

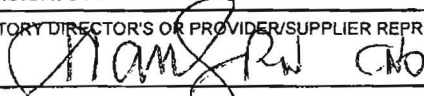
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/02/2009
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NAME OF PROVIDER OR SUPPLIER <b>PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3865 JACKSON STREET, RIVERSIDE, CA 92503 RIVERSIDE COUNTY</b>
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	<p>The following reflects the findings of the California Department of Public Health during the investigation of complaints (CA00195114, CA00196637, and CA00200638), conducted from July 16, 2009 through September 2, 2009.</p> <p>Representing the Department of Public Health:            [REDACTED], HFEN            [REDACTED], HFEN            [REDACTED], Medical Consultant            [REDACTED], HFES</p> <p>The Department substantiated violations of the regulations.</p> <p>Abbreviations used in this document:</p> <p>CA Cancer            CHF Congestive Heart Failure            cm Centimeter            COPD Chronic Obstructive Pulmonary Disease            COS Chief of Staff            CT Computerized Tomography            DMS Director of Medical Staff            DQS Director of Quality Services            ER Emergency Room            H &amp; P History and Physical            MSC Medical Staff Coordinator            P &amp; P Policy and Procedure            ICU Intensive Care Unit            OR Operating Room            R Right            RN Registered Nurse            RT Right            TO Telephone Order</p>			

Event ID:UR9011 12/9/2009 9:41:04AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
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	<p><b>Continued From page 2</b></p> <p>(5) Receive as much information about any proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or nontreatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment. Based on interviews, record, and facility document reviews, the facility failed to ensure:</p> <p>1. The medical staff P&amp;P, "Clinical Privileges," was implemented for the delineation of surgical privileges for Surgeon A to perform kidney surgery. This failed practice led to Surgeon A performing a right radical nephrectomy (removal of a kidney,) on Patient A, when he was not granted privileges for kidney surgery.</p> <p>2. The P &amp; P, "Universal Protocol: Prevention Of Wrong Patient, Wrong Procedure, Wrong Site Surgery / Procedure," was implemented. This failed practice led to the surgical removal of wrong kidney, (the healthy right kidney) from Patient A.</p> <p>3. Patient A's right to receive sufficient information about his proposed course of treatment in his primary language (Spanish) was protected in order to give an informed consent and understand the risks of surgical intervention, or to refuse treatment. This failed practice potentially led to Patient A's mistakenly signing a consent for removal of the</p>		<p>Continued from Page 2</p> <p><b>A 014 1280.1(c) T22 DIV5 CH1 ART3-70223 (b) (1) Surgical Service General Requirements</b></p> <p>for a newly credentialed practitioner or if there is a change in privileges for an existing practitioner.</p> <p>5. The Operating Room Scheduler and Medical Staff Office review and monitor the Operating Room schedule daily to ensure that all practitioners are credentialed to perform the stated procedure.</p> <p>6. If the practitioner does not have the appropriate privilege, then schedulers contact the Medical Staff Office who then contacts the practitioner</p> <p>7. If the practitioner wants to perform the surgery, then he/she must request for the privilege and demonstrate competency.</p> <p>8. Temporary Privileges are granted in accordance with the Medical Staff</p>	<p>7.16.09</p> <p>7.16.09</p> <p>7.16.09</p> <p>7.16.09</p>

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	<p><b>Continued From page 4</b></p> <p>A] at the time of this surgery did not have specific privileges for kidney surgery. He has privileges for general surgery and vascular surgery. This was a clerical oversight. He had privileges in 2003 and when he was re-appointed in 2005, the privileges for kidney surgery were not pulled over."</p> <p>An interview was conducted with the COS regarding Surgeon A's lack of specific privileges for kidney surgery on July 16, 2009, at 12:30 p.m. The COS stated, "We came to know about the lack of privileges today. We made the decision not to suspend him (Surgeon A). We don't have all the facts. He is well respected."</p> <p>A review of the medical staff P &amp; P, "Clinical Privileges," was conducted on July 16, 2009. The policy indicates, "A practitioner providing clinical privileges at this hospital shall be entitled to exercise only those clinical privileges specifically granted. Privileges granted to practitioners shall be evaluated on the basis of the member's education, training, experience and demonstrated current clinical competence, subject to approval by the appropriate Department Chair, Credentials Committee, Medical Executive Committee and Board of Directors."</p> <p>An interview was conducted with Surgeon A on July 16, 2009, at 2 p.m. Surgeon A stated, "I didn't realize I wasn't credentialed [having clinical privileges to perform specific medical and/or surgical procedures]."</p> <p>An interview was conducted with the MSC on July</p>		<p>Continued from Page 4</p> <p><b>A 014 1280.1(c) T22 DIV5 CH1 ART3-70223 (b) (1) Surgical Service General Requirements</b></p> <p><b><u>Action Plan – Universal Protocol</u></b></p> <p>1. The Operating Room Staff has been inserviced on the Universal Protocol to prevent the recurrence of a surgical procedure being performed on the wrong body part. 7.16.09</p> <p>2. The surgical site / side are verified with the following: 7.16.09 a. Diagnostic exams / procedures b. Patient and / or family c. Order for consent / Consent d. Consultation Reports</p> <p>3. In the event that diagnostic films or Picture Archiving System images are not available, then a transcribed radiology report of the exam must be present on the chart and used for verification of the surgical site /side. 7.16.09</p>		

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CNO 1/13/10

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	<p><b>Continued From page 5</b></p> <p>16, 2009, at 1:15 p.m. The MSC stated," [Surgeon A] has not had privileges for kidney surgery since 2003. The OR keeps a binder with all physician privileges. The OR didn't question it."</p> <p>An interview was conducted with the DSS on July 16, 2009, at 2:10 p.m. The DSS stated, "Whenever there is a surgeon who will be doing a different procedure, we check his privileges."</p> <p>An interview was conducted with RN 2 on July 16, 2009, at 2:15 p.m. RN 2 stated, "I wouldn't have checked [Surgeon A's] credentials. He is here so often. I would only check if he was a new physician."</p> <p>A review of Patient A's record was conducted on July 16, 2009. Patient A was admitted to the facility via the ER on June 27, 2009, with a complaint of shortness of breath. Patient A was diagnosed with CHF (congestive heart failure,) and COPD, (chronic obstructive pulmonary disease.) The patient also had a history of diabetes. The patient was assessed as Spanish speaking.</p> <p>On June 29, 2009, a renal (kidney) ultrasound (x-ray) was completed. The renal ultrasound result indicated Patient A had a left renal cyst.</p> <p>On July 3, 2009, a CT (x-ray), of the chest was completed. The results indicated a 4.3 by 5.3 cm left renal mass. The final report indicated that the findings were reported by telephone to the facility at 5:10 p.m. on July 3, 2009.</p>		<p>Continued from Page 5</p> <p><b>A 014 1280.1(c) T22 DIV5 CH1 ART3-70223 (b) (1) Surgical Service General Requirements</b></p> <p>4. All members of the surgical team must respond verbally and agree with the stated site / side. 7.16.09</p> <p>5. Operating Room nurses were: 7.16.09 a. Trained and given access to the Picture Archiving System. b. Instructed and required to access and display, prior to surgical incision, diagnostic information related to the planned surgical procedure.</p> <p>6. The World Health Organization Surgical Safety Checklist (First Edition) was implemented. 7.16.09</p> <p><b>Monitoring/Responsible Person(s)</b></p> <p>1. Operating Room Staff In-service 7.16.09</p> <p><i>Numerator: Number of Operating Room Staff in-serviced on the Universal Protocol</i></p>	

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	<p><b>Continued From page 6</b></p> <p>Further record review indicated a surgical consult was completed on July 6, 2009, at 3:32 p.m. The impression noted, "Incidentally found right-sided renal tumor measuring 4 by 5 cm. CT of chest and abdomen otherwise negative for metastasis." The recommendations noted, "The patient will require a right radical nephrectomy. Due to his multiple comorbidities (additional diagnoses), he is at a high risk for postoperative complications..."</p> <p>A review of the physician order sheet dated July 13, 2009, at 8:30 p.m. was conducted. The order noted, "Please obtain consent for right radical nephrectomy. T.O. [Surgeon A] RN 1." On the bottom left hand corner of the physician order was a box which was checked to indicate, "READ BACK."</p> <p>An interview was conducted with Patient A's son on July 16, 2009, at 9:45 a.m. Patient A's son stated, "[Surgeon A] said now he [Patient A] will need dialysis, (procedure to filter the blood of impurities) two to three times a week for three to four hours at a time. My dad is not confused, he knows what is going on."</p> <p>An interview was conducted with Patient A on July 16, 2009, at 11:45 a.m. Patient A's son interpreted. Patient A stated, "Before surgery they marked the right side. I didn't have a clue what side...they told me they found a tumor on the kidney, that they needed to remove it to avoid affecting the other one."</p> <p>A review of Patient A's, Authorization Form And</p>		<p>Continued from Page 6</p> <p><b>A 014 1280.1(c)</b> <b>T22 DIV5 CH1 ART3-70223 (b) (1)</b> <b>Surgical Service General</b> <b>Requirements</b></p> <p><i>Denominator:</i> Number of Operating Room Staff</p> <p><i>Compliance Rate:</i> 100%</p> <p><i>Responsible Person(s):</i> Director of Surgical Services</p> <p>2. Operating Room Staff In-service 7/16/09</p> <p><i>Numerator:</i> Number of Operating Room Nurses in-serviced on the Picture Archiving System</p> <p><i>Denominator:</i> Number of Operating Room Nurses</p> <p><i>Compliance Rate:</i> 100%</p> <p><i>Responsible Person(s):</i> Director of Surgical Services</p>	

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	<p><b>Continued From page 7</b></p> <p>Consent To Surgery Or Special Diagnostic Or Therapeutic Procedures, was conducted. Section 3 indicated, "Your physicians and surgeons have recommended the following operation or procedure, Right radical nephrectomy." The form was dated "7/13/9, Time, 2100, (9 p.m.) Signature: FT, [Patient A]."</p> <p>An interview was conducted with Patient A's son on July 16, 2009, at noon. Patient A's son stated, "I translated the document, (the surgical consent) for him, (Patient A). I didn't know if the right or left side was correct. I assumed it was correct."</p> <p>The Operative Report dictated July 14, 2009, at 9:32 a.m., indicated, "Preoperative diagnoses: Right Renal Tumor, Postoperative diagnosis: Right Renal tumor. Operation performed: Right Radical Nephrectomy."</p> <p>A review of the Preoperative Surgical/Procedure Checklist, was conducted on July 16, 2009. The section which indicated, "Order and Consent verified with Patient, x-rays, other Data," was circled, "Yes." The section which indicated "Surgical Site/Side Verification," was reviewed. The section which indicated "Site/Side confirmed with patient; surgeon," was blank. The "Side" was circled, "Right."</p> <p>A review of the Intraoperative Nursing Record dated July 14, 2009, was conducted. The operation started at 7:49 a.m. and ended at 9:18 a.m. The "Operative Procedure: Right Radical Nephrectomy." The section of the Nursing Record which indicated,</p>		<p>Continued from Page 7</p> <p><b>A 014 1280.1(c) T22 DIV5 CH1 ART3-70223 (b) (1) Surgical Service General Requirements</b></p> <p>3. Universal Protocol – Observations</p> <p><i>Numerator:</i> Number of procedures compliant with Universal Protocol</p> <p><i>Denominator:</i> Number of procedures observed</p> <p><i>Number of Observations/Month:</i> 30</p> <p><i>Compliance Rate:</i> 100%</p> <p><i>Responsible Person:</i> Director of Surgical Services</p> <p><b>A 014 1280.1(c) T22 DIV5 CH7 ART7-70707 (b) (5) Patient Rights</b></p> <p><b>Action Plan</b></p> <p>1. The Patient Rights Pamphlet is provided to the patient and/or</p>	7/16/09

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	<p><b>Continued From page 8</b></p> <p>"Operative Site," was verified as "R." The surgical time out indicated, "Surgical Site confirmed."</p> <p>A review of the Anesthesia Record dated July 14, 2009, at 7:25 a.m., was conducted. The pre-op diagnosis indicated, "Rt. Kidney CA." The operation performed indicated, "Rt radical nephrectomy."</p> <p>A review of the facility's operating room P &amp; P, "Universal Protocol: Prevention of Wrong Patient, Wrong Procedure, Wrong Site Surgery / Procedure," was conducted on July 16, 2009, at 5 p.m. The P &amp; P indicated the following:</p> <p>"Responsibility: Registered Nurse, Surgical/ GI Lab Technician, Radiology Technician, Anesthesiologist, Surgeon, Endoscopist, Physician."</p> <p>"Purpose 1. To ensure that all of the relevant documents and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other, with the patient's expectations, and with the team's understanding of the intended patient, procedure, site, position, and, as applicable, any implants or equipment needed for the procedure. Missing information or discrepancies must be addressed before starting the procedure. 2. To identify unambiguously the intended site of incision, insertion, or other procedure. 3. To conduct a final verification of the correct patient, procedure, site, position, and, as applicable, implants and/or equipment."</p>		<p>Continued from Page 8</p> <p><b>A 014 1280.1(c) T22 DIV5 CH7 ART7-70707 (b) (5) Patient Rights</b></p> <p>patient's representative upon admission.</p> <p>2. The Consent form is reviewed in the Preoperative area with the patient and/or patient's representative. 7.16.09</p> <p>3. The consent and procedure is verified in the Operating Room in accordance with the World Health Organization Surgical Safety Checklist. 7.16.09</p> <p>4. The patient's primary language is identified during the Initial Patient Assessment. 7.16.09</p> <p>5. Hospital staff and/or the AT&amp;T Language Line Services are utilized for translation services. Family members are not allowed to translate for the staff and/or patient. 7.16.09</p>	

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NAME OF PROVIDER OR SUPPLIER <b>PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3865 JACKSON STREET, RIVERSIDE, CA 92503 RIVERSIDE COUNTY</b>		
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	<p><b>Continued From page 10</b></p> <p>dated June 28, at 8 p.m., June 29, at 8 a.m., and June 30, at 8 p.m. indicated Patient A was alert and oriented to his name, the date, time, and to the situation.</p> <p>A review of Patient A's "Interdisciplinary Care Plan" was conducted on July 16, 2009. A problem, dated July 8, 2009, addressed, "Knowledge Deficit...Understand Plan of Care...Use Interpreter to explain."</p> <p>A review of the facility's medical staff bylaws was conducted on July 16, 2009. Item 3.2 indicated, "Every department in which an invasive procedure is to be done, or investigational drugs are used, shall provide a written informed consent, which shall be explained to, read, understood and signed by the patient."</p> <p>An interview was conducted with Surgeon A on July 16, 2009, at 2:45 p.m. Surgeon A stated, "The patient, (Patient A) may not have fully understood which kidney..."</p> <p>There was no documented evidence that Patient A was provided information about his diseased left kidney, options, use of anesthesia, or possible risks and complications by a staff member. There was no documentation found to indicate a Spanish speaking clinician reviewed the consent Patient A signed for a right radical nephrectomy.</p> <p>The facility's failure to implement policies and procedures for Medical Staff led to the removal of the incorrect kidney of Patient A. Further, it led to</p>		<p>Continued from Page 10</p> <p><b>A 014 1280.1(c) T22 DIV5 CH7 ART7-70707 (b) (5) Patient Rights</b></p> <p><i>Number of Random Chart Reviews:</i> 70</p> <p><i>Responsible Person(s):</i> Directors, Nursing Department</p> <p>2. Documentation in the Medical Record that Interpretive Services were utilized, if required</p> <p><i>Numerator:</i> Documentation of type of Interpretive Services utilized</p> <p><i>Denominator:</i> Number of patients requiring Interpretive Services</p> <p><i>Number of Random Chart Reviews:</i> 70</p> <p><i>Responsible Person(s):</i> Directors, Nursing Departments</p> <p>3. Consents</p>	<p>7.16.09</p> <p>7.16.09</p>

Event ID:UR9011

12/9/2009

9:41:04AM

*Numerator: Medical Records with Informed Consent documented*

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

*Mano 1/13/10 CNO*

(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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/02/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3865 JACKSON STREET, RIVERSIDE, CA 92503 RIVERSIDE COUNTY</b>		
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	<b>Continued From page 11</b> Patient A's mistakenly signing a consent for removal of the incorrect kidney. This is a deficiency that has caused a serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of the Health and Safety Code Section 1280.1(c).		<b>Continued from Page 11</b>  <b>A 014 1280.1(c)</b> <b>T22 DIV5 CH7 ART7-70707 (b) (5)</b> <b>Patient Rights</b>  <i>Denominator:</i> Number of consents  <i>Number of Random Chart Reviews:</i> 70  <i>Compliance Rate:</i> 100%  <i>Responsible Person(s):</i> Directors, Nursing Departments	7.16.09	

Event ID:UR9011

12/9/2009

9:41:04AM

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

TITLE

(X6) DATE

*[Handwritten Signature]* CNO 1/13/10

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