	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		050036		A. BUILDIN B. WING	G	07/25	5/2016
	OVIDER OR SUPPLIER Id Memorial Hospital		STREET ADDRESS, C 420 34th St, Baker		ZIP CODE 93301-2237 KERN COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETE DATE
Event ID:LS	The following reflects t Department of Public F inspection visit: Complaint Intake Numl CA00480900 - Substan Representing the Depa Surveyor ID # 32587, F The inspection was lime event investigated and findings of a full inspect Health and Safety Cod For purposes of this se jeopardy" means a situ licensee's noncompliar requirements of licensu likely to cause, serious patient. DEFICIENCY CONSTU JEOPARDY 70215(a)(2) Planning a Care (a) A registered nurse (2) The planning, supe and evaluation of the r each patient. The imp care may be delegated responsible for the pat nursing staff, or may b staff, subject to any lime	Health during an ber: Intiated artment of Public Hea HFEN ited to the specific far does not represent th tion of the facility. e Section 1280.3(g): action "immediate tation in which the nee with one or more ure has caused, or is injury or death to the ITUTING IMMEDIATE and Implementing Pal shall directly provide: rvision, implementation ursing care provided lementation of nursing d by the registered nu ient to other licensed e assigned to unlicen	cility ne E tient on, to g rse	9:1	1:51AM	2016 AUG 24 PM 4: 23 LICENSING & CENTFICKTION BAKERSFIELD DIST. OFFICE	STATE OF PUDLIC HE ALTH
				Calibration of		(X6) DATE	
	is document, I am acknowledge		22 Dec 21 Dec	e(s). 1 thru 8	8-24-16		
Any deficience that other saft of survey whe	by statement ending with an as feguards provide sufficient prol ether or not a plan of correction	terisk (*) denotes a deficie tection to the patients. Exc n is provided. For nursing	ncy which the institut cept for nursing home homes, the above fin	ion may be es, the findin idings and p	excused from correcting providing it is dete gs above are disclosable 90 days following lans of correction are disclosable 14 days f of correction's requisite to continued proc	the date	20/16

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TAG       REGULATORY OR LSC IDENTIFYING INFORMATION)       TAG       REPERENCED TO THE APPROPRIATE DEFICIENCY)       DATE         Icensure, certification, level of validated competency, and/or regulation.       Corrective Action:       With regards to Food & Nutrition staff       5/20/16         Based on interview and record review, the hospital failed to supervise Patient 1 during a meeia as ordered by the physician. Patient 1 then died after choking on food which blocked the airway.       Signs".       Person(s) Responsible: Nutritional Services Director       5/20/16         Findings:       During a concurrent interview and record review with Nurse Manager (MM) 1, on 3/22/16, at 8:50 AM, she stated Patient 1 was admitted to hospital on 2/29/16 for brain surgery and was placed in the intensive care unit (hospital unit where a patient receives a high hevel of care). On 3/2/16, the patient was transferred to a medical-surgical telemetry unit (hospital unit where the patient's hear trace and rhythm are continuously monitored), and was ordered to have a regular diet.       Person(s) Responsible: Sr. Director of Nursing       4/26/16         During a review of the clinical record for Patient 1, the "Nurses' Notas" written by Registered Nurse (RN) 1, dated 3/7/16, at 12:45 P.M, indicated an Occupational Therapist had repotient "Continues to eat without chewing and wellowing lechnique and tends to choke she cont [continues] to shovel food into [her] mouth so quickly that [she] started choking." At 4:52 P.M, N1 documented the patient de wallowing lechnique and tends to choke she cont [continues] to shovel food into [her] mouth a swallowing at regular       Faitbracked 426/16         Nurinse (RN) 1, dated a divid, and withow the w		T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:         A. BUILDING         COMPLETED           050036         B. WING         07/25/				
Prefrix TAG         IEACH CORRECTVE ACTION SHOULD BE CROSS- REFERENCE TO THE APPROPRIATE DEFICIENCY WITH REGULATORY OR LSC IDENTRYING INFORMATION)         PREFIX TAG         CORRECTVE ACTION SHOULD BE CROSS- REFERENCE TO THE APPROPRIATE DEFICIENCY         COMPLE           Idensity of the science							
licensure, certification, level of validated competency, and/or regulation.With regards to Food & Nutrition staffBased on interview and record review, the hospital failed to supervise Patient 1 during a meal as ordered by the physician. Patient 1 then died after choking on food which blocked the airway.Findings:Signs".Findings:With regards to Nutrition staff was educated on "Patient Room signs".Vitic regards to Nutrition staff was educated on "Patient Room5/20/16During a concurrent interview and record review with Nurse Manager (NM) 1, on 3/22/16, at 8:50 AM, she stated Patient 1 was admitted to the hospital on 2/29/16 for brain surgery and was placed in the intensive care unit (hospital unit where a patient receives a high level of care). On 3/2/16, the patient was transferred to have a regular diet.Development of new Aspiration Precaution policy • Development of new Aspiration Precaution policy • Development of Side Swallow Evaluation form FG 263- trays • Revision to Bedside Swallow Evaluation form FG 263- 11124/22/16During a review of the clinical record for Patient 	PREFIX	(EACH DEFICIENC)	MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE CROSS-	COMPLETE
intervals and cont [continues] to choke." Person(s) Responsible: Director Rehabilitation Services		competency, and/or real as ordered by the then died after choking the airway. Findings: During a concurrent intreview with Nurse Mana at 8:50 AM, she stated to the hospital on 2/29/ was placed in the intern unit where a patient reacare). On 3/2/16, the p to a medical-surgical te unit where the patient's are continuously monito to have a regular diet. During a review of the attret of the "Nurse' Notes" Nurse (RN) 1, dated 3/ indicated an Occupatio reported "That PT [patie into [her] mouth so quic choking." At 4:52 PM, patient "Continues to ea and tends to choke si shovel food into [her] m without chewing and sw	gulation. d record review, the vise Patient 1 during a e physician. Patient 1 o n food which blocked erview and record ager (NM) 1, on 3/22/16, Patient 1 was admitted 16 for brain surgery and sive care unit (hospital ceives a high level of batient was transferred demetry unit (hospital ceives a high level of theat rate and rhythm bred), and was ordered clinical record for Patient written by Registered 7/16, at 12:45 PM, nal Therapist had ent] was shoveling food kly that [she] started RN 1 documented the at without chewing well he cont [continues] to outh quickly and vallowing at regular		<ul> <li>With regards to Food &amp; Nutrition staff</li> <li>Food &amp; Nutrition staff was educated on a Signs".</li> <li>Person(s) Responsible: Nutritional Serverse</li> <li>With regards to Nursing Department</li> <li>Blast email to all RN's, LVN's, SLP's, Chester Secretaries on the following topics:</li> <li>Development of new Aspiration Precau</li> <li>Development of Form FG1303-0416 Plessech-Language Pathology Recomment</li> <li>Process change of nursing to supervise trays</li> <li>Revision to Bedside Swallow Evaluation 1112</li> <li>Person(s) Responsible: Sr. Director of Nerocess change: passing of meal trays in nursing</li> <li>Person(s) Responsible: Sr. Director of Nerocess change: passing of meal trays in comparison to Bedside Swallow Evaluation 1112</li> <li>Person(s) Responsible: Sr. Director of Nerocess change: passing of meal trays in nursing</li> <li>Person(s) Responsible: Sr. Director of Nerocess change: passing of meal trays in nursing</li> <li>Person(s) Responsible: Sr. Director of Nerocess change in the second se</li></ul>	ices Director	4/22/16 4/26/16 Fast tracked 4/25/16
vent ID:L94R11 8/2/2016 9:11:51AM	vent ID:1 9	 		)16 9 <sup>.</sup>		(A)	<u> </u>

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT		(X3) DATE SUF COMPLET		
		050036		B. WING		07/2	//25/2016	
NAME OF PR	OVIDER OR SUPPLIER	·	STREET ADDRESS	S, CITY, STATE,	, ZIP CODE			
Bakersfiel	ld Memorial Hospital		420 34th St, Bal	kersfield, CA	93301-2237 KERN COUNTY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY I SC IDENTIFYING INFORMAT	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETE DATE	
				Developed Form FG1303-0416 Physici	an Orders –	Fast tracked		
					Speech Language Pathology Recomme	endations	4/25/16	
	During a review of the "Nurses' Notes" written by RN 2, dated 3/7/16, at 7:40 PM, it indicated the patient was being supervised while eating		ed		Person(s) Responsible: Director Rehal	bilitation Services		
	the patient was being s her snacks "As [the] pa		-		RN staff was educated on Form FG130	3-0416 Physician	5/26/16	
н 1	fast."				Orders – Speech Language Pathology	Recommendations.		
	During a review of the " dated 3/8/16, it indicate	1. S	red		Person(s) Responsible: Sr. Director of	Nursing		
	to have "Supervision du	uring eating."			RN staff was educated on Revisions to	Form FG 263-0416	5/26/16	
	During a review of the "	'Nurses' Notes" writte	n		Bedside Swallow Evaluation, supervisi	ng patients during		
	by RN 3, dated 3/10/16	, at 4:34 PM, it indica	ted		meals, and notifying physician of SLP r	ecommendations.		
	the patient "Puts more f [what she was] able to a				Person(s) Responsible: Sr. Director of	Nursing		
	that the patient was at r							
	(accidentally inhaling fo	17 C	as		Developed Aspiration Precaution Polic	y #AD-PC 526	Fast tracked	
	food, blocking the airwa	iy passage).			Person(s) Responsible: Sr. Director of	Nursing	4/25/16	
	During a concurrent inter review with the Physica	I Therapist (PT), on			RN staff was educated on new Aspiration	on Policy AD-PC 526	5/26/16	
	3/22/16, at 10:20 AM, si participated in Patient 1				Person(s) Responsible: Sr. Director of	Nursing		
	and described her as "ir safety awareness. The was noted to fill her mot	npulsive" with poor PT stated Patient 1			RN staff received update education on	Aspiration	8/29/16	
	swallowing. The patient		ihe		Precautions via Weekly Huddle week o	f August 29, 2016		
	was redirected but woul after a few minutes. The	d ask for food again e PT also stated			Person(s) Responsible: Sr. Director of	Nursing		
	Patient 1's behavior tow increased, and on 3/10/				Weekly audits- Review 100% of patient	ts with SLP	4/25/16 -	
	concerns to the licensed	I nursing staff and als	io		recommendations to ensure complianc		12/23/16	
	placed a note for the do	ctor to be aware.			recommendation is communicated with			
During a review of the "Physician's Orders", months with compliance at or a								

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	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB 050036		TIPLE CONSTRUCTION NG	(X3) DATE SUF COMPLET		
	OVIDER OR SUPPLIER Id Memorial Hospital		EET ADDRESS, CITY, STATE 34th St, Bakersfield, CA	, ZIP CODE A 93301-2237 KERN COUNTY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FUL SC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION SHOL REFERENCED TO THE APPROPRIAT	JLD BE CROSS-	(X5) COMPLET DATE	
	dated 3/11/16, it indicat ordered to be evaluated pathologist (trained pro- and treats patients with swallowing disorders). During a concurrent intereview with the Speech (SLP), on 3/22/16, at 3: "Clinical Dysphagia Eva that was found in the cl stated he had evaluated as ordered by the docto patient liquids, he state all". The SLP verified h which were documente control over bolus size" in mouth at one time), " bread and pushed in [to large sips [of liquids]", a [signals]/ feeder assistan noted Patient 1 had a "3 deficit" with an elevated especially with food sec [food] in [her] mouth". The patient to have a ma (food is altered into sma to make it easier to cher indicated he had notified staff of his recommendated evaluation being placed the SLP stated he had sec licensed nurses but court	d by a speech-language fessional who evaluates communication and erview and record t-Language Pathologist :22 PM, he reviewed the aluation," dated 3/11/16 inical record. SLP d Patient 1 on 3/11/16 or. When he offered the d she wanted to "drink in its evaluation notes d as follows: "Poor d (amount of food to put "Took half piece of the her] mouth", "Attempts and "Benefits from cuess ince". The SLP also Safety awareness if risk of aspirating condary to "stuffing The SLP recommended echanically soft diet aller and softer pieces w and swallow) and d the licensed nursing attions. In addition to the in the patient's record, spoken to one of the		will result in 1:1 coaching Person(s) Responsible: Sr. Director of Weekly audits- Observe 100% of patien Recommendations to ensure compliant supervising meal intake x4 months with above 90%. Non-compliance will result Person(s) Responsible: Sr. Director of Results of audits forwarded to Patient S Person(s) Responsible: Sr. Director of With regards to SLP staff SLP staff was educated on policy: Spee Bedside Swallow evaluation and Follow 2016; Person(s) Responsible: Director Rehab SLP staff was educated on Revisions to Bedside Swallow Evaluation, supervisin meals, and notifying physician of SLP re Person(s) Responsible: Director Rehab SLP staff was educated on Form FG130 Orders – Speech Language Pathology F Person(s) Responsible: Director Rehab	ts with Safe Swallow ce that staff is compliance at or in 1:1 coaching Nursing afety Committee Nursing ch Pathology- Up, on April 2-6, illitation Services Form FG 263-1112 g patients during commendations. illitation Services 13-0416 Physician Recommendations.	12/23/16 5/2016 - 12/2016 8/23/16	

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		050036	BER:	A. BUILDIN B. WING	NG			
and the second			B. WING 07/25/2016 TREET ADDRESS, CITY, STATE, ZIP CODE 20 34th St, Bakersfield, CA 93301-2237 KERN COUNTY					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F SC IDENTIFYING INFORMATI		id Prefix Tag	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLET DATE	
o 1 d n P S S n n v v d D 1 f e in v v d D 1 f e in v v d d D 1 f e in v v d d n P S S n v v v d d n P S S n v v v d d n n v v v d d n n v v v d d n n v v v d d n n v v v d d n n v v v d d n n v v v d d n n v v v d d n n v v v d d n n v v v v	During an interview with an 3/22/16, at 4:18 PM, 's clinical records and locumentation which in otified of the SLP's reco- rovide a mechanically- ihe stated the procedu- otify the patient's primi- otify the doctor for furth- erified the patient had iet. During an interview with 0:52 AM, she stated P- ed by staff because "Si- mpulsive." She stated the "Code ospital staff a patient we stated by staff because the "Code stated by staff because the "Code stated by staff because the "Code stated by staff because the "Co	she reviewed Patient was unable to find dicated the doctor was commendations to soft diet to the patient re was the SLP will ary nurse, who will her orders. She also remained on a regula a CN 1, on 3/22/16, at atient 1 was only bein he was just too on 3/12/16, at around the patient's room patient's primary [Blue]" (Code Blue- a y alarm that alerts ras in need of CN 1 also stated upor oom, the patient was nd turning blue." She are were no visitors or born, and before the N 4 and Certified Nur- atient's primary CNA, ents.	t s t. r gg	·	Weekly audits – 100% of Safe Swallow to ensure patient recommendations ar new order form for ongoing complianc compliance at or above 90%. Non-co- in 1:1 coaching Person(s) Responsible: Director Reha Weekly audits – 100% of patients with 1 the RN name who received the recomm documented in the SLP notes for ongoi months with compliance at or above 90 will result in 1:1 coaching Person(s) Responsible: Director Reha Results of audit forwarded to Patient S 'Person(s) Responsible: Director Reha	e documented on the e x4 months with mpliance will result abilitation Services recommendations that nendations is ing compliance x4 0%. Non-compliance bilitation Services afety Committee	4/25/16 - 12/23/16 4/25/16 - 12/23/16 5/2016 - 12/2016	
1,	uring a concurrent inte and NM 2, on 3/22/16 ated Patient 1 would a	at 11:06 AM, CNA 1						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER 050036	(X2) MULTI A. BUILDING B. WING	CONSTRUCTION (X3) DATE SU COMPLET 			
IAME OF PROVIDER OR SUPPLIER Bakersfield Mernorial Hospital		T ADDRESS, CITY, STATE, 2 Ith St, Bakersfield, CA	IP CODE 33301-2237 KERN COUNTY			
PREFIX (EACH DEFICI	Y STATEMENT OF DEFICIENCIES NCY MUST BE PRECEEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-			(5) PLETE NTE	
3/12/16, during lum patient and she "go the emergency but incident and stated room, and she mar lettuce from the pal stated she did not f time because she w patient. She was a the dinner tray to th patient was brough dinner inside the ro find out who had pl patient's reach. During a review of t 1, the "Nurses' Note 3/12/16, at 6 PM, in the telemetry techn electronically monit and rhythm) that the the "40s" (beats per dropping. RN 4 not unresponsive and w She called a "Code resuscitation (life-sa was initiated after n pulse at 5:23 PM. F clinical record indica ranging from 66 to During a review of t Record" (condition v	time. She stated on ch time, she was feeding the it scared" so she pushed ion. CN 1 verified the she went to Patient 1's laged to pull out a piece of ient's mouth. CNA 1 also eed the patient at dinner vas admitting another lso not aware of who gave e patient. NM 2 stated the t a regular diet tray for om and she was unable to aced the food tray within the he clinical record for Patient es" written by RN 4, dated dicated she was notified by ician (person who ors a patient's heart rate e patient's heart rate was in "minute) and was still ed she found the patient vas "Light blue in color." Blue" and cardiopulmonary twing chest compressions) oting the patient had no urther review of Patient 1's ated her heart rates were 108 beats per minute. he "Cardiopulmonary Arrest wherein the patient's heart enly stopped with loss of			LICENSING & DENTIFICATION BAKERSFIELD DIST. OFFICE		STATE OF CALLS

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER 050036			ONSTRUCTION (X3) DATE SUI COMPLET 07/2	
AME OF PR	ROVIDER OR SUPPLIER	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	EET ADDRESS, CITY, STA		and an and a second second second	
Bakersfie	id Memorial Hospital	420	34th St, Bakersfield,	CA 93301-2237 KERN COU	NTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)		(EACH CORRECTIVE A	AN OF CORRECTION CTION SHOULD BE CROSS- APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	consciousness), dated Patient 1 was "Asystole beating) from 5:20 PM minutes).					
	1, the "Emergency Roc Medical Doctor (MD) 1, PM, indicated the patie "Cardiopulmonary arres aspiration (food entered also indicated it was dif patient (insert a tube in oxygen) because the p located behind the thro it was very difficult to ex food in order to even se	dated 3/12/16, at 5:51 nt had a st possibly secondary to d the lungs)." MD 1 fficult to intubate the the airway to deliver osterior pharynx (area at) was full of food and kcavate (remove) the se the larynx (muscular forms an air passage to also indicated the food ig to be sucked out." a pair of "forceps" (an objects resembling gh food "which allowed 1 also indicated "The contents coming back cheal tube (name of the				
	During a review of the " written by MD 2, dated 3 indicated Patient 1 had Ischemic Encephalopati caused by deprivation of with an " Extremely poo	3/14/16, at 10:03 AM, it "Severe Hypoxic hy" (a brain injury f oxygen to the brain)				
ent ID:L9	I4R11		8/2/2016	9:11:51AM		1

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE 050036	R:	(2) MULTIPLE ( BUILDING . WING		(X3) DATE SU COMPLET 07/2	
NAME OF PR	OVIDER OR SUPPLIER	STI	REET ADDRESS, CITY,	STATE, ZIP C	ODE		
Bakersfiel	ld Memorial Hospital	420	34th St, Bakersfl	eld, CA 9330	1-2237 KERN COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION	PR	D EFIX AG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	ILD BE CROSS-	(X5) COMPLETE DATE
	to cause serious injury This facility failed t as described above cause, serious injur	ID 2's notes indicated ad brain dead. b directly provide ent caused or was likely or death. to prevent the deficie that caused, or is l y or death to the constitutes an import meaning of Heal	ikely to patient, nediate			LUCERSFIELD DIST. OFFICE	2019 90 5 5 M M 72 50 910 5 10 10 10 10 10 10 10 10 10 10 10 10 10
vent ID:L94	1011	an a	8/2/2016	9:11:51A	M	***************	ليستعم