CALIFORNIA HEALTH AND HUMAN SEI. JICES AGENCY

DEPARTMENT OF PUBLIC HEALTH STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER** COMPLETED A. BUILDING 050516 B. WING 06/11/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6501 COYLE AVENUE, CARMICHAEL, CA 95608 SACRAMENTO COUNTY MERCY SAN JUAN MEDICAL CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE The following reflects the findings of the Department Preparation and/or execution of the Plan of Public Health during complaint visit, of Correction and Credible Evidence of CA00169749 Correction does not constitute admission or agreement by the provider of the truth The investigation was limited to the specific of the facts alleged by the Department of complaint and does not represent the findings of a Public Health. This Plan of Correction and full inspection of the hospital. Credible Evidence of Correction is prepared and/or executed solely because Representing the Department of Health Services: it is required by federal and state HFEN requirements for the participation in the Medicare and Medi-Cal programs. T22 DIV5 CH1 ART3-70213(a) Nursing Service Policies and Procedures (a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service. Plan of Correction begins here: This RULE: is not met as evidenced by: Based on medical record review, staff interview. Stand-up meetings to re-educate all ED family interview, and policy and procedure review nursing staff about: the hospital failed to follow their policy and 6/11/2009 a. Completing and documenting ED procedure called "Fall Prevention and Intervention" ED physical assessment including Fall (revised 2/2007) when staff left the side rail down on Throughput a gurney causing Patient A to fall and fracture his Risk Assessment Coordinator b. Place gurneys in low position and left hip. Patient A sustained a left hip fracture, keep side rails up and locked to which required surgery to repair the fracture. prevent falls. The failure resulted in serious harm to Patient A, constituting an Immediate Jeopardy. The Immediate 2. Perform a competency validation of Jeopardy was called on 6/11/09 at 2:30 p.m. with 6/11/2009 ED nursing staff (RN's and ED Techs) the hospital's Risk Manager. ED on use of side rails. Criteria for Throughput successful competency validation: On 6/12/09 at 12:31 p.m. the hospital's Risk Coordinator Correctly demonstrates putting side Manager faxed a written acceptable plan of rails up and in locked position. correction to the Department. The plan of correction included plans to in-service and educate

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE uala TITLE Any deficiency statement ending with an asterisk (*) denoted 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

6/26/2009

8:34:00AM

(X6) DATE

Event ID:B2U611

CALIFORNIA HEALTH AND HUMAN SET TICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER 050516			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
AME OF	PROVIDER OR SUPPLIER		CTDEET AD	70500	52_V	0	6/11/2009
	SAN JUAN MEDICAL	CENTER			STATE, ZIP CODE JE, CARMICHAEL, CA 95608 SAC	RAMENTO C	OUNTY
(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 CORRI (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	D RE CROSS	(X5) COMPLET DATE	
	all emergency nursi technologists, phlet who perform all or pemergency departmrails. The plan of comergency departmengineering departmengineering departmengineering departmengineering departmengineering department the emergency department they will lock in correction included patient records to excompleting patient frimplementing a man Cerner-CareConnection for the completed during the emergency department departme	ing staff, radiology potomists, and transport of their work in their work in their on the proper prection included a tent gurneys by the nent to ensure that artment raise and I the up position. The random audits of evaluate compliance all risk assessment datory field in the electronic medicals fall risk assessment in	the use of side in audit of e hospital t gurneys in lower, and ne plan of emergency e with ts, and all record ments to be nt of all		Plan of Correction continue Radiological Technologists side rails. Criteria for succe competency validation: Codemonstrates putting side in locked position. Perform a competency validation on use of side Criteria for successful computing side rails up and in position. Perform a competency validation: Correctly demonstrates up and in position. Perform a competency validation.	idation of son use of essful rectly rails up and dation of de rails. petency estrates locked	6/11/2009 Director, Imaging 6/11/2009 Director, Laboratory
	on 06/19/09 at 2:00 other administrative presented and imple plan of correction, coobservations, interviedocumentation revie	p.m.,the with Risk staff present after mented a written a pnfirmed by the sure ews with staff, and	Manager and the hospital acceptable ovevor's	i	Transporters on use of side Criteria for successful comp validation: Correctly demon putting side rails up and in I position.	petency strates ocked	Supervisor Transportatio
	Findings:	vv 3.			 Inventory audit of ED gurne Hospital engineer to valida rails on gurneys in ED raise and lock in the up position. 	te that side	6/11/2009 Director, Plant
	Review of Patient A's year old with a histor leg who was bought by caregivers for sympain. On 2/17/08 at 1 his gurney while in the before he was transferent A sustained at the left hip, which restricts.	y osteoarthrosis of to the emergency of optoms of cough a :00 p.m. Patient A de emergency departed to the medical of left femoral neck	f the lower department nd chest fell from artment al unit. fracture of		and lock in the up position. Completed. Audit results 2	3/23-100%.	Operations
ID:B2U61	DIRECTOR'S OF PROVIDE	- A W	6/26/20		8:34:00AM		

Any deficiency statement ending with an asterisk () denoted 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

07/13/2000

CALIFORNIA HEALTH AND HUMAN SET ICES AGENCY DEPARTMENT OF PUBLIC HEALTH

MERCY SAN JUAN MEDICAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 050516		R/CLIA MBER	(X2) MULT A. BUILDIN B. WING	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MERCY SAN JUAN MEDICAL CENTER 6501 COYLE AVENUE, CARMICHAEL, CA 95608 SACRAMENTO COUNTY (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 2 following day on 2/18/08 for a closed reduction and precutaneous pinning of the fracture. Patient A was transferred back to the medical unit after surgery for recovery. During telephone interview on 12/12/9/08 at 97:30 a.m. Patient A's caregiver stated that she returned to the emergency department on 2/17/08 after leaving earlier and was told by patient A that he fell out of the bed/gurney. The caregiver stated that Patient A said "1 fell, boom, and landed on my head and body, and staff rushed in to pick me up." During telephone interview on 1/13/09 at 10:30 a.m. the ER Director stated the ER Manager 3 met with RN 1 after Patient A fell and RN 1 told ER Manager 3 that Patient A's left side rail had been left down because she (RN 1) believed that Patient A was stable and was not considered a fall risk. During interview on 12/26/08 at 11:45 a.m. RN 1 stated that Patient A was checked on prior to the fall when she went into the room to take vital signs. RN 1 stated that Patient A was checked on prior to the fall when she went into the foor, lying on the left side of his body. RN 1 stated that she remembered both side rails being elevated before	NAME OF	PROVIDER OR SUPPLIER		STREET ADDE			06	/11/2009
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 following day on 2/18/08 for a closed reduction and precutaneous pinning of the fracture. Patient A was transferred back to the medical unit after surgery for recovery. During telephone interview on 12/29/08 at 97:30 a.m. Patient A's caregiver stated that she returned to the emergency department on 2/17/08 after leaving earlier and was told by patient A that he fell out of the bed/gurney. The caregiver stated that Patient A said "I fell, boom, and landed on my head and body, and staff rushed in to pick me up." During telephone interview on 1/13/09 at 10:30 a.m. the ER Director stated the ER Manager 3 met with RN 1 after Patient A fell and RN 1 told ER Manager 3 that Patient A is left side rail had been left down because she (RN 1) believed that Patient A was stable and was not considered a fall risk. During interview on 12/26/08 at 11:45 a.m. RN 1 stated that she cared for Patient A in the emergency department and he was alert, cooperative, and answered questions appropriately. RN 1 stated that Patient A was checked on prior to the fall when she went into the room to take vital signs. RN 1 stated that approximately 30 minutes later Patient A found on the floor, lying on the left side of his body. RN 1 stated that she enembered both side rails being elevated before			CENTER				AMENTO CO	OUNTY
following day on 2/18/08 for a closed reduction and precutaneous pinning of the fracture. Patient A was transferred back to the medical unit after surgery for recovery. During telephone interview on 12/29/08 at 97:30 a.m. Patient A's caregiver stated that she returned to the emergency department on 2/17/08 after leaving earlier and was told by patient A that he fell out of the bed/gurney. The caregiver stated that Patient A said "I fell, boom, and landed on my head and body, and staff rushed in to pick me up." During telephone interview on 12/17/08 after leaving earlier and was told by patient A that he fell out of the bed/gurney. The caregiver stated that Patient A said "I fell, boom, and landed on my head and body, and staff rushed in to pick me up." During telephone interview on 12/17/08 after leaving earlier and was told by patient A that he fell out of the bed/gurney. The caregiver stated that Patient A said "I fell, boom, and landed on my head and body, and staff rushed in to pick me up." During telephone interview on 12/17/08 after leaving earlier and was told by patient A that he fell out of the bed/gurney. The caregiver stated that Patient A was stable and was not considered a fall risk. During telephone interview on 12/12/08 at 10:30 a.m. the ER Director stated that Patient A was stable and was not considered a fall risk. During telephone interview on 11/13/09 at 10:30 a.m. the ER Director stated that Patient A was stable and was not considered a fall risk. During telephone interview on 11/13/09 at 10:30 a.m. the ER Director stated that Patient A was stable and was not considered a fall risk. During interview on 12/26/08 at 11:45 a.m. RN 1 stated that she cared for Patient A in the emergency department and he was alert, cooperative, and answered questions appropriately. RN 1 stated that Patient A was stable and was not considered a fall risk. During telephone interview on 1/13/09 at 10:30 a.m. the ER Director Stated that Patient A was stable and was not considered a fall risk. During telepho	PREFIX	(EACH DEFICIENT	NCY MUST BE PRECEDED	BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	(X5) COMPLETE DATE
Patient A's fall, however the left side rail had come down when Patient A fell. RN 1 stated that Patient A was placed back on the bed and shortly after 11. Perform a competency validation of Echo-technologists on use of side rails. Criteria for successful		following day on 2/1 precutaneous pinnin was transferred bac surgery for recovery During telephone into Patient A's caregive emergency department and was told the bed/gurney. The said "I fell, boom, and body, and staff rushed bed/gurney. The said "I fell, boom, and body, and staff rushed because she (RN 1) stable and was not continuously and staff rushed because she (RN 1) stable and was not continuously and staff rushed because she (RN 1) stable and was not continuously and answer stated that she cared emergency department cooperative, and answer stated that she cared emergency department cooperative, and answer stated that she cared emergency department cooperative, and answer stated that she were signs. RN 1 stated that Patient A found left side of his body. It remembered both side Patient A's fall, hower down when Patient A was placed back of Patient A's caregiver	8/08 for a closed reading of the fracture. Park to the medical unity. Iterview on 12/29/08 or stated that she returned in the caregiver stated that he caregiver stated that ad landed on my headed in to pick me up." The erview on 1/13/09 and the ER Manager of the	at 9?:30 a.m. at 9?:30 a.m. urned to the leaving fell out of at Patient A d and t 10:30 a.m. 3 met with R Manager eft down at A was m. RN 1 propriately. on prior to ake vital minutes at the ed before had come at Patient y after I that she	1.	 Random audit of ED patient evaluate compliance with confall Risk Assessment. Audit results: 179/179=100%. No further auditing required. mandatory field that must be completed during the initial plassessment. Implemented a mandatory field cerner CareConnect electron Medical record software that fall risk assessment be performed during the initial assessment patients. Patient Safety Alert – Fall Preforwarded by email to nurse infor posting. Perform a competency validate EKG Technicians on use of some criteria for successful competency validation: Correctly demonst putting side rails up and in loth position. Perform a competency validate Echo-technologists on use of rails. Criteria for successful competency validation: Correctly demonstrates putting side rail 	records to impleting This is a station of side rails. Setency trates cked	6/11/2009 ED Director 3/2/2009 Care Connect Steering Committe 6/12/2009 Director, Med-Surg 6/12/2009 Manager, EKG/Echo

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denoted 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

OXE DATE 2000

CALIFORNIA HEALTH AND HUMAN SE DEPARTMENT OF PUBLIC HEALTH

ICES AGENCY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION NO		ER/CLIA IMBER	BER A. BUILDING		(X3) DATE SURVEY COMPLETED			
		050516	,	B. WING_		06/-	11/2009	
IAME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
	SAN JUAN MEDICAL	CENTER	6501 COYL	E AVENUI	E, CARMICHAEL, CA 95608 S	ACRAMENTO CO	UNTY	
(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) COMPLE DATE	
	Continued From page 3				Plan of Correction conti	nues here:		
	from the gurney when he turned to his left side, grabbed the side rail, it came down, and he went down to the ground. RN 1 stated that side rails are used in the emergency department when a patient is elderly, confused, mentally altered, or if the patient has been medicated and the medication hinders their ability to stand.				12. Perform a competency Respiratory Therapists rails. Criteria for succe competency validation demonstrates putting s in locked position.	s on use of side essful : Correctly	6/11/200 Manager Resp. Therapy	
	Review of the emergency department medical records indicated that Patient A had received the medication nitroglycerin paste (absorbed through the skin) which is used when patients present with symptoms of chest pain. Adverse reaction caused by the medication nitroglycerin can include lightheadedness, dizziness and hypotension (reference "Drug Information Handbook for Nursing" 2007, 8 th Edition, page 891). Patient A was also an elderly 91 year old patient.		2	Plan of Correction ends here.				
	During interview on Manager stated that Intervention" policy a nursing departments could not find another the emergency departments bed side rails.	the "Fall Prevention and procedure is what in the hospital used or policy that was sp	and at all d and she ecific to					
	During interview on 1 RN 2 stated that use in the emergency de used when a patient medications, and if th (along with padding).	of side rails is patie partment and they a is elderly, confused ney have a seizure of	nt specific re typically receiving					
H	During telephone inte	erview on 12/26/08 I	ER Manager					
D:B2U6/	PIRECTOR'S OR PROVIDER		6/26/200)9	3:34:00AM			

Any deficiency statement ending with an asterisk (*) denoted 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

CALIFORNIA HEALTH AND HUMAN SE DEPARTMENT OF PUBLIC HEALTH

ICES AGENCY

(EACH DEFICIEN	CENTER STATEMENT OF DEFICIENT NCY MUST BE PRECEDED R LSC IDENTIFYING INFOR	CIES			06/1	1/2009
4) ID SUMMARY SEFIX (EACH DEFICIE	STATEMENT OF DEFICIEN	6501 COYLE				
REFIX (EACH DEFICIEN	NCY MUST BE PRECEDED	BY FULL		CARMICHAEL, CA 95608 SACR	AMENTO CO	UNTY
AG REGULATORY O		RMATION)	PREFIX TAG	REFIX (FACH COPPECTIVE ACTION SHOULD BE SEEDED		(X5) COMPLET DATE
3 stated that there we department policy a rails, however all depolicy procedure for stated that side rails when a patient is in they have an altered were medicated. On 12/26/08 at 12:0 made of various type emergency departments that surveyor gurneys had one bar when lifted to an uphorder to ascertain the when elevated, it had on it to make sure it was locked it was no itself by holding or put arm had to be pusher rail again. Review of the policy Prevention and Intervention and Intervention).	was no specific emeral and procedure on the epartments used the reside rail use. ER Mass in the emergency as bed and if they are addlevel of conscious and level of conscious and procedure called the following in part of the position, locked in part the side rail locked to be tested by pull was not secure. If the position of the posi	e use of side hospital anager 3 re elevated a fall risk, if less, or on was n the roximately nit. The rails) that lace. In d in place ling down e side rail ower release er the side d "Fall 007) for All art" "Utilize		Page Intentionally Left Blank		

TITLE Any deficiency statement ending with an asterisk (*) denoted 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