## CALIFORNIA HEALTH AND HUMAN SERVICES

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DEPARTM	ENT OF PUBLIC HEALTH							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI AND PLAN OF CORRECTION IDENTIFICATION NU 050360			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/02/2008			
			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BON AIR ROAD, GREENBRAE, CA 94904 MARIN COUNTY					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY F LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE	
	CALIFORNIA DEPAR during an Entity Report Entity Reported Incide Inspection is limited incident investigated findings of a full inspect Representing the C Health: T22 70223(b)(2) Requirements (b) A committee of assigned responsibility (2) Development, m of written policies a with other appropri administration. Policie governing body. Pro- the administration ar appropriate. Based on clinical procedure review, a failed to ensure that staff implemented th	ted Incident visit. Int number(s): #CA001 to the specific enti and does not rep ction of the facility. alifornia Department Surgical Service of the medical staff / for: aintenance and imp and procedures in iate health profess es shall be approvincedures shall be a nd medical staff when record review, find staff interview, to at the Surgical Service ne policy and procedures	C HEALTH 36269. ty reported present the of Public General f shall be dementation consultation fonals and ed by the oproved by ere such is policy and he hospital ice nursing edure titled		Preparation and/or executi this Plan of Correction doe constitute admission or ag by the provider of the truth facts alleged or conclusion forth on the Statement of Deficiencies. This Plan of executed solely because it required by Health and Sa Code Section 1280. In January 2008, the Peri- operative Services Departr revised the sponge account procedure by implementing sponge counting bags. The accounting process was re- with staff multiple times a services and during shift f The process for counting additional items using a d board in the operating sui- revised by placing permant headings for sponge account on the boards to ensure consistency and accuracy.	on of es not reement n of the is set f Is fety ment ting is eviewed at in- nuddles. ry erase tes was nent unting . A dry		
Event ID:	"Sponge and Sharp lap pad (sponge) abdominal cavity foll undergo another surgi	being retained in owing surgery. Patie	Patient 2's nt 2 had to	9:52:4	erase board was designate exclusively for this accou process in each OR suite.			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE	(X6) DATE
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that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the	e date
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participatio	

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## CALIFORNIA HEALTH AND HUMAN SERVICES VCV DENENT OF DUDUO USALT

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2	2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. E	BUILDING		
		050360	В. \	WNG	01/02/2008	
NAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
MARIN GI	ENERAL HOSPITAL	250 BOM	AIR ROAD, G	GREENBRAE, CA 94904 MARIN COUN	ſY	
(X4) ID	SUMMADY	STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	RRECTION (X5)	
PREFIX		ICY MUST BE PRECEEDED BY FULL	PRE	FIX (EACH CORRECTIVE ACTION SH	OULD BE CROSS- COMPLETE	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	AT	G REFERENCED TO THE APPROPR	IATE DEFICIENCY) DATE	
	Continued From pa	ge 1				
	lap sponge, placing	g the patient at increased ris	k for	The sponge accounting	ng process	
	1	to the additional surgery		was discussed at OR meetings on January		
	anesthesia.			& 30, May 28, June 4	July 23	
				August 27, Septembe	r 24	
		G EVENT CONSTITUTED		October 1, and Nover		
		PARDY (IJ), WHICH PUT FETY OF SURGICAL PATIE		2008.		
		NURSING STAFF FAILED				
		HOSPITAL'S WRITTEN PC		It was also a topic for	discussion	
	AND PROCEDU	RE TITLED "SPONGE	AND	at the multidisciplinat Management Commit		
		AND IDENTIFY PRIOR		January, February, M		
	1	URE THAT A LAP SPO		June, September, and		
		IN THE PATIENT'S ABDO	1	2008.		
	\ \	LACED THE PATIENT AT AND COMPLICATIONS FRO	1			
		AND COMPLICATIONS PRO		The policy and proceed	lure was	
	THE LAP SPONGE.			reviewed with staff in 2008 and again after a	March	
				revisions in Septembe		
	Findings:					
				The Clinical Education	n Specialist,	
		5 a.m., Patient 2's clinical rend that the paint of the p		Peri-operative Service	es developed	
	was reviewed a presented to th	· · · · · · · · · · · · · · · · · · ·	atient on	a competency tool to	assess	
		nce with a complaint of se		compliance with the r		
	1		and	accounting process th assessment, direct obs		
		ospital for surgery for an		and a written test begi		
		2 was taken to surgery		April 23, 2008 and on	going.	
		an exploratory lap; small t				
	ventral abdominal w	· · · · · · · · · · · · · · · · · · ·	Para		D FR THE LEVEL R. M.	
		an norma.				
	The patient was	s transferred from the	post		-0 2 1 ( D)	
	anesthesia care un	nit (PACU) to the critical care	•			
ļ	(CCU) on 12/9/07 at	2300.				
				<u>P/</u>		
Event ID:	61GR11	12	/3/2008	9:52:49AM		
LABORATO	RY DIRECTOR'S OR PROV	/IDER/SUPPLIER REPRESENTATIVE	S SIGNATURE	TITLE	(X6) DATE	

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			A. BUILDIN B. WING	IG	- 01/02/2008		
		·	STREET ADDRESS,				
	ENERAL HOSPITAL				IBRAE, CA 94904 MARIN COUN	TY	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F LSC IDENTIFYING INFORMAT	FULL	ID PREFIX TAG	. PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	IOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	2					<u>                                      </u>
	A review of the progress note dated 12/16/07, revealed documentation that the patient had a low-grade fever. The surgeon felt that the low grade fever was due to residual ischemic bowel or multiple other sources, such as DVT (Deep Vein Thrombosis is a condition resulting from the formation of a blood clot (thrombus) inside a deep vein, commonly located in the calf or thigh. DVT occurs when the blood clot either partially or completely blocks the flow of blood in the vein) or drug toxicity. The surgeon did not feel at this time a Computed Tomography (CT) scan was indicated and continued antibiotic therapy. Documentation indicated that on 12/15/07 at 9:20 p.m., the patient was transferred from the CCU to a Step-down unit (CSU). The patient continued to have minimal abdominal pain in the right lower quadrant. The patient had a limited upper GI study on 12/19/07 at 12:30 p.m., which indicated that the gastric bypass and what remained of the small intestines were intact with contrast flowing into the colon. However, there appeared to be a foreign body in the mid abdominal area. The surgeon ordered a CT scan, which confirmed lucency in this area consistent with a foreign body on 12/20/07 at 2:15 p.m. The results were called to the physician at that time.			The Medical Staff Office offered a one hour CME for the medical staff on May 20, 2008 entitled: NoThing Left Behind: A Surgical Safety Project to Prevent Retained Surgical Items. This presentation was professionally videotaped and viewed by the OR staff at an in-service on June 4, 2008 with a follow-up visit by the presenter on October 1, 2008. The CD is available on the unit for review and for new staff orientation.			
				The Director and Clini Education Specialist, J operative Services cor observational audits by July 21, 2008. Audit indicated high compli- opportunities for furth improvement. Since January 31, 200 been no reports of inc retained sponges.	Peri- nducted eginning results ance with er 8 there have		
	A review of the indicated that there the patient's abdom surgery on 12/20/07 after the first surgery retained lap pad.	was a foreign body nal area. Patient 2 at 6:50 p.m., eleve	retained in returned to n (11) days				
	 2:61GR11		12/3/2008				

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## CALIFORNIA HEALTH AND HUMAN SERVICES SERVICE

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	050360	B. WING	01/0	2/2008			
NAME OF PROVIDER OR SUPPLIER MARIN GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 250 BON AIR ROAD, GREENBRAE, CA 94904 MARIN COUNTY					
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN ( PREFIX (EACH CORRECTIVE ACTION TAG REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE			
the circulating nurse procedure. (A circul patient safety during circulating nurse co- with the surgeon, anesthesia provider. provides assistance of the surgical proced laparotomy sponge sponge or pad, is special weave and to banded. The lap pad the back table. The lap staff. The count is the ensure that there a band. The tally (court is a middle count incision. The used RN A stated that the the lap pads as the bag. The technician this surgical procedu (5) lap pads were to sure that the process of On 1/2/08 at 1:25 p.1 (scrub nurse/technic passing instruments maintaining patient sa are counted pre-op to circulating nurse price OR suite. ST B state	.m., RN A stated that she was e during Patient 2's surgery ating nurse is responsible for g the surgical procedure. The bordinates care of the patient scrub nurse/technician, and The circulating nurse also to the surgical team throughout lure). RN A stated that the (also referred to as a lap a 100% cotton cloth with a exture, designed for surgery) is is are unbanded and laid out on lap pads are counted by two (2) hen documented on a board to be compared to the board. There prior to the closure of the lap pads are counted in fives. The scrub technician also counts and a patient of the scrub technician also counts and a patient of the scrub technician also counts and the scrub technician also counts and the scrub technician also counts and the scrub technician also counts and the scrub technician also counts and the scrub technician also counts and the scrub technician technician technic techni		erative ee' will audit a very month for Main OR, , and Women's 's to ensure le accounting The need for be evaluated	1/2/2009 and ongoing			
Event ID:61GR11	12/3/200	8 9:52:49AM					

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	OVIDER OR SUPPLIER ENERAL HOSPITAL		DRESS, CITY, STATE, J	ZIP CODE IBRAE, CA 94904 MARIN CC	DUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN 0 (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	needed. ST B state pads in a bucket. case was very blood stuck together and to loose a lap pad w pads can stick toge nurse and the scru the count is correct OR suite. The policy and proc Counts," dated 3/2 Sponge Count: For counted once by th before beginning provide a baseline Subsequent sponge sponges are adde closure of any dee before completion of each incision is closed	e 4 Other packs were opened ad that she places the used I ST B stated that this particu dy and the lap pads could hat this was not caught. It is ear when there is a lot of blood. Lether. It is up to the circulati b technician to make sure the the before the patient leaves the codure titled "Sponge and Sha 007, read under Procedure: the initial count, sponges will he scrub and by the circula any procedure. Initial court is for any subsequent court is counts will be done: whi d to the sterile field, befor p or large incision, immediat of the surgical procedure, who posed, when permanent relief ator occurs. The count will is count board to be visible by	ap lar ive sy ap ing nat the A. be tor nts tor nts its. nen ore ely ien of be			
Event ID:	61GB11	12/3/2	2008 9.52	49AM		<u> </u>
		DER/SUPPLIER REPRESENTATIVE'S		TITLE	<u></u>	(X6) DATE

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