

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>050115 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>01/25/2010 |
|--|--|--|--|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>PALOMAR MEDICAL CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>335 E. VALLEY PARKWAY, ESCONDIDO, CA 92025 SAN DIEGO 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 STATEMENT OF CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|

|  |  |  |   |          |
|--|--|--|---|----------|
|  | <p>The following reflects the findings of the Department of Public Health during a complaint/adverse investigation visit:</p> <p>Complaint Intake Number:<br/>CA00213140 - Substantiated</p> <p>Representing the Department of Public Health:<br/>██████████ HFEN</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 1280.1(c): 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>70215 Planning and Implementing Patient Care.<br/>(a) (3) (b) The planning and delivery of patient care shall reflect all elements of the nursing process: assessment, nursing diagnoses, planning, intervention, evaluation and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission.</p> <p>70217 Nursing Service Staff<br/>(a) (1) The licensed nurse-to-patient ratio in a critical care unit shall be 1:2 or fewer at all times. "Critical care unit" means a nursing unit of a general acute care hospital which provides one of the following services: an intensive care service, a burn center, a coronary care service, an acute</p> |  | <p><b>RECEIVED</b><br/><b>DEPARTMENT OF PUBLIC HEALTH</b><br/>JUN 16 2010<br/><b>LICENSING &amp; CERTIFICATION</b><br/><b>SAN DIEGO NORTH DISTRICT OFFICE</b></p> <p>70215 Planning and Implementing Patient Care</p> <p>The nurse to patient ratio in the critical care units will be 1: 2 or fewer at all times.<br/>Person Responsible; Nurse Director</p> | 12.29.09 |
|--|--|--|---|----------|

Event ID:GZ3P11

5/26/2010

3:38:22PM

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

TITLE

(X6) DATE

*Aaron Andrews*

Chief Nursing Officer

6.15.10

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:<br><br>060115 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>01/25/2010 |
|--|--|--|--|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br>PALOMAR MEDICAL CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>666 E. VALLEY PARKWAY, ESCONDIDO, CA 92025 SAN DIEGO 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>respiratory service, or an intensive care newborn nursery service, the ratio shall be 1 registered nurse; 2 or fewer patients at all times.</p> <p>70809 Patient Accommodations<br/>(b) Five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license. Upon application to the Director and a showing that seasonal fluctuations justify, the Director may grant the use of an additional five percent of the beds for other than the classified use.</p> <p>This Rule is not met as evidenced by:</p> <p>On 12/29/09, a patient in an intensive care unit [ICU] fell out of her bed to the floor. Patient A became disconnected from her cardiac monitor, from her oxygen source and from her intravenous access which had been delivering vasoactive medications for blood pressure control. Patient A was on the floor in this condition for more than an hour before the ICU staff found her. The door to the patient's room was closed, and the privacy curtain had been pulled around so that the patient was not visible to staff. The failure of the ICU staff to monitor, assess and intervene on behalf of Patient A resulted in the patient suffering prolonged cardiac arrest, severe brain injury, progressive organ failure and ultimately the withdrawal of life support. Patient A died the day after her fall from her bed in ICU.</p> <p>At the time of this event, the facility had placed 4</p> |               | <p>The RN assigned to primary care for this patient was interviewed at the time of the fall.<br/>Person Responsible; Nurse Director</p> <p>The RN in this instance was aware of her responsibility to provide for the safety of her patient relative to fall prevention.<br/>Person Responsible; Nurse Director</p> | <p>12.29.09</p> <p>12.29.09</p> |

Event ID:GZ3P11

5/26/2010

3:38:22PM

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

|  |   |  |   |  |
|--|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>060115                                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>01/25/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>PALOMAR MEDICAL CENTER |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>555 E. VALLEY PARKWAY, ESCONDIDO, CA 92025 SAN DIEGO 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 2</p> <p>medical surgical patients in 4 of the ICU designated beds on the same 12 bed unit where Patient A was located. One registered nurse was assigned to provide care for the 4 medical/surgical patients. The Department was unaware of the facility's practice to place lower acuity patients in ICU designated beds and to staff these patients at a lesser level.</p> <p>Findings:</p> <p>Patient A was admitted to the facility on 12/25/09 with diagnoses that included sepsis, pneumonia and colitis according to the Patient Information sheet. According to the physician notes Patient A had bilateral lower lobe infiltrates (a fluid collection in the lungs) and a clinical suspicion of H1N1 influenza. Patient A was admitted to the medical floor on isolation from the emergency room, where she had been noted to have some confusion with decreased level of consciousness, according to the emergency room notes</p> <p>On 12/28/09 at 6:12 p.m., according to the Rapid Response Team record, Patient A was transferred to the Intensive Care Unit (ICU) for closer observation due to severe respiratory distress. While in the ICU, Patient A was placed on cardiac and pulse oximetry monitoring (a non-invasive optical measurement system to determine oxygen levels) all connected to alarms as well as an IV pump infusing Levophed (a vasoactive medication used for blood pressure control), intermittent BIPaP oxygen (bi-level positive airway pressure, a noninvasive means of assisting oxygen and</p> |  | <p>The nurse to patient ratio in the critical care units (CCU) will be 1: 2 or fewer at all times. Person Responsible; Nurse Director</p> | 1.15.10                                      |

Event ID:GZ3P11

5/26/2010

3:38:22PM

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

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>060116                                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br>01/26/2010                              |
|--|--|--|--|---|
| NAME OF PROVIDER OR SUPPLIER<br>PALOMAR MEDICAL CENTER |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>666 E. VALLEY PARKWAY, ESCONDIDO, CA 92025 SAN DIEGO 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 3</p> <p>ventilation) also connected to alarms.</p> <p>Patient A was identified as high risk for falls, per the facility's computerized nursing documentation dated 12/26/09 and 12/27/09. On 12/27 and 12/28, the physician ordered soft wrist restraints. The reason for the order of the wrist restraints was documented as due to the patient attempting to pull/remove lines/tubes/equipment/dressings, and attempting to get out of bed.</p> <p>On 12/29/09 Patient A fell on the floor in front of her bed, became disconnected from the cardiac monitor, her intravenous line Levophed medication, the BiPaP oxygen delivery system, and pulse oximetry. The patient was found by a respiratory therapist [RT 1] in complete arrest at 6:01 p.m., according to the Code Blue record. The last documented set of vital signs by Licensed Nurse 1 [LN 1] recorded on the nursing flow sheet were at 4:30 p.m. on 12/29/09.</p> <p>On 12/31/09 at 11:45 P.M., the ICU resource nurse responding to Patient A's arrest on 12/29/09 was interviewed. According to the resource nurse, when she arrived at Patient A's room, the privacy curtain was pulled so that the patient was not visible to staff passing by the room. According to the resource nurse, Patient A was on the floor, where she had been incontinent of stool. The IV and IV pump administering Levophed were on the opposite side of the bed and were no longer attached to the patient. The oxygen source was lying on the bed. The patient was cold and there was some difficulty establishing an intravenous access.</p> |  | <p>The critical care staff have been oriented to use of the overview function of the cardiac monitoring system to provide alert/alarm notification when they are providing care to another patient in the CCU.<br/>Person Responsible; Nurse Director</p> <p>The critical care staff have been re-educated on Procedure, "Fall Prevention and Management".<br/>Person Responsible; Nurse Director</p> <p>The critical care staff have been oriented to maintain the door to the room open on all patients to improve alert/alarm audibility.<br/>Person Responsible; Nurse Director</p> <p>The critical care staff have been oriented to maintain the privacy curtain open to improve direct observation of the patients.<br/>Person Responsible; Nurse Director</p> <p>Audits documenting use of the overview function, open doors and open privacy curtains were initiated when the orientation was complete and are ongoing.<br/>Person Responsible; Nurse Director</p> | <p>4.3.10</p> <p>4.30.10</p> <p>4.15.10</p> <p>4.15.10</p> <p>4.30.10</p> |

Event ID:GZ3P11

5/26/2010

3:38:22PM

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>050115 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>01/25/2010 |
|--|--|--|--|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>PALOMAR MEDICAL CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>555 E. VALLEY PARKWAY, ESCONDIDO, CA 92025 SAN DIEGO 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 4</p> <p>On 1/25/10 at 2:00 p.m., RT 1 was interviewed. According to RT 1, he was working the emergency room that day and at approximately 6:00 p.m. on 12/29/09, he went looking for respiratory equipment in ICU. RT 1 found Patient A lying on the floor. According to RT 1, Patient A was lying on the floor between the glass door to the nursing station and her bed. The door to the patient's room was closed, and the privacy curtain had been pulled so that the patient was not visible. According to RT 1, Patient A had been incontinent of stool on the floor and the cardiac monitor, pulse oximetry, IV line and medication as well as the oxygen were all disconnected.</p> <p>RT 2, the RT caring for Patient A on 12/29/09 until 5:00 p.m., was interviewed on 1/25/10 at 3:15 p.m. According to RT 2, he recalled Patient A was on isolation, unstable, and had failed at attempts to wean her oxygen. RT 2 stated Patient A appeared tired with the work of breathing and that he had discussed this with LN 1 and placed Patient A on BiPaP before he left. RT 2 shared that it is difficult when medical surgical patients are housed in the ICU unit, because it decreases the number of respiratory and ICU staff available to the ICU patients.</p> <p>Licensed Nurse 1 [LN1] was interviewed on 1/25/10 at 2:30 pm. LN 1 was the care provider for Patient A on 12/29/09 from 7:00 a.m. to 7:00 p.m. According to LN 1 she checked the patient's vital signs every half hour, as Patient A was on Levophed. LN 1 stated she did not recall hearing</p> |               | <p>The number of respirator therapy staff assigned to the critical care units are determined based on the acuity of the patient related to their need for respiratory services and are not related to census.</p> <p>Person Responsible; Respirator Care Director</p> | 1.30.10            |

Event ID:G23P11

5/26/2010

3:38:22PM

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

|  |  |  |   |  |
|--|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>050115                                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>01/25/2010 |
| NAME OF PROVIDER OR SUPPLIER<br>PALOMAR MEDICAL CENTER |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>555 E. VALLEY PARKWAY, ESCONDIDO, CA 92025 SAN DIEGO 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 5</p> <p>anything in report related to a history of confusion in Patient A or that Patient A might be a fall risk. LN 1 stated that Patient A was restless, and that she [LN 1] had to remind the patient not to get out of bed to use the bathroom as she was not stable. Patient A was given the bedpan by LN 1, but the patient was unsuccessful. According to LN 1, the last time she recalled seeing Patient A was at approximately 4:30 to 4:40 p.m. The last documented set of vital signs LN 1 recorded on the nursing flow sheet was at 4:30 p.m. on 12/29/09.</p> <p>According to the Code Blue Record, on 12/29/09 facility staff started resuscitative measures on Patient A at 6:01 p.m. Per the same record, twenty-two [ 22 ] minutes of resuscitative measures elapsed before staff could recover a pulse in Patient A. According to the physician note from Physician X, who responded to the code, Patient A was lying on the ground with stool next to her, all leads were off, line[s] pulled out, and she was unresponsive. When monitor leads were reapplied Patient A was noted to be in asystole (cardiac arrest or absence of a heart beat).</p> <p>On 12/30/09, Physician X requested a critical care consult by Physician Y. Physician Y's consult was reviewed. According to Physician Y's consult dated 12/30/09, Patient A had developed progressive organ dysfunction, respiratory failure, renal failure, evidence of an acute myocardial infarction, hemodynamic embarrassment, and severe metabolic acidosis (PH imbalance in which the body has accumulated too much acid and does not have enough bicarbonate to effectively neutralize</p> |  | This page has been intentionally left blank.  |  |
| Event ID:GZ3P11  | 5/28/2010  | 3:38:22PM  |   |  |

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

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

|  |  |  |   |  |
|--|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>060115                                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>01/25/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>PALOMAR MEDICAL CENTER |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>555 E. VALLEY PARKWAY, ESCONDIDO, CA 92025 SAN DIEGO 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 6</p> <p>the effects of the acid.) In addition, Patient A suffered a cardiac arrest last evening (12/29/09) with a prolonged resuscitation effort. She now had evidence of severe anoxic (severe deficiency of oxygen in the tissue or organs) injury if not outright brain death. According to the note, Physician Y indicated the family had been informed that Patient A had probably suffered irretrievable damage, and it was unlikely she would have any meaningful recovery on any level.</p> <p>Patient A was disconnected from life support on 12/30/09 and expired the same day.</p> <p>Review of the staffing sheets for 12/29/09 revealed that four [ 4] beds of the 12 bed ICU unit where Patient A was located, were occupied by medical surgical patients being held in the ICU, at a 1 staff to 5 patient ratio. The staffing for 12/29/09 (7:00 a.m. to 7:00 p.m.) for this unit in the ICU was reviewed with the nursing manager on 1/25/09. A charge nurse in the ICU, present during the staffing review, stated that they always try to move all the medical surgical patients together in one area of the ICU, whenever they need to create a "med/surg pod" in the ICU. The facility had not notified the Department that lower acuity patients were placed in the ICU beds, and providing care to these patients at a lower staffing ratio, than the ICU ratio.</p> <p>Patients are admitted to intensive care units in order to ensure that the patient's condition is closely monitored by facility staff. Patient A was in isolation with the door closed, hampering the audible alarms from inside the room. Further, the</p> |  | <p>The nurse to patient ratio in the critical care units will be 1: 2 or fewer at all times.<br/>Person Responsible; Nurse Director</p> | 1.15.10                                      |

Event ID:GZ3P11

5/26/2010

3:38:22PM

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

|  |  |  |   |                    |  |
|--|--|--|---|--------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>050116 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  |                    | (X3) DATE SURVEY COMPLETED<br><br>01/25/2010 |
| NAME OF PROVIDER OR SUPPLIER<br><br>PALOMAR MEDICAL CENTER |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>566 E. VALLEY PARKWAY, ESCONDIDO, CA 92025 SAN DIEGO 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 7</p> <p>curtain was closed, so that the patient was not visible to staff in the immediate area. The facility's failure to ensure ongoing assessment and monitoring of a patient who was in a state of respiratory compromise, a documented high fall risk, was on external monitors of her cardiac and respiratory status, and who was receiving intravenous medication to stabilize her blood pressure resulted in a patient fall and death. This is a deficiency that has 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 1280.1 (c).</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 1280.1(c).</p> |  | <p>This page has been intentionally left blank.</p>   |                    |  |

Event ID:GZ3P11

5/26/2010

3:38:22PM

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.