## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		050373		A. BUILDIN	G	05/0	6/2009	
NAME OF PROVIDER OR SUPPLIER  LAC+USC MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  1200 NORTH STATE STREET, ROOM 1110, LOS ANGELES, CA 90033 LOS ANGELES COUNTY					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE ACTION REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE	
Event ID:J	Inspection was limited investigated and does a full inspection of the filter investigated and does a full investigated	the findings of the during the investignment of Purious Polystatus of the medical state of the medical state health professes shall be appropried to the medical staff who was NOT MET are eview and staff in	Department stigation of complaint(s) e findings of blic Health:  IMMEDIATE  223(b)(2) -  off shall be plementation consultation sionals and ved by the approved by here such is as evidenced	3:50:	25PM			
LABORATOR	Y DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESE		TURF	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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		050373		B. WING		05/0	6/2009		
NAME OF PROVIDER OR SUPPLIER  LAC+USC MEDICAL CENTER			1200 NORTH ST	STREET ADDRESS, CITY, STATE, ZIP CODE  1200 NORTH STATE STREET, ROOM 1110, LOS ANGELES, CA 90033 LOS  ANGELES COUNTY					
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	unintentionally reta abdomen. The failure repeat abdominal sur to retrieve 2 laparote sponges that were abdomen.  Findings:  On 2/10/09, in the policy #108, the surgical procedures of sponges and sha foreign body might repatient.  Other supportive datelements facilitated lost or left in sponge/needle/instruoccurred. Towels with be used in open we expected to keep trasponges, instruments sterile field to assure nurse was expected final count.  On intraoperative should be counted at personnel. The nursing the repeat of the same and the same abdomes and the same abdomes and the same abdomes are the same abdomes and the same abdomes and the same abdomes are the same abdomes are the same abdomes are the same abdomes and the same abdomes are the same abdomes are the same abdomes and the same abdomes are the same abdomes ar	and procedure ts and to utilize x- o locate foreigined inside the resulted in Patie gery under generatory towels and the left inside the hospital's periope supportive data" thad the potential result in physical in the cavity ament count of the radiopaque mark ounds. The scrub ack of all countable is additionally place accuracy while the to electronically decounts, all counts and personnel would appearsonnel would appearsonnel would are the time of changing personnel would are accuracy would appearsonnel would appearsonnel would are the time of changing personnel would appearsonnel would are the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of changing personnel would are resulted in the time of the time o	gn bodies e patient's nt Z having I anesthesia 3 laparotomy ne patient's erative P&P, stated that for retention tention of a njury to the y detectable n presumed when a discrepancy ers were to person was e items (i.e., ced on the ne circulating ocument the table items e of nursing record and						
	electronically sign the p	perioperative docume							
Event ID:	JDVO11 Y DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESE	9/2/2009 ENTATIVE'S SIGNA		25PM TITLE		(X6) DATE		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION	<b>1</b> ' '	(X3) DATE SURVEY COMPLETED	
		050373		B. WING		05/0	6/2009	
NAME OF PROVIDER OR SUPPLIER  LAC+USC MEDICAL CENTER				E, CITY, STATE, ZIP CODE  FATE STREET, ROOM 1110, LOS ANGELES, CA 90033 LOS  NTY				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY I SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE)	S PLAN OF CORRECTION (X5) /E ACTION SHOULD BE CROSS- (HE APPROPRIATE DEFICIENCY)  DATE		
	Non-intentional," it stands it search the wound. A requested for x-rayshould be notified for radiologist. The communicate to the immediate need for the Per clinical record readmitted to the hospidue to a gunshot wowas taken to the opbasis due to low blood.  Review of the record revealed that Patient (OR) at 2225 hours in hours on 12 sponge/sharp/instrume 2225 hours by Circul By 2300 hours, a	ing count - Interest that surgeons are and should be a physician's order is and the x-ray the x-ray films to be circulating nurse. Radiology Department of the properties of the x-ray films to be read.  View on 2/10/09, Partial on 12/12/08 vial and to the abdome erating room on an od pressure attribute and of operation of Z entered the operating Nurse #3 and shift change of the count was perating Nurse #3 and shift change of the count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation; hower late at a different 12/12/08, by Circulary or count was noted to operation.	s should be be asked to should be department be read by a se would be attent Z was a ambulance in Patient Z emergency ed to losing in 12/12/08 erating room ea at 0549 initial beformed at discrub #1. OR nursing a shift ed at 2325 ever, it was int date on					
Event ID:	documentation preser and Scrub #1 were The next count, reco was executed at 0400	nted that Circulating present during the rded as the first clo	Nurse #3 shift count. osing count,	3:50:	25PM			

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

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TITLE

(X6) DATE

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		050373		B. WING		05/06/2009			
NAME OF PROVIDER OR SUPPLIER  LAC+USC MEDICAL CENTER				S, CITY, STATE, ZIP CODE  TATE STREET, ROOM 1110, LOS ANGELES, CA 90033 LOS  JNTY					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	•	PROVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOULD E RENCED TO THE APPROPRIATE DE	CTION SHOULD BE CROSS- COMPLETE		
Cont	Continued From page 3								
perfo More the spon taken	Circulating Nurse #4 and Scrub #2 who both performed the final closing count at 0456 hours. Moreover, it was stated on "count comments" that the staff were "unable to clarify count due to lap sponges in abdomen at change of shift. X-rays were taken after surgical procedure. X-ray result negative."								
under (surge pack pand also to the case report of the case report (rem abdot was intentional for from the case of the case report of the case report (rem abdot was intentional for from the case of t	erwent exploring temporarily of the program of the stomach, liver the stomach noted the nurse to the stomach to the stomach the stom	the abdomen) while repairing the bowel lacerations. Er exploration to rul and spleen. At the sharp/instrument core as all correct and ed. But, "prior to and extubating to cavities were exall rule out the possi reign bodies preside of retained for the Z was transferred to Z was tran	y/celiotomy with wound major vein, The patient e out injury end of the punts were defined there was leaving the he patient tube), the mined using bility of any ent in the eign bodies red to the control of the control						
and	was slightly tachyo	cardic (having fast he	art						
Event ID:JDVO1	1		9/2/2009	3:50:2	25PM				

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## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

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			B. WING			05/06			
NAME OF PRO	OVIDER OR SUPPLIER	·	STREET ADDRESS	S. CITY, STATE, 2	ZIP CODE				
	MEDICAL CENTER					1110, LOS ANGELES, CA 90	133 1 08		
2,10.000			ANGELES COU		i, itooiii	TTTO, EGG ANGLEEG, GA 30	000 200		
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	Continued From page	÷ 4							
	rate). Further evaluensued, a possible fast heart rate.								
	The trauma team's progress notes stated that by 1800 hours on 12/13/08, multiple plain abdominal x-rays were taken to locate the bullet without confirmation. However, foreign bodies were detected in the right and left upper abdomen. The concern was that the foreign bodies were laparotomy sponges. It was noted on the progress notes that it was discussed with the wife that the foreign bodies identified on the x-ray should be removed though they were not likely to be the bullet. A CT (computerized tomography) scan was requested by the patient's family to be expedited to confirm the location of the foreign bodies.								
	By 2016 hours on 12/13/08, Patient Z entered the OR again for the second time for removal of foreign bodies in the abdomen. The second report of operation stated that the trauma surgeon's attention was first turned to the right upper quadrant where 2 radiopaque laparotomy towels were identified and removed. Subsequently, the surgeon's attention was focused to the left upper quadrant where 3 laparotomy sponges were removed. Further review of the record of operation showed that x-ray films as described in the P&P, and not fluoroscopy, were obtained to ensure no further laparotomy sponge was left in the abdomen. Patient Z was transferred back to ICU after confirmation of the final x-ray film.  On 3/5/09 at 1315 hours, the OR nurse manager was asked regarding the shift count. She stated								
Event ID:	JDVO11		9/2/2009	3:50:2	25PM				
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	TURE		TITLE		(X6) DATE	

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LAC+USC	MEDICAL CENTER		1200 NORTH ST ANGELES COU	RTH STATE STREET, ROOM 1110, LOS ANGELES, CA 90033 LOS S COUNTY					
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	Continued From page	÷ 5							
	that the sponge/need of shift was a must why it was documed Patient Z's first surget the staff being relieved	. She was unable on the dery and without the dot of duty.	e to explain lay following presence of						
	In an interview with on 3/5/09 at 0935 ho how the abdominal missed during the fir obtained numerous object was left in before leaving the surgery.	urs, she was unabl I towels and spo st surgery. She sta x-rays to confirm Patient Z's abdom	e to explain onges were ted that she no foreign inal surgery						
	The violation(s) has serious injury or death								
Event ID:	JDVO11		9/2/2009	3:50:2	5PM				
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	TURE	TITLE		(X6) DATE		

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