1	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE SU	
	or connection	IDENTIFICATION NOMBER.	A. BUILD	PING	COMPLET	ED
		050236	B. WING		12/0	7/2011
	ROVIDER OR SUPPLIER LEY HOSPITAL & HEALTH		RESS, CITY, STAT		0.00	
SERVICE		CARE 2575 Sycar	nore Dr, Smir Va	alley, CA 93065-1201 VENTURA C	UUNIY	
	•					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	D	PROVIDER'S PLAN OF CO	RECTION	(X5)
PREFIX	-	MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH	OULD BE CROSS-	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPR	IATE DEFICIENCY)	DATE
	The following reflects t	he findings of the Department				
	of Public Health during					
	Ū	•		Simi Valley Hospital is co	mmitted to	
		-		providing quality care. Pro		
	Complaint Intake Numl			and/or implementation of		
	CA00284784 - Substar	ntiated		correction does not const	itute	
	Depresenting the Depr	streamt of Dublin Hankha		admissions or agreement		
	Surveyor ID # 13034, H	Intment of Public Health:		provider of the truth of the		,
	Guiveyor 12 # 10004, 1			or conclusions set forth in		
	The inspection was lim	ited to the specific facility		statement of deficiencies. correction is prepared and		
	event investigated and			solely because it is requir		
	findings of a full inspec			solely because it is requir	eu by law.	
		Code Section 1280.1(c): F		The following actions and/or of been initiated in response to		
	purposes of this			Patient A, and applies to all c		
	means a situation	in which the licensee one or more requirements (future patients admitted to the		
	1 .	or is likely to cause, seriou		regarding the process to ensu	ure accurate	-
	injury or death to the pa		3	surgical instrument counts du	iring surgical	
	injury of doutin to the pr			procedures.		
				Sponge, Sharps, and Instrum	ent handling	
	DEFICIENCY CO	NSTITUTING IMMEDIAT		policy and processes were re		
	JEOPARDY: T22 DIV	5 CH1-70223(b)(2)		evaluated, and revised as fol	llows:	
	SURGICAL S	SERVICE GENERA	L	Dvieties notice #Cores of Surei		
	REQUIREMENTS			Existing policy "Care of Surgi was amended and approved		10/27/11
				identification of missing surgi		
		the medical staff shall I)e	during the sterile processing		
	assigned responsibility	for:		period, with notification of the	O.R. charge	
				nurse of the discrepancy.	• • •	
	1	aintenance and implementation		Sterile Processing staff were		
		nd procedures in consultation	1	the policy and department's p changes by the Sterile Proces		
		ate health professionals ar is shall be approved by th		Supervisor.	sang	11/14/11
		es snall be approved by the source by the sources shall be approved by the source by the source of t	1	The Sterile Processing Super	visor or lead	
і 		medical staff where such is	צי	sterile processing technician		
	and automotionation diffe	moureal stan milere such is		of all reassembled surgical tra	ays for both	
Event ID:	IDQ711	5/24/20)12 10:0	6:06AM		

Event ID: ID: 011		
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN	TURE TITLE	(X6) DATE
Cartene Ell a SPIP 14	and the Com	Elalor
Any deficiency statement ending with an asterisk (t) denotes a deficiency which the inst that other safeguards provide sufficient protection to the patients. Except for nursing he of survey whether or not a plan of correction is provided. For nursing homes, the above the date these documents are made available to the facility. If deficiencies are cited, an participation.	mes, the findings above are disclosable 90 days following the d findings and plans of correction are disclosable 14 days following	ate
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State-2567

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			TIPLE CONSTRUCTION	(X3) DATE SURI COMPLETE	
				A. BUILDH	NG		
		050236		B. WING		12/07	/2011
NAME OF PRO	OVIDER OR SUPPLIER	<u></u>	STREET ADDRESS	, CITY, STATE,	ZIP CODE		
SIMI VALL	EY HOSPITAL & HEALTH	CARE	2975 Sycamore	Dr, Simi Val	lley, CA 93065-1201 VENTURA COUNT	Y	
SERVICES	5						
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PREFIX.		MUST BE PRECEEDED BY	. /	PREFIX	(EACH CORRECTIVE ACTION SHOULD I		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMA	(IION)	TAG	REFERENCED TO THE APPROPRIATE D	EFICIENCY) .	DATE
	· · · · · · · · · · · · · · · · · · ·				in the second se	4:	
	Continued From page) 1			missing instruments and notifica Surgery charge nurse for cases		06/30/13
	appropriate.				instrument cannot be located. A		
					conducted daily for six consecut	1	
			-		until 100% compliance is achiev		
					by monthly audits of 50 random		
	,				six months with a goal of 100%		
ļ	Based on staff inter-				Results to be reported monthly t		
	policy and procedure				Interdisciplinary Patient Care Co (quality assessment performanc		
	implement its policy				improvement committee) which		h
	instruments used d	• • •	,		Quality Council, Medical Execut		
	accurately accounted surgery on 11	. Following the			Committee, and the Governing I		
		•	• •		cases that fallout will be investig		
	patient complained experienced increas	•			Sterile Processing manager for), (
	secreted from the	-	· · /		process review, corrective action		
	x-rays performed on				remedial 1:1 staff education as a in order to prevent future occurre		
	surgery, revealed a				in order to prevent luture occurs	SILCE.	
	within the patient's						
	returned to surgery						
	inch Babcock clamp						
	grasp, join, compress	•			All Operating Room staff were e		12/14/11
	or vessel), found ir				the policy changes by the Direct	or of	12/14/11
	removed. During the	surgery, following	the removal		Surgery. The Director of Surgery or Surger	on Charge	06/30/13
	of the retained cl	amp, Patient A	experienced		nurse will audit 100% of all surg		06/30/13
	sudden, swift bleedin	g from the area of	the spleen,		that require instrument trays for		е
	and an emergency				of an inventory count sheet and	for	
	spleen) was perfori			•	discrepancies in the documente		
	excessive bleeding.	•	1		count versus the number of inst		
	the instrument cour		1		the actual tray. Any fallouts will		
	instrument was retain		- (immediately reported to the Ster Processing Manager for investig		
	surgery on 11,	,	1		corrective action. Audits will be		
	likely to cause ser	rious injury or de	eath to the		daily for six consecutive months		
	patient.				compliance is achieved, followe		y
	 ,,				audits of 50 random cases for 6	six months	
	Findings:				with a goal of 100% compliance		
					be reported monthly to the Inter	disciplinary	
Event ID:I	DQ711		5/24/2012	9:37	:04AM	<u></u>	

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

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.

TITLE

(X6) DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE			TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		050236		A. BUILDIN B. WING	۹G	12/07	/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS, C	I CITY, STATE,	ZIP CODE		
SIMI VALL	EY HOSPITAL & HEALTH	CARE	2975 Sycamore D	r, Simi Val	ley, CA 93065-1201 VENTURA	COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
	surgery. According to the procedures per laparoscopic removal on the stomach to re- which converted to laparotomy (opening removal of lap-band ap According to the intra 11 Patient A ent at 7:40 a.m., and the made) at 7:53 a.m. documentation the in a.m. and the patier Surgeon 1 performed exploratory laparotom assisted by Surgeon was assigned the res and completing the intraoperative record. scrub nurse for the pro-	on 9/29/11 beginni Patient A was adm 11 for scheduled the surgeons ope rformed included; of a lap-band (a d duce the size of th o an exploratory the abdominal paratus. Hoperative nursing r ered the operating he procedure start Per the anesth noision was closed the procedure start the procedure start the procedure start of 2. RN 1 (regist ponsibility for circu- ne documentation RN 2 was assign cedure. The intraoperative re count and a "final s were verified hs" in the coun and sponges" and	attend to the abdominal rative report attempted evice placed be stomach), abdominal cavity) and record dated room (OR) ed (incision esia record d at 11:30 11:38 a.m. laparoscopy, lap- band) ered nurse) lating nurse on the ned as the erification" "count with by RN1 as ts included		Each surgical tr include the nam prepared the tra used and count in that tray, and items. Multiple t type are numbe identify which tr 3. Reinforces that a performed in the for consistency 4. Reinforces that e type will be doc	ntion of Retained d the Governing d the for Sponge, Sharps nion policy: buntable items cess for surgical d the staff who ed the instruments an inventory of rays of the same red in order to ay was used, il counts are e same sequence ach count and coun	11/15/11
	Post operative docum noted to have "significa				medical record 5. Establishes criter X-ray to be take OR for open bo	en and read in the	
Event ID:1	DQ711		5/24/2012	9:37:	04AM		
ABORATOR	Y DIRECTOR'S OR PROVIDE	RISHPPHER REPRESE	NTATIVE'S SIGNATI	IRF	TITLE		(X6) DATE

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1	OF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			CONSTRUCTION	(X3) DATE SURY COMPLETE	
		050236		A, BUILDING B. WING		12/07	/2011
		<u>L</u>	STREET ADDRESS,	L CITY, STATE, ZIP (CODE		
	EY HOSPITAL & HEALTH	CARE	1		CA 93065-1201 VENTURA COUNT	Ŷ	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD F REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
	appears to be a cla device, which projects the abdomen and m length." Physician's at 10 a.m. indicated instrument" in the patie Patient A returned Instrument A returned Instrument a bile leak. The sec performed by Surger According to ope medium-sized Babco the left upper quadra pathology. During the of the retained cl sudden, swift bleedin and an emergency spleen) was perform excessive bleeding. included "status p removal of foreig instrument. Splenecto the left upper quadrant A review of the fa policy No AD-14-005- - Sponge, Sharps, a 7/09) on 9/29, summary/intent stat	om the drain that dominal surgery. 11 revealed "there imp or metallic force and in the left upper heasure 23 cm (ce progress notes da the presence of ent's left upper quadre to the operating later, to remove ind to explore the cond abdominal sign and, assisted by erative report f ck clamp placed ant" was removed a surgery, following amp, Patient A g from the area of splenectomy (rem med to control t The post operative cost exploratory in body, retained my and placement on 2011" cility's "System-wid S" "Facility Policy ind Instrument Count (11 revealed the ed in part "	Radiological e is what eps surgical quadrant of ntimeters) in ted 11 , a "retained ant. g room on the retained origin of the surgeon 2. indings "a vertically in and sent to the removal experienced the spleen, oval of the he patient's re diagnosis laparotomy, ed surgical of drain in e Corporate No B01135 nts" (revised ne policy to provide		where the depth of the could result in the loss instrument. All Operating Room staff we to the new policy and proces Director of Surgery. All nursing and O.R. scrub to staff receive an annual perfor (competency) check for spo and instrument counts. These employees were retrained a participated in an interactive count demonstration by the Surgery. All new Operating employees will receive this to during clinical orientation on sharps and instruments cour policies and be evaluated a for competency through dire observation by their assigne preceptor before they are re- work without supervision. Interventional & Operative Physicians reviewed and a Prevention of Retained Sur B01163 policy and were en- the event. Written education created I Director of Surgery titled "F Retained Surgical Items" w distributed via U.S. mail to who hold privileges at the f	of an are educated sses by the echnician prmance nge, sharps, se nd p, hands-on Director of Room training a sponge, nt facility nd validated ect ed surgery eleased to committee pproved gical Items ducated to py the Preventing ras surgeons	12/14/11 12/06/11 01/11/12
	guidelines for performing	•	nd				
Event ID:II	DQ711	_ <u></u>	5/24/2012	9:37:04A	M		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) 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 CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT		(X3) DATE SUR COMPLETE	
		050236		B. WING		12/07	/2011
NAME OF PRI	OVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE,	ZIP CODE		
SIMI VALL	EY HOSPITAL & HEALTH	CARE	2975 Sycamore D)r, Simi Val	lley, CA 93065-1201 VENTURA COUNT	Y	:
(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 DI	BE CROSS-	(X5) COMPLETE DATE
	Continued From page	4					
	instrument counts in are performed to acc the patient is not inj foreign body." The policy complianc "Instruments must be which a major body or the location of instrument could be instrument counts. performed at the fol procedure to establis wound closure b .3)."When a multiple 4) When additional field, they are counte the count documentatio "Procedure: 1. Befor person and circula sharps and instrument each item is separate "2. This original count being taken by the nurse or physician." instrument added to surgery are counted recorded immediately During the operative nurse counts all spot the operative field to scrub person etc." 5. begins the scrub per	e surgical procedur ount for items and ured as a result of e key elements sta counted on all pr cavity is opened, o the wound is suc retained". "C. F Instrument co lowing times: Initia sh a baseline. Se egins;" "Additional stage operation is instruments are ad d and the number on." ore surgery begins ting nurse count the together and co ed in the counting t is recorded imme scrub person and "3. All sponges to the operative fit together and out by the circulating e procedure, the nges that are disc gether and out lot Before closure of son and the circulation	ensure that f a retained ated in part focedures in r the depth, h that any requency of bunts are al-before the econd-before al counts: performed. Ided to the is added to the scrub t sponges, but loud as procedure." diately after d circulating sharps and field during t loud and nurse." "4. circulating carded from ud with the peritoneum lating nurse		 System wide corporate policy AD facility # B01135 "Sponge Sharp: Instrument Counts" was revised if Adventist Health Clinical Best Pri Committee with an advance copy the facility on 11/10/11 for staff e Final draft of policy received by fareviewed by medical Intervention Operative committee, and was a use. Amended policy: Defines the neutral zone, invasive surgery, and w counts. Additional sharps items th potential for retention w Only towels with radiopad will be used in wounds, and easily distinguishat other towels. Special or with radiopaque marker O.R. supplies. Situational awareness (he awareness of distraction to address scenarios vu surgical item retention. All Operating Room staff we to the policy changes by the Surgery. 	s, and by the actices y provided to ducation. acility, hal & pproved for minimally raived hat have a ere added. que markers counted, ble from der towels is added to eightened ns) defined ilnerable to birector of birector of a system b Adventist ation System uter fields	10/14/11 12/14/11
	count together sponges/sharps/instrum		oud. All		added so that staff can now docu surgical count type and time it wa		
Event ID:I			5/24/2012	9:37:	performed.		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
CERT INE		17/12
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excus	ed from correcting providing it is determined	4
that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings ab	ove are disclosable 90 days following the da	ate
of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of	of correction are disclosable 14 days followir	ng
the date these documents are made available to the facility. If deficiencies are cited, an approved plan of co	rrection is requisite to continued program	

participation.

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1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			IPLE CONSTRU	UCTION	(X3) DATE SUR COMPLETE	
		050236		A. BUILDIN B. WING	IG		12/07	/2011
NAME OF PRO			STREET ADDRESS,	CITY, STATE,	ZIP CODE			
SIMI VALL	EY HOSPITAL & HEALTH	CARE	2975 Sycamore [Dr, Simi Val	ley, CA 9306	5-1201 VENTURA C	OUNTY	
SERVICES	i							,
	y		L	•	P			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH	PROVIDER'S PLAN OF CO CORRECTIVE ACTION SH ENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	5						
	operative field which and/or which were circulating nurse reco and reports to the su count. 6. Before sh person and circulatin together all instrume peritoneum closure,	were counted be added during su rds the tally on the urgeon out loud, re kin closure begins ng nurse count ou nts that were use plus all counted	urgery. The . e count form sults of this the scrub at loud and ed after the sharps and		educated to count a and times as well as electronic Updated e Adventist team and	ting Room nursing by the Director of and how to docume s using the existing s given education of fields that were be electronic fields we Health Clinical Inf were released for cilities. The Director	Surgery on wher ent count types electronic fields on the new eing created. ere created by ormation System use by Adventis	12/14/11
	sponges. The final designation, is recorde	d by the circulating n			notified al	Il nursing staff to b Imentation feature	egin using the	01110112
	There was no docum to indicate when the addition, there was n the second count (to perineum) was complet Interview with RN1 c p.m. verified that she nurse for Patient A's responsible for doc sharps and instrume 10/13/11, during an p.m., RN 2 verified to scrub nurse for the c the cart to the OR instruments etc., scru and counted the spo board) with circulating when the surgery con nurse (RN1) to open the count. Before the stand and the back for laparoscopy and p Major tray on the table,	e "counts" were co be done before cli be done before cli ted, as per facility po on 10/13/11 beginning was the assigne surgery on second cumenting that the ent counts were interview beginning that he was assigned ase. He stated that and opened the ubbed, put the inst onges, sharps (they go nurse (RN1). RN onverted "I told the the Major lap tray be count I cleaned table from all the pout them aside. The	ompleted. In overify that osure of the licy. and at 1:45 d circulating 1, and was be sponge, correct. On ag at 3:05 ned as the che brought laparoscopic ruments out go on the 1 2 indicated e circulating and we did t the Mayo instruments en I put the		corrective sustained Surgery c surgical c 1. Di	o monitor performa e actions have bee d the Director of Su- charge nurse will a cases each month irect observation o case to assess con Sponges, Sharps, Count policy eleme performed by the o and scrub tech, sta correct number of correct number of correct times durin the surgeon(s) allor required counts, th performed visual o sweeps of open ca- and the surgeon(s final counts were ompliance with usi- tracking forms to in of staff who assem tray number, if app of O.R. staff who p	n achieved and urgery or the udit 100% of to include: f the surgical mpliance with the and Instrument ents to include chniques circulating nurse aff performed the counts at the g the procedure, wed time for all he surgeon(s) thecks and woun avity/organ cases s) verified that the correct. ing surgical tray nclude signature bled the tray, plicable, signature	d
Event ID:II			5/24/2012	0.37	04AM			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REF	PRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Clash	CNE	6	hla-
Any deficiency statement ending with an asterisk (*) denotes a	a deficiency which the institution may be excuse	d from correcting providing it is determ	ined
that other safeguards provide sufficient protection to the patient	nts. Except for nursing homes, the findings above	ve are disclosable 90 days following th	e date

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.

(SPS) was asked; if during the preparing/packaging the instrument trays, they discovered that an instrument is missing (based on the list) would they inform the OR? The SPS responded, "We usually do, but I don't think it was done for this case. In an interview with the Risk Management and Accreditation Director on 10/27/11 at 1:45 p.m. she stated " I know the policies in effect at the time of the incident, did not include for processing staff to call the OR if an instrument was missing from a tray. But we added it to the policy after the incident as part of revisions/ changes we made."An cases that failout win be presented to the involved employee(s) by the Director of Surgery for investigation, process review, corrective actions, and remedial 1:1 education and competency reassessment in order to prevent future occurrence. The Director of Surgery will report physician fallouts to the Director of Medical Staff Office and the Chief of Surgery for peer review, intervention and corrective actions.Patients in whom a surgical instrument is left after abdominal surgery are at high risk for serious9:37:04AM	1	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		(X3) DATE SUR COMPLET	
SIMI VALLEY HOSPITAL & HEALTH CARE 2975 Sycamore Dr, Simi Valley, CA 33065-1201 VENTURA COUNTY GM ID SIMMARY STATEMENT OF DEPICIENCES Image: Control of Complete Statement of Depiciences (K0) TXG REGULTERY OF LED DENTRY NO BIA DRAMINON PIERK PROVIDER'S MAN OF CORRECTIVE ACTION SHOULD BE CROSS- INFERENCED TO THE APPROPRIATE DEPICENCY (K0) TXG Continued From page 6 and counted. I say the name of the instrument and the quantity and the other nurse puts check marks next to the numbers on the list and says "OK." PIERK Count, documentation of the item inventory. report of any discrepancies in the inventory count with the number of instruments actually reviewd. (K0) During the aforementioned interview, the Director of Preoperative Services, who was present steled, "We are changing some of the procedures, and documentation process for the instrument count. The format of the instrument count list has been revised to include a space for the time each count is completed. We also are in the process of completing/verifying instrument counts used during the case on the stated, "No, after all counts are verified the lists are discarded." Surgery or the Surgery Charge nurse daily for six consecutive momths until 100% completed. We State all counts are verified the lists are discarded." Of 30/201 On 10/25/11 during a telephone interview beginning at 115 pm, the Strife Processing Supervisor (SPS) was asked; if during the preparing/packaging the instrument tarws, they discovered that an instrument is missing (based on the list) would they inform the OR7 The SPS responded. We usualily do, but 1 dont think twa done of this case,			050236	B. WING		12/07	7/2011
PPERK TAG (EACH OEPICIENCY MUIT BE PRECEDED BY YULL REGULTORY OR LISE DENTRYING INFORMATION) PPERK TAG (EACH CORRECTIVE ACTION SHOULD BE COROSE. DATE Construct BE CORRECTIVE ACTION SHOULD BE COROSE. Count is and the counter of the instrument and the quantity and the other nurse puts check marks next to the numbers on the list and says "OK." Count, documentation of the item inventory, report of any discrepancies in the inventory count with the number of instruments actually received. Count, documentation of the item inventory, report of any discrepancies in the inventory count with the number of or completed we also are in the process of revising the binder/list of instruments that's kept in the OR." When asked if the check list for completing/verting instrument counts are verified the lists are discarded." Count of the intermine daily for six consecutive months until 100% compliance is achieved, followed by monthy audits of 50 random cases for 6 six months with a goal of 100% commance improvement committee) which reports up to Quality Concil, Medical Executive Committee, and the Governing Board. All cases that fallout will be presented to the involved employee(s) by the Director of Surgery or investigation, process review, corrective actions, and remedial 1:1 education and competency reassessment in order to prevent future occurrence. The Director of Surgery will report physician fallouts to the Director of Surgery for peer review, intervention and corrective actions. OB/30/201 Event Ib:ID07/11 524/2012 937:04M 937:04M	SIMI VAL	LEY HOSPITAL & HEALTH				NTY	- <u> </u>
and counted. I say the name of the instrument and the quantity and the other nurse puts check marks next to the numbers on the list and says "OK." During the aforementioned interview, the Director of Preceperative Services, who was present stated, "We are changing some of the procedures, and documentation process for the instrument count. The format of the instrument count list has been revised to include a space for the time each count is completed. We also are in the process of revising the binder/list of instruments that's kept in the OR." When asked if the check list for completing/verflying instrument count used during the case on interview terfly in the week pl/saved, the Director of Surgical center stated, "No, after all counts are verified the lists are discarded." On 10/25/11 during a telephone interview beginning at 115 p.m., the Steine Processing Supervisor (SPS) was asked; if during the preparing/backaging the instrument tays, they discovered that an instrument is missing (based on the list) would hay inform the OR? The SPS responded, "We usually do, but I don't think it was done for this case. In an interview with the Risk Management and Accreditation Director on 10/27/11 at 1/45 p.m. she stated " 1 know the policies in effect at the time of the incident, did not include for processing staff to call the OR if an instrument is left after abdominal surgery are at high risk for serious tray. But we added it to the policy after the incident as part of revisions/ changes we made." Patients in whom a surgical instrument is left after abdominal surgery are at high risk for serious	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	LD BE CROSS-	COMPLETE
tray. But we added it to the policy after the incident as part of revisions/ changes we made." Patients in whom a surgical instrument is left after abdominal surgery are at high risk for serious Event ID:IDQ711 5/24/2012 9:37:04AM		and counted. I say the next to the numbers on During the aforement Preoperative Service "We are changing s documentation proce. The format of the in revised to include a is completed. We revising the binder/lis the OR." When completing/verifying in the case on 111 of Surgical center sta verified the lists are dis On 10/25/11 during a at 1:15 p.m., the (SPS) was asked; if the instrument trays instrument is missing inform the OR? The do, but I don't think if interview with the Accreditation Director stated " I know the p the incident, did not	he name of the instrument and other nurse puts check marks in the list and says "OK." ioned interview, the Director of s, who was present stated, some of the procedures, and ss for the instrument count. Instrument count list has been space for the time each count also are in the process of t of instruments that's kept in asked if the check list for instrument counts used during were kept/saved, the Director ated, "No, after all counts are carded." telephone interview beginning Sterile Processing Supervisor during the preparing/packaging s, they discovered that an (based on the list) would they a SPS responded, "We usually the was done for this case. In an e Risk Management and on 10/27/11 at 1:45 p.m. she policies in effect at the time of include for processing staff to		inventory, report of a discrepancies in the count with the numb instruments actually 3. Medical record review that the correct numb and the correct type of counts were perfo documented. Audits will be conducted by th Surgery or the Surgery Charg for six consecutive months un compliance is achieved, follow audits of 50 random cases fo with a goal of 100% complian be reported monthly to the In Patient Care Committee (qua assessment performance imp committee) which reports up Council, Medical Executive C the Governing Board. All cases that fallout will be pr involved employee(s) by the I Surgery for investigation, proc corrective actions, and remed education and competency re order to prevent future occurr Director of Surgery will report fallouts to the Director of Med and the Chief of Surgery for p	any inventory er of received. for compliance per of counts and frequency rmed and ne Director of ge nurse daily net 100% wed by monthing r 6 six months nce. Results to terdisciplinary lity provement to Quality committee, and resented to the Director of cess review, lial 1:1 ressented to the Director of cess review, lial 1:1	y 06/30/201
		tray. But we added it as part of revisions/ cha Patients in whom a	to the policy after the incident anges we made." surgical instrument is left after at high risk for serious				
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE			······				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI			(X3) DATE SURVEY COMPLETED	
	050236		A. BUILDING		12/07	//2011	
NAME OF PROVIDER OR SUPPLIER SIMI VALLEY HOSPITAL & HEALTH SERVICES	CARE	STREET ADDRESS, 2975 Sycamore I		UP CODE 39, CA 93065-1201 VENTU	RA COUNTY		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE ACT) REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE	
Continued From page complications includ infection. The facility instruments were ref surgery on 11, likely to cause seri patient, and therefo jeopardy within the r Code section 1280.1(c) This facility failed to described above that serious injury or deatl constitutes an imm meaning of Health 1280.1(c).	ing pain, perform 's failure to ensur- was correct and tained in Patient created a situation ious injury or de- re constitutes an meaning of Health b. prevent the deficie caused, or is likely in to the patient, an ediate jeopardy	re that the that no A following in that was ath to the immediate and Safety ncy(ies) as in to cause, d therefore within the					
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LABORATORY DIRECTOR'S OR PROVIDE	۱ ۱	C	:2	TITLE	6(14	(X6) DATE	

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.