STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
050424		050424		B. WING		_ _ 11/2	11/27/2007		
	OVIDER OR SUPPLIER GREEN HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 10666 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037 SAN DIEGO 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 (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	ON SHOULD BE CROSS- COMPLETE			
	The following reflects the findings of the California Department of Public Health during an Entity Reported Incident investigation conducted 11/27/07. Complaint No: CA 00133037 Category: Surgical Services Inspection does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health was RN HFEN. 1280.1(a) HSC Section 1280 If a licensee of a health facility licensed under subdivision (a), (b), of (f) of Sections 1250 receives a notice of deficiency constituting an immediate jeopardy to the health or safety of a patient and is required to submit a plan of correction the department may assess the licensee an administrative penalty in an amount not to exceed twenty-five thousand (\$25,000) per violation. 1280.1(c) HSC Section 1280 For purposes of the 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. DEFICIENCY CONSTITUTING IMMEDIATE JEOPARDY								
Event ID:2	ZSKG11		5/8/2008	12:50	19PM		-		
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	TURE	TITLE		(X6) DATE		

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
050424			B. WING		11/2	7/2007			
	OVIDER OR SUPPLIER GREEN HOSPITAL			REET ADDRESS, CITY, STATE, ZIP CODE 66 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037 SAN DIEGO COUNTY					
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	Continued From page	2 1							
	T22 Div 5 CH1 ART Staff	3-70225 (c) Surg	ical Service						
	(c) A registered nu in operating room to for the nursing care operating room service	responsible							
	This RULE: is not met as evidenced by:								
	Based on observation, interviews and record review, the facility failed to have systems in place in the operating room which would ensure that surgical instruments had been completely processed and sterilized prior to use of the instruments in a surgical procedure for 1 of 1 sampled patients.								
	Findings:								
	instruments used in sterile processing surgical instruments covered, metal recta sealed with plastic should have change processing took place box, were heat se indicator strips sho indicate that sterile processing took place to the second strips of the second strips sho indicate that sterile processing took place to the second strips of the second strips sho indicate that sterile processing to the second strips of the second	struments used 11 Patient A, had The facility covered when the this case were retu area on 11/20/07 had been sent to see angular box. The snap lock dev d color when the c. On each outside institive indicator si ould have change	not been said that he surgical urned to the 7. These surgery in a box been lices, which final sterile e end of the trips. These d color to lace.	een hat cal the ese a a seen sich rile the ese to to					
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	OVIDER OR SUPPLIER GREEN HOSPITAL		1	STREET ADDRESS, CITY, STATE, ZIP CODE 10666 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037 SAN DIEGO COUNTY						
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050424				B. WING		11/27/2007				
NAME OF PROVIDER OR SUPPLIER SCRIPPS GREEN HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 10666 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037 SAN DIEGO COUNTY							
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	continued From page surgery was completed the same document, as the scrub numprocedure. On 11/27/07 at 1:30 Services was interned Director, on 11/20/07 on Patient A's left knewents occurred: 1. A surgical staff Processing Department knewer retractor set of A's knewer surgery. The area sterilized in a box] prior to use in surface which was in a to the operating room of the surgery than the sur	p.m., the Director viewed. Accordi prior to beginning nee, the following of member called ent (SPD) and resinstruments for us the knee retractor metal rectangular gical procedures. Ok a knee retractor metal rectangular gical procedures. Ok a knee retractor metal rectangular gical procedures. Ok a knee retractor bemis box, from the suites. 2 opened the knee these instruments knee surgery. If y was completed, strument set in the the SPD for clease of the suites. The suites in the surgery of the surgery. The surgery was completed, strument set in the the SPD staff. Observed the surgery of the surgery o	of Surgical of Surgical of Surgical of the the surgery sequence of the Sterile requested a re in Patient instruments box [Bemis or instrument re SPD over the service of the Sterile requested a re in Patient instrument re service retractor were then [10:10 p.m.] Remis box reaning and responsible service service retractor were then service service service retractor were then responsible service service service retractor were then responsible service service service service service retractor were ontaminating the Steris instrument retractions was ledged							
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Continued From page 4 that one of the autoclaves had been non-functioning for the prior 3 weeks. On 11/27/07 at 2:35 p.m., the Lead technician for the SPD who was on duty on 11/20/07 at 10:30 p.m. was interviewed. The Lead technician said the SPD's process for the decontamination and sterilization of surgical instruments included: 1. The surgical instruments are handwashed and separated prior to placing the instruments in the Steris machine. After the first sterilization, the instruments are removed from the Steris machine, inspected and either placed on metal trays which are wrapped and taped, or the instruments are placed in a rectangular metal box (Bemis box). 2. A folded inventory sheet of the instruments is placed inside the wrapped trays or the Bemis Box. Two sterilization indicators are attached to the inventory sheet so that when the Bernis box is opened, the sterilization indicators are immediately visible. The Bemis box is closed, and plastic snap locks with sterilization indicators are applied. A sterilization indicators are paped and time of the sterilization process, is attached at each end of the Bemis box. On 11/2/007 Staff Person 1 took an unsterilized set of knee instruments in a Bemis box to the operating room. Staff Person 1 did not notice that the sterilization indicators on each end of the box, as well as the 2 plastic snap lock indicators had not turned black. In the operating room, Staff Person 2 did not notice that the sterilization indicators on each end of the Bemis box, the 2 plastic snap lock indicators, nor the sterilization indicators and end of the Bemis box, the 2 plastic snap locks indicators, nor the sterilization indicators on each end of the Bemis box, the 2 plastic snap locks indicators, nor the sterilization indicators on each end of the Bemis box, the 2 plastic snap locks indicators, nor the sterilization indicators on each end of the Bemis box, the 2 plastic snap locks indicators, nor the sterilization indicators on each end of the Bemis box, the 2 plastic snap locks in											
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		050424		B. WING	9		11/27/2007		
	OVIDER OR SUPPLIER GREEN HOSPITAL		STREET ADDRESS, 10666 NORTH TO			, LA JOLLA, CA 92037 SAN	DIEGO COUN	гү	
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