

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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: CA00372036 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 22705, 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>1280.1 (d) Health &amp; Safety Code</p> <p>This section shall apply only to incidents occurring on or after January 1, 2007. With respect to incidents occurring on or after January 1, 2009, the amount of the administrative penalties assessed under subdivision (a) shall be up to one hundred thousand dollars (\$100,000) per violation. With respect to incidents occurring on or after January 1, 2009, the amount of the administrative penalties assessed under subdivision (a) shall be up to fifty thousand dollars (\$50,000) for the first administrative penalty, up to seventy-five thousand dollars (\$75,000) for the second subsequent</p>	1317(a)	<p>All Emergency Room Staff, including but not limited to Registration staff, ED technicians, RN's and Physicians will review an Emergency Medical Treatment and Labor Act presentation; complete a post test regarding the presentation with a 100% pass rate. The EMTALA presentation will be part of the ER orientation and a mandatory review of the presentation or an approved replacement will be completed by all Emergency Room Staff, including but not limited to Registration staff, ED technicians, RN's and Physicians on an annual basis.</p> <p>The ER Manager and the ER Medical Director will implement this initial training and ensure that it is completed annually. The Chief Nursing Officer and Administrator will ensure compliance.</p> <p>An education was completed by the ER Manager called "Common Obstetrical Emergencies, Encountered in the Emergency Department" and presented to all RN's and Physicians on October 13, 2013. All nursing staff and Physicians are required to review the education and complete a post test. Post tests for this education are on file for both nursing staff and Physicians. The "Common Obstetrical Emergencies, Encountered in the Emergency Department" or an equivalent education will be incorporated into the annual staff orientation for Emergency Room nurses. The ER Manager will be responsible to ensure that the education is completed for all new hires and annually.</p> <p>Edema/Deep Tendon Reflexes education was created in November 2013 and submitted to all nurses for review at the staff meeting held November 5, 2013. A post test will be created and mandatory for all nurses and Physicians to complete by January 10, 2014. The ER Manager and the ER Medical Director will be responsible to ensure that the education is completed.</p>	<p>2014 MAY -2 PM 4:30 CDPH, L&amp;C CHICO, CA RECEIVED</p>

Event ID:HEBL11

1/21/2014

3:34:15PM

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

TITLE

(X6) DATE

*[Signature]* Administrator 5/2/14

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 11

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:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER  Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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>administrative penalty, and up to one hundred thousand dollars (\$100,000) for the third and every subsequent violation. An administrative penalty issued after three years from the date of the last issued immediate jeopardy violation shall be considered a first administrative penalty so long as the facility has not received additional immediate jeopardy violations and is found by the department to be in substantial compliance with all state and federal licensing laws and regulations. The department shall have full discretion to consider all factors when determining the amount of an administrative penalty pursuant to this section.</p> <p>1317(a) Health &amp; Safety Code</p> <p>Emergency services and care shall be provided to any person requesting the services or care, or for whom services or care is requested, for any condition in which the person is in danger of loss of life, or serious injury or illness, at any health facility licensed under this chapter that maintains and operates an emergency department to provide emergency services to the public when the health facility has appropriate facilities and qualified personnel available to provide the services or care.</p> <p>1317.1 (a) Health &amp; Safety Code</p> <p>(1)"Emergency services and care" means medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery by</p>		<p>1317(a) 1-8 continued from page 1</p> <p>Fetal Heart Tones education was created November 8, 2013 and submitted to all nurses for review. A post test was created and mandatory for all nurses to complete by January 10, 2014. To enhance the completed Fetal Heart Tones education All ER nurses will be provided an OB physician's schedule, which is twice a month, and scheduled to job shadow the OB physicians in their outpatient clinic to improve competency. The ER Manager will be responsible to ensure that the education is completed.</p> <p>All ED RN's will have attended a rotation with the OB physicians that have a clinic twice a month at GMC by April 30, 2014. This provides the RN with a hands-on approach to determining Fetal Heart Tones and delineating between mom and baby's HR. Proof of attendance and competencies completed by the OB physician will be filed in the ED Manager's records.</p> <p>Staff RN's were reminded and will complete a competency on the necessity to document all communications between RN and Physician by April 30, 2014. Staffing changes have occurred in the ED. The ED Manager continues complete chart audits on 100% of all pregnancy related visits to the ED.</p>	

Event ID:HEBL11

1/21/2014

3:34:15PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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 physician necessary to relieve or eliminate the emergency medical condition, within the capability of the facility.</p> <p>Based on interview and record review, the facility failed to ensure that emergency services and care were provided to Patient 1, a pregnant female and her unborn child (Patient 2), including a complete Medical Screening Examination (MSE) to determine if an emergency condition existed, upon presentation to the Emergency Department (ED). The hospital failed to ensure that Patient 1 and Patient 2 received a uniform standard quality of patient care, treatment and efficiency consistent with generally accepted standards and based on the hospital's Medical Bylaws, as evidenced by:</p> <p>1. The facility failed to ensure that the signs and symptoms of Preeclampsia (a life-threatening hypertensive disorder of pregnancy), exhibited by Patient 1, were recognized and identified. Preeclampsia is diagnosed when a pregnant patient has blood pressure (BP) that is greater than or equal to 140 mm-Hg (millimeters of Mercury) systolic (maximum pressure) or greater than or equal to 90 mm Hg diastolic (minimum pressure) on two occasions at least 4 hours apart after 20 weeks of gestation (pregnancy) with proteinuria (protein in the urine) in a woman with a previously normal blood pressure. Or in the absence of proteinuria, the patient has new-onset hypertension (high blood pressure) with the new onset of any of the following symptoms: cerebral (brain- headache) or visual symptoms (blurry vision), thrombocytopenia (low platelets), impaired liver</p>		<p>1317(a) 1-8 continued from page 2</p> <p>The ED Care of the Pregnant Patient policy was revised. The revised policy is not as restrictive and allows options for staff and physician, while providing the appropriate care to the patient.</p> <p>GMC has changed Emergency Department Physician Groups from Valley Emergency Physicians to Emergency Room Physicians Medical Group, Inc., the changes will take effect April 16, 2014 @ 09:30 AM. The ER Physicians Medical Group, Inc.'s will comply with GMC QA standards set to measure MSE compliance.</p> <p>Chart audits will be completed by ED staff on every ED chart to verify that each patient was triaged and received an appropriate MSE to verify if the patient has an Emergency Medical Condition, beginning 04/10/2014. The MSE will comply with GMC QA standards. If the MSE falls outside the set parameters, the chart will be submitted to peer review for further action. The ER Physicians Medical Group, Inc. Medical Director will ensure compliance. All findings will be reported to QA on a quarterly basis. The QA coordinator will report to Medical Executive committee and the Board of Directors on a quarterly basis. The Administrator will ensure compliance.</p> <p>The Medical Screening Examination policy and procedure has been submitted for approval.</p> <p>The Emergency Department was reorganized moving the Registration staff to the lobby, which created a Triage area. The patient is brought into the Triage area, triaged, if the physician is available, the MSE will be completed at the same time, if the physician is unavailable during the triage, the MSE will take place at the bedside. The MSE will comply with GMC QA standards. Chart audits will be completed on 10% of random selected charts to ensure Triage and MSE are completed by Clinical Support staff and submitted quarterly to QA coordinator. QA coordinator will report data to Medical Executive and Board of Directors.</p>	

Event ID:HEBL11

1/21/2014

3:34:15PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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>function (elevated liver enzymes), impaired kidney function or pulmonary edema (fluid in the lungs).</p> <p>2. The facility failed to ensure that Patient 1 received a complete MSE, including an examination for facial and hand edema (swelling) and clonus (a cerebral symptom that causes the patient to make large motions after checking the patient's reflexes and is indicative of nervous system irritability) to ensure that Patient 1 did not have Preeclampsia before she was discharged home.</p> <p>3. The facility failed to ensure that Patient 1 received a necessary, but routine, urine test to check for protein in the urine (proteinuria) as well as basic blood-work and clotting studies (lab test to see if the blood will clot);</p> <p>4. The facility failed to ensure that Patient 1 and Patient 2 received an Obstetrical (OB) consultation (a review by a physician specializing in the treatment of pregnant patients);</p> <p>5. The facility failed to ensure that Patient 1 and Patient 2 were effectively monitored;</p> <p>6. The facility failed to ensure that Patient 1 received other laboratory testing, to determine if she had Preeclampsia;</p> <p>7. The facility failed to ensure that emergency room policies were in place to address the care and transfer of high risk pregnant patients and;</p>		<p>1317(a) 1-8 continued from page 3</p> <p>All Emergency Room staff will be required to read the MSE policy and it will be posted in the Emergency Department, as well as sent to all Emergency Room Physicians. The ER Manager and ER Medical Director will be responsible to ensure that the policy completes the approval process and is read by all ER staff and ER Physicians.</p> <p>The Emergency Care &amp; Transfer policy and procedure has been updated to reflect the most recent guidelines, referenced in the CHA EMTALA, "a guide to patient anti-dumping laws, 2012 edition and EMTALA Answer book, 2014 edition. This policy has been submitted for approval on 12/19/2013. All Emergency Room Staff will be required to read the policy. The ER Manager and ER Medical Director will be responsible to ensure that the policy completes the approval process and is read by all ER staff and ER Physicians.</p> <p>The Hypertension screening policy and procedure was updated to reflect the American College of Obstetricians and Gynecologists (ACOG) guidelines for "Management of Preeclampsia and Eclampsia, date January 2002. This policy has been submitted for approval on 12/19/2013. All Emergency Room Staff will be required to read the policy. The ER Manager and ER Medical Director will be responsible to ensure that the policy completes the approval process and is read by all ER staff and ER Physicians.</p> <p>The ED Care of the Pregnant Patient policy and procedure was submitted for approval on 12/19/2013. The policy addresses the "hallmark" signs and symptoms of an at risk patient, related history to obtain, tools for the assessment, recommended testing, consultation recommendations and transfer. The Emergency Room staff and Physicians will be required to read the policy. The ER Manager and ER Medical Director will be responsible to ensure that the policy completes the approval process and is read by all ER staff and ER Physicians.</p>	

Event ID:HEBL11

1/21/2014

3:34:15PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER  Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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>8. The facility failed to ensure that Patient 1, who presented to Hospital 1's ED (Emergency Department) with a hypertensive (high blood pressure) emergency and term pregnancy (Patient 2), was given stabilizing treatment. In this case, medications for blood pressure control and seizure prophylaxis (prevention), and delivery of the baby (Patient 2) as necessary or stable transport to a higher level of care at another hospital, before she was discharged from the hospital (Hospital A). These failures resulted in the delayed diagnosis and treatment of Preeclampsia syndrome, a progressive disease, and caused the condition to progress to Eclampsia (seizures in the pregnant patient, a life-threatening condition) which then led to the death of both Patient 1 and her unborn child (Patient 2).</p> <p>Findings: During an interview and record review on 10/9/13 at 2:25 pm, ED Physician (MD A), confirmed she was the physician who cared for Patient 1 when she came to the ED on 9/29/13. MD A stated she examined Patient 1 who complained of burning in the epigastric (upper middle abdomen near the liver) area. MD A stated that Patient 1 told her she had eaten hot peppers with a meat sandwich then started having epigastric pain a couple of hours later. Patient 1 denied being in labor and reported no problems with this pregnancy. Patient 1 was non-English speaking and a family member interpreted. Also, MD A confirmed she was board certified in Family Practice Medicine instead of Emergency Medicine. MD A was asked what she knew about the signs of Preeclampsia and she</p>		<p>1317 (a) 1-8 continued from page 4</p> <p>The Emergency Room Triage and Nurse Note electronic forms were updated with questions necessary to facilitate the appropriate care for all patients that present to the emergency room that are at high risk for preeclampsia, regardless of the patient's chief complaint. The ER Manager will complete 100% chart review for all pregnant patients. The Chief Nursing Officer will ensure compliance.</p> <p>The Registration staff have been instructed that if the RN is unaware that a patient is waiting to be triaged, the registration staff will notify RN of patient arrival.</p> <p>An addendum will be added to the Emergency Room Physician forms, which will include questions necessary to facilitate the appropriate MSE and subsequent care for all patients that present to the emergency room that are at high risk for preeclampsia, regardless of the patient's chief complaint. The Emergency Room Physicians electronic templates are being created. The emergency room physician electronic templates, once completed will replace the paper documentation method, including the addendum. The ER Manager will complete 100% chart review for all pregnant patients monthly and report the findings to the GMC QA Director, ER Medical Director and Valley Emergency Physician's QA Director. The GMC QA Director will report the findings to the Medical Executive committee and the Board of Directors. The Chief Nursing Officer and Administrator will ensure compliance.</p> <p>GMC is changing the staffing in the Emergency Department, from 1-RN, 1 LVN during days and 1-RN and 1-EMT/CNA during NOC shift to 2-RN's per shift. The ED is a five bed ED, this will allow an RN to be available to perform triage on all patients presenting to the ED in a timely manner and reduce the LWBS statistics. All LWBS charts will be audited for triage and MSE documentation.</p>	

Event ID:HEBL11

1/21/2014

3:34:15PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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>stated high BP and edema (swelling). MD A was unable to state the blood pressure range for patients with Preeclampsia. MD A was asked if a urine test to check for protein had been done. MD A explained that there was no lab staff, present in the facility, at the time Patient 1 was in the ED. She stated that there would have been a lab person on call but she would have taken 30 minutes to get to the hospital. MD A confirmed she did not order a urine test although she stated that if a urine dipstick (a test strip that is dipped into a cup of the patient's urine to check for protein) had been available in the ED, she would have used it. MD A was asked if there was a written ED protocol or standard practice for pregnant patients who present to the ED. MD A stated, "not particularly; do a FHT (fetal heart tones) and an exam." MD A was asked if she was aware of any national standards of care and stated, "No," if concerned, she would call Hospital E (trauma center that has high risk OB). MD A stated that she could speak to the charge nurse at Hospital E and they would usually recommend transfer of the patient to their hospital.</p> <p>During an interview on 10/10/13 at 11:35 am, the Chief of Staff/ED Medical Director (MD B) stated that an average of 450-550 patients come to the ED each year and 5% are pregnant, including all stages of pregnancy. MD B was asked about the lack of policies for care of the pregnant patient while in the ED. MD B stated that the policies were "well intended, but not something we use." He stated that Patient 1 had been discharged with an unacceptably high BP. MD B confirmed that the MSE for Patient 1 was done at 9:42 pm on</p>		<p>1317(a) 1-8 continued from page 5</p> <p>All charts that failed to receive a triage and/or MSE will go to a review committee for nursing staff and peer review for the physicians. The Medical Director of the ER Physicians Medical Group, Inc., will ensure physicians are in compliance. ED Manager will complete the chart audits and report findings to QA on a monthly basis. The QA coordinator will report data to Medical Executive and the Board of Directors. The Administrator will ensure compliance.</p> <p>All pregnant patients that present to the Emergency Department will have 100% chart review completed by the ER Manager monthly. The chart review will include, but will not be limited to, appropriate triage was completed, MSE was completed, the patient was appropriately treated and transferred if necessary and all the appropriate documentation was completed. The ER Manager and ER Medical Director will review these charts and report their findings to the QA director. The QA Director will report quarterly to Medical/Executive committee and the Board of Directors. The Chief Nursing Officer and Administrator will ensure compliance.</p>	

Event ID:HEBL11

1/21/2014

3:34:15PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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>9/29/13 and Patient 1 was discharged at 10:40 pm, so there would have been time for the lab tech to have been called in and have the urinalysis done to check for proteinuria, had it been ordered, before Patient 1 was discharged home. MD B was asked about the lack of policies pertaining to treatment of Obstetrical patients in the ED. MD B stated that he sees the policies when they are updated, but he does not review all of them. He stated that a policy was not something that they would look up frequently. MD B confirmed that a plan of action to prevent similar incidents from happening again had not yet been formulated.</p> <p>Review of the Emergency Room/Outpatient Record, dated 9/29/13 and timed 9:12 pm, indicated that Patient 1 was a "29-year-old female, Chief Complaint (reason patient came to the ED) of Upper stomach/ back pain, 9 months pregnant." The initial vital signs included "blood pressure 172/110 (normal is less than 120/80)." The Physical Exam section indicated that Patient 1 was in "moderate distress." Abdominal physical exam findings were indicated as, "Tender, right, upper epigastric, FHT (fetal heart tones) 132." The Psych Affect (psychiatric or psychological emotional state) portion of the physical exam form indicated Patient 1 was "Very Anxious." The Physical Exam section "Extremities," which allowed a practitioner to circle if the Patient's hands or feet were tender, swollen or had edema, was left blank. There was no evidence that Patient 1's reflexes were checked, which could have detected clonus (a sign of Preeclampsia). The section of the record that indicated X-ray and laboratory test</p>		<p>1317(a) 1-8 continued from page 6</p> <p>GMC provides on call lab services for those patients that present to the Emergency Department that require labs. If the on call lab CLS is not in house, they are within 20 minutes response to the hospital. An on call schedule is kept in the Emergency Department and a report sheet is completed each day for the on call staff for 12 hour time periods. The on call process has been reiterated to the physicians in the Emergency Department. The Lab Manager will use a log tracking time called-in vs. arrival time. The ER Manager and ER Medical Director will monitor the on call services to ensure that there are no delays in services to the ER patients. All documented delays will be reported to the Lab Manager. The Administrator will ensure compliance.</p>	

Event ID:HEBL11

1/21/2014

3:34:15PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>051306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>Glenn Medical Center</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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>results was blank. There was no evidence that the fetus (Patient 2) was monitored for well-being after the initial vital signs (blood pressure, pulse, FHT) were taken. Under "Diagnosis" Hypertension of any kind, was not mentioned.</p> <p>After Patient 1 returned home on 9/29/13, an ambulance was called at 11:11 pm and arrived at her home at 11:20 pm. Patient 1 was taken to another facility (Hospital E). Upon arrival, Patient 1 began having seizures and her baby (Patient 2) was found to be without a heartbeat and was delivered stillborn. Patient 1 was diagnosed with a catastrophic brain bleed, pronounced brain dead and taken off life support on 10/1/2013 at Hospital E.</p> <p>A review of Hospital 1's policy and procedure titled "Medical Screening Examination", last revised 6/06, read that any unscheduled patient.....receives a Medical Screening Examination (MSE) sufficient to determine if an emergency medical condition exists". A review of Hospital 1's ED policy and procedure manual disclosed there were no policies that dealt with the care and treatment of Obstetrical patients who presented to the ED. During an interview on 10/9/13 at 11:30 am, the Chief Nursing Officer confirmed that they had no such policies and procedures.</p> <p>A review of Hospital 1's Medical Staff Bylaws, revised and adopted on 11/29/12, indicated, "These Bylaws are adopted in recognition of the mutual accountability, interdependence and responsibility of the Medical Staff and the</p>		<p>1317(a) 1-8 continued from page 7</p> <p>The Standing Orders policy and procedure was updated to include the protocol for OB patients equal to or greater than 20 weeks gestation. The Standing Orders policy and procedure was submitted for approval on 12/19/2013. The ER Manager and ER Medical Director will be responsible to ensure that the policy completes the approval process and is read by all ER staff and ER physicians. The Chief Nursing Officer and Administrator will ensure compliance.</p> <p>An education series "Key Elements for the Management of Hypertensive Crisis in Pregnancy" published by ACOG in 2013. The education will provide criteria for diagnosis of chronic hypertension in pregnancy, criteria for diagnosis of preeclampsia or eclampsia in the emergency room, criteria to treat, medications, warning signs of deterioration in patient status, patient education, and transfer or consult criteria.</p> <p>The education will be mandatory for all ER nursing staff and ER physicians. The first education series is scheduled for the first Thursday in January 2014. Post test will be completed by all ER nursing staff and ER physicians. The ER Manager will keep the post test records for the ER nursing staff and will ensure that all nursing staff complete the education. The ER Medical Director will ensure that all ER Physicians complete the education. All ER Physician post tests will be kept in the Medical Staff office.</p> <p>The education series will be implemented and made part of the ER nursing staff and ER Physician's orientation. The education will completed on an annual basis by all ER nursing staff and ER Physicians.</p> <p>The ER Manager and the ER Medical Director will monitor the compliance of all staff in completing the education. The Chief Nursing Officer and Administrator will ensure compliance.</p>	

Event ID:HEBL11

1/21/2014

3:34:15PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER  Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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>Governing Body of (name of facility) in protecting the quality of medical care provided in the hospital and assuring the competency of the hospital's Medical staff." "1.3-1a. The Medical Staff's purposes are: To assure that all patients admitted or treated in any of the hospital services receive a uniform standard of quality patient care, treatment and efficiency consistent with generally accepted standards attainable within the Hospital ' s means and circumstances." "1.3-2d. The Medical Staff ' s responsibilities are to establish and enforce, subject to the Governing Body approval, professional standards related to the delivery of health care within the Hospital."</p> <p>Review of the American College of Emergency Physicians (ACEP) article published in 3/2009, entitled "Focus On: Preeclampsia" indicated, "Preeclampsia is defined as hypertension and proteinuria (protein in the urine) that occur after 20 weeks gestation " "Diagnostic criteria for preeclampsia include a systolic blood pressure greater than 140 mm-Hg or a diastolic diastolic blood pressure greater than 90 mm Hg in a woman who was normotensive (normal BP) prior to 20 weeks gestation." "Severe preeclampsia is diagnosed by a systolic blood pressure greater than 160mm Hg or diastolic blood pressure greater than 110 mm Hg, excess proteinuria, severe oliguria (low urine output), cerebral or visual disturbances, pulmonary edema (excess fluid in the lungs), impaired liver function, epigastric or right upper quadrant pain, thrombocytopenia (low platelet count), or fetal growth retardation (poor fetal growth). Additional studies include serum</p>		<p>1317(a) 1-8 continued from page 8</p> <p>The "Patient Transfer Summary" which is signed by the physician and includes, the medical necessity, transfer risks and benefits, patient condition, recent vital signs, mode of transfer, reasons for transfer, patient name, DOB, MR#, account number, sending physician, receiving physician, receiving facility, date, time, physician signature and nurse signature.</p> <p>The form has been included in the EHR and all ER staff and Physicians have been trained on how to access, electronically sign, and print the form. This form becomes part of the electronic health record after the form has been completed and signed. The Chief Nursing Officer and Administrator will ensure compliance.</p> <p>The "Emergency Department - Patient Transfers" form which is signed by the patient after the physician explains the risk and benefits and any other options to the patient. The patient has the right to refuse the transfer, but the physician will explain the need for the transfer and the risks in refusal. The patient signs the "Patient Transfer" and it is witnessed. This form becomes part of the electronic health record once it is completed. The staff and Physicians have been trained on how to access, electronically sign, and print the form. The Chief Nursing Officer and Administrator will ensure compliance.</p> <p>The ER Manager will monitor compliance of the completion of both transfer forms on a monthly basis through chart audits. All transfers will be chart audited for compliance. The threshold will be 100%. The results will be reported to the ER Medical Director and GMC QA Director. The ER Medical Director will report the findings to the Valley Emergency QA Director. The GMC QA</p>	

Event ID:HEBL11

1/21/2014

3:34:15PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER  Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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>creatinine (kidney function test), platelet count, serum alanine and aspartate aminotransferase concentrations (ALT and AST- Liver function tests) .... The HELLP syndrome (hemolysis, elevated liver enzymes and low platelets) is a sign of severe preeclampsia. Every patient should have fetal heart sounds checked to confirm viability as part of the patient ' s vital signs." "A non-stress test (electronic fetal heart monitoring) or biophysical profile (test to monitor the fetus) is used to evaluate fetal well-being. Visual disturbances, severe headaches ....and liver tenderness in patient with severe preeclampsia should be treated aggressively to prevent progression to seizures and maternal organ damage." "Management should focus on blood pressure control, seizure prophylaxis (prevention) and treatment, and delivery when necessary. Although obstetric consultation is warranted in every case of Preeclampsia, emergency physicians should be comfortable with the initial management."</p> <p>The facility failed to ensure that Patient 1's signs (severe high blood pressure and tender right upper epigastric-liver area) and symptoms (epigastric pain, headache) of Preeclampsia were recognized and failed to ensure that she received a complete and adequate MSE, including a routine urine dipstick to test for proteinuria, and an OB consult. The facility also failed to ensure that Patient 1 and Patient 2 were closely monitored during the 1 1/2 hours she remained in the ED despite presenting with severe high blood pressure (hypertension) that did not return to normal, and epigastric pain that was not fully relieved. The facility failed to ensure</p>		<p>1317(a) 1-8 continued from page 9</p> <p>The Triage Standards and Guidelines policy and procedure was updated and submitted for approval on 12/19/2013. All Emergency Room Staff and ER Physicians will be required to read the policy. The ER Manager and ER Medical Director will be responsible to ensure that the policy completes the approval process and is read by all ER staff and ER Physicians. The Chief Nursing Officer and Administrator will ensure compliance.</p> <p>Chart audits to monitor consistency of assigned triage levels with the guidelines. If the assigned triage levels are grossly outside the recommended guidelines, based on the chief complaint, vital signs, family and social history and the general appearance of the patient, staff will be counseled and refreshed on the triage guidelines. Chart audits will be completed on 10% randomly selected charts monthly by Clinic support staff and reported quarterly to QA Coordinator. QA coordinator will report data to Medical Executive and Board of Directors.</p> <p>Staffing was changed in the ED. Modifications to the Electronic forms were made, moving the billing levels on the nurse note under discharge. Continued education on the appropriate documentation.</p> <p>The ED Manager will continue to monitor triage activities to ensure compliance. All findings will be reported to QA on a quarterly basis. The QA coordinator will report to Medical Executive and the Board of Directors. The CNO will ensure compliance.</p>	

Event ID:HEBL11

1/21/2014

3:34:15PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  051306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/10/2013
NAME OF PROVIDER OR SUPPLIER Glenn Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 W Sycamore St, Willows, CA 95988-2601 GLENN 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>that Patient 1's emergency medical condition was identified, due to failure to perform an adequate MSE, did not ensure that Patient 1 was treated for severe HTN and allowed Patient 1 and Patient 2 to be discharged home without adequate treatment and stabilization.</p> <p>The failure of the facility to provide emergency services and care caused or likely caused serious injury or death of Patients A and B.</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>		continued from page 10	

RECEIVED  
 2014 MAY -2 PH 4: 28  
 CDPH, L&C  
 CHICO, DO

Event ID:HEBL11

1/21/2014

3:34:15PM