

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2009
NAME OF PROVIDER OR SUPPLIER SOUTH COAST MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 31872 COAST HIGHWAY, LAGUNA BEACH, CA 92651 ORANGE COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	<p>Continued From page 1</p> <p>wound of Patient #1. Patient #1 required another major surgery and the risks of general anesthesia to remove the retained sponges.</p> <p>Findings:</p> <p>On 1/27/09, review of the policy, "Sponge, Needle, and Instrument Counts," revealed the statement "When additional sponges, needles/sharps are added, they are counted and the number is added to the count documentation."</p> <p>Medical record review for Patient #1 revealed an operative report dated 6/6/07 documenting Patient #1 had undergone a laparoscopic, converted to open, appendectomy. Review of the operating room record revealed the documentation that the sponge counts were correct.</p> <p>Medical record review revealed an operative report dated 6/8/07 documenting that Patient #1 had undergone an exploratory laparotomy with control of bleeding and evacuation of hemoperitoneum. Review of the operating room record revealed the nurse documented that the sponge counts were correct.</p> <p>Medical record review revealed an operative report dated 6/13/07 documenting Patient #1 had undergone a re-exploration with removal of foreign bodies under general anesthesia. In the operative report, the surgeon documented that there were five laparotomy sponges that were seen on x-ray. All five laparotomy sponges were removed.</p>			2009 MAY -1 PM 2:56

Event ID:JJZZ11

4/8/2009

8:56:30AM

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

TITLE

(X6) DATE

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

