-	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			IPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		050102		A. BUILDIN B. WING	G	09/0	2/2009
	OVIDER OR SUPPLIER	MEDICAL	STREET ADDRESS		ZIP CODE VERSIDE, CA 92503 RIVERSIE	DE COUNTY	
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	The following reflects Department of Public of complaints (CA0 CA00200638), condu through September 2, 2	Health during the 00195114, CA0019 icted from July	investigation 6637, and				
	Representing the Depa , HFEN , HFEN , HFEN , Me , HFES	dical Consultant	ith:				
	The Department su regulations. Abbreviations used in th		ns of the		*		
	CA Cancer CHF Congestive Hea cm Centimeter COPD Chronic Obstru Pulmonary Dis COS Chief of Staff CT Computerized T DMS Director of Med DQS Director of Qual ER Emergency Ro H & P History and Phy MSC Medical Staff P & P Policy and Proc ICU Intensive Care	ctive ease [°] omography ical Staff ity Services om ysical Coordinator ædure					
-	OR Operating Roor R Right RN Registered Nurs RT Right TO Telephone Orde	n se	12/9/2009	9:41:0	4444		
Event ID:U	TIRECTOR'S OR PROVIDER	VSUPPLIER REPRESEN	ALC: NOTE CALLS OF THE A		TITLE		(6) DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		A BUILD	ING	DATE SURVEY OMPLETED
		050102		B. WING		09/02/2009
	ovider or supplier	MEDICAL	STREET ADDRESS	50.°C 1.57	E, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ið Prefix Tag	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRC REFERENCED TO THE APPROPRIATE DEFICIENT	
	Continued From page A 014 1280.1 (c) For purposes of this means a situation noncompliance with licensure has caused, injury or death to the pa T22 DIV5 CH1 ART3-7 General Requirements (b) A committee of assigned responsibility (1) Recommending delineation of surgi members of the media privileges shall be key	in which the one or more requ or is likely to car atient. 0223 (b) (1) Surgi the medical star for: to the governing cal privileges for cal staff. A current	licensee's lirements of use, serious ical Service ff shall be body the individual list of such		A 014 1280.1(c) T22 DIV5 CH1 ART3-70223 (b) (1) Surgical Service General Requirements Action Plan Clinical Privileges 1. The physician who conducted the right radical nephrectomy was granted Temporary Privileges for Urology delineation privilege which includes "Urinary: kidney, ureter, bladder and urethra incision, excisio repair, endoscopy, transurethral and manipulation".	n,
	room supervisor. (2) (2) Develop implementation of wr in consultation with professionals and add approved by the gove be approved by the gov	itten policies and n other appropri- ministration. Policie erning body. Proce dministration and n ite. (b) (5) Patients' Righ- ients' rights shall b inglish in appropri- that such rights m hall include but no	procedures ate health is shall be dures shall hedical staff ints e posted in iate places ay be read		 Temporary Privileges were communicated to the hospital staff o via email, which included the Surgica Services Department. The physician's privileges went to the Credentialing Committee, the Medical Executive Committee, and the Governing Board for final approval. The Medical Staff Department sends an email notification to the 	
	<u></u>				different departments in the hospital	
Event ID:UI	R9011		12/9/2009	9:41:	04AM	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050102	A. BUILDING	09/02/2009
AME OF PRO	OVIDER OR SUPPLIER		S, CITY, STATE, ZIP CODE	
ARKVIEV	V COMMUNITY HOSPITAL	MEDICAL 3855 JACKSO	N STREET, RIVERSIDE, CA 92503 RIVERSIDI	ECOUNTY
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION ST TAG REFERENCED TO THE APPROPI	HOULD BE CROSS- COMPLI
	Continued From page (5) Receive as m proposed treatment		Continued from Page 2	
	may need in order the refuse this course emergencies, this description of the medically significant treatment, alternate	o give informed consent or to of treatment. Except in information shall include a procedure or treatment, the risks involved in this courses of treatment or	A 014 1280.1(c) T22 DIV5 CH1 ART3-702 Surgical Service Genera Requirements	
	know the name of the procedure or treatment	record, and facility document	for a newly credentialed p or if there is a change in p an existing practitioner.	ractitioner rivileges for
	implemented for the privileges for Surgeon This failed practice learing the radical nephrector Patient A, when he was	P&P, "Clinical Privileges," was ne delineation of surgical A to perform kidney surgery. d to Surgeon A performing a my (removal of a kidney,) on was not granted privileges for	5. The Operating Room So and Medical Staff Office re monitor the Operating Roo schedule daily to ensure the practitioners are credentia perform the stated procedure	eview and om nat all led to
	Wrong Patient, Wro Surgery / Procedure," practice led to the	versal Protocol: Prevention Of ng Procedure, Wrong Site was implemented. This failed surgical removal of wrong t kidney) from Patient A.	6. If the practitioner does r appropriate privilege, then contact the Medical Staff C then contacts the practitior	7 16.09 not have the schedulers Dffice who
	about his proposed primary language (Spa to give an informed risks of surgical interv	o receive sufficient information course of treatment in his anish) was protected in order consent and understand the ention, or to refuse treatment.	7. f the practitioner wants t the surgery, then he/she m request for the privilege an demonstrate competency.	o perform lust
	mistakenly signing a cor		8. Temporary Privileges ar in accordance with the Mer	
		12/9/2009 VSUPPLIER REPRESENTATIVE'S SIGNA	9:41:04AM TURE 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DER/SUPPLIER/CLIA FICATION NUMBER:		PLECONSTRUCTION		E SURVEY PLETED
	0501	02	A. BUILDIN B. WING	G		09/02/2009
AME OF PROVIDER OR SUPPLI PARKVIEW COMMUNITY		STREET ADDRESS 3865 JACKSON		ZIP CODE VERSIDE, CA 92503 RIVE		
CENTER						
PREFIX (EACH	IMMARY STATEMENT OF I DEFICIENCY MUST BE PRI ATORY OR LSC IDENTIFYI	CEEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC	N OF CORRÉCTION TION SHOULD BE CROSS- PPROPRIATE DEFICIENCY	
Continued Fr incorrect (righ				Continued from Page	ə 3	
because the to cause, se	facility's failures c	Immediate Jeopardy aused, or were likely eath to the patient,		A 014 1280.1(c) T22 DIV5 CH1 ART3 Surgical Service Ge Requirements		
The Departm adverse ever 3:37 p.m., ind radical nephr on July 14,	nt that occurred o dicating, "a surgica ectomy, was perfo 2009. The intende have occurred wa	by the facility of an n July 15, 2009, at al procedure, a right rmed on (Patient A) d surgical procedure is for a left radical	{ 	Bylaws. 9. Practitioners are n perform any procedu isted on their privileg Monitoring/Respons	re that is not je sheet.	7.16.09
conducted wi called by the p.m. She (th at a specim couldn't find a no tumor. W	th the DQS. The pathologist on July e pathologist) stat nen labeled right a tumor, we both e then went to	n., an interview was DQS stated, "I was 14, 2009, around 4 ed she was looking kidney, when she ooked at it and saw the OR, the patient	F F L	Numerator: Practition privilege to perform s procedure Denominator: Practiti or surgical procedure	cheduled oners scheduled	
of the record We called [th took the cha had the DSS [The surged	and determined re surgeon] he rel rt into the OR ca and [the surgeo on] couldn't ur said, "it's my	did a cursory review an error was made. urned immediately. I onference room. We n] review the chart. derstand how it mistake, I take full	C F	Compliance Rate: 10 Responsible Person(Director of Surgical S Director of Medical St	0% s): ervices	
	was conducted wit 2:20 p.m. The DMS	h the DMS on July stated, "[Surgeon				
Event ID:UR9011	· · · ·	12/9/2009 REPRESENTATIVE'S SIGNAT	9:41:04	IAM TITLE		

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.

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SU COMPLET	
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CENTER	W COMMUNITY HOSPITAL	MEDICAL	JOBS JACKSON	SIREEI, K	IVERSIDE, CA 92503 RIVERSIDE COU	ηνεί Υ	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
	Continued From page A] at the time of this privileges for kidney general surgery and clerical oversight. He when he was re-appo- kidney surgery were no An interview was cond Surgeon A's lack of surgery on July 16, stated, "We came privileges today. We suspend him (Surgeo facts. He is well respect A review of the me Privileges," was cond policy indicates, "A privileges at this h exercise only those granted. Privileges gra evaluated on the basi training, experience clinical competence, appropriate Depart	surgery did not h surgery. He has p vascular surgery. had privileges i inted in 2005, the p t pulled over." ducted with the CC specific privileges 2009, at 12:30 p.m to know about ti made the decis n A). We don't h edical staff P & ucted on July 16, practitioner provid ospital shall be clinical privileges anted to practitione is of the member's and demonstrate subject to approv	privileges for This was a in 2003 and privileges for OS regarding for kidney h. The COS he lack of bion not to have all the P, "Clinical 2009. The ling clinical entitled to specifically ers shall be seducation, ed current		Continued from Page 4 A 014 1280.1(c) T22 DIV5 CH1 ART3-70223 (b Surgical Service General Requirements Action Plan – Universal Proto 1. The Operating Room Staff his been inserviced on the Univers Protocol to prevent the recurrer a surgical procedure being perf on the wrong body part. 2. The surgical site / side are very with the following: a. Diagnostic exams / procedure b. Patient and / or family c. Order for consent / Consent d. Consultation Reports	ocol as 7 al formed erified 7	.16.09
	Committee, Medical Board of Directors." An interview was cond 16, 2009, at 2 p.m. realize 1 wasn't o privileges to perform surgical procedures]."	Surgeon A stated credentialed [having	a A on July d, "I didn't ng clinical		3. In the event that diagnostic fil Picture Archiving System image not available, then a transcribed radiology report of the exam mu present on the chart and used for verification of the surgical site /s	es are l Ist be or	.16.09
	An interview was conduc	cted with the MSC of	n July				
Event ID:U	R9011		12/9/2009	9:41:0	04AM		

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TITLE

LABORATORY DIRECTORS OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	AND AND AND AND AND A STORE IN C. O. P. M. M.		(X2) MULT		(X3) DATE SUI COMPLET		
		050102		B. WING		09/0	2/200 9
	OVIDER OR SUPPLIER	MEDICAL	STREET ADDRESS, C 3865 JACKSON S		ZIP CODE VERSIDE, CA 92503 RIVERSIDE COUN	ΤY	
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	Continued From page 16, 2009, at 1:15 p.m A] has not had privil 2003. The OR keep privileges. The OR didm An interview was con	n. The MSC stated leges for kidney su s a binder with a 't question it."	rgery since I physician		Continued from Page 5 A 014 1280.1(c) T22 DIV5 CH1 ART3-70223 (b) Surgical Service General	(1)	
	16, 2009, at 2:10 p.m. there is a surgeon w procedure, we check his An interview was con 2009, at 2:15 p.m. F checked [Surgeon A's	who will be doing sprivileges." ducted with RN 2 c RN 2 stated, "I wo s] credentials. He i	a different on July 16, uldn't have is here so		Requirements 4. All members of the surgical te must respond verbally and agree the stated site / side.	eam 7 e with	.16.09
}	often. I would only physician." A review of Patient of July 16, 2009. Patient via the ER on June 3 shortness of breath. F CHF (congestive heard obstructive pulmonary	A's record was cor A was admitted to 27, 2009, with a c Patient A was diag t failure,) and COP disease.) The pa	nducted on the facility complaint of nosed with D, (chronic atient also		 Operating Room nurses were Trained and given access to the Picture Archiving System. Instructed and required to access Instructed and required to access Instructed in the system of the	he ess sion,	.16.09
	had a history of assessed as Spanish sp On June 29, 2009, (x-ray) was completed, indicated Patient A had	eaking. a renal (kidney) The renal ultrasc	ultrasound		6. The World Health Organization Surgical Safety Checklist (First Edition) was implemented.	n 7.	16.09
	On July 3, 2009, a completed. The result	CT (x-ray), of the		1	Monitoring/Responsible Perso		16.09
	left renal mass. The findings were reported 5:10 p.m. on July 3, 200	final report indicated by telephone to the	d that the	1	Numerator: Number of Operating Room Staff in-serviced on the Iniversal Protocol		
	DIRECTOR'S OR PROVIDER	VSUPPLIER REPRESENT			TITLE	0	(6) DATE

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU				(X3) DATE S COMPLI	
		050102		A BUILDI B. WING	NG	09/	02/2009
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DI	BE CROSS-	(X5) COMPLET DATE
	Continued From page Further record review was completed on Jui impression noted, " renal tumor measurin abdomen otherwise recommendations note right radical nephre comorbidities (addition risk for postoperative ca A review of the physic 2009, at 8:30 p.m. noted, "Please obta nephrectomy. T.O. [] bottom left hand com a box which was BACK." An interview was cond July 16, 2009, at 9:4 "[Surgeon A] said n dialysis, (procedure to	v indicated a surg uly 6, 2009, at 3: "Incidentally found g 4 by 5 cm. CT o negative for metas ed, "The patient wi ctomy. Due to h hal diagnoses), he i complications" cian order sheet dat was conducted. in consent for ri Surgeon A] RN er of the physician checked to indica ducted with Patient 15 a.m. Patient A's ow he [Patient A)	32 p.m. The right-sided of chest and stasis." The ill require a his multiple is at a high ted July 13, The order ight radical 1." On the order was ate, "READ A's son on son stated, will need		Continued from Page 6 A 014 1280.1(c) T22 DIV5 CH1 ART3-70223 (b) Surgical Service General Requirements Denominator: Number of Opera Room Staff Compliance Rate: 100% Responsible Person(s): Director of Surgical Services 2. Operating Room Staff In-serv Numerator: Number of Operatin	vice	7.16.09
	a time. My dad is no going on."	week for three to fo ot confused, he kno	our hours at ows what is	м	Room Nurses in-serviced on the Picture Archiving System Denominator: Number of Opera	9	
	16, 2009, at 11:45 a.r Patient A stated, "Be right side. I didn't hav me they found a tur	n. Patient A's son fore surgery they we a clue what side	interpreted. marked the ethey told	(31	Room Nurses <i>Compliance Rate:</i> 100%		
	needed to remove it one."				Responsible Person(s): Director of Surgical Services		
	A review of Patient A's,	Authorization Form A	And				
vent ID:U	R9011		12/9/2009	9:41:	TITLE		(X6) DATE

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	DF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
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	VIDER OR SUPPLIER	MEDICÀL	STREET ADDRESS, 3865 JACKSON \$, ZIP CODE IVERSIDE, CA 92503 RIVERSIDE COL	JNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETE DATE
	Continued From page Consent To Surgery Therapeutic Procedure indicated, "Your physicians and the following operatio nephrectomy." The fo 2100, (9 p.m.,) Signature	y Or Special Dia es, was conducted surgeons have re on or procedure, F orm was dated "7	Commended Right radical		Continued from Page 7 A 014 1280.1(c) T22 DIV5 CH1 ART3-70223 (Surgical Service General Requirements	b) (1)	
	An interview was cond July 16, 2009, at no translated the docume him, (Patient A). I did was correct. I assumed The Operative Repor 9:32 a.m., indicated, Right Renal Tumor, Renal tumor. Operati Nephrectomy."	on. Patient A's so ent, (the surgical n't know if the right it was correct." t dictated July 14 "Preoperative Postoperative diag	n stated, "I consent) for : or left side 4, 2009, at diagnoses: nosis: Right		3. Universal Protocol – Observ Numerator: Number of proced compliant with Universal Proto Denominator: Number of proce observed Number of Observations/Month	ures col edures	
	A review of the Pa Checklist, was condu- section which indica verified with Patient, circled, "Yes." The 'Surgical Site/Side Ve section which indicate patient; surgeon," we circled, "Right."	cted on July 16, ated, "Order and x-rays, other f esction which prification," was rev ed "Site/Side conf	2009. The d Consent Data," was indicated riewed. The firmed with,		Compliance Rate: 100% Responsible Person: Director of Surgical Services A 014 1280.1(c) T22 DIV5 CH7 ART7-70707 (b Patient Rights) (5)	
5	A review of the Intrao July 14, 2009, was started at 7:49 a.m. a Operative Procedure: The section of the Nursi	s conducted. The and ended at 9:1 Right Radical Ne	operation 8 a.m. The phrectomy."		Action Plan 1. The Patient Rights Pamphlet provided to the patient and/or	is 7,11	5.09
	DIRECTOR'S OR PROVIDER	NSUPPLIER REPRESEN	TATIVE'S SIGNATU	JRE	TITLE	(X€	B) DATE

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			TIPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		050102		A. BUILD B. WING		09/0	2/2009
	ROVIDER OR SUPPLIER EW COMMUNITY HOSPITAL	MEDICAL	STREET ADDRESS, 3865 JACKSON		E, ZIP CODE RIVERSIDE, CA 92503 RIVERSIDE COUN	ITY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X5) COMPLETE DATE
	Continued From page "Operative Site," was time out indicated, "Sur	verified as "R."			Continued from Page 8		
	A review of the Ane 2009, at 7:25 a.m., diagnosis indicated, "I performed indicated, "R	was conducted. Rt. Kidney CA." Th	The pre-op ne operation		A 014 1280.1(c) T22 DIV5 CH7 ART7-70707 (b) Patient Rights) (5)	
	A review of the faci "Universal Protocol: Wrong Procedure, Procedure," was cond	Prevention of Wro Wrong Site	ng Patient, Surgery /		patient's representative upon admission. 2. The Consent form is reviewed	din 7	.16.09
	p.m. The P & P indicate "Responsibility: Regist Technician, Ra	ered Nurse, Surgio	xal/GILab chnician,		the Preoperative area with the p and/or patient's representative.	atient	
	Anesthesiologist, Physician." "Purpose 1. To ensidocuments and studie start of the procedur	Surgeon, En ure that all of ti as are available p	doscopist, he relevant mor to the		3. The consent and procedure is verified in the Operating Room i accordance with the World Heal Organization Surgical Safety Checklist.	n	.16.09
×	reviewed and are con the patient's expecta understanding of the site, position, and, as equipment needed	nsistent with each tions, and with intended patient, applicable, any for the procedure	other, with the team's procedure, implants or e. Missing		4. The patient's primary languag identified during the Initial Patier Assessment.		16.09
	information or discrep before starting the unambiguously the insertion, or other pro- verification of the co- position, and, as equipment."	procedure. 2. intended site o cedure. 3. To cond rect patient, proce	Fo identify f incision, duct a final edure, site,		5. Hospital staff and/or the AT&T Language Line Services are utili for translation services. Family members are not allowed to tran for the staff and/or patient.	zed	16.09
Event ID:L			12/9/2009		04AM		
3ORATOR	DIRECTOR'S OR PROMIDER	VSUPPLIER REPRESEN	TATIVE'S SIGNATL	IRE	TITLE	0	(6) DATE

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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		OF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION NU				(X3) DATE SU COMPLE	
PARVYLEW COMMUNITY HOSPITAL MEDICAL 1965 JACKSON STREET, RIVERSIDE, CA 92503 RIVERSIDE COUNTY CENTER Image: Control of Control of Deficiences Image: Control of Contr			050102				09/0	2/2009
PREFX TG (BACH CORRECTIVE ACTIONS HOULD BE RROEMATION) PREFX REGULATORY OR LSC IDEMINIPING INFORMATION) PREFX REGULATORY OR LSC IDEMINIPING INFORMATION) Continued From page 9 Continued From page 9 Todicy: 1.1 [The facility] will engage in an ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the pre-procedure preparation of the patient, up to and including the "Throcedure: Pre-Procedure Checklist 2.1.2 Use completed form to confirm that documents related to the procedure Verification Process 2.2.5 Following the verification of the patient is also verified against other information available about the procedure such as the surgery schedule, physiciants orders, H&P, or diagnostic films as applicable. 2.2.6 As part of the pre-anesthesia assessment process, the anesthesiologist also verifies the correct patient, procedure, and sile with the patient? name and medical record number. The information given by the patient is also verified against other information available about the procedure such as the surgery schedule, physiciants orders, H&P, or diagnostic films as applicable. 2.2.6 As part of the pre-anesthesia assessment process, the anesthesiologist also verifies the correct patient, procedure, and sile with the patient? name (yent as applicable and against one of the other documents available such as the consent, surgery schedule, physiciants orders, H&P, or diagnostic films [x-rays]." Nomerator: Patient primary language documented on the Initial Patient Assessment. An interview was conducted with the DSS on July 16, 2009, at 5 p.m. The DSS stated, "We have never as a standard put up films for every 'sided' surgery." Preview of the nursing "Intensive Care Records," <th></th> <th></th> <th>MEDICAL</th> <th></th> <th></th> <th></th> <th>NTY</th> <th></th>			MEDICAL				NTY	
 Policy: 1.1 [The facility] will engage in an ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the pre-procedure preparation of the patient, up to and including the "time out" just before the start of the procedure. "Procedure: Pre-Procedure Checklist 2.1.2 Use completed form to confirm that documents related to the procedure are available in the medical record (i.e., imaging studies, lab results, consents, H & P, etc.) Pre-Procedure Verification of the patient's name identification, the licensed staff verifies the presence of the patient's ID band and the accuracy of the patient's name and medical record number. The information given by the patient is also verified against other information available about the procedure such as the surgery schedule, the H & P, consent, physician's orders, and diagnostic films (x-rays)." An interview was conducted with the DSS on July 16, 2009, at 5 p.m. The DSS stated," We have never as a standard put up films for every 'sided surgery." A review of the nursing "Intensive Care Records," Continued from Page 9 A 014 1280.1(c) T22 DIVS CH7 ART7-70707 (b) (5) Patient Rights 6. The following are documented in 7.16.09 the medical record number. The information available about the procedure such as the surgery schedule, the H & P, consent, physician's orders, and tiganostic films (x-rays)." An interview was conducted with the DSS on July 16, 2009, at 5 p.m. The DSS stated," We have never as a standard put up films for every 'sided surgery." A review of the nursing "Intensive Care Records," 	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLET
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BORATORY ØREGTOR'S OR FROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE					2000 C 202 C			

Any deficiency statement ending will an esterisk (*) 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.

STATEMENT OF DEF		(X1) PROVIDER/SUPPLIE		(X2) MUL1	IPLE CONS	TRUCTION	(X3) DA CO	TE SL MPLE	
		050102		A. BUILDIN B. WING	IG		_	09/0)2/2009
NAME OF PROVIDER PARKVIEW CON CENTER	OR SUPPLIER	MEDICAL	STREET ADDRESS, 3865 JACKSON			, CA 92503 RIVERSI	DE COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	id Prefix Tag	2010 000000	PROVIDER'S PLAN OF CH CORRECTIVE ACTION ERENCED TO THE APPRO	SHOULD BE CROSS		(X5) COMPLETE DATE
date June and situa A re was July Defic to ex A re cond "Eve to be provi expla patie which There was kidne risks was	e 30, at 8 p.m. oriented to his na ition. view of Patient A conducted on Ju 8, 2009, sitUnderstand P plain." view of the facil ucted on July ry department in e done, or invest de a written info ained to, read, u nt." nterview was cond 2009, at 2:45 p. nt, (Patient A) m h kidney" e was no docum provided informa y, options, use and complication no documentation	p.m., June 29, at indicated Patient A ame, the date, time, A's "Interdisciplinary by 16, 2009. A pro- addressed, " Plan of CareUse ity's medical staff 16, 2009. Item 3 which an invasive p igational drugs are med consent, which inderstood and sign ducted with Surgeon m. Surgeon A s hay not have fully ented evidence that ation about his di- of anesthesia, o is by a staff mem- n found to indicate iewed the consent	A was alert and to the Care Plan" blem, dated Knowledge Interpreter bylaws was 2 indicated, procedure is used, shall be ned by the A on July tated, "The understood t Patient A seased left or possible iber. There a Spanish		A 014 T22 Di Patien Number 70 Respon Directo 2. Docu Record were un Numera Interpres Denom requirin Number 70 Respon	ued from Page 1 1280.1(c) V5 CH7 ART7-7 t Rights er of Random Cha nsible Person(s): rs, Nursing Depa imentation in the that Interpretive ilized, if required ator: Documentation tive Services utilion inator: Number of g Interpretive Services of Random Cha sible Person(s):	0707 (b) (5) art Reviews: art Reviews: artment Medical Services ion of type of ized f patients rvices rt Reviews:		.16.09
The proce the in	facility's failure dures for Medica correct kidney of P	to implement po al Staff led to the Patient A. Further, it le	removal of ed to		3. Cons	s, Nursing Depar ents for: Medical Reco		7	16.09
Event ID:UR901		RISUPPLIER REPRESEN	12/9/2009			Consent docum			(X6) DATE

STATEMENT OF DEF AND PLAN OF CORR		(X1) PROVIDER/SUPPLI IDENTIFICATION NU				(X3) DATE SU COMPLET	
		050102		A. BUILD		09/0	2/2009
IAME OF PROVIDER PARKVIEW COM CENTER	or Supplier MUNITY HOSPITAL	MEDICAL	STREET ADDRESS, 3865 JACKSON		, ZIP CODE IVERSIDE, CA 92503 RIVERSIDE COU!	ит <u>у</u>	
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Patie remo defici to imme	val of the ind iency that has ca the patient, ar adiate jeopardy	enly signing a c	This is a ury or death stitutes an		Continued from Page 11 A 014 1280.1(c) T22 DIV5 CH7 ART7-70707 (b Patient Rights) (5)	
				÷	Denominator: Number of conse Number of Random Chart Revi 70 Compliance Rate: 100%	ews:	
					Responsible Person(s): Directors, Nursing Departments		.16.09
vent ID:UR9O11		······································	12/9/2009	9:41:	04AM		
ORATORY DIRES	MXRD		13/10		TITLE		X6) DATE