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

P. O. C. accepted S. C. 3/5/13

1 ' '		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	1 - 1		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
050112			A. BUILDING B. WING		01/14/2010					
				STREET ADDRESS, CITY, STATE, ZIP CODE  250 16th St, Santa Monica, CA 90404-1249 LOS ANGELES COUNTY						
Orthopaedic Hospital										
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEEDED BY I		FULL PREFIX		REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION)  The following reflects the findings of the Department of Public Health during an inspection visit:  Complaint Intake Number: CA00185841 - Substantiated  Representing the Department of Public Health: Surveyor ID # 17030, HFEN  The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.  Health and Safety Code Section 1280.1(c): purposes of this section "immediate jeop means a situation in which the Ilcer noncompliance with one or more requirer of licensure has caused, or is likely to c serious injury or death to the patient.  T22 DIV5 CH1 ART 3- 70213 (a) Nu Service Policies and Procedures: (a) Written policies and procedures for p care shall be developed, maintained implemented by the nursing service.  T22 DIV5 CH1 ART 3- 70223(b)(2) Su Service General Requirements (b) A committee of the medical staff sha assigned responsibility for: (2) Development, maintenance implementation of written policies		cility ne  10.1(c): For jeopardy" floensee's equirements to cause,  Nursing for patient ained and  Surgical ff shall be no and cies and th other als and		2/26/2013 Since this incident in 2009 many measures to ensure Our plans of action include a) Purchasing devices to a equipment count. Our facil sponge count hanging bag be used in every procedur Responsible Party: Dir. of b) Policy Review & Revisic Our leadership reviewed a policy to reflect the use of bags, proper sponge count & requirement that hand of case involve 2 RNs countin needles, & sponges.  Responsible Party: Dir. of I	RECEIVED  A, our facility has the safety of one in	s taken ur patients.  Completed on: 6/10/09  es			
	administration. Policies	shall be approved by	/		•	,				

Event 10:7PQR/h

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

TITLE

(X6) DATE

(X6) DATE

(X6) DATE

(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 epproved plan of correction is requisite to continued program participation.

State-2567

## 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  B. WING			(X3) DATE SURVEY COMPLETED 01/14/2010		
050112									
				SS, CITY, STATE, ZIP CODE Santa Monica, CA 90404-1249 LOS ANGELES 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 CORRECT CH CORRECTIVE ACTION SHOULD E ERENCED TO THE APPROPRIATE DE	TION SHOULD BE CROSS- C		
	Continued From page	1			(Cont)				
	approved by the	dy. Procedures administration an	shall be id medical			f Educational Program		Completed on	
	staff where such is appropriate.  Based on record review and interview, the				was he	ck to Basics" educational eadedby staff involved in education included the ne	this case.	8/19/09	
e de la conse de Medio (Medio	Patient B's surgical	unting sponges procedure which	used for resulted in		policy a	and the use of the count nsible Party: Dir. of Peri	ing bags	S	
	retention of a fore in the patient's abdo had to undergo a under general anes the lap sponge ar	omen. As a result, second surgical	Patient B procedure removal of		The car	f Education se and forthcoming educ ng actions were discusse aff Meetings.		8/14/09	
		complications [i.e ihesions, ileus (p	. bleeding, aralysis of		Respor	nsible Party: Dir. of Peri	Op Service	s	
	rate or heart rhyth general anesthetic med	m and allergic	,		Letters regardi	cation for Physicians were delivered to all Sui ng the requirement to co		8/20/09	
	Findings:				1	int process. nsible Party: Chief of Sur	gery		
	was conducted to i incident on a re	irgical procedure	ly reported object (lap on Patient		When o If proce stopped	Role for OR Supervisor observing counting proce dure is not followed, could and corrected before sted to proceed.	int will be	8/27/09 s,	
	disclosed the patie facility on gastric tumor. Acc Record dated	ant was admitted 2009, with a doording to the 2009, with a gastrectomy the stomach) with	to the iagnosis of Operative Patient B		Our OR RFID sp	icount Implementation is implemented Surgicou conge technology as an a to assist with surgical sp ractice.	adjunct	8/1/2010	
Event ID:76	PQR11		2/12/2013	11:46	09AM				

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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLII IDENTIFICATION NU		<b>1</b> * *		(X3) DATE SURVEY COMPLETED				
050112				B. WING		_ 01/1	4/2010			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS	STREET ADDRESS, CITY, STATE, ZIP CODE						
Santa Monica - UCLA Medical Center and Orthopaedic Hospital			1250 16th St, Santa Monica, CA 90404-1249 LOS ANGELES COUNTY							
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENCY REGULATORY OR I	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE				
	Continued From page	2								
	(surgical procedure lower part of the stoma		ning in the	and special parties (special)			To the Property of the Propert			
	The Operating Room Nursing Recognition 2009, disclosed that sponge counts were conducted and were correct.			The second secon			The state of the s			
	A review of Patient B's CT tomography) Abd-Pelvis scan without preliminary report dated revealed a foreign object (a surgical was retained in the patient's leg quadrant of the abdomen.		2009,							
	A review of the Communication 2009, disclose exploratory laparotor the abdomen a performed under remove a lap sponge.	sed Patient B ny (an incision nd abdominal	had an made into exploration hesia) to	The second section is a second						
	During an interview 10:45 a.m., Employe (Circulating Nurse) separate each spo correct count with Emp	ee 4 stated, Em might have nge to visually	3, 2010 at aployee 5 failed to conduct a							
	In a telephone inte at 3:38 p.m., Emplo conducted three Employee 6 (Scrub 7 (Scrub Technicia procedure on Patie Employee 5 stated she	oyee 5 stated that lap sponge con Technician) and an) during the nt B on	she had ounts with Employee							
Event ID:7	Event ID:7PQR11 2/12/2013				9AM					

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	vider or supplier ca - UCLA Medical Cent c Hospital	er and	STREET ADDRESS 1250 16th St, Sa		IP CODE CA 90404-1249 LOS ANGELES	S COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROF	SHOULD BE CROSS-	(X5) COMPLETE DATE
-	Continued From pag						
	sponges on the facility with Employee 6 and A review of the (Policy #C4) title Sharps" dated as stipulated the mai audibly and visuall circulating nurse.	Employee 7.  facility's policy and ed, "Counts, Spi last revised in ndatory count are	d procedure onges and April 2008, performed				
	According to The Recommended Practices for Sponge, Sharp and Instrument Counts by the Association of perioperative Registered Nurses - AORN Standards, Recommended Practices, and Guidelines): Sponges should be separated, counted audibly and concurrently viewed during the count procedure by two individuals, one of which should be a nurse.						
The facility's failure to implement its procedure to prevent retention of a laduring a surgical procedure for Patient deficiency that has caused, or likely serious injury or death to the pattherefore constitutes an immediate within the meaning of Health and Sa Section 1280.1.			lap sponge ent B is a to cause, atient, and b jeopardy				
a c j	This facility failed as described above cause, serious injurand therefore copardy within the Safety Code Section 1	that caused, or in the constitutes and the meaning of the	is likely to				
Event ID:7P	OR11		2/12/2013	11:46:0	9AM		
*****	DIRECTOR'S OR PROVID	SRICITOR ISO DEDOCATI			TITLE		(X6) DATE

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