	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		050197	B. WING		05/10	/2016
	ROVIDER OR SUPPLIER		RESS, CITY, STATE, Z a De Las Pulgas,	IP CODE Redwood City, CA 94062-275	1 SAN MATEO COUN	TY
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	The following reflects t of Public Health during	he findings of the Department an inspection visit:				
	Complaint Intake Num CA00477434 - Substa					
	Representing the Depa Surveyor ID # 33819	artment of Public Health:				
		ited to the specific facility does not represent the stion of the facility.				
	purposes of this sectio means a situation in w noncompliance with or	ne or more requirements of or is likely to cause, serious				
r 9	Glossary of Definitions	:				
	Salpingectomy: Surgio	al removal of the uterus. al removal of the Fallopian gh which an egg travels from s.	â	NOV 1	0 273	
	Oophorectomy: Surgic part of a woman's repr	al removal of the ovaries, the oductive system that stores fertilization and produces				
		cal removal of the appendix, a to the digestive system and				
Event ID:	Elik11	9/21/2	2016 10:5	59:37AM		<u> </u>

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 15

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

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULTIF		(X3) DATE SUR COMPLETE	
		050197		B. WNG		05/10	/2016
	OVIDER OR SUPPLIER HOSPITAL		STREET ADDRESS, 170 Alameda De	MATEO COUN	TY		
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	located at the junction intestines. Symptomatic leiomyon tumors of the uterus.						
	Universal protocol: a p prior to beginning surg shown to improve team overall risk of wrong-si	ery, a practice that ha	as been				
	Time Out: The pause r and is intended to mak check what they are at confirms site, patient, a	e everyone slow dow bout to do. The Time	/n and				·
	OR: Operating Room					*	
	RN: Registered Nurse				NOV 10 3013		2
	Circulator RN: a register to monitor the procedu surgery. During operat procedures, the circula intermediary between the the rest of the hospital.	res in operating room ions and other surgic tor assists by acting the operating room st	ns during al as an				
	H & P: Called a "histor medical record that do						
Event ID:E		anna i castrosana	9/21/2016	10:5	9:37AM		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU 050197		(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	D
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-57-53-542 (53-54)	OVIDER OR SUPPLIER		STREET ADDRESS				
SEQUOIA	HOSPITAL		170 Alameda De	e Las Pulgas	, Redwood City, CA 94062-2751 SAN	MATEO COUN	TY
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(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 D	BE CROSS-	(X5) COMPLETE DATE
	reasons why the patier hospital or other facility for that patient's care. Operative Report: A do surgeon or other physic in a surgical interventio account of the findings specimens removed, th postoperative diagnose Pathology Report: the results of the examinat a biopsy or surgery. Health and Safety Cod "The facility shall inform responsible for the patient the time the report is m The CDPH verified that patient or the party resp adverse event by the ti Health and Safety Cod (c) For purposes of this jeopardy" means a situ noncompliance with on licensure has caused, of injury or death to the party Health and Safety Cod	cument produced by clans who have parti- n, which contains a the procedure used be preoperative and es. document that conta- ion of tissue remove e 1279.1(c) in the patient or the p ent of the adverse e ade." the facility informed ponsible for the patient me the report was m e 1280.1(c) is section "immediate ation in which the lide or more requirement or is likely to cause, a atient.	uctions y a cipated detailed d, the ins d during warty vent by f the ent of the hade. ensee's ents of		T22 DIV5 CH1 ART3-70223(d Corrective action(s) accomplisi patient identified by the deficite practice: Attending surgeon and Sequoia Risk and Patient Safety Manager affected patient following surgio 2/19/2016 and agreements were with the patient regarding appro- clinical monitoring and provisio appropriate medication therapy	hed for ent Hospital's r met with al event on reached opriate on of	
l	l				1		
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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL ID PLAN OF CORRECTION IDENTIFICATION NI 050197			(X2) MULT A. BUILDI B. WING	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED 05/10/2016			
	OVIDER OR SUPPLIER HOSPITAL			REET ADDRESS, CITY, STATE, ZIP CODE 0 Alameda De Las Pulgas, Redwood City, CA 94062-2751 SAN MATEO COUNTY					
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	includes any of the fo (1) Surgical events, in (A) Surgery performer inconsistent with the of for that patient. A representation of the subparagraph does n prompt action that occor or a situation that is s obtaining informed co T22 DIV5 CH1 ART3- General Requirement (d) Prior to commencion responsible for admin surgeon if a general a administered, shall versite and side of the bo	acluding the following: d on a wrong body part documented informed of ortable event under this of include a situation re- curs in the course of su o urgent as to preclude nsent. -70223(d) Surgical Sen s ng surgery the person istering anesthesia, or anesthetic is not to be rify the patient's identit ody to be operated on, is d of the following appear	that is consent quiring rgery vice the y, the and		Issue 1- No verification of corr site/side/level, at the time of pr scheduling. Corrective Action Plan: Verification of the correct patie the time of scheduling by the p staff is not considered a reliabl procedural verification. Theref Hospital's Universal Protocol fo Invasive Procedures policy doe Procedural Schedule to condu- verification of patient, procedur level 100% of medical staff member members involved in the wrong procedure were counseled and requirement to use the signed H&P to correctly verify the pati procedure, and site/side/level, error was known.	nt and procedure at hysician's office e process for ore, Sequoia or Surgical and es not all use of the ct the final re, and site/side/ s and surgical staff g surgical tre-educated about consent form and ent, surgical	02/19/16		
 This RULE: is not met as evidenced by: Based on interview and record review, the facility failed to perform the correct surgery for one sampled patient (Patient 1), when: 1. There was no verification of the correct procedur and site/side/level, with the physician or physician's office staff when the scheduling request was received. Therefore, the surgical procedure was no entered correctly in the surgical schedule according to the History & Physical (H & P), and consent. 2. The admitting Registered Nurse (RN 1), did not 		ocedure sician's was not cording nt.		100% of Operating Room RNs Lab RN's, Labor and Delivery I Room RNs, and Endoscopy RI educated never to rely on the s procedural schedule to verify th surgical procedure, and site/sid the Hospital's policy requires u consent form and H&P to corre patient, surgical procedure, an	RNs, Procedure Ns were re- surgical/ ne patient, de/level. Instead, se of the signed actly verify the	04/01/16			

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 050197		(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE 05/10	
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SEQUOIA H	IDER OR SUPPLIER		STREET ADDRESS 170 Alameda De		, ZIP CODE s, Redwood City, CA 94062-2751 SAN	MATEO COUN	TY
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	document the procedu P and consent; and die prior to moving Patien 3. A Registered Nurse 1 into the procedural a patient, correct proced consent. 4. The facility did not fo procedure when the set the Time Out procedure nurse.	d not document the sa t 1 to the procedure a (RN 2), who received area, did not verify cor lure based on H & P a pllow their policy and urgeon was allowed to	ame rea. I Patient rect and o lead		Our Universal Protocol for Surgical a Procedures policy was revised and a the Medical Staff to indicate that whe physician or physician office staff cor Hospital's surgical scheduling staff; ti patient name, the date of the intended and the name of the intended proced obtained from the physician or physic order to schedule the appropriate da surgical supplies and equipment. Per Protocol for Surgical and Invasive Pr policy revision, the surgical/procedur will never be relied on to verify the pr patient, and site/side/level during the "Time Out".	pproved by en the htacts the he correct d procedure, dure is cian staff in te, time, er Universal rocedures ral schedule rocedure,	08/17/16
ļ	This adverse event co jeopardy which placed Patient 1 at risk when mistakenly removed d	the health and safety Patient 1's ovaries we	/ of ere		Education regarding requirement to signed consent form and H&P to cor the patient, surgical procedure, and level was provided to anesthesiologi surgeons at multiple meetings of the Departments of Anesthesia, Surgery	rectly verify site/side/ sts and	09/08/16
	she will need to be on therapy for life.				100% of Operating Room RNs, Card Lab RN's, Labor and Delivery RNs, F Room RNs, and Endoscopy RNs (no absence) were required to review an understanding the revised Universal	Procedure ot on leave of id attest to	09/30/16
	Findings: Patient 1 was admitted symptomatic leiomiom tumors of the uterus), uterus, fallopian tubes	ata uteri(benign music for surgery to remove and appendectomy.	cle the Record		Surgical and Invasive Procedures po working in these procedural areas the reviewed the revised policy, because LOA or otherwise not working, will re- attest to understanding the revised L Protocol for Surgical and Invasive Pri policy prior to returning to work.	at have not e they are on eview and Jniversal	
	review of a facility form Special Procedure" sh 2/17/16 at 4:30 PM for procedure: "Laparosco both fallopian tubes - a	owed Patient 1 signe the indicated handwippic hysterectomy-rel	d on ritten	2	100% of surgical and anesthesiologi of the Medical Staff received written of the requirement to use the signed form and H&P to correctly verify the surgical procedure, and site/side/lev	notification consent patient,	09/30/16
		55			Person Monitoring Corrective Action Director of Surgical Services	:	

	ENT OF PUBLIC REALTH			r			
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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	Record review of a form Booking" dated 1/27/10 Patient 1 medical record birth, indicated under "	3 3:06 PM, identifying rd number, name and Surgery date: 2/18/10	d date of		Issue 2 – The admitting nurse (RN 1) verify the correct patient and procedu on the written informed consent and when the patient came into her unit a moving the patient to the procedure Corrective Action: The admitting nurse involved (RN 1)	ure based the H&P and when room.	00/40/40
	under "Procedure with complete hysterectomy oophorectomy), appy (/), BSO (bilateral sal	bingo		the admitting hurse involved (RN 1) immediately counseled and re-educa the patient, surgical procedure, and based on the written informed conse H&P.	ated to verify site/side/level	02/19/16
	Record review of a doc Statistics" dated 02/18 surgeries for the day, is scheduled for "Procedu hysterectomy, BSO (bi oophorectomy, append	/16 containing the ros ndicated Patient 1 wa ure: Laparoscopic lateral salpingo	ster of		100% of Operating Room RNs, Card Lab RN's, Labor and Delivery RNs, R Room RNs, and Endoscopy RNs (no of absence) were re-educated to cor the patient, procedure and side/site/I on the written informed consent and RN's working in these procedural are have not received the education, bec are on LOA or otherwise not working this education prior to returning to wo	Procedure of on leave rectly verify evel based the H&P. eas that cause they g, will receive	04/01/16
-	Record review of a prin record titled "Preop H8 (MD) on 02/18/16 at 12 "Plan: A total laparosco bilateral salpingectomy ovaries and incidental performedShe (Patie above plan".	P" signed by the sur 2:11 PM indicated un opic hysterectomy wi is planned. We will s appendectomy will bu nt 1) has decided on	geon der th save the e the		100% of Operating Room RNs, Card Lab RN's, Labor and Delivery RNs, F Room RNs, and Endoscopy RNs (no absence) were required to review an understanding the revised Universal Surgical and Invasive Procedures po working in these procedural areas th reviewed the revised policy, because LOA or otherwise not working, will re attest to understanding the revised U Protocol for Surgical and Invasive Pr	Procedure t on leave of d attest to Protocol for licy. RN's at have not they are on view and Iniversal	09/30/16
	Record review of a prin record titled "Operative on 02/19/16 at 17:08 F Operation: Total lapard bilateral salpingo-ooph appendectomy".	Report" signed by the M, indicated under " pscopic hysterectomy	ne MD Title of /, idental		policy prior to returning to work.		
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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT		(X3) DATE SURV COMPLETE	
		050197		B. WING		05/10	/2016
NAME OF PRO	VIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE,	ZIP CODE		
SEQUOIA	HOSPITAL		170 Alameda De	Las Pulgas	, Redwood City, CA 94062-2751 SAN	MATEO COUN	TY
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	Record review of a fac Protocol Policy and Pri indicated under "Purpo safety by ensuring that followed to ensure the procedure is performed correct side/site/level Process:A. At the tim scheduled C. At the	ocedure" dated "3/20 ose:is to promote p t processes are defin correct surgical or in d for the correct patie .". Under "Verification he the procedure is	14" ed and vasive ent at the		Immediately following the event, a cha tool was developed and ten (10) surg per month are observed and monitore Peri-operative Director or Manager us tracer tool/checklist to ensure 100% c with the verification process of utilizin informed consent and H&P to correct patient, procedure and side/site/level patient admission to the pre-operative patient entry into the surgical area, pr administration of anesthesia, and pric commencing the procedure.	ical cases ad by the sing the compliance g the written ly verify the at the time of a area, ior to or to I was revised .R. staff to	On-going 06/30/16
	leaves the pre-procedu	ure area E. Upon arri			Universal Protocol. The checklist/tra for all patients undergoing procedure Operating Room.	cer is used s in the	
	into the facility for a procedure D. Before patient leaves the pre-procedure area E. Upon arrival to the procedure area E. Immediately prior to the procedure". During a 4/27/16 at 12:45 PM interview with Director of Quality Services(DQS), Risk Manager(RM), and Director of Perioperative Services (DPS), DQS acknowledged from the moment of scheduling the procedure the documentation had the wrong procedure: "BSO (bilateral salpingo oophorectomy) was written and that was the wrong procedure". Asked about the verification of the procedure from the time the "Request for Surgery Booking" facility form was faxed to the scheduling office from the physicians office, DQS stated: "That was just a request for a time slot from the doctor's office". RM stated: "The documentation is less than optimalwe need to change the language in our Universal Protocol Policy".		e the BSO en and out the he was sicians t for a ated: ve need		The Peri-operative Director audits a 50% of the checklists (randomly sele ensure documentation of appropriate of the patient, procedure and side/sit based on the written informed conse H&P at the time of patient admission operative area, patient entry into the area, prior to administration of anest prior to commencing the procedure. continue until 100% compliance is a four (4) months. Person Monitoring Corrective Action: Director of Surgical Services.	ected) to everification re/level nt and the to the pre- surgical hesia, and Audits will chieved for	On-going
Event ID:El	11/11		9/21/2016	10	59:37AM		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI 050197		(X2) MULT A. BUILDIN B. WING		(X3) DATE SUR COMPLETE 05/10	
	DVIDER OR SUPPLIER HOSPITAL			SS, CITY, STATE, De Las Pulgas	ZIP CODE s, Redwood City, CA 94062-2751	SAN MATEO COUN	TY
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	During a concurrent in the Director of Periope 4/27/16 at 12:45 PM v facility copy of the elec Pre-Operative Nursing "02/18/16 7:21", comp (RN 1); DQS acknowle admitting Patient 1". The same document f verification of the corre and correct site/side/le procedure consent du moving Patient 1 to th document indicated on "Pre-Op/Procedure Cl Registered Nurse (RN "02/18/16 at 8:25". DF received that report". I acknowledged the doo verification of H&P an During a 4/27/16 at 12 RM and DPS, while re copy of the Intra-Oper DQS and DPS acknow in page 2 under "Surg Detail: Hysterectomy, failed to document a r consent upon arrival in immediately prior to th	erative Services (DPS) while reviewing a 7 page ctronic Patient 1 9 Assessment form da leted by a Registered edged RN 1 "was the ailed to indicate the ect patient, correct pro- evel using the H & P a ring admission and pri- e procedural area. The n page 4, under necklist: Report Given 1 2) in the OR, dated PS stated: "Yes, RN 2 Both DQS and DPS cument did not contain d consent. 2:45 PM interview with eviewing a 8 pages face rative nursing assesses wiedged the record inco ical Procedures/ Proc BSO, Appendectomy' eview of Patient 1 H& in the procedural area), on ges ted Nurse e RN ocedure nd the ior to e to:" a n a n DQS, sility nent; dicated edure ', and P and and		Issue 3: A Registered Nurse (received Patient 1 into the pro- not verify correct patient, corre- based on H & P and consent. Corrective Action: The nurse (RN 2) receiving the OR was immediately counsele educated to verify the correct p procedure based on the writter consent and the H&P. 100% of Operating Room RNs Lab RN's, Labor and Delivery I Room RNs, and Endoscopy RI of absence) were re-educated the patient, procedure and side on the written informed conser RN's working in these procedur have not received the education are on LOA or otherwise not w receive this education prior to 100% of Operating Room RNs Lab RN's, Labor and Delivery Room RNs, and Endoscopy R of absence) were required to to understanding the revised I for Surgical and Invasive Proc RN's working in these proced have not reviewed the revised they are on LOA or otherwise review and attest to understant Universal Protocol for Surgica Procedures policy prior to return	cedural area, did ect procedure e patient in the id and re- patient, n informed , Cardiac Cath RNs, Procedure Ns (not on leave to correctly verify e/site/level based at and the H&P. ural areas that on, because they rorking, will returning to work s, Cardiac Cath RNs, Procedure RNs (not on leave review and attest Universal Protocol cedures policy. ural areas that d policy, because not working, will nding the revised al and Invasive	02/19/16 04/01/16 09/30/16
	same document indicated RN 2, RN 3 and RN 4 were present in the procedural area. Record review of a facility policy titled: "Universa			16 10	:59:37AM		

	ENT OF PUBLIC HEALTH	, 	ARREST AND ALLOW		#18.00.#0.10.00		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS	, CITY, STATE,	ZIP CODE		
SEQUOIA	HOSPITAL		170 Alameda De	Las Pulgas	, Redwood City, CA 94062-2751 SAN	MATEO COUN	TY
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMA	HON)	TAG	REFERENCED TO THE APPROPRIATE D	EFICIENCY)	DATE
					Immediately following the event, a ch		On-going
	Protocol Policy and Pro	ocedure" dated "3/20	14"		tool was developed and ten (10) surg per month are observed and monitore		
. ×	indicated, "Verificatio		Alter and		Peri-operative Director or Manager us		
	moving the patient to the	Net and the constant of the second and the second			tracer tool/checklist to ensure 100% of		
	area:Pre-Procedure		ately		with the verification process of utilizin		
	completed, signed, pro				informed consent and H&P to correct		
					patient, procedure and side/site/level of patient admission to the pre-opera		
	Under "Verification at t	he time of arrival in the	ne		patient entry into the surgical area, p	Second States and a second	
	procedural area: The n	urse receiving the pa	atient will		administration of anesthesia, and prio		
	verify the correct patient	Contraction of the second s	Transformer and the second of		commencing the procedure.		
	correct site: a. Using t				4124		
	c. The procedure cons	ent			In June 2016, the checklist/tracer too	was	
					revised and implemented as a check	With the second s	06/30/16
	Under "Verification Imr	nediately prior to the			staff to utilize for validation of all eler		
	procedure (aka time ou				Universal Protocol. The checklist/tra	over the second s	
	following characteristic	s: A. All team memb	ers will		used for all surgical patients undergo		
	stop al other activities	to complete the verifi	cation		procedures in the Operating Room.		
	process. B. The circula	ating or procedure nu	rse will				
	lead the time outD. T	he basic elements o	fthe		The Peri-operative Director audits a	minimum of	On-going
	time ouit/procedural pa	ause are:c. Correct			50% of the checklists (randomly sele		
	procedure is verified	".			ensure documentation of appropriate		
					of the patient, procedure and side/si based on the written informed conse		
					H&P at the time of patient admission		
	During an interview with	th an operating room			operative area, patient entry into the		
	Registered Nurse (RN	3) on 04/27/16 at 12	:05 PM,		area, prior to administration of anest		
	RN 3 stated she was a	circulator nurse "as	a		prior to commencing the procedure.		
	resource " on 02/18/1	6 for Patient 1's sche	duled		continue until 100% compliance is a four (4) months.	chieved for	
	surgery. Asked how an	nd who lead the time	out, RN		iour (4) monuis.		
	3 stated: "the surgeon						
	the time out, I did not		l		Demon Manifestor Oceantity Anti	- 10	
	never had Patient 1's r	nedical record ".			Person Monitoring Corrective Action	1.	
					Director of Surgical Services		
	RN 3 was shown a fac						
	2/18/16 and titled: "Wo	•					
	Surgical Safety Check	" that described in the	ee				
Event ID:E	IK11		9/21/2016	10	:59:37AM		

TATEMENT OF ND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050197	25.3 7.58	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		VEY ED 0/2016
AME OF PROVI	DER OR SUPPLIER DSPITAL		T ADDRESS, CITY, STATE ameda De Las Pulga	e, ZIP CODE s, Redwood City, CA 94062-2751	SAN MATEO COUN	ΤY
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	HOULD BE CROSS-	(X5) COMPLETI DATE
r r 」」はasicttccc DRRfifishengctt FSssvM (/	h-Circulator Leads, Aff incision Time Out- Circu eaves Operating Roo eads", at in each colu cknowledged her sign tated: "My signature of dentifying the correct p ne right procedure", as olumn initial step. RN onsent or other docum During an interview witt Registered Nurse (RN RN 4 stated she was "/ nished orientation and nished", present on cheduled surgery. RN ead by the Dr.[surgeon ame of the patient, the uestions". Asked if so onsent, or H & P, RN he consent or the H&F RN 4 was shown the "N Surgical Safety Check" ignature on the form a vas for the patient ider /D lead the time out At	h an operating room 4) on 04/27/16 at 12:25 PM A circulator nurse having d my training was not 02/18/16 for Patient 1 I 4 stated "The time out wa n] MD. The MD stated the e procedure and asked for she saw Patient 1 signed I 4 stated: "No, I never saw P". World Health Organization ' form used at the facility at 16. RN 4 acknowledged he and stated: "My signature ntification only, the doctor	itor ht β Λ, s nd ur	 Issue 4: The facility did not fa and procedure when the surg lead the Time-Out procedure circulator nurse. Corrective Action: The attending surgeon and su involved in this event were im counseled that per Hospital p cannot lead the final Time-Out immediately prior to commen case. The attending surgeon involved in this event were im informed that per Hospital po Circulating Nurse is accounta Time-Out procedure immedia commencing the surgical cass Circulating Nurse is required the written informed consent surgeon during the final Time immediately prior to commen case. Education was provided to ar and surgeons at multiple mee Departments of Anesthesia, S Orthopedics, Obstetrics and I Internal Medicine and Cardio regarding requirement that per surgeons cannot lead the Time immediately prior to commen case; and that the Circulating required to visually review the consent with the attending suffinal Time-Out procedure immediately prior to commen case; and that the Circulating suffinal Time-Out procedure immediately are the commencing the surgical case in the the surgical case in the circulating suffinal Time-Out procedure immediately prior to commen case in the surgical case in the circulating suffinal Time-Out procedure immediately prior to commen case in the surgical case in the circulating suffinal Time-Out procedure immediately prior to commen case into the surgical case into the surgical case into the surgical case into the commencing the surgical case into the surgical case into	eon was allowed to instead of the urgical staff imediately olicy, surgeons it procedure cing the surgical and surgical staff imediately licy, the ible to lead the itely prior to e. Further, the to visually review with the attending o-Out procedure cing the surgical hesthesiologists etings of the Surgery, Gynecology, vascular er Hospital policy, al Time-Out to commencing reulating Nurse is o-Out procedure cing the surgical g Nurse is e written informed urgeon during the nediately prior to	02/19/16

IATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER 050197			A. BUILDING			E SURVEY PLETED 05/10/2016	
NAME OF PROVIDER OR SUPPLIER	1	STREET ADDRESS	S CITY STATE	ZIP CODE			
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PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEEDED BY DR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETE DATE	
according to a publ Manual Surgical Sa divides the operation corresponding to a normal flow of a pro- induction of anesth induction and before and the period durin closure but before to operating room (Sig	ealth Organization webs cation titled "Implement fety Checklist", the Che n into three phases, ea specific time period in the cedure - the period before as a (Sign In), the period as surgical incision (Time ag or immediately after emoving the patient from n Out). In each phase,	tation ch he ore d after e Out), wound m the the		100% of surgical and anesthesiolo of the Medical Staff received writte of the requirement that Circulating accountable to lead the Time-Out immediately prior to commencing case, and that the Circulating Nur required to visually review the writ consent with the attending surgeo final Time-Out procedure immedia commencing the surgical case.	en notification Nurses are procedure the surgical ses are ten informed n during the	09/30/16	
that the team has of proceeds further). During a concurren Quality Services (D Manager (RM) on O DQS stated: "There eventThere was a nurse in charge of f physician] (MD), is time out. We intervi is not perfect and s procedure". RM a followed, it has bee correct but it was e doing the surgical s	interview with the Dire QS) and the Patient Sa 4/01/16 beginning at 11 were many misses on new Operating Room on the time out Dr.[name a doctor who leads her ewed the MD and she so the forgot the correct dded: "Our Policy was no nevised, the consen- thered incorrectly by a consen- tion the time out was wrong	re it ctor of fety Risk 1 AM, this circulator of own said she not t was clerk ntation		100% of Operating Room RNs, C Lab RN's, Labor and Delivery RN Room RNs, and Endoscopy RNs of absence) were re-educated the cannot lead the final Time-Out pr immediately prior to commencing procedure; that the Circulating N accountable to lead the Time-Ou immediately prior to commencing procedure; and that the Circulatin required to visually review the wr consent with the attending surge final Time-Out procedure immedia commencing the procedure. RN these procedural areas that have the education, because they are otherwise not working, will receive education prior to returning to work	Is, Procedure (not on leave at surgeons ocedure the urse is t procedure the g Nurse is itten informed on during the ately prior to s working in not received on LOA or e this	09/30/16	
Services (DPS) on	with the Director of Per 04/27/16 at 1 PM, DPS each RN reviews the p	stated:					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SUR COMPLETE			
×.		050197	A. BUILDI B. WING	NG	- 05/10)/2016		
AME OF PR	OVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE					
SEQUOIA	HOSPITAL	170 Alama	eda De Las Pulgas	s, Redwood City, CA 94062-275	1 SAN MATEO COUN	ITY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE		
	the moment of patient a time in the process", nurse has to lead the ti patient's consent and c	for surgical procedure, from admission and every hand off and added: "The circulator ime out and reads from the obtains a verbal agreement operating room, as it is in the		Immediately following the even tool was developed and ten (per month are observed and Peri-operative Director or Ma tracer tool/checklist to ensure with the verification process of informed consent and H&P to patient, procedure and side/s of patient admission to the pr patient entry into the surgical administration of anesthesia, commencing the procedure.	10) surgical cases monitored by the nager using the a 100% compliance of utilizing the written o correctly verify the ite/level at the time re-operative area, area, prior to	On-going		
	record titled "Progress surgeon MD on 02/19/ "This morning I visited postsurgical rounds/ (Patient 1) reminded m	16 at 5:08 PM indicated, the patient for my At that very point, she se that the ovaries were not		In June 2016, the checklist/tra revised and implemented as staff to utilize for validation of Universal Protocol. The chec used for all surgical patients procedures in the Operating I	a checklist for OR all elements of cklist/tracer is undergoing	06/30/16		
	supposed to come out. I recalled immediately that she was actually quite correctand told her that I had wrongfully removed her ovariesI mistakenly conducted the surgical pause and said that I would remove the uterus, tubes, and ovaries, and proceeded to do so".			50% of the checklists (rando ensure documentation of ap of the patient, procedure and based on the written informe	Peri-operative Director audits a minimum of 6 of the checklists (randomly selected) to ure documentation of appropriate verification he patient, procedure and side/site/level led on the written informed consent and the P at the time of patient admission to the pre- urative conservation to the pre-			
	Record review of a facility policy titled: "Universal Protocol Policy and Procedure" dated "3/2014" indicated under "Verification at time of Procedure Scheduling:the person responsible for scheduling the procedure will verify the correct			area, prior to administration prior to commencing the pro continue until 100% complia four (4) months.	of anesthesia, and cedure. Audits will	2		
	patient, correct proced the physician or physic staff scheduling the pro Under "Verification at A Facility:A. The nurse	ure and site/side/ level with sian's office staff or nursing ocedure". Admission or Entry into the admitting the patient will nt, correct procedure and		Person Monitoring Corrective Director of Surgical Services				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	050197		B. WING		- 05/1	05/10/2016	
	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, 2				
	HOSPITAL			Redwood City, CA 94062-275	51 SAN MATEO COUI	ITY	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
	b. The history and p consent"	hysical c. The procedure					
		indicated under "Approval lanager/Director, Medical Board".					
	ecklist/en/ World Heal according to a publica Manual Surgical Safe goal of the WHO Surg help ensure that team critical safety steps ar	tientsafety/safesurgery/ss_ch th Organization website and tion titled "Implementation ty Checklist: The ultimate pical Safety Checklist is to s consistently follow a few ad thereby minimize the most le risks endangering the lives pical patients.					
	to comprise the surge professionals, nurses, operating room person In order to implement a single person must checking the boxes or Checklist coordinator	technicians and other nnel involved in surgery. the Checklist during surgery, be made responsible for in the list. This designated will often be a circulating ny clinician or healthcare		2			
	phases, each corresp period in the normal fi	the operation into three onding to a specific time ow of a procedure - the period esthesia (Sign In), the period					

NO!! 1.0

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050197		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/10/2016	
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	after induction and before surgical incision (Time Out), and the period during or immediately after wound closure but before removing the patient from the operating room (Sign Out). In each phase, the Checklist coordinator must be permitted to confirm that the team has completed its tasks before it proceeds further. Therefore, during "Sign In" before induction of anesthesia, the person coordinating the Checklist will verbally review with the patient (when possible) that his or her identity has been confirmed, that the procedure and site are correct and that consent for surgery has been given. The team will pause immediately prior to the skin incision to confirm out loud that they are performing the correct operation on the correct patient and site and then verbally review with one another, in turn, the critical elements of their plans for the operation using the Checklist questions for guidance. Having a single person lead the Checklist process is essential for its success. In the complex setting of an operating room, any of the steps may be overlooked during the fast-paced preoperative, intraoperative, or postoperative preparations. Designating a single person to confirm completion of each step of the Checklist can ensure that safety steps are not omitted in the rush to move forward with the next phase of the operation. Until team members are familiar with the steps involved, the Checklist coordinator will likely have to guide the team through this Checklist process."				0-374M		
Event ID:El	11/11		9/21/201	6 10:5	9:37AM		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050197		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLET	(X3) DATE SURVEY COMPLETED 05/10/2016	
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SEQUOIA			Presente l'apprendent de l'article en la construction de la constructi		Redwood City, CA 94062-2751	SAN MATEO COU	ITY I	
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	The hospital's failure to for Patient 1 constitute within the meaning of H Section 1280.1(c). This facility failed to described above that serious injury or deat constitutes an imm meaning of Health 1280.3(g).	s an immediate jeopa Health and Safety Co prevent the deficie caused, or is likely h to the patient, an nediate jeopardy	ardy ardy ency(ies) as y to cause, nd therefore within the de Section				-	
Event ID:EllK11 9/21/2016				10:5	59:37AM			

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