

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  Southwest Healthcare System		STREET ADDRESS CITY, STATE, ZIP CODE 25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE 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>The following reflects the findings of the Department of Public Health during an inspection visit:</p> <p>Complaint Intake Number: CA00283972 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 25338, 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>Title 22, California Code of Regulations, Section 70215 (a)(2) and (b):</p> <p>(a) A registered nurse shall directly provide: (2) The planning, supervision, implementation and evaluation of the nursing care provided to each patient</p> <p>(b) The planning and delivery of patient care shall reflect all elements of the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission.</p>		<p>Initial Comments:</p> <p>Southwest Healthcare System received this Statement of Deficiency on August 18, 2014. The hospital reaffirms its commitment to ensure the planning and delivery of patient care includes all elements of the nursing process specifically assessments, intervention, and evaluation. Submission of this plan of correction is not an admission by the hospital that the citations are correct or that the hospital violated the rules cited herein.</p> <p>Action Taken:</p> <p>1. Administration and Nursing Leadership reviewed the "Assessment and Reassessment in the Emergency Department" that addresses the elements of the nursing process, "Physician Orders" that includes the process for obtaining and processing physician orders and "Patient Flow and Capacity Management: Hospital Wide" policies and procedures. They also reviewed the 2/8/2011 ED Quality Review Committee investigation of the incident.</p> <p>2. The Chief Medical Officer and the Director of Quality and Nursing re-reviewed Patient 1's care and</p>	<p>7/28/2011</p> <p>9/6/2011</p>

Event ID: LCRP11

8/8/2014

2:20:50PM

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

TITLE

CEO

(X6) DATE

8/27/2014

By signing this document, I am acknowledging receipt of the entire citation packet. Page(s) 1 thru 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:  050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  Southwest Healthcare System		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE 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>Findings:</p> <p>Based on interview and record review, the facility failed to ensure the planning and delivery of patient care included all elements of the nursing process, specifically assessments, intervention, and evaluation, when staff failed to provide for the individual patient care requirements of Patient 1. This failure resulted in delayed provision of nursing care for Patient 1. Furthermore, this failure resulted in delay of medication administration ordered by the physician, and delay in reassessment of Patient 1's condition. The cumulative effect of these failures was the direct proximate cause of Patient 1's death.</p> <p>The medical record of Patient 1 was reviewed on July 26, 2011.</p> <p>Patient 1, a 47 year old patient, came to the Emergency Department (ED) on [REDACTED] 2011, at 9:42 p.m., via ambulance with complaints of weakness and leg pain. The patient's past medical history included pulmonary disease (including asthma and chronic bronchitis), diabetes (blood sugar disease), hypertension (high blood pressure), and kidney dysfunction.</p> <p>The medical record showed that blood samples were obtained at 11:35 p.m. on [REDACTED] 2011, and a critical potassium level (hyperkalemia) of 8.8 mmol/L (millimoles per liter [normal level 3.6-5.1 mmol/L]) was reported to ED Registered Nurse 2 (RN 2) on [REDACTED] 2011 at 12:50 a.m. (Per Lexicomp Online, potassium levels greater than 6.5</p>		<p>Continued From page 1</p> <p>identified issues related to complying with physician orders, timely medication administration, handling of critical lab results, patient assessment, nursing documentation, addressing and reporting of changes in patient condition, addressing staffing issues when there is a change in patient care needs, utilization and understanding of the new computer system, and utilizing appropriate chain of command measures to effectuate the safe delivery of patient care. Action plans were developed and implemented. This included educating nurses on key interventions such as handling critical lab results, timely implementation of physician orders, performing and documenting nursing assessments, interventions and evaluations based on patient condition, and chain of command procedures for requesting assistance and reporting issues.</p> <p>3. The ED Nurse Manager met with the nurse caring for Patient 1 to discuss this case. This nurse has been counseled and placed in a remediation plan. The ED nurse also received remedial computer training; compliance with utilizing the electronic medical record was validated.</p>	<p>9/6/2011</p> <p>9/6/2011</p>

Event ID:LCRP11

8/8/2014

2:20:50PM

11/29/2013 2:14:19 PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  Southwest Healthcare System		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE 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>mmol/L can cause cardiac arrest.)</p> <p>The record also included documentation that Patient 1 had the following vital signs at 12:50 a.m.: blood pressure 200/55 (normal is approximately 120/75), respiratory rate (RR) of 36 (normal is 12-22); Pain of 9/10 (a scale from 1 to 10, 10 being worst), and oxygen saturation (O2 sat - measures oxygen level in the body) of 79% (at room air, normal is greater than 95%).</p> <p>At 1.07 a.m., an electrocardiogram (EKG-a test that checks the electrical activity of your heart) was conducted. The interpretation of the EKG indicated "peaked T waves-concern for hyperkalemia "</p> <p>ED Physician (EDP 1) ordered Kayexalate (1:18 a.m.), calcium gluconate (1:19 a.m.), insulin, and dextrose in water (1:20 a.m.). (Kayexalate, calcium gluconate, insulin, dextrose water are medications that help reduce potassium or reduce the effects of elevated potassium).</p> <p>Patient 1's ED record included notation from EDP 1 at 1:23 a.m. that Patient 1 required critical care and was to be admitted to the ICU (intensive care unit). The medical record showed disposition notes by EDP 1 indicating that care was being transferred to AP 1 (Admitting Physician).</p> <p>The orders of AP 1, telephoned to ED Registered Nurse 1 (RN 1) at 1.23 a.m., indicated the physician was to be informed of abnormal vital signs, including a blood pressure above 180, a heart rate (pulse) above 100, and chest pain.</p>		<p>Continued From page 2</p> <p>4. Nurses were inserviced on the policies and on the RN's responsibility for supervising and evaluating the patient's care. Special emphasis was placed on: a) assessing the patient; and b) reviewing the medical record, including, but not limited to, the physician notes, orders, and test results. Nurses shall carry out physician orders and document their execution in the medical record (e.g., medication administration). Nurses shall also follow up to ensure that results are received from lab tests performed and that they are placed in the medical record or posted to the EMR, and if applicable, called to the physician (e.g., critical results). The nurse shall contact the physician if an order has not or cannot be implemented and obtain further orders, if applicable, that are documented in the medical record. Further emphasis was placed on the importance of communication between the clinical team responsible for care of the patient and on documentation in the medical record to allow for continuity of care.</p> <p>5. The ED nurses received ongoing education and support in January 2011 at the time of the hospital's upgrade to the ED electronic medical record</p>	<p>9/6/2011</p> <p>9/6/2011</p>

Event ID:LCRP11

8/8/2014

2:20:50PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  Southwest Healthcare System		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE 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>The admitting orders from AP 1, dated [REDACTED] 2011, at 1:23 a.m., also included the following medication orders</p> <ul style="list-style-type: none"> <li>- Albuterol 2.5 mg and Atrovent 0.5 mg (milligrams) HHN (hand-held nebulizer) PRN (as needed) for shortness of breath;</li> <li>- Aspirin 162 mg (blood thinner) PO (by mouth), NOW (if not given in ED), then daily;</li> <li>- Lopressor 25 mg (medication for high blood pressure) PO, NOW (if not given in ED), then BID (twice a day), hold for heart rate &lt;50, SBP (systolic blood pressure) &lt; 90.</li> <li>- Lasix 40 mg IVP BID (assists in eliminating potassium and also used for congestive heart failure [CHF - inability of the heart to provide sufficient pump action]),</li> <li>- Kayexalate 30 gm (grams) po BID;</li> <li>- Nitroglycerin Ointment (medication to treat chest pain and elevated blood pressure), 1 inch to chest wall (no frequency documented);</li> <li>- Nitroglycerin 0.4 mg (medication to relieve chest pain) SL (sublingual - under the tongue) every 5 minutes x 3 for chest pain; and</li> <li>- Normal Saline (an IV fluid [IVF]) at 100 ml per hour.</li> </ul>		<p>Continued From page 3</p> <p>system. New hires received individualized computer training on the ED electronic medical record system, which is validate by the ED Nurse Educator or qualified designee. In addition, should any upgrade to the ED electronic medical record system occur, the ED Nurse Educator or qualified designee inservices the nursing staff and validate their competency to the upgraded system.</p> <p>6. All ED nurses were re-educated on the responsibility for documenting nursing assessments, medication administration, and reassessment (e.g. vital signs) in accordance with established guidelines. Changes in the patient's condition are immediately reported to the physician and orders carried out. Special emphasis was also placed on complying with physician orders (e.g. medication administration) in accordance with hospital policy. Through the annual evaluation process, ED nurses are reviewed on proper completion of the medical record through concurrent review and ongoing retrospective review.</p> <p>7. All nursing supervisors were re-inserviced on the "Patient Flow and Capacity Management" policy,</p>	9/6/2011

Event ID LCRP11

8/8/2014

2:20:50PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  Southwest Healthcare System			STREET ADDRESS, CITY, STATE, ZIP CODE 25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE 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>At 1:30 a.m., the Nursing Assessment indicated that Patient 1 complained of sternal chest pain with difficulty breathing, and breath sounds were noted to be diminished with expiratory wheezing. The patient described the chest pain as a 9 on a scale of 0 to 10 (with 10 being worst.)</p> <p>The next set of vital signs taken for Patient 1 were recorded at 2:30 a.m. (one hour and 40 minutes from the prior set of vital signs) - BP 213/93, Pulse 101, RR (Respiratory Rate) 30, Pain rating of 9 of 10 chest pain, O2 sat 95% (on 2 liters per minute [LPM] oxygen) There was no documented evidence that AP 1 was informed of these abnormalities</p> <p>At 2:30 a.m., Patient 1 was medicated with Xanax 1 milligram, by mouth (an anti-anxiety medication.)</p> <p>There was no documentation of any interventions regarding Patient 1's critical potassium level (hyperkalemia) until 3:00 a.m., when Humulin R (Insulin Regular) (approximately one and a half hours after it had been ordered); and Dextrose 50% and Water (Dextrose) 25 grams IV (approximately one and a half hours after it had been ordered) were administered</p> <p>At 3:10 a.m., Nitro 0.4mg sublingual and Nitroglycerin Ointment was administered (1 hour and 40 minutes after the patient complained of chest pain.)</p> <p>At 3:38 a.m., EDP 1 documented, "Patient here with significant hyperkalemia (elevated level of</p>		<p>Continued From page 4</p> <p>emphasizing their role in responding to the needs of the nursing staff when patient care needs change and additional staff is required. The Nursing Supervisor shall be notified at times when there is significant increase in patient activity so as to obtain further assistance in the emergency room. Nursing Supervisors shall make frequent shift rounds to the emergency department to ensure sufficient staffing to meet the current needs of the patients and assist in resolving barriers to patient flow.</p> <p>Monitoring:</p> <ol style="list-style-type: none"> <li>1. The CNO or qualified designee review 50 ED medical records to ensure appropriate assessments and reassessments are documented. This review will occur for three months and then be re-evaluated.</li> <li>2. The Director of PI or qualified designees performed a concurrent record review of a minimum of 50 records monthly with the goal of achieving 100% compliance with implementing physician orders and following through on execution of orders</li> <li>3. The CNO shall take corrective action as necessary. Compliance shall be</li> </ol>	9/6/2011	

Event ID: LCRP11

9/6/2014

2:20 50PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECT ON		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050701</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/29/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>Southwest Healthcare System</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE COUNTY</b>		
(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>potassium in the blood.) EKG demonstrates some changes c/w (consistent with) hyperkalemia..Admitted the patient to [AP 1] - he wants her (Patient 1) in the ICU..Patient Plan..The patient requires intensive care, and will be placed in ICU..."</p> <p>At 3:40 a.m.(one hour and 10 minutes from the last set of vital signs) Patient 1's vital signs were documented as - BP 123/65, Pulse 124, RR 24, Pain 0/10, O2 sat 95% (on 2 LPM oxygen);</p> <p>At 4:05 a.m., Calcium gluconate 10 milliliter intravenously (IV) was administered (approximately two and a half hours after it had been ordered )</p> <p>At 4:10 a.m., (30 minutes from the last set of vital signs) Patient 1's vital signs were documented as - BP 177/81, Pulse 124, RR 24, Pain 0/10, O2 sat 96% (on BIPAP machine - it provides variable/bi-level positive airway pressure [two levels of pressure, inspiratory positive airway pressure and a lower expiratory positive airway pressure for easier exhalation])</p> <p>At 4:30 a.m., Kayexalate 30 grams oral was administered (approximately three hours after it had been ordered); and Lasix 40 mg IVP (intravenous push) was administered at 4:45 a.m. (approximately three hours and 20 minutes after it was ordered).</p> <p>The Nurses' Notes, at 4:58 a.m., indicated, "[AP 1] called to give status and inform of xray, pulling at</p>		<p>Continued From page 5</p> <p>reported to the hospital PI Council, and report monthly through the hospital quality structure to the Board of Governors.</p> <p>Persons Responsible: Chief Nursing Officer</p>		

Event ID:LCRP11

8/8/2014

2:20 50PM

*Handwritten notes:*  
11/11/13  
6/4/13  
10/29/13  
PI-4-19

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  Southwest Healthcare System			STREET ADDRESS, CITY, STATE, ZIP CODE 25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE 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>mask...."</p> <p>At 5:15 a.m., laboratory staff advised RN 1 of an additional critical potassium level of 9.2 mmol/L from blood that was drawn from Patient 1 at 4:20 a.m.</p> <p>At 5:20 a.m. (one hour and 10 minutes from the last set of vital signs) - BP 171/63, Pulse 120, RR 17, Pain 0/10, O2 sat 100% (on BIPAP).</p> <p>On [REDACTED] 011, at 6:27 a.m., EDP 1 documented, "Even though the patient was admitted to the ICU, patient was still waiting in the ED for a bed. As I was walking by her bed I noticed that she had agonal respirations (a gasping sound that does not provide enough oxygen to the body and is not considered as actual breathing and is indicative of dying)...We instituted ACLS (Advanced Cardiac Life Support-measures including chest compressions, medications, and mechanical breathing), protocol right away, but placed an emphasis on treatments for hyperkalemia as we noted that she was hyperkalemic earlier." Patient 1 was the subject of a code blue (emergency response) at 5:50 a.m., and was pronounced dead at 6:20 a.m.</p> <p>There was no documented evidence that the Aspirin, Lopressor, Albuterol and Atrovent, and Normal Saline IVF were given before Patient 1 died at 6:20 a.m.</p> <p>During an interview with the ED Manager (EDM) on</p>				

Event ID: LCRP11

8/8/2014

2:20 50PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  Southwest Healthcare System		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE 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>July 26, 2011, at 9:00 a.m., she stated that she could not explain the delay in administration of medications to Patient 1.</p> <p>She stated there was no documentation in the progress notes of any delay in the ED receiving the medications from the pharmacy, and that the time frame of administering the medications was not acceptable.</p> <p>The EDM stated that the vital signs of Patient 1 at 12:50 a.m. were very concerning, and waiting until 2:30 a.m. to subsequently recheck vitals of Patient 1 was too long. She stated for patients with critical conditions, vital signs should be checked as often as every 15 minutes.</p> <p>During an interview with the Chief Nursing Officer (CNO) on July 27, 2011, at 3:20 p.m., she stated Patient 1's care was sent to the ED nursing leadership for review.</p> <p>On July 27, 2011, a handwritten document of an interview conducted with RN 1 by RN 5, dated [REDACTED] 2011 was reviewed. The document set forth the following notations: "Spoke with [ RN 1 ] regarding the delayed meds (medications)..Per [ RN 1 ], he was extremely busy..he was unaware of med (medication) orders due to new process of computerized orders and he was not looking in computer for med orders. [AP 1] eventually came to [RN 1] and asked why the meds had not been given. Then [ RN 1 ] gave the meds [RN 1] stated he asked for help from the charge nurse [ RN 2 ], but due to the state of the department he was unable to get help "</p>			

14 SEP - 2 PM 4:19  
 LCRP11  
 N. DEPT. 11

Event ID:LCRP11

8/8/2014

2:20:50PM



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  Southwest Healthcare System			STREET ADDRESS, CITY, STATE, ZIP CODE 25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE 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>A handwritten document regarding investigation of the incident involving Patient 1, dated [REDACTED], 2011, and signed by EDM was reviewed. EDM documented that during an interview with RN 2, RN 2 stated that RN1 had asked for assistance due to a heavy assignment and she was assisting RN 1, "but it was very busy with heavy patients."</p> <p>The EDM stated that when the charge nurse was unable to provide the required assistance, nursing staff was to go up the chain of command to obtain needed assistance, which consisted of the Emergency Lead or the House Supervisor.</p> <p>During a review on July 29, 2011, of the facility policy entitled, "Physician's Orders," (revised March 2010; reviewed December 2010), indicated: "Physician's orders will be accurately processed and promptly followed."</p> <p>During a review on July 29, 2011, of the facility policy entitled, "Assessment and Reassessment in the Emergency Department, (issued May 2010; reviewed September 2010)," the policy set forth the following: "If a patient (Adult or Pediatric) is unstable, reassess blood pressure, pulse, respirations and condition at least every fifteen (15) minutes until stable."</p> <p>The "Coroner's Investigation Report" for Patient 1, prepared on [REDACTED] 2011, indicated the following under "Cause of Death." A. Hyperkalemia - Hours B. Chronic Kidney Failure - Years</p>				

Event ID: LCRP11

8/8/2014

2:20:50PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/29/2013
NAME OF PROVIDER OR SUPPLIER  Southwest Healthcare System		STREET ADDRESS, CITY, STATE, ZIP CODE 25500 Medical Center Dr, Murrieta, CA 92562-5965 RIVERSIDE 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>The reports also set forth the following "It was the opinion of the of [sic] hospital physicians that (Patient 1's name) died as a result of severe Hyperkalemia for hours, due to chronic kidney failure for years, with other contributing factors of hypertension, Diabetes and obesity."</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>			

Event ID:LCRP11

8/8/2014

2:29:00PM