

Reviewed By: Wanda Kelly + Shelley Williams
Name

Fax _____
Original

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

Facility Notified
Name: Tom Camarda 8/18/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050464	Date: Time: Notified By: A. BUILDING _____ B. WING _____	(X2) MULTIPLE CONSTRUCTION _____	(X3) DATE SURVEY COMPLETED 04/26/2017
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NAME OF PROVIDER OR SUPPLIER Doctors Medical Center	STREET ADDRESS, CITY, STATE, ZIP CODE 1441 Florida Ave, Modesto, CA 95360-4404 STANISLAUS COUNTY
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8/18/17 Note: This POC was re-submitted per the first 2567 was amended; that's why the date accepted is before the "staged in" date. The facility of heavy had an informal conference to appeal the immediate jeopardy to the amendment 2567. DW

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	<p>The following reflects the findings of the Department of Public Health during an inspection visit:</p> <p>Complaint Intake Number: GA00486715 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 2809</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.3(g): For purposes of this section "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.</p> <p>Amended to reflect corrections on pages 13 and 14</p> <p>Health and Safety Code 1279.1</p> <p>(a) A health facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250 shall report an adverse event to the department no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of Individually identifiable patient information shall be consistent with applicable law.</p> <p>(b) For purposes of this section, "adverse event"</p>		<p>Initial Comments:</p> <p>This plan of correction is prepared in compliance with state regulations and is intended as Doctors Behavioral Health Center of Modesto's (DBHC) credible evidence of compliance. The submission of the plan of correction is not an admission by the facility that it agrees that the citation is correct or that it violated the law.</p> <p>All exhibits, including reviewed/revised or promulgated policies and procedures, documentation of staff training and education are retained at the facility for Department review and verification upon request.</p> <p>Doctors Medical Center (DMC) is requesting an informal conference to appeal the immediate Jeopardy on Penalty # 040013165.</p> <p>On 4/29/16, upon notification of the alleged sexual assault, the following immediate actions occurred to ensure the patient's safety:</p> <ol style="list-style-type: none"> (1) Female staff member stayed near Patient #1 (female) until patient was transferred to Doctors Medical Center Emergency Department (DMC ED) for a forensic examination. (2) Patient #2 (male) was escorted to his room and placed on 1:1 until transferred back to the County holding area (jail). (3) Disclosure to the patient's mother of the incident and arrangements made for her to be with Patient #1 while in DMC ED. (4) Chief Executive Officer over DBHC gave the directive to not accept any patients from the County/Court on 1370 status until further notice. Appropriate county agencies involved in this process were immediately notified of this directive. 	<p>April 29, 2016</p>

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

Wanda Kelly

TITLE: CEO (X6) DATE: 7/26/17

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 16

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.

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	<p>includes any of the following: (6) Criminal events, including the following: (G) The sexual assault on a patient within or on the grounds of a health facility.</p> <p>Title 22 section 70213 Nursing Service Policies and Procedures</p> <p>(a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service. (b) Policies and procedures shall be based on current standards of nursing practice and shall be consistent with the nursing process which includes: assessment, nursing diagnosis, planning, evaluation, and, as circumstances require, patient advocacy.</p> <p>Title 22 section 70579 Psychiatric Unit Staff (a) There shall be sufficient nursing staff, including registered nurses, licensed vocational nurses, psychiatric technicians and mental health workers to meet the needs of the patients.</p> <p>Based on staff interviews, clinical record, administrative document and forensic medical report review and viewing of video recording, the facility failed to ensure patients were free from sexual assault when Patient 2 was observed having unconsented sex with Patient 1 on 4/29/16. The hospital failed to implement effective strategies to prevent sexually explicit and escalating behavior exhibited by Patient 2 in accordance with</p>		<p>Plan of correction continued from Page 1:</p> <p>Inpatient units redefined according to the gender of the patient and their acuity level. Changes were implemented as follows: (1) C1 = All FEMALE unit of high and low acuity (2) C2 = All MALE unit of lower acuity (higher functioning) (3) D = All MALE unit of higher acuity (lower functioning)</p> <p>NOTE: Deviations from the above plan may occur in instances when there is a need to activate Surge Plan to meet the emergency psychiatric needs of additional patients.</p> <p>Surge Activation DBHC Surge Capacity - Inpatient Units, will be activated as defined in the policy, "Annex H Surge Capacity", which is located in DMC's Environment of Care Manual. Activation: When DBHC's inpatient census - (1) Reaches near capacity (one bed remaining) for a specific patient gender unit and; (2) Staff are not able to timely resolve the anticipated shortage of specific gender beds (i.e: no anticipated discharges); (3) The facility is in need of additional patient beds for that gender, a unit surge plan may be activated to meet the emergency psychiatric needs of additional patients. The Shift Manager maintains DBHC's bed capacity status at all times.</p> <p>Unit D Surge Plan Activation: DBHC "D" unit may be utilized during a surge period when the facility is in need of additional beds for females. The Shift Manager will ensure the following: (1) Rooms 433-431 on "D" unit will be designated as the "female hallway"; (2) Clinical Services Technician (CST) will be assigned specifically to:</p>	4/29/16 then ongoing

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	<p>hospital policy and procedure. Starting on 4/22/16 Patient 2 behaved in escalating explicit sexual behaviors, such as verbalizing sexually explicit comments, manually groping his genitals, masturbating in the day room and grabbing the genital area of a female patient walking near him. The facility failed to implement interventions to de-escalate or redirect the behaviors of Patient 2 and safeguard patients and staff from the negative effects of these behaviors.</p> <p>As a result of these failures, no staff were immediately available to intervene or prevent Patient 2 from sexually assaulting Patient 1. Patient 1 suffered avoidable physical, emotional and mental harm as a direct result of this failure.</p> <p>Findings:</p> <p>The clinical record for Patient 1 indicated she was admitted to the facility on 4/21/16 with a chief complaint of schizophrenia. (Mayo Clinic defines schizophrenia as a severe brain disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, extremely disordered thinking and bizarre behaviors.)</p> <p>The clinical record for Patient 2 indicated he was admitted to the facility on 4/19/16 under a court order for competency restoration (provide treatment to restore</p>		<p>Plan of correction continued from Page 2:</p> <ul style="list-style-type: none"> - One CST on the female hallway on D unit* - One CST on the male hallway on D unit* <p>*These CSTs will complete rounding on their assigned hallway only, to maintain consistency in unit rounding for patient safety.</p> <ul style="list-style-type: none"> - One CST will be assigned to round and maintain the safety of the other common areas at all times. <p>Deactivation of Unit Surge Plan: The Unit Surge Plan will be deactivated immediately when the facility had regained normal capacity. Patients will then be moved back to the proper gender unit.</p> <p>Monitoring: Daily Huddles will be held twice a day to monitor patient census, unit census, admissions, discharges, Surge status as well as patient specific and facility specific needs and issues.</p> <ol style="list-style-type: none"> (1) "8:30 a.m. Huddle" consists of physicians, clinicians, Shift Managers, Director of Nursing and Assistant Director of Nursing. These are held on C1 in a designated conference room. (2) "11:00 a.m Administrative Huddle" consists of the Administrator, Executive Secretary, Medical Director, Director of Nursing, Assistant Director of Nursing and the Program Manager. <p>Both Huddles have been incorporated into the daily operating procedure at DBHC. The Administrator and Director of Nursing are responsible to ensure this process/procedure is followed.</p> <p>Revision of Hand-Off Communication requirements for all 1370 (Restoration of Competency) status patients received at DBHC.</p> <ol style="list-style-type: none"> (1) Hand-Off from the court must include information of the patient's pending legal charges. 	<p>April 29, 2016, then ongoing</p> <p>April 29, 2016</p> <p>April 29, 2016</p>

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	<p>competency to stand trial). Patient 2 was admitted with the diagnosis of schizophrenia.</p> <p>A review of the Hospital's security video of the Behavioral Unit D Hallway indicated on 4/29/16 at 8:57 a.m., Patient 2 entered the hallway designated for female patients alone and unsupervised; no staff was visible while Patient 2 walked the hallway unattended. The Hospital's video surveillance was of the female only hallway and did not record any audio. Patient 2 casually walked to the end of the hallway, turned around then walked toward Patient 1's room. At 8:58 a.m., Patient 2 stepped at Patient 1's door, looked in, and then entered Patient 1's room. From 8:56 a.m. to 9 a.m., the video footage did not show any facility staff supervising the female side of the unit and Patient 2 remained in Patient 1's room. At 9:02 a.m., Clinical Service Technician (CST - unlicensed staff that are trained to work in the behavioral unit) 3 entered the hallway and walked toward Patient 1's room. At 9:03 a.m., CST 3 opened Patient 1's door and looked in and immediately motioned with her hand for other staff to approach. At 9:03 a.m., Registered Nurse (LN) 1 and LN 10 entered Hallway D and walked with a fast pace to Patient 1's doorway without entering the room. At 9:04 a.m., CST 7 entered Hallway D and walked to Patient 1's doorway without entering the room. At 9:04 a.m., Patient 2 left Patient 1's room and entered Hallway D. At 9:04 a.m., Patient 2 walked to the end of</p>		<p>Plan of correction continued from Page 3</p> <p>(2) Hold put on all 1370 status patient admissions to DBHC</p> <p>(3) Meeting scheduled with the appropriate local county, forensic, and law enforcement representatives.</p> <p>Outcome: Meeting held with the appropriate local county, forensic, and law enforcement representatives with representatives from DMC and DBHC on 5/11/16 at 10:00 a.m. in the DMC Boardroom. An agreement was reached to include the patient's pending legal charges as part of the 1370 status hand-off communication process.</p> <p>Education: Education sessions for all nursing staff and clinicians (those included in the admission hand-off process) regarding the mandatory information required on all 1370 status patients prior to their admission to DBHC.</p> <p>Monitoring: 2-step review process for all entities who refer patients on 1370 status for admission to DBHC: Step 1 - RN and/or Clinician will review admission paperwork for appropriate information prior to arrival of the patient on 1370 status. Step 2 - Director of Nursing or Assistant Director of Nursing will complete a secondary review within 24 hours of the patient's admission for validation of required information. Expectation of Compliance: 100% of referred patients on 1370 status for admission to DBHC will have pending legal charge/s information provided to Intake prior to their arrival at DBHC. Fall outs: In instances where required information on the patient's pending legal charges are not provided, the County Integrated Forensic Team's contact person will be notified IMMEDIATELY for prompt request of the required information.</p>	<p>April 29, 2016</p> <p>May 11, 2016</p> <p>June 1, 2016</p> <p>July 1, 2016</p>

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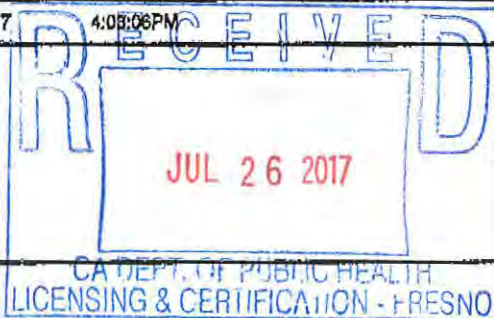
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	<p>Hallway D with LN 1, LN 10, and CST 7. CST 3 remained out of the view of the video and in Patient 1's room.</p> <p>On 5/31/16 at 2:35 p.m., during an interview, CST 3 stated, during rounds (visual check on patients) on 4/29/16 at 9:03 a.m., she found Patient 2 in Patient 1's bed. CST 3 stated "He was totally nude on top of her, she had her pants off, and it looked like two people having sex. I yelled for them to stop. I told him to get out, I looked at her, and then he got off of her, he grabbed his clothes off the floor ..." then Patient 2 left Patient 1's room escorted by staff. CST 3 stated she was aware Patient 2's sexual behaviors were escalating and she was informed by the night shift staff Patient 2 was sexually inappropriate and groped a female the night before the sexual assault. CST 3 stated she was the only one rounding when the incident occurred. CST 3 stated that at the time of the incident she was responsible for 17 patients and was assigned to round on all patients at minimum every 15 minutes and for Patient 2 every 10 minutes.</p> <p>Patient 2's nursing note, dated 4/25/16 at 10 p.m., LN 6 indicated, "Patient (2) has been sexually inappropriate today... Patient bumped a female patient ... grabbed her genital area. Writer witnessed the event. The female patient said that it was the 2nd time that that had happened. A CST witnessed patient about to touch a different female patient</p>		<p>Plan of correction continued from Page 4:</p> <p>Patient's transfers will be held until the pending legal charge/s information is obtained at DBHC.</p> <p>Fall out findings will be reported and reviewed at DBHC's Administrative Huddle every morning at 11:00 a.m., Tuesday through Friday.</p> <p>Non compliance will be reported further to: Quality Council Compliance Committee Board of Governors Further actions will be identified as needed for additional follow up with the County Integrated Forensic Team.</p> <p>Enhance patient surveillance through the positioning of RN staff in the milieu.</p> <p>(1) RN staff encouraged to position themselves in patient hallways throughout the shift to increase presence and visualization of patient activity.</p> <p>(2) Director of Nursing and Assistant Director of Nursing reinforced the above information to all RN staff through daily rounding.</p> <p>Monitoring: Visual rounding by Director of Nursing and/or Assistant Director of Nursing presence in the female hall. Where: Female hall (D Unit inpatient) Frequency: Daily rounding Monday through Friday Duration: 30 days initially, then random rounding 3 days per week until 100% compliance reached for 3 consecutive months. Expectation of compliance: 100% compliance of RN and/or CST presence in the milieu. Fallouts: Will be addressed at the time of rounding on a 1:1 basis with the RNs and CSTs. Reinforcement of the importance of placing themselves within the milieu to increase patient visualization for safety will be reviewed at that time.</p>	<p>July 1, 2016 and ongoing</p> <p>May 1, 2016</p> <p>May 1, 2016 - until 3 consecutive months of 100% compliance maintained.</p>

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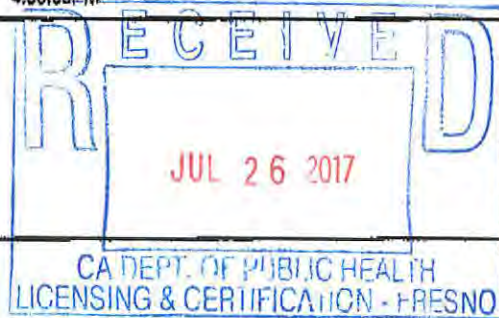
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	<p>but the CST yelled at him from across the room to cease his inappropriate behavior... I told patient that if he continued his sexually inappropriate behavior that legal charges will be pressed and he would go back to prison ... Notified MD about behavior ... MD ordered increased observation of patient [changed from every fifteen minutes to every ten minutes] and do not allow him to go to the female side [hallway] of unit".</p> <p>On 1/24/17 at 11:45 a.m., during a concurrent interview, the Administrator (ADM) and Director of Patient Care (DPC) stated they were aware of the sexual assault incident. The ADM and DPC stated the hallways were not continuously monitored at the time of the sexual assault and should have been. The ADM and DPC stated there was only one CST doing visual checks for all of the hallways at the time of the incident and there should have been three CSTs performing visual checks. The Administrator stated that this "...made for a very vulnerable time". The ADM and DPC stated since the incident, there is constant monitoring of the hallways by CSTs and LNs.</p> <p>On 1/24/17 at 2:30 p.m., during an interview, Risk Manager (RM) stated in response to the sexual assault incident, "It never should have happened", RM stated the hallways were a "vulnerable area and we fixed it". RM stated the "failure" was the assignments of the CSTs. The RM stated at the time of the incident</p>		<p>Plan of correction continued from Page 5:</p> <p>Fall outs will be reported and reviewed at DBHC's Administrative Huddle every morning at 11:00 a.m., Tuesday through Friday. Non compliance will be reported further to: Quality Council Compliance Committee Board of Governors Further actions will be identified as needed for trended staff non-compliance.</p> <p>Development of a NEW policy and procedure, "Sexual Activity Involving Patients, Actual or Alleged."</p> <ol style="list-style-type: none"> (1) Purpose of this policy is to identify patients with present or past sexual predatorial thoughts or activities, and to implement appropriate interventions to prohibit sexual activity between patient during their hospitalization (2) All patient's regardless of presenting problem/s will be screened during the DBHC intake process to determine past or present sexual history of sexual inappropriate behaviors or acts through the use of the "Unsolicted Sexual Screening Tool". (3) Patients identified as potential high risk will be issued a purple wrist band to be worn at all times. (4) The policy and procedure provides additional guidelines to be followed by staff during the continued patient admission process and hospital stay. Including in the event of; <ol style="list-style-type: none"> (a) Escalation by verbal and non-verbal sexual gestures (b) Escalation by Touching, groping, or public masturbation (c) Escalation by attempts of actual acts of molestation or sexual intercourse (d) Instances of alleged engagement in any sexual activity during their hospitalization 	March 1, 2017

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	<p>three CSTs were on duty. Normally, RM stated, all three CSTs would monitor the patients in the hallway and in their rooms. At the time of the incident, however, RM stated one of the CSTs was assigned to monitor a patient one-on-one, meaning the CST was not able to monitor other patients. One CST was assigned to lead the scheduled morning group session. RM stated this left one CST to monitor 17 patients. The RM stated the incident prompted a change of staffing; a dedicated CST is now assigned to each hallway (male and female) and there is one CST assigned to room and conduct constant rounding. The RM stated the LNs are now stationed in the hallways on portable computers instead of being located in the nursing stations. RM stated this staffing change allows for direct visualization of the hallways at all times.</p> <p>Patient 1's forensic medical report titled "Acute (<less than) 72 hours ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION" dated 4/29/16 at 11:31 a.m., indicated, "Pt (1) poor historian, currently Inpatient at local psych facility, staff at facility report witnessed assault. Erythema [redness] noted to the vaginal vestibule [space between the folds of skin and the vaginal opening], left lower. ...secretions in vagina. Pt anxious with speculum exam, but cooperative."</p> <p>Patient 1's nursing note, dated 4/29/16 at 9:15 a.m.,</p>		<p>Plan of correction continued from Page 6</p> <p>New policy and procedure routed through appropriate approval process. Approval as the following: 5/23/17: Quality Council approval obtained 6/02/17: Medical Executive Committee approval pending 6/28/17: Board of Governors approval pending</p> <p>Education & Training: Psychiatrists and nursing staff will be educated on the new policy and procedure including (but not limited to) the following: (1) Changes to the Emergency Medical Screening form (2) Review of the new policy (3) Hand-off requirements of the RN at time of intake to Inpatient (4) Notification process in the event of escalating sexual inappropriateness Education will occur at the daily Huddle meetings. Following education each staff member will verbalize their understanding of the new policy and procedure.</p> <p>Monitoring: Staff compliance to the new policy and procedure will be audited by the Assistant Director of Nursing at DBHC through the use of an audit form, "Sexual Behavior Risk Audit Form." Target population: Patient's who have been identified as at risk for inappropriate sexual behavior will be reviewed for appropriate interventions and updates in their plan of care, according to the new policy. Expectation of compliance: 100% of patients identified at risk for inappropriate sexual behavior will have appropriate interventions and updates to their plan of care.</p>	<p>May 30, 2017</p> <p>June 1, 2017 and ongoing</p>

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	<p>LN 1 Indicated, "... Patient [1] is anxious & teary when approached. ... Patient is non-verbal during interactions when asked about the "incident" [that] happened earlier with a male patient. Patient remains silent & covered her face with a blanket ..."</p> <p>On 5/31/16 at 9:30 a.m., during an interview, LN 1 stated, after the sexual assault occurred to Patient 1, " she didn't talk, she just cried ...".</p> <p>Patient 1's progress note, dated 4/29/16 at 1:34 p.m., Doctor (MD) 2 Indicated, "... it was brought to my attention the patient (Patient 1) was seen on her bed without pants with a male patient appearing to be having intercourse with her ... staff informed me that the patient was tearful ...I asked her whether the male had penetrated her, and she shook her head yes and was sobbing very heavily ..."</p> <p>On 5/31/16 at 2:05 p.m., during an interview, MD 2 stated, Patient 1 was not able to give consent, "because of her level of psychosis and lack of ability to make choices ..."</p> <p>MD 2 also stated following the incident, " Patient 1's behavior has declined, she has become hyper-sexual such as frequently masturbating, and more aggressive with family and mom says she's never seen her like this. She (Patient 1) won't allow people to touch her now."</p> <p>Patient 1's progress note, dated 4/30/16 at 10:40</p>		<p>Plan of correction continued from Page 7</p> <p>Fall outs will be reported and reviewed at DBHC's Administrative Huddle every morning at 11:00 a.m., Tuesday through Friday.</p> <p>Non compliance will be reported further to: Quality Council Compliance Committee Board of Governors</p> <p>Further actions will be identified as needed for trended staff non-compliance.</p> <p>DBHC Administrator, Director of Nursing, and Medical Director are responsible to ensure staff compliance to the new policy and procedure, "Sexual Activity Involving Patients, Actual or Alleged."</p>	June 1, 2017 and ongoing

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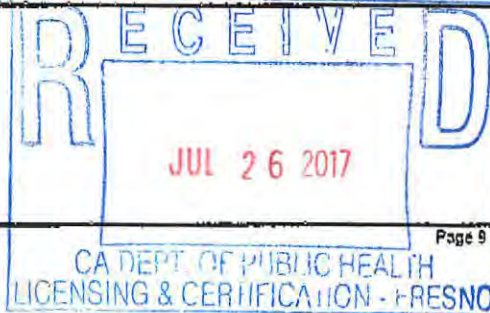
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/28/2017
NAME OF PROVIDER OR SUPPLIER Doctors Medical Center			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 Florida Ave, Modesto, CA 95350-4404 STANISLAUS 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>p.m., MD 3 indicated, "... Initially she was covered with her blanket yet was unable to uncover her face, when asked to do so... when asked if she was sad, she nodded "yes", when asked if she were afraid about the events that occurred yesterday, she nodded affirmatively ..."</p> <p>Patient 2's progress note, dated 4/30/16 at 1:05 p.m., MD 1 indicated, Patient 2"... frequently exhibited sexually inappropriate behavior and was involved in several incidents where his behavior could be interpreted as a sexual assault. On 4/29/16, the patient (Patient 2) was observed sexually assaulting a female patient on the unit ..."</p> <p>On 5/31/16 at 11:40 a.m., during an interview, MD 1 (the primary psychiatrist for Patient 2) stated, he never witnessed any sexually explicit behaviors from Patient 2 but was aware of the inappropriate sexual behavior from reading nursing documentation. MD 1 stated, after being informed that Patient 2 touched a female patient on the groin area, visual checks of Patient 2 were changed from every 15 minutes to every 10 minutes and Patient 2 was not allowed on the female side of the hallway. MD 1 stated prior to the sexual assault, Patient 2's treatment plan seemed appropriate but knowing what has happened, "He did need more attention ... he should have been a 1:1 (one staff member assigned to one patient) but I didn't think that then. In hindsight I should have done more</p>				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2017
NAME OF PROVIDER OR SUPPLIER Doctors Medical Center			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 Florida Ave, Modesto, CA 95350-4404 STANISLAUS 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>..."</p> <p>Patient 2's nursing note, dated 4/29/16 at 9:30 a.m., LN 1 indicated, "...Patient is sexually inappropriate with female patient as evidence by finding him having sex with a female patient in the other hallway by staff."</p> <p>On 5/31/16 at 9:30 a.m., during an interview, LN 1 stated, when she gave medications to Patient 2 in the week prior to the incident, "He would wink at me and he would look at me ... it was just the way he looked at you and winked ...his eyes were fixated on girls ..." LN 1 stated, the only changes to Patient 2's plan of care related to his sexual behaviors were increased rounding (visual observation of patient). LN 1 also stated, a 1:1 related to Patient 2's sexual behaviors would not be necessary, "because he was redirectable (a strategy of treatment where inappropriate behavior is redirected to appropriate behavior) and the decision would be up to the Medical Doctor".</p> <p>On 5/31/16 at 10:30 a.m., during an interview, Licensed Psychology Technician (LPT) 2 stated, "He [Patient 2] masturbated constantly, in his room, dayroom and tried to in group ... the way he would look at you, was not appropriate at all. He made people feel uncomfortable". LPT 2 stated, she informed Medical Doctors of his sexually inappropriate behavior. "They would say they already knew". LPT 2 stated she was not</p>				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2017
NAME OF PROVIDER OR SUPPLIER Doctors Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1441 Florida Ave, Modesto, CA 95350-4404 STANISLAUS COUNTY		
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	<p>aware of changes to Patient 2's plan of care related to his sexual behaviors. LPT 2 also stated, a 1:1 related to Patient 2's sexual behaviors would not be necessary, "because he was redirectable".</p> <p>On 1/24/17 at 2:05 p.m., during an interview, when asked what interventions were in place in regard to Patient 2's sexually inappropriate behavior, LPT 2 stated, "I would let the supervisor know every time the behavior occurred and I would just keep redirecting the patient ... just keep redirecting until the patient stops listening".</p> <p>On 5/31/16 at 11:27 a.m., during an interview, LN 9 stated, "He [Patient 2] was sexually preoccupied [prior to the incident], staring at any female, gawking at them ... actually touched a female patient on the groin."</p> <p>On 1/24/17 at 11 a.m., during a concurrent interview and record review of Patient 2's medical staff notes, LN 9 stated, "He continued with the same sexual behaviors and he was still sexually preoccupied [prior to the incident]". Staff continued to redirect and notify MD if needed. LN 9 also stated, a 1:1 related to Patient 2's sexual behaviors would not be necessary, "because he could be redirected when sexually inappropriate behavior occurred and the decision is made by the Doctor if the patient should be a 1:1".</p>			

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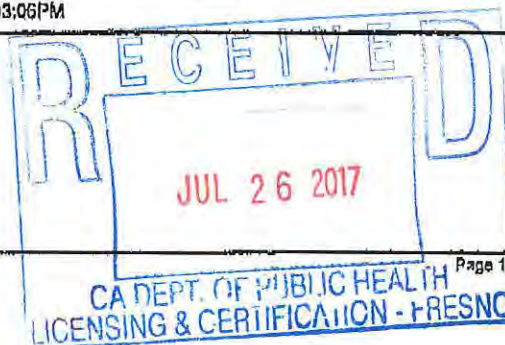
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2017
NAME OF PROVIDER OR SUPPLIER Doctors Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1441 Florida Ave, Modesto, CA 95350-4404 STANISLAUS COUNTY		
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	<p>On 5/31/16 at 2:20 p.m., during an interview, CST 4 stated, "I witnessed him [Patient 2] staring at females and heard he was in the dayroom fondling himself [prior to the incident]." CST 4 stated, a 1:1 related to Patient 2 sexual behaviors would not be necessary," because he could be redirected".</p> <p>On 5/31/16 at 3:02 p.m., during an interview, CST 5 stated, "... his [Patient 2] behaviors were inappropriate, especially this last admit, he tried to look down my shirt, he touched my arm...he would wink and blow kisses a lot more than usual [prior to the incident]." CST 5 stated Patient 2 should have been assigned to a 1:1, "because of the way he was acting, more sexually frustrated. He kept calling me into his room and exposing himself ... He would try to sneak down the hall to the female side ...We had to really watch him ...". CST 5 stated, she reported his behaviors to the nurse on duty and the nurse didn't do anything about Patient 2's sexually inappropriate behavior because he was not showing aggression.</p> <p>On 5/31/16 at 3:35 p.m., during an interview, CST 6 stated, "... his [Patient 2] sexual behaviors were more this last admit, he was very anxious, he was pacing, he exposed self to [CST 5] and me ..." CST 6 stated, Patient 2 should have been assigned to a 1:1, "it would have stopped his sexual behaviors".</p> <p>On 6/16/16 at 10:55 a.m., during a phone interview,</p>			

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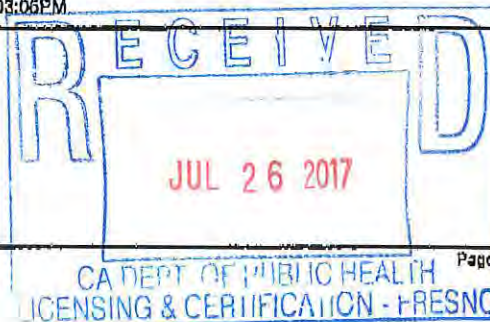
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	<p>LN 6 stated, "He [Patient 2] was very sexual on my shift, sexually inappropriate. LN 6 stated a 1:1 was not necessary related to Patient 2's sexual behaviors, "because he could be redirected and it is the MD's decisions not the nurses".</p> <p>Patient 2's nursing note, dated 4/23/16 at 4:00 p.m., LN 5 indicated, "(Patient 2 was sexually inappropriate in the dayroom around the female patients. Patient [2] was sexually preoccupied verbally and this writer was told by staff and peers. Patient [2] was witnessed by staff masturbating in the dayroom with peers present. Patient needed to be redirected throughout the shift..."</p> <p>Patient 2's nursing note, dated 4/24/16 at 11:37 a.m., LN 5 indicated, "Patient [2] was noted by staff attempting to masturbate in the dayroom and the hall. Patient [2] continues to display inappropriate sexual behavior on the unit attempting to touch the female patients and to wander down the female hall. Patient [2] continues to need verbal redirection from staff. Patient [2] doesn't appear to understand that the behavior he is displaying isn't appropriate in the public..."</p> <p>Patient 2's nursing note, dated 4/26/16 at 4:44 p.m., LN 5 indicated, "... Patient inappropriate with female staff ... attempted to touch female staff and a doctor... was witnessed by staff playing with himself in hall touching his genitals ... Patient was redirected multiple times throughout shift..."</p>				

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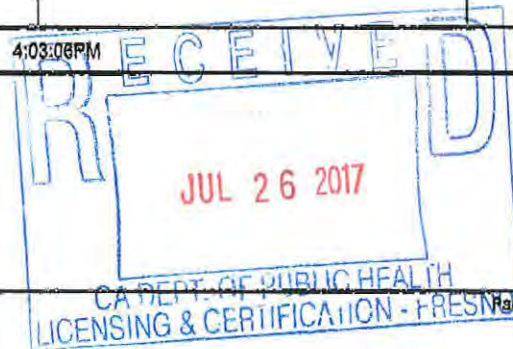
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	<p>Patient 2's nursing note, dated 4/24/16 at 7:14 a.m. LN 4 indicated, "... Patient 2 sexually inappropriate in dayroom; masturbating. This nurse redirected patient and he did accept redirection. Patient 2's nursing note, dated 4/25/16 at 4:57 a.m. LN 4 indicated, "... Patient [2] needed to be redirected not to go down the female hall and not to stare at female peer as it was making her uncomfortable ..." Patient 2's nursing note, dated 4/26/16 at 3:24 a.m., LN 4 indicated, "... Patient [2] sexually inappropriate in dayroom: masturbating... Redirected multiple times for inappropriate sexual behavior..."</p> <p>Patient 2's nursing note, dated 4/27/16 at 2:47 a.m., LN 4 indicated, "Continues to display sexually inappropriate behavior; patient noted to be exposing himself in the dayroom ... Unpredictable in behavior. Sexually inappropriate..."</p> <p>On 6/2/16 at 10:30 a.m., during an interview, LN 4 stated, "He was sexually inappropriate, he [Patient 2] had his penis exposed ... he was masturbating." LN 4 stated, Patient 2 started doing "creepy stuff" with his tongue and mouth that was directed towards staff. LN 4, stated nursing staff was aware of Patient 2's increased sexually inappropriate behaviors and would receive information about sexually inappropriate behaviors during shift report, "Everyone knew it was happening." On 1/24/17 at 3:30 p.m., when asked why wasn't</p>			

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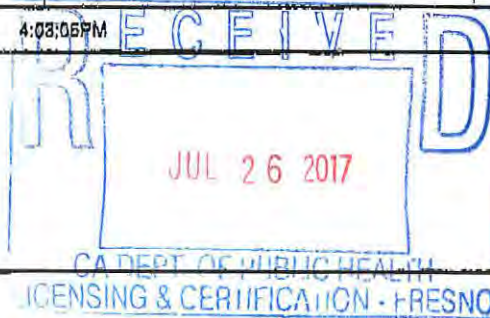
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 080484	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/26/2017
NAME OF PROVIDER OR SUPPLIER Doctors Medical Center			STREET ADDRESS, CITY, STATE, ZIP CODE 1441 Florida Ave, Modesto, CA 95380-4404 STANISLAUS COUNTY		
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	<p>something done since everyone knew it was happening, LN 4 stated, "I don't have an answer for that".</p> <p>On 1/24/17 at 11:05 a.m. during an interview, Administrator stated, there was a lot of redirection and constant interventions in regard to Patient 2's sexual behavior, but not all of the interventions were documented. The documentation did not reflect all what was being done. Administrator stated, "Whatever we were doing, we recognized we needed to take further action". The Administrator stated since the incident the buildings are separated into male and female units and only are combined on rare circumstances.</p> <p>On 1/24/17 at 11:10 a.m. during an interview, Risk Management (RM) stated in regard to Patient 2's sexual behaviors, "No one is saying the sexual behaviors didn't escalate, they did..."</p> <p>The facility policy and procedure titled, "Reporting of Allegations of Patient Neglect or Mental, Physical or Sexual Abuse or Assault" dated 6/7/15 indicated "All individuals at the hospital, including patients, have the right to be free of abuse, neglect and assault..."</p> <p>The facility policy and procedure titled, "Sexual Activity Involving Patients, Actual or Alleged" dated 8/4/10, indicated, "...Patients ... who have impaired judgment during their inpatient stay, will be supervised to prevent sexual</p>				

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	<p>behavior in the hospital. Prevention strategies will include ... direct observation ... frequent environmental rounds. ...maintain an environment that promotes prevention rather than acting out of sexual behavior ..."</p> <p>The facility policy and procedure titled, "Patient Rights" undated, indicated, "You have the right to receive care in a safe setting and to be free from all forms of abuse or harassment."</p> <p>The hospital's failure to protect Patient 1 from sexual assault directly led to the licensee's non-compliance with one or more requirements of licensure, Title 22, Division 5 Chapter 1 Article 3, Section 70213 ((a) (b) and Health and Safety Code 1279.1 (a) (b) (6) (C) and has caused, or is likely to cause, serious injury; the hospital's failure thus constitutes an Immediate Jeopardy Administrative Penalty.</p> <p>This facility failed to prevent the deficiency(ies) as described above that caused, or is likely to cause, serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of Health and Safety Code Section 1280.3(g).</p>			

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