STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM			(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SUR COMPLETE		
	050746			B. WING		12/27	7/2007
	OVIDER OR SUPPLIER I MEDICAL CENTER SAN	TA ANA	STREET ADDRESS, 1001 NORTH TU		P CODE E, SANTA ANA, CA 92705	ORANGE COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE ACTI REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE
	The following reflects of Public Health COMPLAINT NO: CAC Inspection was limit investigated and doe a full inspection of the Representing the 1280.1 (a) If a licen under subdivision (a receives a notice immediate jeopardy patient and is recorrection, the dicensee an administ to exceed twenty-fiper violation.	during the inverse during the in	complaint(s) e findings of ablic Health: cility licensed section 1250 estituting an safety of a a plan of assess the amount not				
	(c) For purposes jeopardy" means a noncompliance with licensure has cause injury or death to the	situation in which to one or more rec ed, or is likely to ca	the licensee's juirements of				
	DEFICIENCY C JEOPARDY	ONSTITUTING	IMMEDIATE				
	70213(a)(b) Nurs Procedures. (a) Written policies shall be developed,	and procedures for					
	the nursing service.						9 2003
Event ID	D:IEFE11		8/25/2008	9:25:	59AM	h × y .	
LABORATO	DRY DIRECTOR'S OR PROVI	DER/SUPPLIER REPRES	ENTATIVE'S SIGNA	ATURE	TITLE		(X6) DATE

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DAN BROTHMAN, CHIEF EXECUTIVE OFFICER

9/10/08

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		050746		B. WING			12/2	27/2007	
	OVIDER OR SUPPLIER N MEDICAL CENTER SANT	ΓA ANA		SS, CITY, STATE, ZIP CODE TUSTIN AVENUE, SANTA ANA, CA 92705 ORANGE COUNTY					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT CH CORRECTIVE ACTION SHOULD I ERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE	
	Continued From page	: 1							
	intervention, evaluar require, patient advocation of the series of these puboth. Spanish and within the hospital series of the s	nursing practice a nursing process who sing diagnosis, tion, and, as cacy. The straights attents of rights shall be approper that such rights recovered to the such rights of the such rights.	ind shall be ich includes: planning, ircumstances be posted in priate places may be read		reques the Dis Manag 707070 Respon Psych In-servissues	rn Medical Center Santates an informal conference strict Administrator/ Disger of the local DPH office (b)(2)(d) nsible Person: Director, Counit vice to staff regarding reportating to documentation to face the conference of the	ce with strict ce. Gero orting in plan	12/17/07	
	by patients. This list shall include but into the patients' rights to: (2) Considerate and respectful care. (d) All hospital personnel shall obtained patient rights.				and in	pervision of reportable ever vestigation of events. t was interviewed by Directory Psych Unit.		11/19/07	
	The above regulation by:	ns were NOT MET	as evidenced			osure was made to family or of Gero Psych Unit.	by	11/20/07	
	Based on interview review of policies are to investigate and	nd procedures, the	facility failed		Staff i Psych	nterviewed by Director of Unit.	f Gero	11/21/07	
	adverse event for physical assault warecord for Patient complained to staff member and suffer	as documented in #1 on 11/18/07. that she was slappe ed a bruise to he	the clinical Patient #1 ed by a staff er face. The		condu for fal	erly hour observations we acted, documented and mo il and aggressive behavior mission -11/16/07 12/4	nitored during	11/16/07	
	allegation was not investigated by the policies and proceduto protect the patie and to afford Patien respectful care.	e hospital accordi ures. This resulted nt from the potent	ng to their in a failure ial of abuse		shift for rail polight v	measures were assessed for bed position and locked position, non-skid footwear within reach, fall precauting the admission 11/14/07 to 77.	d side ; call ons	11/14/07	
Event ID	:IEFE11		8/25/2008	9:25:	59AM)CT 9 2 16	
LABORATO	RY DIRECTOR'S OR PROVID	DER/SUPPLIER REPRES	ENTATIVE'S SIGNA	ATURE		TITLE	1.	(X6) DATE	

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ADDITIONAL INFORMATION

DAN BROTHMAN, CHIEF EXECUTIVE OFFICER

9/10/08

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WESTERN MEDICAL CENTER SANTA ANA STREET ADDRESS, CITY, STATE, ZIP CODE WESTERN MEDICAL CENTER SANTA ANA SANTA ANA, CA 92705 ORANGE COUNTY			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
Ox4 ID PROVIDER'S PLAND CORRECTION PROVIDER'S PLAND CORRECTION CASH CACH DEPRIENCY MUST BE PRECEDED BY PULL REGULATORY OR ISC DEPRIENCY MOST BE PRECEDED BY PULL REGULATORY OR ISC DEPRIENCY ON INFORMATION PREFIX TAG PREFIX T			050746				12/2	12/27/2007	
PREFIX (EACH DEFICIENCY MUST BE PRECEDEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) PREFIX TAG				•			E COUNTY		
Findings: On 12/27/07 at 1335 hours, a clinical record review was conducted for Patient #1. The licensed nurse documented on 11/18/07 at 0800 hours, that Patient #1 had bruising to the maxilia area of her face. The documentation failed to show that the nurse asked the patient what happened. Photographic evidence dated 11/18/07, showed Patient #1 to have a bruised area underneath the right eye. At 1350 hours, Physician X rounded and documentation by the licensed nurse showed the physician was notified of Patient #1's condition. A psychiatric progress note, dated 11/19/07, showed Patient #1 told him she was hit by staff and then laughed at. The licensed nurse's note dated 11/20/07 at 1745 hours, revealed documentation of a bruise to the right eye. On 11/21/07 at 1242 hours, the recreational therapist documented Patient #1 stated, "A staff has punched my face and then he tried to get me to eat my fist." At 1400 hours, the licensed nurse documented Patient #1 complained of "care taker abuse." A photograph dated 11/26/07, showed the lower portion of Patient #1's right eye to have a bruise that mirrored the curvature of the lens of her eye glasses that she was holding in the photograph. On 12/08 at 0920 hours, an interview was Additional ins-exprices have been provided to physicians, social workers and staff on 6/20/08, 7/31/08, 8/7/08, 8/8/08, 8/14/08 and 8/18/08, regarding reporting issues: • To identify there reporting time frames for reporting time frames for reporting events. • To identify there reporting to the frames for reporting events. • To identify there reportable events. • To identify there reportable events. • To identify there reporting time frames for reporting events. • To identify there reporting to remain falled to thysology. • To identify there reporting to remain frames for reporting events. • To identify there reporting to remain frames for reporting events. • To identify there reporting to remain frames for reporting events. • To identify there reporting to remain frames for re	PREFIX	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL			PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-			COMPLETE	
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Showed Patient #1 told nim she was fit by start and then laughed at. The licensed nurse's note dated 11/20/07 at 1745 hours, revealed documentation of a bruise to the right eye. On 11/21/07 at 1242 hours, the recreational therapist documented Patient #1 stated, "A staff has punched my face and then he tried to get me to eat my fist." At 1400 hours, the licensed nurse documented Patient #1 complained of "care taker abuse." A photograph dated 11/26/07, showed the lower portion of Patient #1's right eye to have a bruise that mirrored the curvature of the lens of her eye glasses that she was holding in the photograph. Event ID:IEFE11 8/25/2008 NeuroPsychiatric Unit and Program Director, NeuroPsychiatric Unit NeuroPsychiatric Unit and Program Director, NeuroPsychiatric Unit NeuroPsychiatric Unit and Program Director, NeuroPsychiatric Unit NeuroPsychiatric Unit and Program Director, NeuroPsychiatric Unit and Program Director of the Unit of a timely manner in the medical record. This includes APS, SAPD, and CDPH. Chart reviewed by the Nursing Director of the Unit of a timely manner in the medical record. This includes APS, SAPD, and CDPH. Chart re		Findings: On 12/27/07 at 1335 hours, a clinical record review was conducted for Patient #1. The licensed nurse documented on 11/18/07 at 0800 hours, that Patient #1 had bruising to the maxilla area of her face. The documentation failed to show that the nurse asked the patient what happened. Photographic evidence dated 11/18/07, showed Patient #1 to have a bruised area underneath the right eye. At 1350 hours, Physician X rounded and documentation by the licensed nurse showed the physician was notified of Patient #1's condition.			pro an 7/3 8/3	provided to physicians, social workers and staff on 6/20/08, 7/22/08, 7/29/08, 7/31/08, 8/7/08, 8/8/08, 8/14/08 and 8/18/08, regarding reporting issues: • To identify the reporting time frames for reporting events. • To identify three reportable events • To identify agencies to be notified • To review of "Never 28" list. Ongoing Monitoring:			
ADDITION DIFFERENCE OF THE PARTY OF THE PART	then laughed at. The licensed nurse's note da 11/20/07 at 1745 hours, revealed documentation a bruise to the right eye. On 11/21/07 at 1242 hours, the recreation therapist documented Patient #1 stated, "A shas punched my face and then he tried to get to eat my fist." At 1400 hours, the licensed nurdocumented Patient #1 complained of "care to abuse." A photograph dated 11/26/07, showed the long portion of Patient #1's right eye to have a bruithat mirrored the curvature of the lens of her englasses that she was holding in the photograph. On 1/2/08 at 0920 hours, an interview was				I I	NeuroPsychiatric Unit and Properties, NeuroPsychiatric Unit and Properties, NeuroPsychiatric Unit and Properties, Notification to outside a will be documented and a timely manner in the marcord. This includes A SAPD, and CDPH. Chareviewed by the Nursing of the Unit to assess documentation compliant. Tool has been developed be completed on all allegabuse/neglect. Tool will completed by social workfaxed to Quality Manage.	rogram init gencies reported in nedical APS, rt Director ce. that will nations of be kers and		
						M			

DAN BROTHMAN, CHIEF EXECUTIVE OFFICER

9/10/08

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		050746		B. WING			12/27	/2007
	OVIDER OR SUPPLIER MEDICAL CENTER SANT	ΓA ANA	STREET ADDRESS, 1001 NORTH TUS			A, CA 92705 ORANGE (COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH COR	OVIDER'S PLAN OF CORRECT RRECTIVE ACTION SHOULD E ED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE
	Continued From page conducted with the Neuropsychiatric Unit aware of Patient #1' member on 11/18/07 investigation of the promptly, as one state the other was not interviewed the staff at the time of the adays later on 11/3 stated that Patient # inflicted, but he was notified the police cassigned case number This was 16 days Director said family made aware of the the bruise with a far Director stated he responsibilities to the stated that becaus presentation he did statements were, "delivered the police of the stated that becaus presentation he did statements were, "delivered the police of the stated that becaus presentation he did statements were, "delivered the psychiatrist docume she was assaulted not tell the name psychiatrist docume	it. He stated he is claim she was on alleged assault did iff member was on available. The Direct involved with Patie illeged assault, but 0/07 and 12/5/07. It's wound might han't sure. The Direct on 12/4/07, and wo per by the local position of the said he is police, but failed the of Patient #1's it and not know if the usional or not." Imary, dated 12/19 ist #1, documented that he is police, but failed the of the interist documented chiatrist documented that is documented that the patient by a staff member of the staff	was made it by a staff eporting and d not occur vacation and ctor said he ent #1's care not until 12. The Director we been self for stated he as given an olice agency, assault. The immediately did discuss 1/19/07. The his reporting to do so. He is psychiatric allegation 1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2		 and 11/1/service A treat conversallegation the inverse patient the i	inistration for notifice follow-up. This will /08, after staff has be deed on the tool. Attent team meeting ened within 24 hours atton has been identificated in the will be placed on a exestigation conclude patient safety risk. So at log will be made Program Director of the program Director of the program of the progra	will be after an ied. The 1:1 until s there is started: intained f the	
	staff member threater							
Event ID:	IEFE11 RY DIRECTOR'S ΦR PROXI	DER SUPPLIER REPRESI	8/25/2008 ENTATIVE'S SIGNA	9:25:	59AM	TITLE		(X6) DATE

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ADDITIONAL INFORMATION 10-7

DAN BROTHMAN, CHIEF EXECUTIVE OFFICER

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL IDENTIFICATION IN			(X2) MULTIPLE CO	NSTRUCTION	(X3) DATE SUP COMPLET					
		A. BUILDING B. WING		12/2	27/2007					
NAME OF PROVIDER OR SUPPLIER WESTERN MEDICAL CENTER	SANTA ANA		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 NORTH TUSTIN AVENUE, SANTA ANA, CA 92705 ORANGE COUNTY							
PREFIX (EACH DEFIC	RY STATEMENT OF DEFICIENCIE IENCY MUST BE PRECEEDED BY Y OR LSC IDENTIFYING INFORMA	FULL		PROVIDER'S PLAN OF C EACH CORRECTIVE ACTION S EFERENCED TO THE APPROP	SHOULD BE CROSS-	(X5) COMPLETE DATE				
agitated, complated attempted to show the same and show to have a "blashe was not not facility staff. Fastated she was Patient #1 told the call for help. The was never know things." Family Member the assault didup to two week family member about the bruis stated the psycwhat happened,	added Patient #1 was ining that they also e her fist down her throat amily Member #1 was a nours. Family Member #1 on 11/16/07, are bruise on the face. Her visited and observence of the injury to amily Member #1 states, "slapped twice by the family member shall be family member shall be family member state on to, "fabricate stories" #1 said Patient #1's not change and was a safter discovery of the asked the attending to Patient #1's righiatrist replied that he but, "we will figure stated she was not informatical patient was not informatical patient."	grabbed and t. conducted on er #1 stated and there was On 11/19/07, d Patient #1 ber #1 stated Patient #1 by d Patient #1 a woman." was afraid to d Patient #1 or make up description of consistent for e bruise. The psychiatrist that eye. She e didn't know it out."								
conducting an inv Interview with F 1/7/08 at 1120 she had to re investigation of to her face. She	police were notified an estigation. amily Member #2 was hours. Family Membourst facility staff to how Patient #1 sustaine said she was neverthe discovery of the bruis	conducted on per #2 stated conduct an ned a bruise contacted by								
Event ID:IEFE11		8/25/2008	9:25:59AM							
LABORATORY DIRECTOR'S OR PR	ROVIDER/SUPPLIER REPRES			TITLE THE EXECUT	TVE OFFICER	(X6) DATE 9/10/08				

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participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
		050746		B. WING			12/2	27/2007		
	OVIDER OR SUPPLIER MEDICAL CENTER SANT	TA ANA	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 NORTH TUSTIN AVENUE, SANTA ANA, CA 92705 ORANGE COUNTY							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH C	ROVIDER'S PLAN OF CO ORRECTIVE ACTION SH NCED TO THE APPROPE	HOULD BE CROSS-	(X5) COMPLETE DATE		
-	Continued From page Member #2 is listed Patient #1. Family report her concern a and welfare for F Patient #1 was "out Member #2 asked F her face, Patient #1 across her face and it up, and put it in stated she visited P inquired to the staff members said they She said they told h down. On 1/30/08 at 070 members caring for shift), prior to discov were conducted. RN cared for by him and was difficult to mai spitting them out, ve was he aware of a w bruise was reported work the following d reporting that she w	Member #2 did no bout the facility's law of the facility." We atient #1 to author of the facility." We atient #1 about the replied that she we then a man took he her mouth. Family eatient #1 every two about the facial injudid not know whater they thought she was a patient #1 on 11 yery of the bruise I #1 stated that Pate I CNA #1. He stated arbally abusive, and yound to her face. He to him when he ay. He said he her	ot want to ck of regard prities, until then Family e bruise to was slapped or fist, balled Member #2 of days. She are and staff to the present to the face, tient #1 was id Patient #1 medication, at no time le stated the returned to and she was							
	He stated he took 11/18/07. CNA #1 stated she night prior to discove Patient #1 had epistions blanket, thrashing at Patient 1 was trying Patient #1 kept saying	took care of Patier very of the bruise. odic vomiting and bout in bed. CNA g to hit her. C	of #1 on the She stated kicked her 1 stated that CNA #1 said							
Event ID:	EFE11		8/25/2008	9:25:5	9AM					
	Y DIRECTOR'S OF PROVID	ER/SUPPLIER REPRESE				TITLE		(X6) DATE		
	1/h 1 N	~			CHIEF	EXECUTIVE (OFFICER	9/10/08		

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F LSC IDENTIFYING INFORMAT	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE	
	hurting me." The Clithis as she attempted her diaper. CNA and Patient #1 up in a straight dining room with he She stated she went four days later. She the face. CNA #1 have two staff members at all times after the facility failed to investigate Patient # did not take measure any future assaults. In not notified of the alless the violations have serious injury or death	NA said Patient #1 Indicated to take vital signs If stated on 11/18 Wheelchair and took If basin as she was It off shift and return If then learned of the Indicate of the added that Patient If bers in the room where allegation was man Installegation was docume In 11/18/07. Installegation was man I	s or change /07 she got her to the nauseated. ned three or ne bruise to #1 was to en providing de. Inted in the RN #1 took date. The thoroughly abuse, and patient from norities were /s.					
Event ID:	RY DIRECTOR'S OR PROVI		8/25/2008 ———		59AM			

DAN BROTHMAN, CHIEF EXECUTIVE OFFICER

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