TAG       REGULATORY OR LSC DENTIFYING MFORMATION)       TAG       REFERENCED TO THE APPROPRIATE DEFICIENCY)       DATE         The following reflects the findings of the Department of Public Health during an inspection visit:       The following reflects the findings of the Department of Public Health during an inspection visit:       The facility failed to ensure that OR Staff followed the policy and procedure, firstly by not counting or ensuring the removal of the temporary pin inside Patient A's cervical spine, and secondly by not counting to readings with the surgeon per the facility policy.         The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection for the facility.       Health and Safety Code Section 1280.1(c) For means a situation in which the licespee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, beriour lingury or death to the patient.       Arr. 3         Health and Safety Code Section 1280.1(c) For purposes of this section "immediate jeopardy" means a situation in which the licespee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, beriour lingury or death to the patient.       Arr. 3         Health and Safety Code Section 1280.1(c) For purposes of this section 1280.1(c) For the patient.       Arr. 4         Informed Adverse Event Notification Health and Safety Code Section 1278.1(c). "The facility shall inform the patient of the adverse event by the time the report is placed in a patient is the policy and an expectation of staff at any time equipment is placed inside a an expectation of staff at any time equipment is placed inside a audible and concurrently visualized by both the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
SCRIPPS MEMORIAL HOSPITAL - LA JOLLA     BBS GENESEE AVENUE, LA JOLLA, CA 92037 SAN DIEGO COUNTY       MM 0     BUMMARY STATEMENT OF DEFICIENCIES     ID       PREFX     ICANO PERCISEN WIST BE PREFICIENCIES     ID       TAG     ICANO PERCISENCE WIST BE PREFICIENCIES     ID       TAG     ICANO PERCISENCE WIST BE PREFICIENCY     PREFX       TAG     The following reflects the findings of the Department of Public Health during an inspection visit:     ID     PREFX       Complaint Intake Number: CA00247732 - Substantiated     The facility failed to ensure that OR Staff following reflects the findings of the Department of Public Health     The facility failed to ensure that OR Staff following reflects the findings of the Department of Public Health during an inspection visit:       The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.     The facility failed to ensure that OR Staff following reflect and does not represent the findings of a full inspection of the facility.       Health and Safety Code Section 1280.1(a)     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 1280.1(c). The facility shell informed Adverse Event Notification Health and Safety Code Section 1270.1(c). The facility shell informed Adverse Event Notification Health and Safety Code Section 1270.1(c). The facility shell inform the patient or the patient is the facility visualized by both the	050324						08/09/2011	
PREFIX TAG         TAG         RECULTORY OF LISE DEVIEW         PREFX REGULTORY OF LISE DEVIEW AFFORMATION         Conjugation           The following reflects the findings of the Department of Public Health during an inspection visit:         The facility failed to ensure that OR Staff followed the policy and procedure, firstly by not counting or ensuring the removal of the temporary pin inside Patient A's cervical spine, and secondly by not ensuring the radiologists read the X-Rays phor to Patient A leaving the OR and communicate the findings with the surgeon per the facility event investigated and does not represent the findings of full inspection of the facility.         A.         How the correction will be accompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.         All a 3           Health and Safety Code Section 1280.1(c) incompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.         All a 3         All a 3           Health and Safety Code Section 1280.1(c) incompliance with one or more requirements of locensure has caused, or is likely to cause, serious injury or death to the patient.         All a 3         All a 3           Health and Safety Code Section 1279.1(c). "The facility shall informed Adverse Event Notification Health and Safety Code Section 1279.1(c). "The facility shall informed Adverse Event Notification Health and Safety. Code Section 1279.1(c). "The facility shall informed Adverse event by the time the report is made."         All a 3         All a a patient is that (Counte)" are audible and concurrently visualized by both the			A JOLLA				INTY	
of Public Health during an inspection visit:Complaint Intake Number: CA0247732 - SubstantiatedComplaint Intake Number: CA0247732 - SubstantiatedRepresenting the Department of Public Health: Surveyor ID # 22363, HFENThe inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.Health and Safety Code Section 1280.1(c)Health and Safety Code Section 1280.1(c)For purposes of this section "immediate jcopardy" incensure has caused, or is likely to cause, serious injury or death to the patientHealth and Safety Code Section 1280.1(c)Health and Safety Code Section 1280.1(c)Health and Safety Code Section 1280.1(c)Import or death to the patient.Injury or death to the patientInjury or death to the patientInformed Adverse Event Notification Health and Safety Code Section 1279.1(c).The CDPH verified that the facility informed the patient or the party responsible for the patient or the party responsible for the patient of the patient or the party responsible for the patient or th	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETE
Event ID:CZBS11 8/10/2011 8:16:26AM		of Public Health during Complaint Intake Numb CA00247732 - Substar Representing the Depa Surveyor ID # 22363, F The inspection was lime event investigated and findings of a full inspect Health and Safety purposes of this means a situation noncompliance with licensure has caused injury or death to the pa Health and Safety purposes of this means a situation noncompliance with licensure has caused injury or death to the pa Informed Adverse E Safety Code Section inform the patient or patient of the adverse is made"	an inspection visit: Der: Intiated Intrnent of Public Head Ited to the specific fadoes not represent to tion of the facility. Code Section 126 section "immediate in which the one or more requi- or is likely to cau- atient. Code Section 128 section "immediate in which the one or more requi- or is likely to cau- atient. Event Notification 1279.1 (c). "The the party response e event by the time that the facility in ponsible for the patie	Ith: cility he 30.1(c) For jeopardy" licensee's irements of use, serious and the sible for the e the report hformed the int of the 8/10/2011	8:16	followed the policy and procedul by not counting or ensuring the of the temporary pin inside Pati cervical spine, and secondly by ensuring the radiologists read t prior to Patient A leaving the OI communicate the findings with surgeon per the facility policy. A. How the correction will be accomplished, both tempor permanently. Item # 1- not counting or the removal of the tempor inside Patient A's cervical 1. A specific section for "Temporary Items" wa added to the Operating whiteboard used to rea- ifems placed inside the OF patient. Differ 2. The Surgical Count PC was revised to include an item intended for temporary use is place patient, such as a spac pin, it will be noted on white board and count 3. Also included in the po an expectation of staff time equipment is place a patient is that [Count audible and concurrent visualized by both the	ure, firstly removal ient A's r not he X-Rays R and the orarily and ensuring rary pln spine s g Room cord e blicy "when ed in a cer or the ed". blicy and at any red inside is] "are	

Any deficiency statement ending with en asterisk (a denotes a deficiency which the institution may be excused from correcting providing it is determined that other sateguards provide sufficient protection to the patients. Except for nursing homes, the findings above ere disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homas, the above findings end plens of correction are disclosable 14 days following the date these documents are made aveilable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation

STATEMENT OF DEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SUR COMPLETE	
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				, CITY, STATE, ZIP AVENUE, LA JO	CODE DLLA, CA 92037 SAN DII	EGO COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE ACTIO REFERENCED TO THE APPI	ON SHOULD BE CROSS-	(X5) COMPLETE OATE
<u> </u>	Continued From page	ə 1					
	adverse event by the t	ime the report was m	ade.		scrub person an RN circulator".	d the Perioperative	
	Health & Safety 1279. (a) A health fac subdivision (a), (b), report an adverse ev than five days after	tility licensed po or (f) of Section vent to the departm	ursuant to 1250 shall ent no later			educed in order ff familiarity with y items	
	detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of individually identifiable patient				Patient A leaving	the X-Rays prior to the OR and he findings with the	
	information shall be co 1279.1 (b) For purp event" includes any of 1279.1 (b) (1) (D) Re patient after surgery objects intentionally i intervention and obj that are intentionally re	oses of this section the following: atention of a foreign or other procedum mplanted as part o ects present prior	on "adverse object in a e, excluding f a planned		foreign b determin pin was behind a when the performe apprecia	ed to be that the partially hidden surgical retractor a X-Ray was ad. This was not ted by the surgeon	
	70223 (b) (2) Development, maintenance and implementation of writtan policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate. 70587 (f) Adequate communication shall be maintained with referring physicians.				fluorosco operative subseque Radiolog ensure c the surgi X-Ray is following Surgical radiopaq	view of the opy study intra- aly or in the ent review by the jist. In order to lear visualization of cal field when an taken, the was added to The Count Policy "All ue materials	
	The facility failed procedures related to room) and communica	counts in the Of	R (operating		surgical f the "final	e removed from the field before " X-ray is taken. udes retractors".	
Event ID	D:CZBS11		8/10/2011	8:16:26/	ΔM		

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

TITLE

(X6) DATE

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080324         B. WRG         DBUB/2011           NAME OF PROVIDER OR SUPPLIER SCRIPPS MEMORIAL HOSPITAL - LA JOLLA         STREET ADDRESS, CUTV, STATE, 2P CODE 9888 GENESEE AVENUE, LA JOLLA, CA 20337 SAN DIEGO COUNTY           (P410) PRETX INA         SUMMARY STATEMENT OF DEFICIENCES (EXCI-DEFICIENCE NUE THE PRECEDED BY FULL)         ID PRETX PRECENT AUTOR SHOWNING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON INA         ID PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON INA         ID PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON INA         ID PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON INA         ID PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON INA         ID PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON WITH A retained pin         ID PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON PRETX RECOUNTRY OF USE DEMITTING WOMANTON FIGURATION OF USE DEMITTING TO WITH A retained pin         ID PRETX RECOUNTRY OF USE DEMITTING WOMANTON FIGURATION OF USE DEMITTING WOMANTON FIGURATION OF USE DEMITTING TO WITH A RECOUNTRY RECOUNTRY OF USE DEMITTING WOMANTON FIGURATION OF USE DEMITTING TO WITH A RECENT THE USE DEMITTING WOMANTON FIGURATION OF USE DEMITTING TO WITH A RECENT THE USE DEMITTING TO SUMMARY STATEMENT OF USE DEMITTING THE USE DEMITTING FIGURATION OF USE DEMITTING TO FIGURATION OF USE DEMITTING TO SUMMARY OF USE DEMITTING THE USE DEMITTING SUMMARY STATEMENT SUMMARY STATEMENT SUMMARY STATEMENT SUMMAR	STATEMENT OF DEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONS	STRUCTION	(X3) DATE SURVEY COMPLETED	
SCRIPPS MEMORIAL HOSPITAL - LA JOLLA       9888 GENESEE AVENUE, LA JOLLA, CA 92037 SAN DIEGO COUNTY         (P4,10)       SUMMAY STATEMENT OF DEFICIENCES       ID         (PACH OF LIGHCY MUST RE RECEDS BY FULL       ID       PROVIDER'S PLAN OF CORRECTION       (20)         (PACH OF LIGHCY MUST RE RECEDS BY FULL       ID       PROVIDER'S PLAN OF CORRECTION       (20)         (PACH OF LIGHCY MUST RE RECEDS BY FULL       ID       PROVIDER'S PLAN OF CORRECTION       (20)         (PACH OF LIGHCY MUST RE RECEDS BY FULL       PROVIDER'S PLAN OF CORRECTION       (20)         (PACH OF CORRECTIVE ACTION HOULD BE CORESTING ACTION HOULD BE CROSS-       (20)       (20)         (PACH OF THE SUBJOACTION OR ESCIENDENTIFYING INFORMATION)       PREX       PREX       PROVIDER'S PLAN OF CORRECTION       (20)         (PACH OF THE SUBJOACTION OR ESCIENDENTIFYING INST ATTATION HOULD BE CROSS-       (20)			050324				08/0	9/2011
PREFX     IEACH DEFICIENCY MUST BE PRECEDED BY FULL RECULTORY OR LIST DETIFYING INFORMATION)     PREFX TAG     IEACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY     COUNTERE DATE       Continued From page 2 and the surgeon As a result Patient A left the OR with a retained pin     As a result Patient A left the OR with a retained pin which necessitated a return to the OR for a second surgery to remove the unintended retained pin     The Surgeon utilizes a fluoroscopy study in the OR Sulte to delemine proper placement and review for any potential retained foreign bodies. It was determined proper placement and review for any potential retained foreign bodies. It was determined proper placement and review for any potential retained foreign bodies. It was determined proper placement and review for any potential retained foreign bodies. It was determined proper placement and review for any potential retained foreign bodies. It was determined through the rost of surgically placed permanent herdware). During the surgery a temporary pin (measuring 2.5 cm) was used to stabilize the spine. Prior to leaving the operating room fluoroscopy (real time X-ray) of the operating toom fluoroscopy (real time X-ray) of the operating toom fluoroscopy (real time X-ray) of the operating toom fluoroscopy (real time X-ray) of the operating the nursing documentation. Patient A complained of feeling something stuck in her throat at 8.35 p.m. Something moving in her neck at 9.30 p.m. following the surgeon was notified and another X Ray of the operative site was ordered and done. At 10:30 p.m. Physician X (the surgeon) who to the hospital to view Patient A's X-Rays and note the temporary pin used during surgery had not been removed.     Notential estitus and pervious surgery or for removal of an unplanned retained tiem				· · · · · · · · · · · · · · · · · · ·		, CA 92037 SAN DIEGO COU	NTY	
and the surgeon. As a result Patient A left the OR with a retained pin which necessitated a return to the OR for a second surgery to remove the unintended retained pinFindings:Fatient A was admitted to the facility for spine surgery on 10, 0 n 10, 100 from 7:30 to 10:30 a.m., Patient A had a C5-T1 anterior plate and screw fixation and unilateral right sided pedicular screw and rod posterior fixation T1-T2 (stabilization of the lower cervical and upper thoracic spine through the use of surgically placad permanent hardware). During the surgery a temporary pin (measuring 2.5 cm) was used to stabilize the spine. Prior to leaving the operative site was performed. A second and tind X-Ray were obtained at 5:30 p.m., and 10:00 p.m. following surgery. According to the nursing documentation, Patient A complained of feeling something stuck in her throat at 8:35 p.m Something moving in the neck at 9:30 p.m., and finally difficulty breathing at 10:00 p.m. Following the 10:00 p.m. complaint of difficulty breathing the 10:00 p.m. complaint of difficulty breathing the surgeon) went to the hospital to view Patient A's X-Rays and noted the temporary pin used during surgery had not been removed.The Surgeon utilizes a flucturestances: <ul><li>When two or more pleural and peritoneal cavites are entered.</li><li>The use of 50 or greater lap sponges.</li><li>Any time a patient is returned to the OR for removal of sponge intentionally left in for removal of an unplanned retained time</li></ul>	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY F		REFIX (EA	CH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETE
		and the surgeon. As with a retained pin the OR for a sec unintended retained pi Findings: Patient A was adm surgery on fill 10:30 a.m., Patient and screw fixation pedicular screw and (stabilization of the thoracic spine throug permanent hardware temporary pin (mea stabilize the spine. room fluoroscopy (re site was performed. // obtained at 5:30 p.m surgery on fill of the nursing docume of feeling something p.m Something mon and finally difficul Following the surgeon Ray of the operative 10:30 p.m., Physician hospital to view Pati temporary pin used removed.	a result Patient A I which necessitated a cond surgery to re- n itted to the facility 0. On <b>1</b> (10 from A had a C5-T1 and and unilateral r rod posterior fixal b lower cervical a h the use of surgic e). During the assuring 2.5 cm) was Prior to leaving the al time X-ray) of the A second and third ) h. and 10:00 pm for d of discomfort thro ollowing surgery. Ac ntation, Patient A stuck in her throa- ving in her neck at ty breathing at 0 p.m. complaint con n was notified and site was ordered and X (the surgeon) we ent A's X-Rays and	a return to ernove the om 7:30 to terior plate ight sided tion T1-T2 and upper ally placed surgery a s used to operating e operative K-Ray were llowing the complained at at 8:35 9:30 p.m., 10:00 p.m. of difficulty another X- id done. At yent to the not been		fluoroscopy st OR Suite to di proper placem review for any retained foreig it was determi through the ro analysis proce there was no a value to havin radiologist not with the equip the study intra operatively the was removed policy. 2. The policy was an require radiologic exam under the following circumstances: • When two or mo pleural and peritonea cavities are entered. • The use of 50 or lap sponges. • Any time a patie returned to the OR for removal of sponges intentionally left in for packing during a pre- surgery or for removal	tudy in the etermine nent and potential gn bodles. ined bot cause bost that additional g a t familiar ment view berefore this from the nended to n only ore al r greater nt is pr vious al of an	
								(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 SU COMPLET	
		050324		8. WNG		. 08/0	9/2011
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	Continued From page	3			······		
Event ID:	instrument is used in and recalled removing nor did the OR (ope end of the instrument been removed. Physicalled with the readint 5:30 p.m. post-operation linear object impingin notified until Patient distress, at which time	y Patient A deve and hoarseness in and speech recovered and was a.m., the surgeor According to Phys ary pin during surge iny and had planner led he visualized by (real time X-R ever, retractors (ar the muscle and ing surgery) were is ection. Physician X mporary pin could this fluoroscopy. An was along the to see if one was thysician X stated to remove the ten g the pin, however trating roorn) staff int to assure that the sician X stated he g of the intra-oper tive X-Ray which g on the airway. In t A developed	loped some her voice, evaluations. discharged h (physician sician X, he ery. He was d to remove the surgical ay imaging) h instrument secure the eff in during stated that be seen on According to edge of a not looking a retraction nporary pin, he did not check the the pin had be wes not rative or the showed a He was not respiratory	8:16:20	recommended counts under th circumstances: • Surgical ca hours or more • When three permanent scruoccur • Unexpecte approach or cha procedure, • Q., appen converts to bow • For proced accurately acco instruments is n achievable, (e.g spine procedures instrumentation transplant, proc require instrume numerous remo parts, e.g., Birm retractor), an int	as following ases lasting 7 b or more b reliefs d surgical ange in dectomy that rel resection. ures in which unting for lot l., total hip, as with , liver edures that ents with vable small ingham tra-operative e taken o confirm the	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE, Z		۰ <u>ـــــــــــ</u>	· · · · ·	
SCRIPPS	MEMORIAL HOSPITAL - L	A JOLLA	9888 GENESEE	AVENUE, LA	JOLLA,	CA 92037 SAN DIEGO COUI	NTY	
(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 CORRECT CH CORRECTIVE ACTION SHOULD I RENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
	Continued From page	4						
	, X-Ray, which he rea temporary pin had not		covered the		В.	The title or position of the responsible for the correct		
	Dr A and Dr B, the two Radiologists responsible for the X-Ray readings were interviewed on 11/19/10 at					Director of Surgical Ser Donna LoCurto.	vices,	
	8:30 a.m. Dr A, the pperative fluoroscopy (read at 4:30 p.m.), i cases, which is why	film, explained that is not read live in	t the X-Ray these spinal		C. A description of the monitoring process to prevent recurrence of the deficiency.			
	cases, which is why the reading was timed 4:30 p.m. (after surgery). Dr B was the radiologist who read the 5:30 p.m. film with the first recognition of the linear object. According to the radiologists they both believed the object to be part of the surgical hardware. The radiologists explained that many different types of procedures with many different types of hardware are performed at the facility. Dr					Reports are generated t electronic documentation to confirm radiologic ex- completed according the cited above. Exams will completed as ordered of accordance with this po	en system ams are e criteria t only be r in	
B's reading of the 5:30 p.m. X-Ray was reviewed and read as follows: "There is a 3 cm linear horizontally oriented object that appears to be attached to the superior portion of the plate with its tip located in the region of the airway" The radiologists stated that the surgeon (Physician X) was not notified in this case, because they did not perceive the object as foreign but thought perhaps it was an unusual variant.					D.	<ul> <li>correction of the deficient accomplished. Normall be no more than thirty d the date of the exit confirmed the date of the expectation and the expectation</li> </ul>	ncy will be y this will lays from erence. the board of calling	
	nd procedure enti- trument, and Smal histrative staff on According to the of retained instrum th accurately acc chievable (eg, ante n intra-operative X o confirm the absence	I Items was 11/4/10 and policy, "To nents during counting for arior-posterior -Ray will be			out temporary items, changes to the Surg Policy which include counting of temporal and the changes in X criteria were present Staff during the mon up meetings on 11/1 11/9/2010, 11/22/20 11/23/2010. Any OF present during these	ical Count d both the ry items K-Ray red to OR ning stand 8/2011, 10 and R Staff not		
Event ID	·C78S11		8/10/2011	8:16:2	26AM			
Event ID	:CZBS11		0/10/2011	0.10.2	-0/-141			

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(X4) IO PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page foreign bodies. This before the patient is surgeon will take res film is read prompth or the covering Nigh the results in a timely m The same policy u reads as follows: "S procedures in which retained. This include balls, umbilical tak inserts, acorns, Q loops, safety pins, bars, vascular inserts reels, and bulldogs." According to admini- are not considered Administrative staff cases the surgeon is the films since the ha- to the surgeon and with the different type different surgeons and the OR. The facility's failure to the policy and proced ensuring the removal Patient A's cervical ensuring the radiolog Patient A leaving th findings with the surge	must be read by a discharged from the ponsibility for ensure y by contacting the nanner." under Procedures, mall items are cou- the likelihood exis es, but is not limite pes, disposable tips, rubber gask peanuts, cottonoi a, cautery scraper p istrative staff, teme d countable sm stated that typicall is the one responsi ardware placed is r the radiologist is l es of hardware inse d different vendor s be ensure that OR s dure, firstly by not l of the temporary spine, and secon jists read the X-Ra ne OR and comm	he OR. The ing that that a radiologist to confirm section 4, inted on all its of being d to, cotton instruments tets, vessel ids, ligaclip bads, suture porary pins hall items. y in these ble to read nost familiar less familiar arted by the tets used in taff followed counting or pin inside dly by not ays prior to bunicate the		Communicat 3. The above in shared with during the S	n the Stand-Up	
	deficiency that has caused, or is likely to cause,						<u>}</u>
			8/10/2011	8:16:26A		<b></b>	(X8) 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 patienta. 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 ANO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SU COMPLET			
		050324		A. BUILDING	3	08/09/2011			
	OVIDER OR SUPPLIER MEMORIAL HOSPITAL - L		STREET ADDRESS,		IP CODE JOLLA, CA 92037 SAN DIEGO C	OUNTY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F .SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETE DATE		
	Continued From page	8				······································			
	serious injury or deal constitutes an imm meaning of the Hei 1280.1 (c). This facility failed to described above that serious injury or deal constitutes an imm meaning of Health 1280.1(c).	nediate jeopardy alth and Safety Co prevent the deficier caused, or is likely th to the patient, and rediate jeopardy to	within the de Section ncy(ies) as to cause, d therefore within the						
Event ID:	CZBS11		8/10/2011	8:16:			.		
·	BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (XS) DATE								

Any deficiency statement ending with an astensk (\*) 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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