PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS) COMPLE		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME 050609		(X2) MUL A BUILDI B. WING		(X3) DATE SUF COMPLETI 	
Image: Tage         Image: Image: Tage         Image: Tage <th>Kaiser Fo</th> <th>oundation Hospital - Ora</th> <th></th> <th></th> <th></th> <th></th> <th>E COUNTY</th> <th></th>	Kaiser Fo	oundation Hospital - Ora					E COUNTY	
of Public Health during an inspection visit:       **See Page 3 for beginning of Action Plans         Complaint Inteke Number: CA00239949 - Substantiated       **See Page 3 for beginning of Action Plans         Representing the Department of Public Health: Surveyor ID # 25052, Pharmaceutical Consultant II       **See Page 3 for beginning of Action Plans         The Inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.       **See Page 3 for beginning of Action Plans         Health and Safety Code Section 1280.1(c)       For purposes of this section "immediate jeopardy" means a situation in which the locensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.         Health and Safety Code Section 1279.1(c):       The facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made.         DEFICIENCY       CONSTITUTING       IMMEDIATE JEOPARDY	PREFIX	(EACH DEFICIEI	NCY MUST BE PRECEEDED BY FU	10 Mar 10	PREFIX	(EACH CORRECTIVE ACTIO	N SHOULD BE CROSS-	(X5) COMPLETE DATE
JEOPARDY		of Public Health dur Complaint Intake Nu CA00239949 - Subs Representing the Du Surveyor ID # 25050 The inspection was event investigated a findings of a full insp Health and Safet purposes of this means a situat noncompliance wit licensure has caus injury or death to the Health and Safety O The facility shall responsible for the the time the report i The CDPH verified patient or party n	ing an inspection visit: umber: stantiated epartment of Public Health 2, Pharmaceutical Consult limited to the specific facil and does not represent the pection of the facility. Ity Code Section 1280, a section "immediate tion in which the thone or more require sed, or is likely to cause e patient. Code Section 1279.1(c): inform the patient or e patient of the adverse is made. d that the facility had inf responsible for the patie	h: tant II ity : .1(c): For jeopardy" licensee's ements of e, serious the party e event by formed the ent of the		**See Page 3 for beginning		
		JEOPARDY		MEDIATE		1		
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By signing this document, I am acknowledging receipt of the entire citation packet. Page(s). 1 thru 9

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.

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLI IDENTIFICATION NU 050609		(X2) MUL A. BUILDII B. WING	TIPLE CONSTRUCTION           NG	(X3) DATE SU COMPLET	
an anternation duri	ROVIDER OR SUPPLIER bundation Hospital - Ora	inge County -	STREET ADDRESS 3440 E La Palma		ZIP CODE eim, CA 92806-2020 ORANGI	E COUNTY	
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	<ul> <li>(c) A pharmacy is committee of expectabilished. The least one physicial nursing service administrator or his</li> <li>(1) The committee procedures for expectations for prodispensing and up pharmacist in cohealth professional responsible for implementations of approved by the be approved by the be approved by the where such is approved by the where such is approved by the where such is approved by the beapproved by the hep argin medications used clots) within 4 hou Patient 1 was admicontinuous dose vein) infusion with</li> </ul>	shall develop written tablishment of safe a ocurement, storage, se of drugs and che insultation with other als and administratic or the developr of procedures. Policie governing body. Proc ne administration and opriate. ions were NOT MET a w and medical record follow their policy ar he administration of a	mittee, or a b, shall be consist of at e director of re and the policies and and effective distribution, emicals. The appropriate on shall be ment and es shall be redures shall medical staff as evidenced I review, the d procedure alteplase and tico aguIant revent blood each other. e) dose and us (into the minutes after		**See Page 3 for beginning	of Action Plans	
Event ID:	2	julant medications, alter	4/2/2014		07:19PM	-	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATIO 050609		(X2) MUL A BUILD B. WING	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE 10/12	
	ROVIDER OR SUPPLIER oundation Hospital - Orar	nge County -	STREET ADDRESS 3440 E La Palma		, ZIP CODE neim, CA 92806-2020 ORANG	E COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIEN CY MUST BE PRECEEDED R LSC IDENTIFYING INFD	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	and heparin (both bleeding), resulting hemorrhage (bleed days after the hospit Findings: The hospital's P8 Protocol, revised non-hemorrhagic st an area of the brai patients who have contraindicated in administration of all in the first 24 ho alteplase. The manufacturer's the most common alteplase therapy gastrointestinal (in result in significa concomitant use contribute to serious According to Lex thrombolytic (to dis alteplase may enh heparin in increasing Patient 1's medica on 10/12/10. The History and showed the patient v	in intracranial (v ing) and death al admission on P titled Inpatien as of 10/08, roke (disruption o in due to obstruct e received altepla the first 24 hd teplase, and not burs after the ai guidelines for al complication enc is serious in testinal) bleeding int disability or of heparin and bleeding problems i-Comp's pharmac solve blood clots) ance the anticoag g the risk of bleeding al record review	within the skull) on 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		1. Action Plan: Policy "Inpatient Anticoa was revised to include: F patients: Non-Hemorrhag who have received Altepl "Heparin is contraindicate hours after the end of the (IPA). Do not give any He hours." Phanmacy staff re-educate "Inpatient Anticoagulatio Person Responsible: Inpatient Pharmacy Direct Date Completed: 10/2010: Pharmacy staff 10/15/2010: Policy was a Pharmacy and Therapeuti 10/22/2010: Policy was a Executive Committee	or TIA and Stroke ic Stroke Patients ase (1PA): ed in the first 24 infusion of Alteplase eparin in the first 24 ed on Policy n Protocol." tors tors	10/2010 10/15/10 10/22/10

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N 050609		(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION	(K3) DATE SU COMPLET	
CONTRACTOR AND A CO	ROVIDER OR SUPPLIER Dundation Hospital - Orar	ge County -	STREET ADDRESS 3440 E La Palma		, ZIP CODE neim, CA 92805-2020 ORANGI	ECOUNTY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENT FYING INFORMATION)		YFULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	<ul> <li>(temporary loss of The patient was full medications he was full medications he was full medications he was full the CT scan (Coli imaging method that of cross-sections of 10, showed</li> <li>10, showed</li> <li>hemorrhage (bleeding The MRI (Magnetic that uses a magnet energy to make prinside the body) of hours, showed evid [an area of tis (narrowing) as a re- supply] Again, hemorrhage was not</li> <li>The Multi-Disciplina hours, showed the weakness to the li- slurred speech, and patient stated he touched his right han</li> <li>The blood test re- showed the pati- thromboplastin time abnormalities in the effect of anticoa</li> </ul>	mputed Tomography at uses x-rays to co f the body) of the no evidence of g). c Resonance Imagi- ic field and pulses of ictures of organs a the brain dated dence of a large at sue that undergo esult of obstruction of no evidence of ed. any Note dated patient was assess eft upper and lowe nd right facial dro- could not feel whe id. sult dated 10 at ent's APTT (activ- c) a blood test us blood clotting and gulants such as od's thinness) was	and posture). recount what scan is an reate pictures head dated intracranial ng is a test of radio wave nd structures 10 at 1245 rea of infarct les necrosis of local blood intracranial 10 at 1332 sed to have r extremities, oping. The en the nurse t 1535 hours, vated partial ed to detect monitor the heparin to			naging" was dosing of Heparin tional Radiology on Directive hitoring Protocol: Iministrator educated on the oproved by Chief of s approved by the cs Committee	10/2010 10/2010 10/15/2010 1/28/2011
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	T OF DEFICIENCIES OF CORRECTION	(X1) FROVIDER/SUPPLI IDENTIFICATION NU 050609		(X2) MUL A. BUILDI B. WING		(X3) DATE SUR COMPLETE	
	NOVIDER OR SUPPLIER oundation Hospital - Ore	ange County -	STREET ADDRESS 3440 E La Palma		ZIP CODE Ioim, CA 92806-2020 ORANGI	ECOUNTY	
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	showed the patie (milligram) intrave to 1735 hours, as o The CT scan of showed no evide Diffuse atrophy vessel (blood ves was noted. The Multi-Disciplin 1925 hours, show the Anaheim cam (brain) angiogram pictures of the bil procedure. At cerebral angiogram retrieval procedure hours The cereb patient had occlus carotid artery (m side of the head an The MAR showed bolus (whole) dos hours, as ordered procedure, which the patient had rect The MAR also continuous hepatien units at 17 ml (	ent received alteplas nously on 10 from rdered. head dated 10 at ance of intracranial (narrowing) and cl isels) ischemic (block he Progress Note da ed the patient was t pus of the hospital for (a fluroscopic te lood flow in an artem 2129 hours, the patient e that was complete ral angiogram report sion (blockage) of the ajor paired artery, o d neck). d the patient received e of 7,000 units on d, during the cerebra was 4 hours and 10 eived the alteplase med	t 1925 hours, hemorrhage, hronic small age) disease ted 10 at ransferred to or a cerebral est to take y or a vein) tient had a blood clot ed at 2152 showed the right internal ine on each the heparin 10 at 2145 al angiogram minutes after lication.		<ol> <li>Action Plan: The Electronic Medical R to have a systemic pharm hour look back for tPA ad Practitioners and Staff (If there will be a look back tPA has been ordered and will then trigger the HC a flag.)</li> <li>Interventional Radiology communication on electro enhanced to have a system flag for 24 hour look back administration.</li> <li>Person Responsible: Regional Pharmacy Clinic Date Completed: 11/2010</li> </ol>	aceutical flag for a 24 Iministration to alert 'heparin is ordered for 24 hours to see if l or hanging - which dert / Pharmaceutical Physician staff onic medical record nic pharmaceutical k for tPA	11/2010
Event ID	LETSII	<b>1</b>	4/2/2014	3	07.19PM	·	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N 050609		(X2) MUL A BUILDI D. WING		(X3) DATE SUR COMPLETE	
	ROVIDER OR SUPPLIER Dundation Hospital - Orar	nge County -	STREET ADDRESS 3440 E La Palma		, ZIP CODE Ibim, CA 92806-2020 ORANGE	ECOUNTY	
(X4) ID PREFOL TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEEDED B R LSC IDENTIFYING INFORM	FULL	ið PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRI	SHOULD BE CROSS-	(X5) Complete Date
Event ID:	showed at "000 coffee-ground emess from his right grout the legs join the arterial (blood vess cerebral angiogram continuous heparin patient was assess pupils unequal ar measuring 4 mm (r 2 mm on the left round, reactive to had stopped after applied. At 0400 bleeding from the rig The CT scan of H showed large hemo right temporal (righ (behind the frontal frontal lobes (behind brain). The APTT resul showed the patient seconds (reference Elevated APTT sh bleeding. On 10 at 0412 protamine (antidote the anticoagulatio cryoprecipitate (antic	sis (vomitus) and b in (the depression of abdomen) where the ssel) puncture from procedure. At 00 infusion was discor- used to be nonresed and sluggishly react nillimeter) on the rig pupil (normal = light). The right g 40 minutes of dir hours, the patient ht groin again. The ad dated 10 a orrhage areas were t side of the brain), lobes of the brain, lobes of the brain d the forehead, from t dated 10 at t's APTT was great e range was 23 owed the patient h 5 hours, the patient h	patient had lood spurting r fold where here was an the earlier 30 hours, the tinued. The ponsive with ed to light, ght pupil and pupils equal, roin bleeding ect pressure had massive t 0356 hours, found in the right parietal n), and right t side of the 0407 hours, er than 150 -35 seconds), ad prolonged was given by to reverse eparin and		<ol> <li><u>Action Plan:</u> Warm Handoff Algorithm (PA administration develo)</li> <li>Pharmacist will disper Alteplase tPA to the inpatient along with the Check List, NO HEP, armband labeled "Do HEPARIN"</li> <li>Pharmacist and nursi bedside, will identify two identifiers per point Pharmacist and nursi bedside, will identify to the patient on the sepatient's admission an placed</li> <li>The armband label w GIVE HEPARIN"</li> <li>Nursing will complete Pharmacist, the "No will place the sign ab head of bed</li> <li>The signage will incl and time of the tPA is</li> <li>When completed, how Pharmacist will sign Protocol Check List</li> <li>Pharmacy staff educated on Algorithm during tPA adm Nursing staff educated on Algorithm during tPA adm Radiology Nursing Staff educated for Handoff Algorithm during Radiology Physician staff Handoff Algorithm during Neurology Physician staff Handoff Algorithm during Neurology Physician staff Handoff Algorithm during Neurology Physician staff</li> </ol>	apped to include: mise and deliver Nurse caring for the e - <i>tPA Protocol</i> <i>ARIN sign and green</i> <b>O NOT GIVE</b> Ing. together at the the patient using olicy y the green armband same arm that the rmband has been ill state: " <b>DO NOT</b> te, in the presence of <b>Heparin</b> " sign and sove the patient's ude the start date infusion th nursing and off' on the tPA on Warm Handoff ininistration Warm Handoff ininistration educated on Warm g tPA administration 'educated on Warm	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N 050609		(X2) MUL A BUILDI B WING		(X3) DATE SUR COMPLETE 10/12	
Course allow the second	ROVIDER OR SUPPLIER bundation Hospital - Orai	nge County -	STREET ADDRESS, 3440 E La Palma		, ZIP CODE leim, CA 92806-2020 ORANGE	COUNTY	
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	hours, the patient (small blood com clotting process ar (blood component supplement blood patient's heart ra asystole (a state and blood press physician pronound time The hospital's Summary) report showed Patient 1 v alteplase, was tran the Anaheim camp had prior CT so intracranial hemorrh continuous infusion procedure, was fou loss from the righ reverse the antico alteplase, was tra became comatose and had a stat (i showing extensive brain) hemorrhage ventricular system cerebrospinal fluid the brainstem (the p The Certificate of on 10 at 1255	cts from the alteplas received one unit inponents) to help and two units of rec that contains her loss. At 125 ale had decreased of no cardiac elect ure was not dete ced the patient's d Death Summary dated 10 at was admitted for stm sferred from the Irvir bus for the angiogra- can of the head hage, received hepar of during and post th and with a large volu- ting oin, was given agulation effects of ansfused with 2 uni- with pupils fixed mmediate) CT scan right hemispheric with the extension (a set of structure in the brain) with co posterior part of the bra Death showed the pr 3 hours, due to the	of platelets with blood blood cells moglobin) to 3 hours, the quickly to trical activity) cted. The eath at this (Discharge 1514 hours, oke, received the campus to m procedure, showing no in bolus and the angiogram ume of blood antidotes to heparin and ts of blood, and dilated, of the head (half of the m in to the es containing impression of in).		receiving tPA (a Warm Handoff	ors, Chief Nurse ef of Neurology. Iministrator audit of all patients ecording to the Algorithm) narmacy X 4months	10/2010

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUI IDENTIFICATIO 050609		(X2) MULTH A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLET 10/1	
	ROVIDER OR SUPPLIER oundation Hospital - Ora	nge County -	STREET ADDRES: 3440 E La Palm		21P CODE im, CA 92805-2020 ORANG	E COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIEN ICY MUST BE PRECEEDED OR LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	after the alteplase a cerebral angiog procedure to remo angiogram procedu (a medical sub-sp minimally-invasive diagnose and trea system) on the to administar hepa to Patient 1 at 2 received the altep minutes earlier. continuous heparin at 2334 hours till On 10/12/10 at 11 1 stated Patient 1735 hours, and heparin 7,000 units administered 4 ho administration of alt On 10/12/10 at 12 Pharmacy) stated for a clot to form, heparin, the goal i	Pharmacy), he st the hospital on oms of stroke. T intravenously on ent's symptoms d administration. T ram procedure an ve the clots. Duri irre in the Intervent ecialty of radiology image-guided t diseases in near 0, MD 1 (radiologis arin 7,000 units as 145 hours, after the lase medication 4 Then MD 1 ordere intravenous infusi 10 at 0030 hours. 35 hours, during an 1 received alteplas then received the s at 2145 hours. urs and 10 minute eplase. 201 hours, the DC the APTT contro When a patient s 1,5-3 times the c above 90 second	ated Patient 1 10 at 2118 The patient had 10 at 1735 id not improve The patient had d underwent a ing the cerebral tional Radiology y which utilizes procedures to rly every organ st) had ordered a bolus dose he patient had hours and 10 d to administer on from 10 n interview, RN e on 10 at bolus dose of Heparin was utes after the OP (Director of I is 30 seconds is treated with control or 45-90 ds indicate the				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUF IDENTIFICATION 050609		(X2) MULTIN A BUILDING B WING		(X3) DATE SU COMPLET	
	ROVIDER OR SUPPLIER oundation Hospital - Oran	ge County -	STREET ADDRESS 3440 E La Paim	and a second	IP CODE Im, CA 92806-2020 ORANG	E COUNTY	
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	bleeding. The DOF Patient 1's APTT greater than 150 sec On 10/12/10 at 133 1 (radiologist) stated his right carotid at was the Director of he had performed to to remove Patient for 7,000 units of he bolus and then con- stated he did not he ordered the hepa with the heparin the returning. He state had received the at 10 minutes earlier, heparin medication to The hospital's failu administration of he 1 within 24 hours alteplase has cause injury or death constitutes an im- meaning of Heal 1280.1(c).	result before h onds. 0 hours, during and d Patient 1 had to rtery. Present a i Imaging Services the cerebral angion 1's clots and wri- eparin to be given titinuous heparin in follow the heparin arin and wanted to werapy to prevent ad he was aware alteplase medication but he wanted to to the patient anywa were to follow their eparin not to be g following the ac- ed or is likely to to the patient, nimediate jeopard the and Safety to prevent the de at caused, or is 1 eath to the patient, nimediate jeopard	n interview, MD tal blockage of t the interview MD 1 stated gram procedure tten the orders by intravenous ifusion. MD 1 protocol when the clots from that Patient 1 on 4 hours and administer the y. r P&P on the piven to Patient diministration of cause serious and therefore ly within the Code Section ficiency(ies) as ikely to cause, and therefore y within the				