

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050193 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/27/2009 |
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| NAME OF PROVIDER OR SUPPLIER Mission Hospital Laguna Beach | STREET ADDRESS, CITY, STATE, ZIP CODE 31872 COAST HIGHWAY, LAGUNA BEACH, CA 92651 ORANGE COUNTY |
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| (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 |
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| | <p>The following reflects the findings of the Department of Public Health during a Complaint Investigation visit.</p> <p>**AMENDED**</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of COMPLAINT NO: CA00168546.</p> <p>Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: [REDACTED], HFEN</p> <p>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</p> <p>70223(b)(2) Surgical Service General Requirements.</p> <p>(b) A committee of the medical staff shall be assigned responsibility for:</p> <p>(2) Development, maintenance and implementation of written policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.</p> <p>The above regulation was NOT MET as evidenced by:</p> <p>Based on staff interview, review of policies/procedures, and medical record review, the</p> | | | |
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Event ID:JJZZ11

9/2/2009

3:52:43PM

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.

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| | <p>Continued From page 1</p> <p>hospital failed to ensure implementation of written policies and procedures addressing sponge counts resulting in five sponges retained in the surgical wound of Patient #1. Patient #1 required another major surgery and the risks of general anesthesia to remove the retained sponges.</p> <p>Findings:</p> <p>On 1/27/09, review of the policy, "Sponge, Needle, and Instrument Counts," revealed the statement "When additional sponges, needles/sharps are added, they are counted and the number is added to the count documentation."</p> <p>Medical record review for Patient #1 revealed an operative report dated 6/6/07 documenting Patient #1 had undergone a laparoscopic, converted to open, appendectomy. Review of the operating room record revealed the documentation that the sponge counts were correct.</p> <p>Medical record review revealed an operative report dated 6/8/07 documenting that Patient #1 had undergone an exploratory laparotomy with control of bleeding and evacuation of hemoperitoneum. Review of the operating room record revealed the nurse documented that the sponge counts were correct.</p> <p>Medical record review revealed an operative report dated 6/13/07 documenting Patient #1 had undergone a re-exploration with removal of foreign bodies under general anesthesia. In the operative report, the surgeon documented that there were five</p> | | | | |

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| | <p>Continued From page 2</p> <p>laparotomy sponges that were seen on x-ray. All five laparotomy sponges were removed.</p> <p>On 1/27/09, during interview, staff disclosed that the hospital, upon investigating the incident, had discovered that during the operative procedure on 6/8/07, one of the circulating nurses had introduced a five-pack of laparotomy sponges into the sterile field and had failed to enter the count on the worksheet or grease board. Staff stated, and the operating room record reflected, that other operating room staff had relieved the original operating room staff for breaks during the procedure. Staff explained that since other team members were not aware of the extra five sponges, when the subsequent counts were performed, the count appeared correct.</p> <p>The violation(s) has caused, or is likely to cause, serious injury or death to the patient(s).</p> | | | | |

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