

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2009
NAME OF PROVIDER OR SUPPLIER  ST. JOSEPH HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ORANGE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	<p>The following reflects the findings of the Department of Public Health during the investigation of COMPLAINT NO: CA00182037</p> <p>Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the Department of Public Health: [REDACTED] HFEN</p> <p>Health &amp; Safety Code Section 1280.1(c): For purposes of this section "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient</p> <p>DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY</p> <p>T22 DIV5 CH1 ART3</p> <p>70213(a) Nursing Service Policies and Procedures (a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.</p> <p>70215(b) Planning and Implementing Patient Care (b) The planning and delivery of patient care shall reflect all elements of the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation and, as circumstances require, patient advocacy, and shall be initiated by a registered nurse at the time of admission</p>		<p><u>Plan Of Correction</u></p> <p>Develop education for radiology Staff on caring for patients on O2 including technologists responsibility in connecting to central O2 source immediately. Revise current Transport of the Adult Patient Policy to clarify the role of regulating O2 and changing O2 from portable tank to central source.</p>
			5/1/09

Event ID LTC511

11/16/2009

9 01:16AM

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

TITLE

(X6) DATE

*Marty Jones, Director Regulatory Compliance* 11/30/09

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 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 is requisite to continued program participation.

*Accepted, P. Walker*  
12/3/09

*J. Jones*

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2009
NAME OF PROVIDER OR SUPPLIER  ST. JOSEPH HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 WEST STEWART DRIVE, ORANGE, CA 92866 ORANGE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p><b>Continued From page 1</b></p> <p>70253(b) Radiological Service General Requirements</p> <p>(b) Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.</p> <p>The above regulations were NOT MET as evidenced by</p> <p>Based on clinical and hospital record review, and staff interview, the hospital failed to ensure policies and procedures for transport and patient assessment were followed prior to patient transport; to assess and plan for appropriate transport personnel; advocate for patient safety and to have a hospital policy and procedure addressing the management of patients transported on oxygen, during the transport as well as in the diagnostic area, for one patient (Patient A), which resulted in the patient's oxygen tank running empty. The patient suffered a respiratory arrest and died on 3/5/09.</p> <p>Findings.</p> <p>On 3/9/09, the hospital reported that on 3/5/09, a patient receiving oxygen had been transported to the Ultrasound Department for a scan, and while in the department, the patient had a respiratory arrest and died. It was observed at the time of the arrest.</p>		<p>Develop Hand-off Communication Policy that gives standard guidelines and expectation of staff during patient hand-off including continued O2 requirements. 5/1/09</p> <p>Revise "ticket to ride" to prompt RN on patient assessment prior to transport and revise policy to indicate hand-off communication expectations. 5/1/09</p> <p>Review and Revise the ticket-to ride to include receiving clinicians signature and make part of the permanent record. 5/1/09</p> <p>Develop criteria for patient transports on O2 that would include hard stops for when an RN must accompany the patient or to make the test portable and add to the "ticket to ride" and policy. 5/1/09</p>	

Event ID: LTC511 11/16/2009 1:17:46PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Marty Smith* TITLE: *Director Regulatory Compliance* (X6) DATE: *11/30/09*

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 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 is requisite to continued program participation.

*Accepted Pilyaun 12/3/09*

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/08/2009
NAME OF PROVIDER OR SUPPLIER  ST. JOSEPH HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ORANGE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p><b>Continued From page 2</b></p> <p>the oxygen tank connected to the patient was empty. The patient had been admitted to the hospital with diagnoses that included shortness of breath and general weakness. A chest x-ray showed the patient had pneumonia in both lungs.</p> <p>The hospital's Clinical Manual for Transporting Adult Patients, reviewed and revised on 7/08, showed under Competency Requirements, Item 1, non-licensed, non-basic life support trained staff could transfer stable patients who did not require nursing assistance at time of admission, discharge or transfer to other departments within the hospital. Item 5 showed the department sending the patient was responsible for the coordination of competent personnel to accompany the patient during transport. Under Communication of Patient Information it showed a Transport Communication Form would be completed and accompany the patient when appropriate. Under Patient Care Responsibility it showed patient care responsibility during transport would remain with the personnel accompanying the patient. Under Safety Measures it showed patients on oxygen must be transported with the prescribed oxygen concentration and an RN or Respiratory Therapist would regulate the oxygen flow rate.</p> <p>Review of Patient A's clinical record was initiated on 4/9/09. The patient had been admitted to the hospital with "Do Not Resuscitate" orders. A progress note, dated 3/5/09 at 0330 hours, showed the nurse had called the physician to inform them the patient's oxygen saturation level was dropping to 70% at times (normal is 95% to 99%), and they</p>		<p><u>Persons Responsible</u> Patient Safety Officer, Clinical Educator Radiology, Director Radiology, Clinical Educator Medical Surgical Nursing</p> <p><u>Monitoring Process</u> Audits will be conducted on random transports to radiology for use of "ticket to ride". After changes fully implemented, 20 cases per month for 4 months will show 100% compliance with use of "ticket to ride". Audit results will be reported to Quality Council for approval and further recommendations.</p>		

Event ID: LTC511

11/16/2009

9:01.16AM

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

TITLE

(X6) DATE

*Marty Inoué* Director Regulatory Compliance 12/1/09

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 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 is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/08/2009
NAME OF PROVIDER OR SUPPLIER  ST. JOSEPH HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ORANGE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p><b>Continued From page 3</b></p> <p>were only able to maintain a 92% oxygen saturation with the patient receiving 15 liters of oxygen per minute on a non-rebreather mask (an oxygen mask that delivers 100% oxygen to the patient). The note also showed the patient's heart rate had been unstable, and had decreased to the 30's (normal 60-100) and increased to the 120's at the highest. It showed orders were received, and the staff would continue to monitor. Review of the physician's orders showed telephone orders dated 3/5/09 at 0340 hours, to give 40 mg of Lasix (a diuretic) one time and to stop fluids. A second telephone order on 3/5/09 at 0340 hours showed they were to give normal saline 0.09% to induce sputum per respiratory therapy. There were no further progress notes to show the patient had been reassessed or evaluated. On 3/5/09, Patient A was transferred to radiology to have a renal sonogram performed.</p> <p>During an interview with the Respiratory Therapist (RT) on 4/9/09 at 0905 hours, the RT stated that 30 minutes prior to the patient leaving the floor they were to be assessed, and there was a communication tool between departments that was not a part of the record. Patients were transported by non-licensed employees as long as the RN deemed the patient could leave the area without an RN present.</p> <p>During an interview with RN #1 on 4/9/09 at 0930 hours, the RN stated if a patient was having problems, the RN would do more monitoring of the patient. RN #1 stated a checklist was to be completed and signed by the RN that a patient was</p>				

Event ID: LTC511

11/16/2009

9:01:16AM

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

*Marilyn G. ... Director Regulatory Compliance*

TITLE

(X6) DATE

11/16/09

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 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 is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2009	
NAME OF PROVIDER OR SUPPLIER  ST. JOSEPH HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ORANGE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p><b>Continued From page 4</b></p> <p>stable for transfer. The checklist was not kept as part of the patient's permanent record. Review of the hospital's investigation of the incident with Patient A showed the Transport Communication ("ticket to ride") Form had not been completed or signed to show the patient was stable for transfer.</p> <p>Review of Patient A's clinical record and the hospital's investigation showed at 0755 hours on 3/5/09, the assigned transport person went to get the patient. The patient was removed from the oxygen supply located in the wall at the patient's bedside and placed on a portable oxygen tank for transportation to the radiology department. The transporter checked the oxygen capacity in the tank prior to taking the patient to radiology, and changed the tank for a new tank prior to transporting the patient. The patient was transported to the radiology department without a completed and signed checklist showing the patient was stable for transfer.</p> <p>At 0820 hours the patient was in radiology for the ultrasound. The patient was not connected to the wall oxygen in the treatment room, but was left connected to the portable oxygen tank during the procedure. The patient was scheduled to be transported back to their room at 0909 hours. The ultrasound technician who performed the renal sonogram left the room to take the films to the physician. Patient A was left in the room with the ultrasound technician assistant. The transport team did not come at 0909 hours to take the patient back to their room.</p>			

Event ID: LTC511

11/16/2009

9:01:16AM

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

TITLE

(X6) DATE

*Marilyn Gumbel* Director Regulatory Compliance 11/30/09

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 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 is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2009
NAME OF PROVIDER OR SUPPLIER  ST. JOSEPH HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ORANGE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p><b>Continued From page 5</b></p> <p>A hospital chart showed for the size of the portable oxygen tank used to transport the patient, that on a full oxygen tank at the rate the patient was receiving oxygen, 15 liters per minute, the tank could supply oxygen to the patient for about 45 minutes.</p> <p>The Nurse Week oxygen calculator computer on-line site showed a full oxygen tank of the size used to transport Patient A would supply oxygen to the patient for 44 minutes when used at 15 liters per minute.</p> <p>An interview was done on 4/4/09 at 1010 hours with the Transporter for Radiology, who trains new transporters. He stated there was no Clinical Manual policy in the radiology department to remove the patient from the portable oxygen tank and place them on the wall oxygen supply when running a procedure.</p> <p>During the time the patient was waiting in the radiology room, between 0909 to 0921 hours (60 minutes after the patient had arrived at the radiology department), the ultrasound technician assistant checked the patient two times and noted there was "fog" in the patient's non-rebreather mask. The assistant did not check further for the rise and fall of the patient's chest to ensure the patient was breathing. The ultrasound technician assistant transported the patient back to their room. At 0925 hours, the patient's portable oxygen tank was empty; the patient was observed not to be breathing and was connected to the wall oxygen supply. The patient was non-responsive without</p>			

Event ID LTC511

11/16/2009

9:01:16AM

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

TITLE

(X6) DATE

*Matthew J. Smith* Director Regulatory Compliance 11/30/09

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 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 is requisite to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/08/2009
NAME OF PROVIDER OR SUPPLIER  ST. JOSEPH HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ORANGE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p><b>Continued From page 6</b></p> <p>pulse or respirations and no response to pain stimuli. Review of the nursing notes for 3/5/09 at 1230 hours showed that death was pronounced per policy and procedure at 1015 hours.</p> <p>The hospital's failure to implement policies and procedures for patient assessment transport, to advocate for patient safety, and develop a hospital policy and procedure addressing the management of patients transported on oxygen, is a deficiency that has caused, or is likely to cause, serious injury or death to the patient and therefore constitutes an immediate jeopardy within the meaning of Health and safety Code Section 1280 1(c).</p>				

Event ID: LTC511

11/16/2009

9:01:16AM

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

*Mark J. ... Director Regulatory Compliance*

TITLE

(X6) DATE

11/30/09

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 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 is requisite to continued program participation.