CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES 'AN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
050193			B. WING		01/27/2009			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS				S, CITY, STATE, ZIP CODE HIGHWAY, LAGUNA BEACH, CA 92651 ORANGE 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 OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	LD BE CROSS- COMPLETE		
	DEFICIENCY CO JEOPARDY	Health during the CA00168546. The dot the specific is not represent the hospital. The alifornia Department of the medical state of the medical staff where the state of the medical staff where the state of the medical staff where the state of the st	complaint(s) findings of t of Public MMEDIATE General ff shall be plementation consultation cionals and yed by the approved by ere such is s evidenced eview of review, the of written inge counts	. B	The patient was returned to a operating suite for removal sponges. The responsible circurse was provided 1:1 educate regarding the correct sponge process as identified in the organization's policy and procedures were identified at operating room staff received inservices related to the organization policy and procedure pertain sponge counts, including the communication hand-off durrelief. The OR sponge count boards OR suites were relocated to a maximum visibility by the error The Director of Surgery incomposition inservices related to the spongular policy and procedure into the and annual reorientation/comvalidation process. A PI indicator was added to the department's PI plan to assess compliance with the sponge of policy and procedure, and responded to the PI Committee of quarterly, beginning 3rd Quarterly	of retained reculating ation count ocedure. ative trisk. The dadditional nization's ing to process for ing break is in all the ensure of tire team. It is new hire of the surgery is count sults were minimum		
Event ID:	JJZZ11		4/8/2009	8:56:30	DAM .			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATION TO THE PROPERTY OF THE P				URE	TITLE COO	(X6) DATE 4/30/09		

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 any whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following to 2 these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

5-5-09 @

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

NAME OF PROVIDER OR SUPPLIER SOUTH COAST MEDICAL CENTER SUPPLIENT AND SUMMAY STYTDERT OF DEPTISHED STREET ADDRESS, CITY, STATE, ZP CODE STATE, ADDRESS, CITY, STATE, ADDRESS, CITY,	STATEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
SOUTH COAST MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCES 1D PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PILL REQUATORY OR ISC DENTIFYING N° ORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE			050193					01/27	//2009
Continued From page 1 wound of Patient #1. Patient #1 required another major surgery and the risks of general anesthesia to remove the retained sponges. Findings: On 1/27/09, review of the policy, "Sponge, Needle, and Instrument Counts," revealed the statement "When additional sponges, needles/sharps are added, they are counted and the number is added to the count documentation." Medical record review for Patient #1 revealed an operative report dated 6/6/07 documenting Patient #1 had undergone a laparoscopic, converted to open, appendectory. Review of the operative report dated 6/6/07 documenting that Patient #1 had undergone an exploratory laparotomy with control of bleeding and evacuation of hemoperitoneum. Review of the operation goom record revealed that the sponge counts were correct. Medical record review revealed an operative report dated 6/6/07 documenting that Patient #1 had undergone an exploratory laparotomy with control of bleeding and evacuation of hemoperitoneum. Review of the operation goom record revealed the nurse documented that the sponge counts were correct. Medical record review revealed an operative report dated 6/13/07 documenting Patient #1 had undergone a re-exploration with removal of foreign bodies under general anesthesia. In the operative report, the surgeon documented that there were five laparotomy sponges that were seen on x-ray. All five laparotomy sponges were removed.									
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Event ID:JJZZ11 4/8/2009 8:56:30AM		Continued From page 1 wound of Patient #1. Patient #1 required another major surgery and the risks of general anesthesia to remove the retained sponges. Findings: On 1/27/09, review of the policy, "Sponge, Needle, and Instrument Counts," revealed the statement "When additional sponges, needles/sharps are added, they are counted and the number is added to the count documentation." Medical record review for Patient #1 revealed an operative report dated 6/6/07 documenting Patient #1 had undergone a laparoscopic, converted to open, appendectomy. Review of the operating room record revealed the documentation that the sponge counts were correct. Medical record review revealed an operative report dated 6/8/07 documenting that Patient #1 had undergone an exploratory laparotomy with control of bleeding and evacuation of hemoperitoneum. Review of the operating room record revealed the nurse documented that the sponge counts were correct. Medical record review revealed an operative report dated 6/13/07 documenting Patient #1 had undergone a re-exploration with removal of foreign bodies under general anesthesia. In the operative report, the surgeon documented that there were five laparotomy sponges that were seen on x-ray. All					my mai =1 PM 2: 56		
	Event ID:J	JZZ11		4/8/2009	8:56:3				

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

TITLE

(X6) DATE

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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NAME OF DR	OVIDER OR SUPPLIER	STREET ADDRESS	CITY STATE ZIE	CODE		
	DAST MEDICAL CENTER			UNA BEACH, CA 92651 ORA	NGE COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SI REFERENCED TO THE APPROPRIES	ACTION SHOULD BE CROSS-	
	Continued From page 2					
	the hospital, upon discovered that durin 6/8/07, one of the cia five-pack of lapare field and had failed worksheet or grease operating room reoperating room stapprocedure. Staff examembers were not a when the subsequer count appeared correct	caused, or is likely to cause,				2009 MAY - 1 PM 3
Event ID:	17744	4/8/2009	8:56:30	AM		
		ER/SUPPLIER REPRESENTATIVE'S SIGNA		TITLE		(X6) DATE

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