				X2) MULTIFLE CONSTRUCTION		(X3) DATE SURVEY	
TED FLOAT	OF GBARESTION	IDENTIFICATION NUMBER:	A BUILE	DING .	COMPLETED		
050360		B. WING		A D.	Elbono		
AME OF PROVIDER OR SUPPLIER STREET ADDRES				*	10/1	5/2009	
	BENERAL HOSPITAL	STREET ADDRES					
IPAININ E	ELINENAL HOOFHAL	250 BON AIR F	UAU, GREE	INBRAE, CA 94904 MARIN COUNTY			
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(X4) ID	SUMMARY STA	EMENT OF DEFICIENCIES.	1D	PROVIDER'S PLAN OF CORRECT	10hi	IVE	
REFIX		AUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B	E CROSS-	(X5)	
TAG	REGULATORY OR LE	CIDENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE DE	FICIENCY)	DATE	
			<del></del>	The following constitutes I	Матп	<del> </del>	
	The following refle		•	General Hospital's plan of	ATSTITT		
		of Public Health during		correction of the alleged			
	an ENTITY REPORTED	INCIDENT VISIT.		deficiencies cited by the		}	
				Department of Public			
	Inspection was limit			Health in the Statement of			
	reported incident			Deficiencies Form CMS-2:	567		
		ent the findings of a full		dated October 15, 2009.	)		
	inspection of the facility.			Preparation and/or execution	#		
		·		this corrective action does:	OI OI	•	
		partment of Public Health:		constitute admission or agr	not		
	Surveyor Medical	Consultant 1 (MC1).		by the provider of the trust	eement		
- 1				by the provider of the truth facts or conclusions set for	of the		
'		CH1 AER3-70223(b)(2)	ſ	the Statement of Deficience	in on		
	Surgical Service General			has been prepared and/or	les. It		
		the <b>medical staff shall</b> be	1	executed solely because it i	_		
	assigned responsibility for		,	required by federal and state	.S [		
	(2) Development		. }	required by federal and stat	e law.		
ĺ	•	written policies and	· }	The Medical Carette on	}	•	
}	procedures in co	l l	1	The Medical Staff's OR			
i	appropriate health		ľ	Management Committee is			
}	administration. Policies	,,	}	assigned responsibility for	the		
	the governing body.		1	development, maintenance	and	•	
		dministration and medical		implementation of written			
- 1	staff where such is approp	riate.	ļ	policies and procedures in			
			}	Perioperative Services in			
1				consultation with other heal	lth		
	THE DEPARTMENT VIOLATION OF THE REG		ŀ	professionals and administr	ation.		
		record review, document	. ]	Immediately upon learning	that	•	
- 1		the hospital staff falled to	1	there was radiological	mter		
	implement policies at	•		confirmation of a retained for	orajon		
,		s to ensure removal of	}	object the physician inform	oreign		
٠,	all foreign objects fro			patient and her spouse on	ear rite		
,	cavity prior to clos	1	<b>\</b>	9/23/2009 at 0925 and discr	vened		
		in Patient 1 requiring a	1	the plan to return the patient	192CU		
	second surgery to remove		. }	surgery for removal.	. w [,		
1.		E I - HIVIDE ANIBIONI	1	GOY ROLL AND TOTAL TOTAL TOTAL	J		

Any deficiency statement ending with an astorisk (\*) deficies a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the petiants. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction to provided. For nursing homes, the above findings and plans of correction are disclosuble 14 days tollowing the date these documents are made svallable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program perticipation.

State-2567

Hamital notified that POL's acceptable.

l		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(XZ) MUL	LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
050360			B. WING		10/15/2	009
NAME OF PR	OVIDER OR SUPPLIER	STREET ADORESS	, CITY, STATE	ZIF CODE	<del></del>	
Marin Ge	eneral Hospital	250 BON AIR RO	DAD, GREE	NBRAE, CA 94904 MARIN COUNTY		
(X4) KI PREFIX TAG	(GACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X6) COMPLETE DATE
	DEATH TO THE SAND NURSING STATHAT A FOREIGN SPONGE OR LA RETAINED IN A PATHIS VIOLATION PLINCREASED RISK FOREIGN THE SPONGE.  FINDINGS:  On 10/14/09, review record demonstrated bounds and was elective Cesarean Special to the record in the second s	CONSTITUTED AN RDY (IJ) WITHIN THE LTH AND SAFETY CODE THAT IT CAUSED, OR LUSE SERIOUS INJURY OR PATIENT, WHEN MEDICAL FF FAILED TO IDENTIFY IN OBJECT (SURGICAL P TAPE) HAD BEEN ATIENT AFTER SURGERY. LACED THE PATIENT AT OR COMPLICATIONS AND E RETAINED SURGICAL of Patient 1's medical		The patient was returned to operating room on 9/23/20 1930 for successful removerationed lap sponge.  On 9/24/2009 leadership Quality Management, Risk Management, Women Information Children (WIC), the Chief Nursing Officer and the irmedical and hospital staff review the event and deveraction plan.  This action was undertaken ensure that such an event not occur again in WIC or Perioperative Services.  On 10/1/2009 reeducation was initiated and commen over a two-week period in huddles, informal meeting with members of the care and also through observational audits during C-section de The observational audits vipart of an ongoing audit prisince August 2008.  Disciplinary action was talthe registered nurse and Ottechnician, who failed to fit	from k ants and f ivolved met to lop an  of staff ced s held team, ional liveries. vere rocess ken for B	

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

mu

(X6) DATE

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A BUILDING A WINN OF PROVIDER OR RUPPLIER  WARRIN GENERAL HOSPITAL    STREET ADDRESS, OTTY, STATE, 2P CODE   SUMMARY STATEMEN: Or DEFIDIENCIES   GRADI OFFICIENCY WINT'S EMPECEEDED BY PULL   REGULATORY OR LISC IDENTIFYING IMPORMATION)   PREFIX   TAG   REGULATORY OR LISC IDENTIFYING IMPORMATION)   PREFIX   REGULATORY OR LISC IDENTIFYING IMPORMATION)   TAG   PROVIDERS LAND F. COPRISION   REPERENCE TO THE APPROPRIATE DEFICIENCY     REGULATORY OR LISC IDENTIFYING IMPORMATION)   TAG   PROVIDERS LAND F. COPRISION   REGULATORY OR LISC IDENTIFYING IMPORMATION)   TAG   PROVIDERS LAND F. COPRISION   REGULATORY OR LISC IDENTIFYING IMPORMATION)   TAG   PROVIDERS LAND F. COPRISION   REGULATORY OR LISC IDENTIFYING IMPORMATION)   TAG   ON 10/28/2009 there was discussion of the event and "just in-time" reeducation of the OB/GYN medical staff and allic health professional midwife staff in the CDB/GYN Department meeting. The focus of the discussion was the need to optimize teamwork among the medical staff and allic discussion was the need to optimize teamwork among the medical staff and allic discussion was the need to optimize teamwork among the medical staff and al		RUCTION (X3) DATE 91 COMPLE	(X2) MULTIPLE CONSTRUCTION		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER		
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hold the bowel back. Staff A stated that the physician involvement.	1			in the	se; the bowei wa	ld. Patient 1 was obe	fie
hold the bowel back. Staff A stated that the physician involvement, surgeon did not announce that she had placed	1	suprehensive and included	was				
surgeon did not announce that she had placed	1						
	1	}					
the lap tape in the abdomen. Staff A stated that \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		/12/2009 and 11/20/2009 a	On 1	•			
5 lap tapes that been opened, but not used, mandatory sponge count		,	1				
were not placed in the easy count bags. Staff A retraining was held on WIC.				· ·			

LABORATORY DIRECTOR'S OR PROVIDER/8UPPLIER REPRESENTATIVE'S SIGNATURE

TITL

(X6) DATE

Any defidency statement ending with an asterisk (\*) denotes a deliciency which the institution may be excused from correcting providing it is determined that other safeguerds 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 it requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA AND PLAN OF CORRECTION NUMBER:		(X2) MULTIPLE CONSTRUC	COMPLE	(X3) DATE SURVEY COMPLETED	
	050360	B. WING	10/	15/2009	
ame of provider or supplier Iarin general Hospital	į .	8, CITY, STATE, ZIP CODE DAD, GREENBRAE, CA 945	304 MARIN COUNTY		
REFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX (EACH CO	OVIDER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE CROSS- ED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
placed in bags to verify On 9/14/09, reviet "Perioperative Servi Accounting," dated requirements that af subsequent counts is are added to the si any body cavity, bet large incision, imme the surgical procedur is closed. In addit accounted for in the completion of the final of The facility's failure and procedures if counts is a deficien likely to cause, serio patient, and therefore	ap tapes should have been a correct count.  w of the hospital policy; loss Sponge and Sharp 9/2008, demonstrated the ter the initial sponge count, will be done when sponges terile field, before closure of fore closure of any deep or diately before completion of re, and when each incision retion, all sponges will be a sponge holding bags by count.  to implement the policies regarding sponge/instrument cy that has caused, or is cus injury or death to the econstitutes an immediate meaning of Health and	Ax8 radichanged opaque radio-op opaque radio-op opaque radio-op opaque radio-op opaque radio-opaque radio-opaque radio-opaque radio-opaque radio-radio vaginal review aradevelope included Director, to overse Bodies Pensuring for count vaginal sand WIC.  The audidecision 100% au  Periopera continue	mber 2009, the supply of ito-opaque sponges was it to larger 4x18 radiomini lap sponges with paque ribbons. Radiosponges also replaced ito-opaque sponges in the delivery packs.  2010 the Chief Nursing convened a meeting of prioperative, Quality and strative leadership to and amend the previously ed action plan. This the appointment of the Perioperative Services be the Retained Foreign prevention process by one standard of practice ting lap sponges and sponges in Perioperative Services.  It tool was revised and a was made to institute dit for C-sections.  ative Services would the audit process at the requency and volume.		

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

TITLE

(X6) DATE

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AND PLAN OF CORRECTION IDE		(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: 050360	A. BUILD		(X3) DATE SURVEY COMPLETED	
					10/1	5/2009
	ROVIDER OR SUPPLIER	STREET ADDRESS				
MARIN G	ENERAL HOSPITAL	250 BON AIR R	DAD, GREE	Enbrae, ca 94904 Marin County	1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES AUST BE PRECEEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE	.P BE CROSS-	(X8) COMPLETS DATE
	on 8/14/09, review "Perioperative Service Accounting," dated requirements that after subsequent counts we are added to the state any body cavity, before the surgical procedure is closed. In additional accounted for in the completion of the final counts is a deficience likely to cause, serio	p tapes should have been a correct count.  of the hospital policy, ses Sponge and Sharp 9/2008, demonstrated the er the initial sponge count, the initial sponge count, the done when sponges erile field, before closure of ore closure of any deep or iately before completion of e, and when each incision ion, all sponges will be sponge holding bags by the sponge holding bags by that has caused, or is us injury or death to the constitutes an immediate meaning of Health and		On 1/12/2010 WIC and Perioperative staff and present at the OR Manay Committee attended a Perioperation entitled Recommendations for Perioperation of Retained Foreign Body Force. This presentation mandatory for the Labor Delivery nursing staff are offered again on 1/19/20 1/21/2010, and 1/26/201 WIC staff has completed PowerPoint presentation post-test.  On 1/18/2010 the Director Perioperative Services and Manager, Labor and Delitor review the process for documentation for vaging counts and handoff communication using SE (Situation, Background, Assessment and Recommendation) when packings were left in plactice to post-partum hemorrhage.	gement owerPoint revention lieswide Fask was and ad was 10, 0 All the and a  or, de very met al sponge AR  vaginal	
	4.*					
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other earequards provide sufficient protection to the patients. . Except for nursing homes, the findings above ere disclosable 90 days following the date of aurvey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosuble 14 days following the date these documents are made available to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050360	A. BUILD		(X3) DATE SI COMPLE	TED
		000300	E. WING		<u> </u>	15/2009
1	ROVIDER OR SUPPLIER SENERAL HOSPITAL	1	ESS, CITY, STATE ROAD, GREE	e, zip code Enbrae, ca 94904 Marin co	ידאטכ	
(X4) ID PREFIX TAG	(SACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	subsequent counts we are added to the stany body cavity, before large incision, immediate surgical procedure is closed. In additional accounted for in the completion of the final countries and procedures recounts is a deficient	p tapas should have been a correct count.  of the hospital policy; ses Sponge and Sharp 9/2008, demonstrated the er the initial sponge count, will be done when sponges erile field, before closure of pre-closure of any deep or closure of any deep or closure.  To implement the policies exponge holding bags by count.  To implement the policies expanding sponge/instrument by that has caused, or is us injury or death to the constitutes an immediate meaning of Health and		On 1/27/2010 the CO Officer met with the Perioperative Servic Manager, Labor and a progress update of action plan. The Perioperation attended to meeting and reporter Retained Foreign B. Force's findings and recommendations at hospital's responses On 2/4/2010 kick by placed in each Labor Room for lap spong buckets were placed centralized collection of placement in the counting bags.  On 2/5/2010 the teat 1/11/2010 reconvert up and reassessment plan.  Monitoring  Audits are conducted section deliveries are of sponge counts for deliveries. Perioperations are perioperations.	e Director, ces and d Delivery for f the current crioperative he OB/GYN ed on the ody Task d nd the s to the event.  uckets were or and Delivery ces. The kick i to allow for on of sponges e sponge  an that met on hed for follow- t of the action  ed on all C- nd for 10 cases r vaginal	0/5/10 orgone)
Even(ID:V	MUI M4	1/28/2010	4;31;4	deliveries. Perioper conducts 10 audits 1 the Main OR and the surgery center.	per month in	
HABITUR: A	THE CL	112012010	-11-0-11-	( - 1 · f · )		

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

TITLE

(X6) DATE

Any deficiency statement ending with an esterial (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sateguards 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 clied, an approved plan of correction is requisits to continued program participation.

	STATEMENT OF DEFICIENCISE (21) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 050360			TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		000300	B. WING		10/16	6/2009
ł	ovider or supplier	STREET ADDRESS	S. CITY. STATE	, ZIP CODE	_	
MARIN GE	eneral Hospital	250 BON AIR R	oad, Greei	NBRAE, CA 94904 MARIN COUNTY		
(X4) ID PREFIX TAG	(SACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECESOED BY FULL BC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPROPRIATE DE	E CROSS-	(X6) COMPLETE DATE
	placed in bags to verify  On 9/14/09 review "Perioperative Servi Accounting," dated requirements that aff subsequent counts ware added to the st any body cavity, bef large incision, immediate surgical procedur is closed. In additionaccounted for in the completion of the final of  The facility's failure and procedures r counts is a deficient	ap tapes should have been a correct count.  If of the hospital policy, ces Sponge and Sharp 9/2008, demonstrated the ser the initial sponge count, will be done when sponges serils field, before closure of ore closure of any deep or diately before completion of re, and when each incision tion, all sponges will be e sponge holding bags by bount.  It implement the policies egarding sponge/instrument by that has caused, or is out injury or death to the econstitutes an immediate meaning of Health and		Audit data is compiled on spreadsheets and submitte Director, Quality Manager Services monthly for three months. The results of the will be reported by the Director Committee monthly.  Ongoing audits to date havindicated 100% compliance.	ment e audit rector to	
Event ID:V1	HU11	1/28/2010	4:31:4	8PM		

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

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (\*) denotes a definiency which the institution may be excused from correcting providing it is determined that other asteguards 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 e 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 clied, an approved plan of correction is requisite to continued program participation.

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If continuation sheet 1 of 3

PREFIX REGULATORY OR LSC  E DOO Initial Comments  The following reflects California Department ENTITY REPORTED  Inspection was limited reported incident #CA	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  the findings of the at of Public Health during as	ON AIR ROAD, NBRAE, CA 94 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED TO THE FOLLOWING CONSTITUTES IN GENERAL Hospital's plan of	Marin
E DOO Initial Comments  The following reflects California Department ENTITY REPORTED  Inspection was limited reported incident #CA	the findings of the	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIENCY)  The following constitutes I General Hospital's plan of	Marin
The following reflects California Departmen ENTITY REPORTED Inspection was limited reported incident #CA	it of Public Health during a		General Hospital's plan of	Marin
of the facility.  Representing the Dep Surveyor 20307, Median THE DEPARTMENT Surveyor 20307, Medican Staff  (b) The medical staff, and with the approval and with the approval adopt written by-laws with procedures for the evaluation and credentials, appoint assignment of clinical and credentials.	and a staff and governing a means of enforcements, reappointments, rules and a means of enforcement staff by-laws, rules and any or restrict within the staff members to any special off members hold an M.D., S. degree or clinical	E1908	correction of the alleged deficiencies cited by the Department of Public Health in the Statement of Deficiencies Form CMS-2 dated October 15, 2009. Preparation and/or execution this corrective action does constitute admission or agricultation by the provider of the truth facts or conclusions set for the Statement of Deficience has been prepared and/or executed solely because it required by federal and state The Medical Staff will enfoylaws and rules and regul by monitoring physician compliance with completion dictated operative reports where the completion of discharge summaries that include all required elements.  Immediately upon learning the operative reports were delinquent and the discharge summary was incomplete, physician was notified by the Chair, Obstetrics/Gynecole complete the delinquent reports.	on of not reement of the th on ies. It is te law. orce its ations on of within

3/1910 Hostal notified that locin accepted.

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Californ	nia Department of Put	blic Health					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	SURVEY LETED	
CA1100000361			1	B. WING	·	10	15/2009
NAME OF	PROVIDER OR SUPPLIER			DRESS, CIT	Y, STATE, ZIP CODE	1. 10/	10/2000
	GENERAL HOSPITAL	,	250 BON		), PO BOX 8010		
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
£1908	Continued From page Based on document review, the medical implementation of its regulations regarding discharge summaried Findings:  Review of Patient 1's demonstrated that it operative reports for performed on 9/18/0 notes were present it labeled, "interim post The forms stated at the was to be completed post-operatively and to be completed within the completed within the completed within the staff rules and regular reports demonstrated performed shall be further operating surgeon. "The dictated within 24 Review of Patient 1's demonstrated that the Summary," dated 9/28 mention of the retained Cesarean Section or it performed on 9/23/09 Review of the medical on 10/14/09 demonstrated that the summary shall be written attending physician," adiagnosis, reason for addingnosis, reason for add	ge 1 review and medical staff falled to enforce to bylaws, rules and groperative notes and as in one case.  If medical record on was absent dictated operative procedure and 9/23/09. Handing the record on formation the record on formation to perative progress the top that the interimediately then stated, "dictated in 24 hours of surger of the hospital's meditions addressing oped that all operative rephours after surgery."  If the full operative rephours after surgery."  If the exploratory lapant to remove the foreign body after the exploratory lapant to remove the foreign staff rules and regulated that, "a discharated that," a discharated that, "a discharated that," include the admission, hospital candinission, hospital candinism and candinism	record d 10/14/09 s written s note." m note d report y." lical erative ort must 0/14/09 ge otomy yn body. lations ge e final course,	E1908	and dictate a complete dissummary.  The physician completed operative reports and dictadischarge summary that it all of the required element.  Beginning in December 2 Health Information Mana; (HIM) generated physician specific reports on delinquice operative reports and disciplinative reports and disciplinative reports and disciplinative reports and disciplinative regarding delinquiced in the Medical Executive Commembers of the committee discussed how physicians notified regarding delinquiced requested that HIM send whists of delinquent operative reports and discharge summaries and discharge summaries and time frame completion of operative reand discharge summaries and	the ated a notluded its.  009 gement in- lient harge  ing of minittee in the second in	
	ncluding procedures prendered, significant fi				reviewed with physicians a department/division meeting		

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Callford	nia Department of Pu	blic Health			· · · · · · · · · · · · · · · · · · ·		
	nt of deficiencies i of correction	(X1) PROVIDER/BUPFLIE IDENTIFICATION NU		(X2) MUI A. BUILL B. WING		(X3) DATE COMPI	
		CA1100000036				10/	15/2009
NAME OF	PROVIDER OR SUPPLIER		STREET AD	ORESS, CITY	Y. STATE, ZIP CODE	•	
MARIN	GENERAL HOSPITAL			AIR ROAD RAE, CA 9	, PO BOX 8010 4904		
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E1908	Continued From pag	je 2		E1908	The Director, Quality		
I	condition on dischar	de "			Management Services com	ıpleted	
	condition on dischar	ge."		. ·	an audit of the involved practitioner's delinquent of reports and discharge summ from September 2009 through February 5, 2010. The Medirector shared the results audit with the Chair, Obstetrics/Gynecology. The Chair will have a discussion the practitioner.	perative maries ugh edical of the	2/5/20
		•			Monitoring		
					The Director, Quality Management Services will continue to audit the involv practitioner's medical recordelinquent operative report incomplete discharge summ monthly, for a minimum of months.	rds for s and naries	
					The Medical Executive Committee (MEC) will revresults of the audits monthl MEC will determine the neongoing audits and will into with the practitioner, as appropriate.	y. The ed for	
			.				

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