient was sched	uled to be	Ì			
	! transported back to t				2		i
	ultrasound techniciar						
	sonogram left the ro						
	physician. Patient A			Ì			
	ultrasound technician		e transport				
	team did not come		o take the				
	patient back to their ro	om,					
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ST. JOSEF	PH HOSPITAL		1100 WEST STE	WART DRIVE	, ORANGE, CA 92868 ORAN	GE COUNTY	
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	Continued From page	5					
	A hospital chart show	ved for the size of	the portable				
	oxygen tank used to			j			
	full oxygen tank a			:			I
	receiving oxygen, 1 could supply oxygen			1			,
	minutes.	to the patient to	about 40				į l
	!						
	The Nurse Week		The state of the s				
	on-line site showed used to transport Par	, 0					
	the patient for 44 m			ļ			
	per minute.			!			1
	An interview was dor the Transporter for		1				
	· ·	stated there was					
	Manual policy in		8 8 8 8 8				
	remove the patient						
	and place them on running a procedure.	the wall oxygen s	supply when				,
	running a procedure.						
1	During the time the	e patient was wa	iting in the				:
	radiology room, bet						15
	minutes after the	10 10 10 10 10 10 10 10 10 10 10 10 10 1	600 200 AV				
	radiology departmen assistant checked the		1.				,
	there was "fog" in						1
	mask. The assistan	t did not check fu	ther for the			4.	۱.
	rise and fall of the		Part 1				را.
	patient was breathin	-	2007				
	assistant transported	s, the patient's port					
	tank was empty; the						
	breathing and was			į			
	supply. The patient wa	as non-responsive wi	thout				
Event ID I	TC511		11/16/2009	9:01:1	6AM		

Event ID LTC511	11/16/2009	9:01:16AM		
LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESEN	-0. //2	ulastry/	moliance	11/30/0)
Any deficiency statement ending with an asterisk (*) denotes a deficient that other safeguards provide sufficient protection to the patients. Excordingly survey whether or not a plan of correction is provided. For nursing the date these documents are made available to the facility. If deficient participation	ency which the institution cept for nursing homes, homes, the above find	n may be excused from co the findings above are dis ings and plans of correction	closable 90 days following the date a are disclosable 14 days following	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO	DISTRUCTION	(X3) DATE SURVEY COMPLETED			
		050069		B WING		04/08	/2009
= == == = = = = = =	OVIDER OR SUPPLIER		STREET ADDRESS.	CITY, STATE, ZIP CO	DE		
ST. JOSEP	H HOSPITAL		1100 WEST STEN	WART DRIVE, OR	ANGE, CA 92868 ORANGE CO	UNTY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC (DENT)FYING INFORMATION)				PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETE DATE
	Continued From page	6					
	pulse or respirations and no response to pain stimuli. Review of the nursing notes for 3/5/09 at 1230 hours showed that death was pronounced per policy and procedure at 1015 hours.						
3	The hospital's failure to implement policies and procedures for patient assessment transport, to advocate for patient safety, and develop a hospital policy and procedure addressing the management of patients transported on oxygen, 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(c).						
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Event ID:L	TC511		11/16/2009	9:01:16AM			
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L	LABORATORY DIRECTOR'S OB PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DAY
•	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