STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIP	LE CONSTRUCT	TON	(X3) DATE SUF COMPLETI	
		050054		B. WING			05/30	0/2008
	VIDER OR SUPPLIER ONIO MEMORIAL HOSPI	ITAL	STREET ADDRESS, 600 NORTH HIGH COUNTY			E, BANNING, CA 92220	-3090 RIVERSI	DE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH COI	OVIDER'S PLAN OF CORRECTIVE ACTION SHOULE CED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETE DATE
	resuscitation of popular years and under).  A 012 1280.1 (a)  If a licensee of a subdivision (a), (b), onotice of deficiency jeopardy to the health required to submit department may administrative penalty twenty-five thousand definitions.	s the findings of the ic Health during as 38472).  artment: , and EN.  008, at 9:55 a.m., dentified regarding vices and Basic ne IJ was abated be potential for serious continuous patients due to availability of a conformer emergency ediatric patients (and the information of the	Immediate the facility's Emergency on January us harm and the facility's complete and care and children 12					
	A 014 1280.1 (c)							
Event ID:18			8/14/2008	2:32:3	7PM	TITLE		(VC) DATE

TITLE (X6) DATE

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.

State-2567 1 of 15

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		050054		A. BUILDIN B. WING	G	05/3	0/2008			
	OVIDER OR SUPPLIER Gonio Memorial Hosp	ITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 600 NORTH HIGHLAND SPRINGS AVENUE, BANNING, CA 92220-3090 RIVERSIDE COUNTY						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTION REFERENCED TO THE APPI	ON SHOULD BE CROSS-	(X5) COMPLETE DATE			
	Continued From page	1								
	For purposes of this means a situation noncompliance with licensure has caused injury or death to the p  T22 DIV5 CH1 AR Service General Requirements of the facility failed to end the facility failed the facility treatment of pediatric pastandardize pediatric pastandardize pediatric rapidly identify mediatric patient."	in which the one or more required, or is likely to cate attent.  T3-70263 (f). Phase all be immediately ervice area as required in, interview, and reseasure availability of pediatric emergenent (ED), Post medical surgical, and e potential for admictive drug doses a pediatric patient.  titled, "Code Cartanuary 23, 2008. used the Broselow rice emergencies in titients were care emergency care.	licensee's uirements of use, serious armaceutical in medical available at ed. cord review, f the correct ncies in the Anesthesia and radiology inistration of and death to the correct ncies in the Anesthesia and radiology inistration of and death to the policy system for all areas ed for, "to "and, "to "and, "to "and, "to "and, "to "to "and, "							
Event ID:	 1B2U11		8/14/2008	2:32:	37PM					
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	ATURE	TITLE		(X6) DATE			

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State-2567 2 of 15

			ER/CLIA JMBER:	(X2) MULTI A. BUILDIN	) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	050054  NAME OF PROVIDER OR SUPPLIER  STREET AL			B. WING		05/3	0/2008	
	OVIDER OR SUPPLIER GONIO MEMORIAL HOSPI	ITAL	STREET ADDRESS, 600 NORTH HIGI COUNTY		ZIP CODE INGS AVENUE, BANNING, (	CA 92220-3090 RIVERS	IDE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE ACTION REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE	
	Continued From page	2						
	emergency, based on The system includes with a cart (or a b correlate with drawer	weight estimations from the Nata The system procorrect dosage of es for use in the length of the child a color coded tag ag). The colors of colors on a carrow of the tape supplies and the tape supplies and the colors of entry and the colors of the colors	tion using ional Center vides a tool medications a pediatric d.  De combined on the tape to (or pocket information medication attions. The supplies in bolors on the tape, child.  The contains at the perior or "zone" feet contains pplies, and that length is the color e correlating to the orange or pocket is t, and the					
Event ID:	1B2U11		8/14/2008	2:32:	37PM		I	
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	ENTATIVE'S SIGNA	TURE	TITLE		(X6) DATE	

State-2567 3 of 15

	AND PLAN OF CORRECTION		ER/CLIA IMBER:	(X2) MULTI	PLE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
		050054		B. WING		05/3	0/2008	
	OVIDER OR SUPPLIER Gonio Memorial Hospi	TAL	STREET ADDRESS, 600 NORTH HIGH COUNTY		ZIP CODE INGS AVENUE, BANNING, (	CA 92220-3090 RIVERS	IDE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE ACTION REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE	
	Continued From page	3						
	The Broselow system the medications, and available.	-	- 1					
	During an interview was Improvement (PI), or a.m., the director station the past three patients. The direct process of "back management informatissues with the deaths."	n January 23, 200 ated the facility ha months, seven we tor stated she vertracking" through tion to see if ther	8, at 10:03 ad 22 deaths ere pediatric vas in the the risk					
		23, 2008, at 1 poserved next to the observed next to the observed it on tray located in tric concentrations to a slow or absent that the concentration of the Sodium E	1:28 a.m., a e crash cart. n the crash of Atropine heart beat) to normalize					
	During a tour of the on January 23, 200 cart was observed pediatric medication contained pediatric of Sodium Bicarbonate. was 0.05 mg/ml. concentration was 4.29.	obs, at 11:52 a.m., in the trauma retray located in concentrations of A The Atropine of The Sodium	a Broselow oom. The n the cart Atropine and concentration Bicarbonate					
	January 23, 2008, at 1	•						
Event ID:	1B2U11		8/14/2008	2:32:	37PM			
LABORATOR	Y DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	ΓURE	TITLE		(X6) DATE	

State-2567 4 of 15

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEF		(X1) PROVIDER/SUPPLIE		(X2) MULTI	PLE CONSTRUCTIO	NO	(X3) DATE SUR COMPLETE	
		050054		B. WING			05/30	/2008
NAME OF PROVIDER SAN GORGONIO	OR SUPPLIER  MEMORIAL HOSP		STREET ADDRESS, 600 NORTH HIGH COUNTY			BANNING, CA 92220-3	8090 RIVERSI	DE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEEDED BY I SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH COR	/IDER'S PLAN OF CORRECT RECTIVE ACTION SHOULD I D TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
Con	tinued From page	4						
med pedi Bica mg/i	ication tray locate atric concentration rbonate. The A	o the crash cart. T ed in the crash ca ons of Atropine a tropine concentration um Bicarbonate c	rt contained and Sodium an was 0.05					
Janu was depa med Atro cond	During a tour of the Radiology department, on January 23, 2008, at 12:40 p.m., a Broselow bag was observed sitting on a cart in the hallway. The department crash cart contained a pediatric medication tray with pediatric concentrations of Atropine and Sodium Bicarbonate. The Atropine concentration was 0.05 mg/ml. The Sodium Bicarbonate concentration was 4.2%.							
2008 adm base mg/l indic the basi	The Broselow tape was reviewed on January 23, 2008. According to the tape, drug doses to be administered to pediatric patients were calculated based on adult concentrations of Atropine (0.1 mg/ml) and Sodium Bicarbonate (8.4%). The tape indicated, "All dosage calculations are based on the concentrations recommended in the calculation basis. Use of any other drug concentrations will result in dosage error."							
polic pedi tape	Further review of the facility's Pediatric Code Cart policy, indicated the medication dosages for pediatric resuscitation were listed (on the Broselow tape) in milliliters (mls) to be given from adult dose syringes.							
Bica	The facility had incorrect Atropine and Sodium Bicarbonate concentrations on their pediatric drug trays. Administering the amount of Atropine and							
Event ID:1B2U1	1		8/14/2008	2:32:3	37PM			

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

TITLE (X6) DATE

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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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
		050054		B. WING		05/3	0/2008
	OVIDER OR SUPPLIER GONIO MEMORIAL HOSPI	ITAL	STREET ADDRESS, 600 NORTH HIGH COUNTY		ZIP CODE INGS AVENUE, BANNING, C	CA 92220-3090 RIVERS	IDE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE ACTIC REFERENCED TO THE APPR	ON SHOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	5					
	emergency.  The failure of the concentrations of created a potential and ineffective dru resuscitation of a pedia  T22 DIV5 CH1 ART Service Equipment and	the child receiving to treat a life the facility to ensimedications were for administration g doses and deatric patient.	half of the threatening cure correct e supplied of incorrect eath during				
	(a) There shall be action the provision of the hospital.						
	Based on observation, interview, and record review the facility failed to ensure the availability of Broselow tapes where pediatric patients were care for in the facility, resulting in the inability determine the amount of medication to be given a child during a life threatening emergency. The could result in potential death of the child.						
	Findings:						
	The facility's policy was reviewed on Ja indicated the facility treatment of pediatric where pediatric pastandardize pediatric e	anuary 23, 2008. used the Broselow ric emergencies in tients were care	The policy system for all areas do for, "to				
Event ID:	1B2U11		8/14/2008	2:32:	37PM		
LABORATOR	Y DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	URE	TITLE		(X6) DATE

State-2567 6 of 15

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI	PLE CONSTRUCTION		(X3) DATE SUR COMPLETE	
		050054		B. WING			05/30	/2008
	OVIDER OR SUPPLIER GONIO MEMORIAL HOSPI	ITAL	STREET ADDRESS, 600 NORTH HIGI COUNTY		ZIP CODE INGS AVENUE, BANN	IING, CA 92220-30	090 RIVERSII	DE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIV	S PLAN OF CORRECTI 'E ACTION SHOULD BI HE APPROPRIATE DE	E CROSS-	(X5) COMPLETE DATE
	Continued From page	6						
	interventions would Broselow tape kept Broselow cart (or in bag), and; b) Medication would identify the appropriate	e facility's Pediatric lowing; tients requiring be measured in the top drawn the pocket of the be givenusing e dose.  terview with the ement (PI), on the director stated the past three mosts. The director stated backtracking" throutton to see if there	emergent using the wer of the ne Broselow the tape to  Director of January 23, I the facility nths, seven ned she was gh the risk					
	During a tour of the ED on January 23, 2008, a 11:52 a.m., a Broselow cart was observed in the trauma room. A sign was observed, taped to the cart, dated January 16, 2008. The sign read "Missing Broselow tapethey have been ordered."							
	During an interview with the Director of the ED o January 23, 2008, at 12 p.m., the Director stated they were to have a child come in needing emergency care or resuscitation at that moment they would not know what medication doses to give without the Broselow tape.							
Event ID:	1B2U11		8/14/2008	2:32:3	B7PM			

TITLE

(X6) DATE

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI	PLE CONSTRUCTION		(X3) DATE SUR COMPLETE	
		050054		B. WING			05/30	)/2008
	OVIDER OR SUPPLIER GONIO MEMORIAL HOSPI	ITAL	STREET ADDRESS, 600 NORTH HIGH COUNTY		ZIP CODE INGS AVENUE, BANN	NING, CA 92220-3	090 RIVERSI	DE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIV	S PLAN OF CORRECT /E ACTION SHOULD B 'HE APPROPRIATE DE	BE CROSS-	(X5) COMPLETE DATE
	Continued From page	7						
	During an interview of 1, on January 23, 20 he restocked the B 2008, and the Brosel stated he believed in the sign to the Broknow they did not have reference. The RN Broselow tapes on January care or paramedic who broug Broselow tape, if the closelow tape, if the closelow tape, if the closelow tape, it was other areas did not often. The COO stated if any Broselow tape, it was other areas did not often. The COO stated if anybody has the preferred it was expertise.  During a return visit 2008, at 9:30 a.m., the tape was missing.	RN 1 stated January 16, Ig. The RN Iso he taped staff would the to use for d additional and the ED Iso. The RN in needing hoped the build have a nce.  ating Officer D4 p.m., the swithout a ED since the scitations as would need code. She get a tape, se of their  January 24, as observed taped to it, ig.  January 24, s not aware						
Event ID:	1B2U11		8/14/2008	2:32:	B7PM			

TITLE (X6) DATE

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## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT	PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		050054		B. WING			0/2008
	OVIDER OR SUPPLIER GONIO MEMORIAL HOSP	TAL	STREET ADDRESS, 600 NORTH HIGI COUNTY		ZIP CODE INGS AVENUE, BANNING, CA	A 92220-3090 RIVERS	IDE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	8					
	know what she would pediatric patient in resuscitation, as she for pediatric medication.  During an interview on January 24, 200 stated the Broselow last week." The phybecause the staff remedication dosing.	d do if they were reled of emergen relied on the Bron dosing.  with the ED physicians, at 9:40 a.m., the tape had been missocian stated it was elied on the tape of the Radiology de at 12:40 p.m., a Bron a cart in the hind in the bag.  Interview with the Coduty, on January 2 phician stated he did system was.  COO were unable to department to be department to be department to be and resuscitation as not having a mation doses to admits a doses.	cy care or oselow tape  an on duty, ne physician ssing, "since is a problem for pediatric partment on roselow bag hallway. No  OO and the 23, 2008, at d not know Both the to locate a e used with seelow tape ED, and the taff involved of pediatric echanism to				
	T22 DIV5 CH1 ART	6-70417. Basic Emer	gency				
Event ID:	1B2U11		8/14/2008	2:32:	37PM		
LABORATOR	Y DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	TURE	TITLE		(X6) DATE

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I ' '		(X1) PROVIDER/SUPPLIE			PLE CONSTRUC	TION	(X3) DATE SURVEY COMPLETED	
		050054		A. BUILDING B. WING	·		05/30	0/2008
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE, Z	IP CODE		•	
SAN GOR	GONIO MEMORIAL HOSP	ITAL	600 NORTH HIGI COUNTY	HLAND SPRII	NGS AVENU	E, BANNING, CA 92220-3	8090 RIVERSI	DE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CC	OVIDER'S PLAN OF CORRECT DRRECTIVE ACTION SHOULD E CED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
	Continued From page	9						
	Medical Service, Phy Supplies	rsician on duty, Equ	uipment and					
	All equipment and support shall be ava to, airway control suction devices, pacemaker capabilic central venous prefluids and administration the facility failed to Broselow tape and the ED, resulting in	allable, including but and ventilation cardiac monitor ty, apparatus to essure monitoring, on devices.  In, interview, and re e ensure the avail pediatric airway e	equipment, defibrillator, o establish intravenous cord review, ability of a quipment in					
	airway, and the poweighing 32 - 34 kg.	otential for death	in a child					
	Findings:							
	The facility's policy was reviewed on Ja indicated the facility treatment of pediatric where pediatric pastandardize pediatric e	anuary 23, 2008. used the Broselow ric emergencies ir atients were care	The policy system for all areas					
	Further review of the policy indicated the following	•	Code Cart					
	a) Pediatric par interventions would Broselow tape kept Broselow cart (or in bag), and;	in the top drav						
Event ID:1	1B2U11		8/14/2008	2:32:3	7PM			
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	ΓURE		TITLE		(X6) DATE

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participation.

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		050054		B. WING			0/2008
	OVIDER OR SUPPLIER Gonio Memorial Hospi	ITAL	STREET ADDRESS, 600 NORTH HIGH COUNTY		ZIP CODE INGS AVENUE, BANNING, CA	A 92220-3090 RIVERS	IDE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	10					
	January 23, 2008, at the facility had 22 de seven were pediatric she was in the pro the risk managemer were any issues with the During a tour of the 11:52 a.m., a Brosel trauma room. A signart dated January "Missing Broselow module. They have be During an interview was January 23, 2008, at they were to have emergency care or know what equipme Broselow tape. The not be able to intub whose size correlated to During an interview was 2008, at 12:10 p.m., the Broselow tape and	corresponding dra ag) would be opened ew with the Director 10:03 a.m., the directors of "backtrack at information to some deaths.  ED on January 20 ow cart was observed to 16, 2008. The tape and green en ordered."  with the Director of to 12 p.m., the Director also stated parts of the content of the conte	wer on the d.  or of PI, on rector stated aree months, rector stated ing" through see if there  23, 2008, at reved in the aped to the sign read, a intubation  the ED, on ctor stated if in needing would not without the difference they would way) a child er.  January 23, see restocked 08, and the module were believed in				
Event ID:	1B2U11		8/14/2008	2:32:	37PM		
LABORATOR	Y DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	ΓURE	TITLE		(X6) DATE

State-2567 11 of 15

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
		050054		B. WING		05/3	0/2008
	OVIDER OR SUPPLIER GONIO MEMORIAL HOSPI	ITAL	STREET ADDRESS, 600 NORTH HIGH COUNTY		ZIP CODE INGS AVENUE, BANNING,	CA 92220-3090 RIVERS	IDE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	,	I OF CORRECTION TION SHOULD BE CROSS- PROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	Continued From page	11					
	Broselow cart so the have a Broselow ta supplies for a child green zone. The R Broselow tapes an module on January 1 without them for sev pediatric patient carror resuscitation, he brought the child in the child came by amb During an interview 2008, at 12:04 a.m., had to be without a for the ED since the resuscitations as ofte areas would need to pediatric code. She awhile to get a tape because of their expenses unaware the Eneeded for intubating with the green zone.  During a return visit 2008, at 9:30 a.m., the trauma room indicating the Brosel module were still missis.	pe to reference for whose size correlar N stated he ordered a green zone 6, 2008, and the Een days. The RN is in needing eme hoped the parawould have a Broselulance.  with the COO, on the COO stated Broselow tape, it is other areas didn't in. The COO stated he tape worse if stated if anybody is, she preferred it pertise. The COO is a child whose size to the ED, on the Broselow cart would have a child whose size to the ED, on the Broselow cart would have and green in the coordinate of the ED, on the Broselow cart would have and green in the coordinate of the ED, on the Broselow cart would have and green in the coordinate of the ED, on the Broselow cart would have and green in the coordinate of the ED, on the Broselow cart would have and green in the coordinate of the coordinat	or intubation ted with the ed additional en intubation ED had been I stated if a ergency care amedic who elow tape, if  January 23, if any area was "logical" do pediatric ed the other they had a had to wait was the ED of stated she the supplies the correlated January 24, was observed taped to it, en intubation				
	During an interview with ED RN 2, on January 2 2008, at 9:34 a.m., the RN stated she was naware the tape was missing. RN 2 stated she didn't know what she would do if they were to						
Event ID:	1B2U11		8/14/2008	2:32:	37PM		
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	TURE	TITLE		(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
050054		050054		B. WING		05/3	05/30/2008		
NAME OF PROVIDER OR SUPPLIER SAN GORGONIO MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE  600 NORTH HIGHLAND SPRINGS AVENUE, BANNING, CA 92220-3090 RIVERSIDE 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 (EACH CORRECTIVE ACTION REFERENCED TO THE APPR	ON SHOULD BE CROSS- COMPLETE			
	Continued From page 12								
	receive a pediatric patient in need of emergency care or resuscitation, as she relied on the Broselow tape for pediatric equipment and supply sizes.  During an interview with the ED physician on duty, on January 24, 2008, at 9:40 a.m., the physician stated the Broselow tape had been missing, "since last week." The physician stated it was a problem because the staff relied on the tape for pediatric equipment and supply sizes. The physician also stated he didn't know what he would do if he needed to intubate a child whose size correlated with the green zone.  2. During a tour of the Radiology department on January 23, 2008, at 12:40 p.m., a Broselow bag was observed sitting on a cart in the hallway. No Broselow tape was found in the bag.  During a concurrent interview with the COO and the x-ray technician on duty, on January 23, 2008, at 12:43 p.m., the technician stated he did not know what the Broselow system was. Both the technician and the COO were unable to locate a Broselow tape in the department to be used with the bag.  The facility's failure to have a Broselow tape accompanying the Broselow cart in the ED, and the Broselow bag in radiology, resulted in staff involved in emergency care and resuscitation of pediatric								
Event ID:	patients in these area determine the medica child in a life threatening	as, not having a m ation doses to adn	echanism to	2:32:	37PM				
LABORATOR	Y DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	TURE	TITLE		(X6) DATE		

State-2567 13 of 15

NAME OF PROVIDER OR SUPFLIER  SAN GORGONIO MEMORIAL HOSPITAL  SIMPLET ADDRESS. IN STATE JUST YEAR LOF CODE  SON ONTH HIGHLAND SPRINGS AVENUE, BANNING, CA 92220-3090 RIVERSIDE  SON ONTH HIGHLAND SPRINGS AVENUE, BANNING, CA 92220-3090 RIVERSIDE  COUNTY  PRETIX BURNARY STATEMENT OF DEPICIONICIES  SUMMARY STATEMENT OF DEPICIONICIES  CONTINUED FROM 18 CELEBRITISM AND PROVIDENCE OF THE LEAST OF THE COUNTY  Without the intubation module for a child whose size correlated with the green zone on the Broselow tape, the physician in the ED had no immediate mechanism to obtain and secure an airway for a child welighing 32 - 34 kg, who was having difficulty breathing or who had stopped breathing.  The above findings identified the facility's failure to ensure a full complement of intubation supplies for children of all ages; and failure to ensure the availability of Broselow tapes (the resource tool) needed to determine the correct does of emergency medications to administer based on the size of the child.  These failures caused or were likely to cause, serious injury or death in pediatric patients who needed emergency care and/or resuscitation.  The team met and discussed the above findings, on January 24, 2008, at 9.45 a.m., and determined that the deficient practice met the criteria for immediate Jeopardy. The Chile Executive Officer and Chilef Operating Officer were notified of the Immediate Jeopardy (U) on January 24, 2008, at 1:30 p.m., an acceptable plan of correction to address the IJ.  On January 24, 2008, at 1:30 p.m., an acceptable plan of correction was received from the facility, which consisted of:  Event ID-182U11  SIMMARY STATEMENT OF DEPICEMENT SAVENUE, BANNING, CA 92222-0309 RIVERSIDE  SIMMARY STATEMENT OF DEPICEMENT SAVENUE, BANNING, CA 92222-0309 RIVERSIDE  SIMMARY STATEMENT OF DEPICEMENT SAVENUE, BANNING, CA 92220-0309 RIVERSIDE  IRACH CORRECTOR ACTOR OF COMMENT TO THE ACCOUNT TO THE AC	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
SAN GORGONIO MEMORIAL HOSPITAL  OXI ID SUMMARY STATEMENT OF DEFICIENCES  (EACH CONTROLL MISST BE PRECEDED BY PULL REQUIATORY OR ISO IDENTIFYMS INFORMATION)  Continued From page 13  Without the intubation module for a child whose size correlated with the green zone on the Broselow tape, the physician in the ED had no immediate mechanism to obtain and secure an airway for a child weighing 32 - 34 kg, who was having difficulty breathing or who had stopped breathing.  The above findings identified the facility's failure to provide the correct concentrations of emergency medications for pediatric resuscitation; failure to ensure a full complement of intubation supplies for children of all ages; and failure to ensure the availability of Broselow tapes (the resource tool) needed to determine the correct close of emergency medications to administer based on the size of the child.  These failures caused or were likely to cause, serious injury or death in pediatric patients who needed emergency are and/or resuscitation.  The team met and discussed the above findings, on January 24, 2008, at 9:45 a.m., and determined that the deficient practice met the criteria for Immediate Jeopardy. The Chief Executive Officer and Chief Operating Officer were notified of the Immediate Jeopardy (IJ) on January 24, 2008, at 1:30 p.m., an acceptable plan of correction was received from the facility, which consisted of:			050054					05/30	/2008	
PREFIX TAG  Continued From page 13  Without the intubation module for a child whose size correlated with the green zone on the Broselow tape, the physician in the ED had no immediate mechanism to obtain and secure an airway for a child weighing 32 - 34 kg, who was having difficulty breathing or who had stopped breathing.  The above findings identified the facility's failure to provide the correct concentrations of emergency medications for pediatric resuscitation; failure to ensure a full complement of intubation supplies for children of all ages; and failure to ensure the availability of Broselow tapes (the resource tool) needed to determine the correct dose of emergency medications to administer based on the size of the child.  These failures caused or were likely to cause, serious injury or death in pediatric patients who needed emergency care and/or resuscitation.  The team met and discussed the above findings, on January 24, 2008, at 9:45 a.m., and determined that the deficient practice met the criteria for Immediate Jeopardy. The Chief Executive Officer and Chief Operating Officer were notified of the Immediate Jeopardy (JJ) on January 24, 2008, at 1:30 p.m., an acceptable plan of correction was received from the facility, which consisted of:			ITAL	600 NORTH HIGHLAND SPRINGS AVENUE, BANNING, CA 92220-3090 RIVERSIDE						
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Event ID:1B2U11 8/14/2008 2:32:37PM		plan of correction v								
	Event ID:1B2U11 8/14/2008				2:32:	37PM				

TITLE

(X6) DATE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
050054		050054		B. WING		05/3	_ 05/30/2008		
NAME OF PROVIDER OR SUPPLIER SAN GORGONIO MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  600 NORTH HIGHLAND SPRINGS AVENUE, BANNING, CA 92220-3090 RIVERSIDE  COUNTY							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE	PLAN OF CORRECTION  E ACTION SHOULD BE CROSS- IE APPROPRIATE DEFICIENCY)	N SHOULD BE CROSS- COMPLETE		
	Continued From page 14								
	a. Obtaining additional Broselow tapes and placing one with each Broselow cart (or bag);								
	b. Replacement of pediatric emergency medications with the correct concentrations;								
	c. Obtaining and restocking pediatric airway supplies;								
	d. Addition of a back up inventory of Broselow tapes and supplies to be kept on hand, at all times in Materials Management;								
	e. Implementation of daily checks of Broselow carts and bags throughout the facility to ensure tapes and supplies were available and ready for use wherever pediatric patients were cared for;								
	f. Education and competency verification for all RNs and ED physicians in pediatric resuscitation, use of the Broselow system, and acquisition of tapes and supplies to ensure a complete system was in place in all areas where pediatric patients were cared for, and;								
	g. Monthly rounds assess the knowledg resuscitation and use of		ng pediatric						
	The CEO and C Immediate Jeopardy 2008, at 1:30 p.m.								
Event ID:	1B2U11		8/14/2008	2:32:	37PM		I		

TITLE

(X6) DATE

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