

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2009
NAME OF PROVIDER OR SUPPLIER SANTA BARBARA COTTAGE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE PUEBLO AT BATH ST, SANTA BARBARA, CA 93105 SANTA BARBARA COUNTY		
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	<p>Continued From page 1</p> <p>(a) If a licensee of a health facility licensed under subdivision (a), (b), or (f) of Section 1250 receives a notice of a deficiency constituting an immediate jeopardy to the health or safety of a patient and is required to submit a plan of correction, the department may assess the licensee and administrative penalty in an amount not to exceed fifty thousand dollars (\$50,000) per violation.</p> <p>(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>DEFICIENCY: CONSTITUTING IMMEDIATE JEOPARDY: T22 DIV 5 CH1- ART7-70738 INFANT SECURITY.</p> <p>Based on observation, staff interview, record review and review of facility documentation, the facility failed to adopt and implement adequate policies and procedures to protect infants from removal from the facility by unauthorized persons, and failed to implement their policies and procedures to prevent an infant abduction. Newborn Baby A was abducted from the hospital by an unauthorized person on 09.</p> <p>Findings:</p> <p>The investigation of a facility reported infant</p>		<p>A. The Cottage Health System (CHS) "Building Access - Visitors, Staff, Physicians, and Volunteers" administrative policy was revised June 2009. Access to SBCH campus by visitors was restricted to two entrances, the Main Lobby Bath Street entrance, and the Castillo Street entrance. Entrance to the SBCH campus by Staff, Physicians, and Volunteers was restricted to other entrances by badge access only. Effective, June 8, 2009, all staff were instructed to enter SBCH through one of the following designated employee/physician entrances:</p> <ol style="list-style-type: none"> 1. Pueblo/Cancer Center door 2. ED door next to ambulance bay 3. 2nd floor near OR & East elevators <p>B. V.P. Support Services</p> <p>A. Effective June 22, 2009, security greeters were permanently posted at the Main Lobby Bath Street entrance and the Castillo Street entrance to identify visitors and to inquire as to the reason for their visit. Visitors are provided with a visitor badge that indicates access, visitor identification is required 24/7.</p> <p>B. Director, Environmental Safety and Security</p>	

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	<p>Continued From page 2</p> <p>abduction was initiated on 3/3/09 at 8:30 a.m. Newborn Baby A was abducted from the mother's room by an unauthorized person on [REDACTED]/09 at 12:30 p.m. Interview with the Risk Manager, and subsequent record review beginning on 3/3/09 at 8:35 a.m. revealed Patient A delivered a full term infant on [REDACTED]/09 at 8:00 a.m. The infant was transferred to the newborn nursery and later taken to the mother's room by the nursery nurse. The infant and mother were both assigned security bands that would alarm if the baby left the mother infant unit (MIU). At approximately 12:30 p.m. a woman wearing scrubs entered the mother's room and told the mother that she was taking Baby A to do footprints. Baby A's mother agreed to allow the woman to take the baby from the room. Shortly after the baby was taken from the room, a nurse entered the room and found the baby's bassinet empty. The infant's security band, which was intact, was in the bassinet. The mother told the nurse that someone wearing scrubs, who represented herself as a student, entered the room and took the baby to do footprints. The nurse immediately initiated a Code Pink (infant abduction).</p> <p>Interview with the clinical nurse manger of the Mother Infant unit (MIU) on 3/3/09 starting at 10:45 a.m. revealed she was on duty the day of the abduction. She indicated that the hospital's investigation of the abduction revealed that staff on the MIU had observed the alleged kidnapper at the hospital, three times, on three consecutive days, prior to the abduction. One of the nursery nurses knew the woman and had asked her what she was</p>		<p>A. June 5, 2009, installation completed of local alarms and 15 second delay locking devices on all stairway doors leading to and from the third floor, specifically:</p> <ol style="list-style-type: none"> 1. Stairway door across from Room 3C25 2. Stairway door leading into stair/corridor adjacent to Endoscopy Unit. 3. Stairway door North Wing next to office 3N23/24 <p>Effective June 8, 2009, access to the third floor via elevators was restricted.</p> <ol style="list-style-type: none"> 1. Visitors who wish to visit the third floor are to be directed to the South elevators where they will be met by a greeter. 2. Staff can access the third floor by using the East elevators. 3. Staff who work in or support GI/Endoscopy have access to use the 3 North elevators, but will need to swipe their employee badge in the elevator car in order for it to grant access to open up the elevator car at the third floor 4. Access to the 3 Central elevators has been restricted. Only those employees who have been given access to the 3 Central elevators may swipe their badge in the elevator 		

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	<p>Continued From page 5</p> <p>the unit as a restricted, and limiting access to authorized personnel and visitors. There was no signage requiring visitors to check-in at the nurse's station prior to entering a patient's room or other areas on the MIU.</p> <p>Policies and procedures regarding access control for security sensitive areas were requested for review and two policies were provided. The first policy and procedure was titled "Building access-Visitors, staff, physician, and volunteers #11.05. This policy included hospital visiting hours "between 6:00 a.m. to 8:00 p.m., and the "after hour access to the building." There was no indication that access control policies and procedure were developed and in place for the MIU to protect infants from abduction.</p> <p>The second policy and procedure was titled "Visiting Regulation on Mother - Infant" #6380.39. This policy focused on infection control issues, limiting visit time, hand washing, and indicated that relatives and friends may visit from 1:00 p.m. to 8:00 p.m.</p> <p>Although the policy specified that visiting hours on the MIU were 1:00 p.m. to 8:00 p.m., the policy was not enforced. On the date of the abduction, the abductor was on the unit more than three hours before visiting hours were to start, and was photographed by surveillance cameras in and around the area three hours before the abduction occurred. The abductor was not stopped or questioned. The policy did not identify or specify any access restrictions for the MIU - a security</p>		<p>June 11, 2009 a notice was sent to the greater Santa Barbara community from the Hospital President and CEO, as Cottage prepared to implement a number of security-related changes at each of its facilities. A section of this notice states:</p> <p>"What changes can you expect? When accessing the hospital, you will be asked at the front desk to identify yourself, and to indicate whether you are visiting a patient or coming for tests or treatment. You will then be given a badge to wear as you proceed to enter the hospital. At Santa Barbara Cottage Hospital, you may continue to access the hospital through the main entrance at Bath Street, or at the Castillo/Pueblo entrance just across from the Pueblo Parking Structure. Greeters will be at either entrance to assist you both in obtaining a badge and in providing directions to the appropriate department or patient care unit. In order for patients and visitors to access the hospital as quickly as possible, we have asked physicians and employees to enter through other secured entrances.</p>		

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	<p>Continued From page 6</p> <p>sensitive unit - and the location of the infant abduction.</p> <p>The facility's infant security system "to prevent infants from being removed from the hospital without authorization", is the utilization of a tag transmitter band, placed on the infant's ankle. A review of the facility's "Infant Security system" policy #6380.63 on 3/3/09 at 3:30 p.m., revealed that when an infant is admitted to the MIU, the infant is fitted with a security band designed to alarm if the band is broken or if the infant leaves the area.</p> <p>Despite the tamper proof feature, it was possible for the abductor to remove the band from the baby's ankle intact, and the alarm was not set off. Because the abductor was able to remove the infant's security band intact, she was able to remove the infant from the unit, enter an elevator and leave the facility without setting off the alarm and without being detected. The abductor went past the newborn nursery nurses' station, entered the main corridor of the MIU, and proceeded past the post partum nurses' station to the main elevator. She took the baby down the main elevator and proceeded out of the facility.</p> <p>Interview with the Director of the MIU on 3/3/09 at 11:55 a.m. revealed that personnel working on the unit do not have distinctive identification badges or uniforms. Staff members wear the standard hospital identification badge and nursing uniforms. A review of the facility's policy and procedure regarding name badges on 3/3/09 at 2:30 p.m.</p>		<p>We ask for your assistance by not asking employees to let you in behind them through these secured entrances. It presents a conflict for them in trying to help you while also assuring that security is not breached."</p> <p>B. Director, Environmental Safety and Security Hospital President and CEO Infant Security System: 04-13-09 A. March 2, 2009, Director, Women's Services, reinforced with Mother-Infant Unit (MIU) staff the practice of checking infant security bands after application to verify fit as infants' lose weight. In addition, on February 28, 2009 the Director, Women's Services initiated an investigation into the possibility of alternative products to the electronic security band. The determination was made that the current HUGS and KISSES security system was the highest standard. Beginning April 6, 2009, MIU staff were trained on the upgrade for the current HUGS infant security system. A manufacturer representative provided training on this upgrade. Staff training also included proper tag application and activation,</p>	

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	<p>Continued From page 7</p> <p>revealed the facility does not designate a specific identification badge for staff assigned to the MIU, or for people allowed to transport infants without a parent present. There was no documentation to indicate that parent awareness training related to the safe transportation guidelines of an infant was required or provided.</p> <p>Interview with the risk manager and the Director of the MIU on 3/3/09 at 11:15 a.m. revealed the facility does conduct infant abduction drills (Code Pink) to ensure that staff are prepared and trained in their roles in preventing abduction. A review of facility documentation revealed four drills were conducted in the two years prior to the abduction (12/18/07, 3/31/08, 6/30/08 and on 10/6/08).</p> <p>A review of the facility's policy and procedure titled "Abduction Minor-Code Purple (Silent page #701) and Abduction Infant-Code Pink (#Silent page #702) #8420.19 was initiated on 3/3/09 at 2:45 p.m. The goal of the policy is to provide a response plan if infant/minor abduction occurs at the hospital, and the procedures are to be followed in the event of actual or suspected infant/minor abduction.</p> <p>Once it is suspected or known that an infant abduction has occurred to switchboard is notified, by dialing "599" and given a specific location. The operator initiates a group page specifying the location and the appropriate page number on the silent page with buzzer. The silent page is sent to designated cell phones as a text message for designated individuals. The facility does not utilize an overhead page system to notify hospital staff of</p>		<p>ongoing validation of tag effectiveness and response to system alerts. Ongoing training is completed for new hires and annually by the Director, Women's Services, or designee. This system was maintained and upgraded to include "Baby Sense" software (a baby skin capacitance indicator) that ensures that any action of tampering/removal of the infant ankle band will promptly alert MIU staff. On April 13, 2009 implemented the use of a new style of infant security band that can be tightened as the infant loses weight.</p> <p>April 2009, MIU "Infant Security System" policy revised to reflect the changes in response to the HUGS upgrade and the new style of band.</p> <p>B. Director, Women's Services</p> <p>Distinctive Staff Identification:</p> <p>A. Effective March 6, 2009, MIU staff were provided with a unique identification badge (pink), which will be worn at all times. Parents are informed of this unique identification badge at the time of admission.</p> <p>Cottage Health System (CHS) policy "Hospital Identification Badge and Combined Access Control Card" was revised June 2009 to reflect this</p>	06-2009

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	<p>Continued From page 8</p> <p>the infant abduction situation. Interview with staff revealed that if the cell phones were not operational there would be no notification.</p> <p>Units have specific assignments, including PICU, NICU, Labor and Deliver/3N, MIU, GI lab and Pediatrics. Security will respond to the scene, make an initial assessment and initiate calling 911, notify the security manger and the VP of facility management. Facilities management staff is to meet at the Castillo street entrance and staff will be assigned to each of the buildings four corners and other posts. Staff will also be assigned to perimeter post to stop and detain possible suspects. Although the procedure indicated that "all possible suspects will be stopped and detained" until security conducts a field interview, there was no evidence that staff were provided with education and training related to what to look for, characteristics of a "possible suspect" or what staff were to do once they stopped the possible suspect.</p> <p>In all four of the infant abduction drills reviewed, the abductor was able to successfully move through and exit the facility. Further review of the facility's drill evaluations revealed that many were incomplete, lacked response time, and were not completed by all require included failure of the silent alarm notifying staff an infant abduction had occurred, failure of a security band to activate the alarm when the abductor entered a stairwell, failure to notify staff timely of an abduction, failure to communicate the location and description of the abductor, inaudible alarms, staff not responding to</p>		<p>change.</p> <p>B. Director, Women's Services</p> <p>A. June 2009, Physicians were provided with and are required to wear Cottage Health System ID badges when in hospital.</p> <p>B. Executive V.P., & COO</p> <p>A. March 2, 2009 the Director, Women's Services reviewed the practice with MIU staff of making introductions when the RN enters the room for the first time. RN introduces self and obtains identify of all individuals in the room i.e., name and relationship to the infant.</p> <p>B. Director, Women's Services</p> <p>Code Pink</p> <p>A. March 13, 2009 the Cottage Health System (CHS) Code Pink (Silent Page 702) - Infant Abduction and Code Purple (Silent Page 701) - Child Abduction policies were revised to assure they are consistent with the Hospital Incident Command System (HICS) and National Center for Missing and Exploited Children (NCMEC) recommendations. The revisions include, but are not limited to,:</p> <ul style="list-style-type: none"> • a description of the profile of an infant abductor, • a description of staff roles and responsibilities in response to Code Pink 	03-13-09

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	<p>Continued From page 9</p> <p>assigned locations, and staff responding but not knowing what to do. Despite identified problems, there were no recommendations for corrective actions, and no evidence that policies and procedures to prevent an infant abduction were developed, evaluated or revised.</p> <p>During an interview with the Manager of Environmental Safety on 3/3/09 at 1:35 p.m., she stated that the day of the abduction she heard the radio call placed by the operator to security. She proceeded to her assigned area, and then called the switchboard to instruct the operator to text the information over the silent code system. She waited for the message to appear on her cell phone, but only received a text message with the letter "N". There was no information about a code pink, the mother's location, or instructions for personnel to go to their assigned position. She called the operator again and told her to text the mother's room number, code pink, and instructions for personnel to go to their assigned areas. However, when she received the second message there was still no message about personnel reporting to their assigned areas. She stated sometimes the operators get excited and forget what to include in the text message sent during the silent page. Although there had been discussions about providing the operators with a script, it had not been decided whether or not to implement it.</p> <p>The parking structure for the facility has a contract attendant until 10:00 p.m. However, the attendant is not included in the personnel who are notified of an infant abduction. Fortunately, the abductor was</p>		<p>and Purple situations.</p> <p>In addition, the Code pink drill report form was reviewed and revised taking into consideration recommendations from National Center for Missing and Exploited Children (NCMEC). These standardized observer forms are completed and an after action report is completed. Action items are discussed and followed up on by Security Manager. Reports of the code pink drills and recommendations for corrective actions are reviewed at Safety Committee meetings at least quarterly.</p> <p>B. Director, Environmental Safety and Security</p> <p>A. Code Communication: Improved Code communications by using several "code" communication systems:</p> <ul style="list-style-type: none"> • Maintain silent page system • March 9, 2009 implemented "Send Word Now" to notifying Management • March 9, 2009, implemented using Vocera to notify clinical staff. • March 17, 2009, MIU staff inserviced regarding notifying NICU of emergency codes. • August 7, 2009 Cottage Alert Messaging System (CAMS) implemented to notify all staff who are on the computer network 	

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	<p>Continued From page 10</p> <p>unable to pay the parking fee before leaving the lot. Parking attendants are instructed not to confront individuals who were unable to pay the parking fee, but to note their name and license plate number before allowing them out of the lot. Law enforcement was able to use this information to locate the abductor and the baby later that evening.</p> <p>A review of the patient information packet provided to mothers on admission to the MIU revealed a single printed page titled "Welcome to the Mother Infant Department." Under the heading of "Security" mothers are informed that their baby is protected by an electronic surveillance system. The form included instructions on what not to do to help the facility avoid false alarms i.e. such as do not pull or adjust the bracelet, do not walk near the elevators or get within two feet of another mother's baby.</p> <p>A review of facility policies and procedures related to education provided to the patient, mother, parent and family addressing infant safety and security revealed staff are to document in the patient's electronic clinical medical record when the verbal education is provided. A review of Patient A's medical record on 3/3/09 at 8:45 a.m. revealed an intra partum nursing care plan titled "patient and family education", which included newborn security and prevention of abduction. However, there was no information in the record regarding the educational information that was provided to the patient. An interview with two nursery nurses on 3/3/09 at 11:40 a.m. revealed mothers are verbally instructed on infant security when the infant is</p>		<ul style="list-style-type: none"> • PBX Operators changed process to review messages sent, to whom they went to, and at what time. <p>B. Director, Environmental Safety and Security</p> <p>A. March 9, 2009, Implemented process of frequent updates implemented during Code via "code" communication system; message coordinated with Public Relations. In addition, process revised to send all clear notification, at the direction of Incident Commander, sent via "code" communication system.</p> <p>B. Executive V.P., & COO</p> <p>A. Facility Lockdown: March 13, 2009, the Cottage Health System (CHS) "Lockdown Procedure" policy was revised to include actions taken for code pink and purple situation. Visitor parking structures will be locked down to prohibit exiting from hospital property.</p> <p>B. V.P. Support Services</p> <p>A. Valet Services: March 13, 2009, valet services and parking garage attendants were trained and provided post orders to response to a Code Pink. The parking garage and valet services are included in the lock down procedures during Code Pink activation.</p>	

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taken to the mother's room. The instructions included allowing only individuals with a hospital picture identification badge to take the infant from the mother and refusing to give a staff member the baby if the mother does not feel comfortable. When asked how it was determined that the mother is alert enough, following the delivery, to assume responsibility for the baby's well being and security, the nurses stated "we talk to them."

The facility failed to adopt and implement policies and procedure for the prevention of and response to an infant abduction. This failure subjected infant patients to inadequate protection from kidnappers and resulted in Baby A's abduction. This failure 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.

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).

Procedure implemented by valet services: Motor vehicle operators exiting the parking garage, who indicate the inability to pay the parking fee, are asked to submit their driver's license to the parking garage attendant. The attendant will make a copy of the license and return the license to the operator and records the photograph and license plate number of the motor vehicle.

B. Director, Environmental Safety and Security

Patient Education:

A. March 6, 2009, the written education material titled "Infant Safety and Security Information" was revised to include elements for infant security recommended by National Center for Missing and Exploited Children (NCMEC). This handout is provided when mother is admitted. This hand out includes, but is not limited to, the following statements:

- Do not give your baby, or any information about your baby, to anyone without a Cottage Hospital photo ID badge.
- Your security banded significant other or one adult support person may visit anytime if you are in a private room.

03-16-09

CA DEPT OF PUBLIC HEALTH
 2011 MAY 16 PM 1:49
 LICENSING & CERTIFICATION VENTURA DISTRICT OFFICE

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	<p style="text-align: center;">CA DEPT OF PUBLIC HEALTH 2011 MAY 16 PM 1:49 LICENSING & CERTIFICATION VENTURA DISTRICT OFFICE</p>		<ul style="list-style-type: none"> • Put your call light on immediately if you have any concerns and ask to speak to your nurse. All Cottage Hospital personnel are expected to introduce themselves and state why they are in your room. • Visiting hours for other relatives, friends and siblings are 1pm-8pm. Siblings under the age of 14 <u>must</u> be supervised by an adult other than the mother. • NO other children under 14 are allowed on MIU at any time. <p>The Mother-Infant Unit (MIU) nurse may use this written handout as script when providing verbal education for parent. The existing Santa Barbara Cottage Hospital policy "Patient Education -Post partum Care and Newborn Care" describes that education regarding newborn security measures are provided at the time of admission. In addition, the educational handout titled "Preparing for Labor and Delivery at Santa Barbara Cottage Hospital" is provided to parents during pre-natal courses. . In addition to other safety information, this handout describes infant security and visitation restrictions. This form was finalized for distribution on March 16, 2009.</p>		

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	<p style="text-align: center;">CA DEPT OF PUBLIC HEALTH 2011 MAY 16 PM 1:49 LICENSING & CERTIFICATION VENTURA DISTRICT OFFICE</p>		<p>Both of these educational handouts are available in English and Spanish. The Director, Women's Services, provided staff training regarding the educational handouts.</p> <p>B. Director, Women's Services Infant identification: A. On March 9, 2009, the electronic medical record was updated to include a more detailed description of the infant. The admitting nurse will document any marks or abnormalities such as skin tags, moles and/or birthmarks, and color, ethnicity/race, hair color, eye color as recommended by the National Center for Missing and Exploited Children (NCMEC). On March 9, 2009, the process was changed to assure infant photo taken upon admission to the newborn nursery. The Santa Barbara Cottage Hospital policy "Admission of Newborn to the Nursery" was revised on April 1, 2009, to reflect these changes. On April 1, 2009, the process was implemented to obtain and hold cord blood if necessary for DNA testing. This process was implemented in coordination with the Laboratory.</p>	04-01-09

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	<p style="text-align: center;">CA DEPT OF PUBLIC HEALTH 2011 MAY 16 PM 1:49 LICENSING & CERTIFICATION VENTURA DISTRICT OFFICE</p>		<p>Security Staffing: A. Effective, April 15, 2009, the Security staffing of the Emergency Department has been increased to provide coverage on a 24/7 basis at Santa Barbara Cottage Hospital. The current patient census in the Emergency Department and the census of high-risk patient require 24-hour security staffing coverage on a daily basis. The security coverage to meet that need was being drawn from other security posts, thereby diluting and negating coverage of these security posts and area of concern. B. Director, Environmental Safety and Security C. Monitoring process for building access policies: All individuals entering the hospital are to be identified. This includes patients, visitors, employees, medical staff, students, contractors, etc. Compliance with this policy is monitored by the security greeters posted at the two public entry points to the hospital, as well as by security officers present in the Emergency</p>	06-2009	

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	<p style="text-align: center;">CA DEPT OF PUBLIC HEALTH 2011 MAY 16 PM 1:49 LICENSING & CERTIFICATION VENTURA DISTRICT OFFICE</p>		<p>Department screening all individuals entering the building. In addition, security officers conduct regular rounds on a daily basis, ensuring all persons in the hospital are wearing an identification badge, visitor pass, or patient wristband. Hospital staff are also responsible for monitoring for appropriate identification of all persons. In addition to visitor passes being issued at the hospital entry points, a security greeter is posted at the entry point to the maternity unit. A secondary visitor pass is issued to individuals entering the maternity unit, with a unique color pass to that unit. MIU staff are also responsible for monitoring for appropriate identification of all persons. Assistance may be requested from Security to address concerns with non-compliant visitor or contractors etc. Non-compliance with policy by employees, medical staff, students, and volunteers will be addressed by their respective manager or director. Code Pink Drills: A Code Pink Drill was conducted</p>		

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	<p style="text-align: center;">CA DEPT OF PUBLIC HEALTH 2011 MAY 16 PM 1:49 LICENSING & CERTIFICATION VENTURA DISTRICT OFFICE</p>		<p>To assess the sustained effectiveness of infant security improvements and revised improvements, Code pink drills are conducted on a quarterly basis by the Director of Security in collaboration with the Director of Women's Services. Safety Committee members are utilized as drill observers to ensure multiple departments are observed for their response to the drill. Standardized observer forms are completed and an after action report is completed. Action items are discussed and followed up on by Security Manager. Reports of the code pink drills and recommendations for corrective actions are reviewed at Safety Committee meetings at least quarterly.</p> <p>In some cases, false alarm activations of the HUGS system are also utilized as a code pink drill. The Director of Women's Services conducts an investigation of the false alarm. Action items, such as staff education, are followed up on by the Director of Women's Services.</p>		

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