	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU AND PLAN OF CORRECTION IDENTIFICATIO						3) DATE SURVEY COMPLETED	
		050454	B. WING			03/03/2010		
	ROVIDER OR SUPPLIER EDICAL CENTER		STREET ADDRESS, ( 505 PARNASSUS		ZIP CODE SAN FRANCISCO, CA 94143 SAN FRA	NCISCO CO	UNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRIATE D	E CROSS-	(X5) COMPLETE DATE	
	The inspection was limit event investigated and of findings of a full inspect Health and Safety ( purposes of this s means a situation noncompliance with of licensure has caused, injury or death to the part Abbreviations and Gloss 1. Abscess- A localiz tissues. 2. Circulator or circul who is responsible care to the patient i process. This RN operation and continu staff during its course, the sterile field in whi and who records the accounts for sponges, in 3. Counter bags- T sponges are individually	an inspection visit: tiated treer: tiated treent of Public Heal h Facilities Eval. Nul- ted to the specific fac- does not represent the ion of the facility. Code Section 128 ection "immediate in which the ne or more requi- or is like Affect tient. Sary red collection of b ating nurse- Regis for delivering qua- n the OR using makes preparation ally monitors the who works in the ch the operation the progress of the istruments and spec- ransparent bags	Ith: rse cility he 0.1(c): For jeopardy" licensee's rements of <b>INADERATIONS DUBLIC HEALT</b> <b>DUBLIC HEALT</b>	H N	The statements made on Plan of Correction are no admission and do not co agreement with the alleg deficiencles herein. This Plan of Correction constitutes UCSF Medica Center's written credible allegation of compliance deficiencies noted. Corrective Action OR sta and Surgical Techs) were in educated on the policy "Co Instruments, Sponges, Nee and Small Items" during an service that took place on 2 and was repeated on 4/14/ additional in-service was he Surgical Techs on 3/10/10. education provided during in in-services covered the ent "Count" policy. It included information specific to the procedures around manual in the Surgicount system (er requiring RN initials, documentation of the reaso the manual entry, and comp of an Incorrect Count Form	al for the aff (RNs re- bunts: edles in- 2/24/10 10. An eld for The these ire entries e.g., on for pletion	2/24/10 4/14/10 3/10/10	
Event ID:	UNOV11		8/26/2010	12:49:	28PM			
ABORATOR	AY DIRECTOR'S OR PROVIDER				equlatory Affairs	9/	(X6) DATE	

Any deficiency statement ending with an astarisk (\*) 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 corraction is requisite to continued program participation.

State-2567

.

110 110 11°

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X3) DATE SURVEY COMPLETED		
	050454	B. WING		03/	03/2010	
AME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 505 PARNASSUS AVENUE, SAN FRANCISCO, CA 94143 SAN FRANCISCO COUNTY				
PREFIX (EACH OEFICIENC)	I ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLETE DATE	
<ul> <li>constructed by compute</li> <li>5. Enteric- Relating to</li> <li>6. Exploratory laparoning the sequence of the sequen</li></ul>	ounted. sectional view of the ted tomography. the intestines. tomy- Also "exploratory opening of the abdor mination of body orga A determination or d e naked eye instead ge- Also "lap sponge" pad constructed of gau dided radiopaque fiber d in surgery. uble fold of peritoneu the abdominal organ al cavity) attached betting it with the ab m. entity that is impenet n. I name for a 4x4 or 4x bedded radiopaque fibes sponges. se the surgical technician for directly maintainin operation is taking place erile instruments, supplie	lap" or men for ns and iagnosis of a or "lap ize and used to im (the is and to the dominal able to 8 gauze r. Also or RN ng the ize, and es and iologist.	education reiterated the requirement that the mout process should only a sponge is damaged a be read by the scanne entry should never be sponge has not been le education also included requirements around the confirmation of an accur with the surgeon (e.g. a should not take place us sponges are placed in hanging bag). In additial- staff education, the involved with the event individually re-educated policy requirements. The performance of the circo was monitored following education to confirm con- with the policy. All RNs Surgical Techs in the Con- procedure. This competies been revised to include requirement for a 2 per- (circulator and scrub) co- correct sponge number manual entry into the S	anual scan by be used if and cannot r, a manual made if the bocated. The d policy ne verbal urate count confirmation until all the clear ion to the staff were d on the he sulating RN g this re- ompliance is and oR are n annual int betency has a son heck of the before any	2/25/10	

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

(X6) DATE

TITLE

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.

., \* .

	ITATEMENT OF DEFICIENCIES (X1) PROVIDER/SU IND PLAN OF CORRECTION IDENTIFICATIO			(X2) MUL		(X3) DATE S COMPLE	
050454			B. WING			03/	03/2010
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 PARNASSUS AVENUE, SAN FRANCISCO, CA 94143 SAN FRANCISCO COUN				
(X4) Ю PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
	Continued From page 2				scanner.		
	<ul> <li>16. Surgicount Safety assisted surgical sp bar coded surgical sp bar coded surgical scanner.</li> <li>17. Thrombosis-The existence of a blood vascular (blood vessel)</li> <li>Title 22</li> <li>70213(a)(b) Nursin Procedures <ul> <li>(a) Written policies at shall be developed, m the nursing service.</li> </ul> </li> <li>(b) Policies and procurrent standards of consistent with the nursing service.</li> </ul>	y Sponge System- ponge counting sy sponges and a formation, devel clot or thrombus system. g Service Pol and procedures for naintained and imp bocedures shall be nursing process whi ing diagnosis, on, and, as ci cy. e not met as evidence to record review, the follow the hosphi , Needles and S ure, as outlined dural Manual".	vstem using hand heid lopment, or withing the licies and patient care lemented by based on nd shall be ch includes: planning, rcumstances wed by: the operating tal "Counts: imall Items" d in the This policy		Monitoring: Complian policy "Counts: Instrum Sponges, Needles and Items," specifically, the Surgicount system, is I monitored through mon of the Surgicount scan scanners per month an to identify if any manual occurred. Manual entr found are examined to proper documentation of (e.g. RN initials, reason entry and completion of Incorrect Count Form.) the audits will be review Perioperative Leadersh Perioperative Leadersh Perioperative Division h increased the frequenc routine observational a conducted in the OR. Observational audits m compliance with all asp "Count" policy. Audits h increased to at least 10 Deviations from policy of addressed immediately staff involved and re-ed provided. Audits will co six months, after which	ments, d Small e use of the being nthly audits ners. Ten re reviewed al entries ries that are confirm that is present n for manual f an Results of wed by nip. The nas also ry of the udits onitor rects of the have been per month. will be with the lucation ontinue for	8/30/10
	Patient 1 was transferre	d to the hospital on	/10				
Event ID:U	NOV11		8/26/2010	12:49	:28PM		

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

(X6) DATE

TITLE

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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	050454	B. WING			03/2010		
ME OF PROVIDER OR SUPPLIER			RESS, CITY, STATE, ZIP CODE SSUS AVENUE, SAN FRANCISCO, CA 94143 SAN FRANCISCO COUNTY				
REFIX (EACH OEFICIENC	X (EACH OEFICIENCY MUST BE PRECEEDED BY FULL		PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROV	SHOULD BE CROSS-	(X5) COMPLET DATE		
,	n California hospital for		be reviewed by Perio Ladership.				
and surgical management and intervention for gastric cancer. According to a review of recinical record on 6/2/10, Patient 1 was taken to the operating room on recipiton of and underwent an exploratory laparotomy and small bowel resection.			Responsible Party: Perioperative Service Nursing Officer	Director of s, Chief			
Following the surger clinical improvement elevated white bid postoperative period complain of abdomi p.m. the patient had pelvis. Among othe including a complet mesenteric artery w petvis there is a containing mixed bu	y, the patient demonstra and continued to sust bod cell count durin d. also continu- nal pain. On about 0 a a CT scan of a abdom er significant clinical fi e thrombosis of the s as the following: "In the 12x8 cm air-fluid co bbly gas and soft tissue	ted no ain an ad to 1:15 en and ndings, uperior e mid llection	Corrective Action O and Surgical Techs) w educated on the polic Instruments, Sponges and Small Items" duri service that took place and was repeated on additional in-service w Surgical Techs on 3/1 education provided du in-services covered th "Count" policy. It inclu	vere re- y "Counts: s, Needles ng an in- e on 2/24/10 4/14/10. An vas held for 0/10. The uring these e entire	2/24/10 4/14/10 8/10/10		
exploratory laparotom and abdominal was report indicated: "Ent approximately a liter abscess in the pelvis removal of the oment which was removed manager." The 2/13/ specimen is received with the patient's nan Part A, received fit	that same day for a y, removal of the foreign in out. The 3/10 op try into the abdomen re- of enteric fluid. There w and in the lower abdome tum, a foreign body was and reported to the a 10 pathology report noted d in two parts, each the ne and medical record no resh and additionally fits of two un-oriented	body, erative vealed as an en. On noted, nursing : "The abeled umber. abeled	information specific to procedures around ma in the Surgicount syste requiring RN initials, documentation of the the manual entry, and of an Incorrect Count I education reiterated the requirement that the m out process should on a sponge is damaged be read by the scanne entry should never be CALIFCR	anual entries em (e.g., reason for completion Form). The le nanual scan ly be used if and cannot r; a manual	ENT		
vent ID:UN0V11		26/2010 12:49		UNEIC REACH	<u> </u>		

L&CDIVISION

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is **definition** 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.

. .

1.184

		ER/CLIA (X2) MULTIPLE CONSTRUCTION  MBER:  A. BU/LDING B. WING		NIC.	(X3) DATE SURVEY COMPLETED		
	050454				03/	03/2010	
			ESS, CITY, STATE, ZIP CODE SSUS AVENUE, SAN FRANCISCO, CA 94143 SAN FRANCISCO COUNTY				
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FUI LSC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SHI REFERENCED TO THE APPROPRI	OULD BE CROSS-	(X5) COMPLET DATE	
sponge, foreign bod un-oriented, 25x25x cloth with a thin fab diagnosis only." On 6/2/10, the I Sponges, Needles procedure was revi followed included the f Breaks/Lunch Relief a "Ail incoming perso participate in change staff will do the cour continue the procedure Discarding Sponges F 1. "Sponges will b basin/bucket. 2. Scanners and systems are used for count. 3. Sponges are scan counter bags on an case. Do not allow ring stand basin/bucke 4. The circulating nur laparotomy sponges appropriate sponge radiopaque indicator vi 5. When a sponge ci	additionally labeled dy', and consists of 0.4 cm blood tingeo ric mesh. This part is nospital "Counts: In and Small Items" p iewed. The procedur following: and Permanent Relief panel must be pre- of shift counts. The this while the outgoing a." from the Sterile Field e discarded in a ri hanging sponge cou r all cases requiring sponges to accumula t. se will separate the ra before placing therr bag counter pocket sible. punter bag is filled with rub and circulator tog d simultaneously cou	a single, d sponge for gross astruments, policy and re to be sent and incoming team will ing stand inter bag a sponge wed in the ghout the ite in the aytex and n in the with the th 10 laps lether will unt them		sponge has not been to education also included requirements around th confirmation of an accu with the surgeon (e.g. of should not take place u sponges are placed in th hanging bag). In additionall- staff education, the sinvolved with the event individually re-educated policy requirements. Th performance of the circle was monitored following education to confirm con- with the policy. All RNs Surgical Techs in the O required to complete an competency on the court procedure. This competency on the court procedure. This competency on the court procedure. This competency on the surgical correct sponge number manual entry into the Surgicanner. Monitoring: Compliance policy "Counts: Instrume Sponges, Needles and S Items," specifically, the u Surgicount system, is be monitored through monted	d policy ne verbal irate count confirmation intil all the clear on to the staff were d on the he ulating RN of this re- mpliance and R are annual nt tency has a son neck of the before any irgicount we with the ents, Small use of the bing	2/25/10 8/30/10 8/30/10	

and the second states will be a second second and the second second second second second second second second s

TITLE

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

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution mey 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.

(X6) DATE

Sec. Here &

,

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SUR COMPLET	
		050/04	A. BUILD	ING		
		050454	B. WING		03/0:	3/2010
AME OF PR	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE	, ZIP CODE		
UCSF ME	DICAL CENTER	505 PARNA	SSUS AVENUE	, SAN FRANCISCO, CA 94143 SAN	FRANCISCO COU	JNTY
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	iD	PROVIDER'S PLAN OF COR		(X5)
PREFIX TAG		MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIA		DATE
	Continued From page	5				
				of the Surgicount scanr	iers. Ten	
	Bar-Coded Assisted Co	-		scanners per month are		
		ety Sponge system is utilize		to identify if any manual	entries	
		requiring a sponge count.		occurred. Manual entrie	s that are	
	· · ·	vill also be counted bo		found are examined to c		
	manually and electron circulator."	ically by the scrub and by th	ie	proper documentation is	present	
				(e.g. RN initials, reason	for manual	
	Initial Count Out	,		entry and completion of	an	
		on the IV pole in the holste	er.	Incorrect Count Form.)	Results of	
0		unt out screen by tapping th		the audits will be reviewe		
		ctivate the constant scannin		Perioperative Leadership	o. The	
	mode. Don unsterile	gloves and personal protectiv	ve	Perioperative Division ha	as also	
	equipment.			increased the frequency	of the	
		sponges from the sterile field		routine observational aut	dits	
		separating and scanning th	e	conducted in the OR.		
	data matrix tags individ	•		Observational audits mo		
	3. Place sponges in the	hanging counter bag."		compliance with all aspent	cts of the	
	Final Count Out			"Count" policy. Audits ha	ive been	
		uence as initial count out.		increased to at least 10 p		
		be kept on the sterile field for	or	Deviations from policy wi addressed immediately w		
		ng the final manual coun		staff involved and re-edu		
		sterile field after final manual		provided. Audits will con		
	count must be scann	ed by either the circulator o	or	six months, after		
		the hanging counter bag pric	or	which time the plan for co	ontinued .	
	to the patient leaving the			monitoring will be reviewe		
		I until all sponges are off th		Perioperative Leadership		
		and in the hanging counte	er		•	
	bag.	unt when manual final	.	Responsible Party: Dire	ector of	
	4. Commission correct co written count and electro	unt when manual final count	ч	Perioperative Services, C	hief	
		actions as stated in cour		Nursing Officer		
	policy."			CALIFORNIA DEPA	OTMENT	
			40 40 40	OF PUBLIC HEA		
Event ID:U		8/26/20		SEP 15 20	<del>10</del>	
BORATOR	Y DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SI	GNATURE		1 <b>V</b> ()	K6) DATE

# L&CDIVISION

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting **DAULY OF** permined 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.

Brand Brand Brand Brand Brand Brand	A SALAN AND AND AND AND AND AND AND AND AND A
-------------------------------------	---

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050454	(X2) MULTI A. BUILDING B. WING	9	(X3) DATE SU COMPLET	
IAME OF PROVIDER OR SUPPLIER		SS, CITY, STATE, 7 SUS AVENUE, S	UP CODE SAN FRANCISCO, CA 94143	SAN FRANCISCO CO	UNTY
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES I MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPR(	SHOULD BE CROSS-	(X5) COMPLETE DATE
any sponge, docume Incorrect Count form issue and the scanner "At a permanent chi sponges in the 'ck reviewed using visua between the circulati before the relieved num A 6/2/10 review of the dated 10, "Start all items had not be count, and that on "B49Z49", had been which was indicated Under the "Notes" 11:31:55, was the not for manually counting blank. According to an regulatory affairs RN operating room had System since 3/07 a familiar with its use. During an interview a RN 1 told surveyors count with ST 1. She holds the sponges, w	ual entry function is used for int the reason on a Report of in and document the scanner number." ange of relief, the number of osed' counters are physically al and audible communication ing nurses changing positions				
circulating nurse.	She said she remembers inges on the day of Patient				
Event ID:UN0V11	8/26/2010	12:49:2	8PM		

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 discloseble 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.

 $\delta_{1} \sim \delta_{1}$ S. Carlor A. . ... 1.00

4

16. Ìڳ

1 de la

4 影 ġ,

> di.

the star \$2

 $\sim T_{\rm e}^{\rm A}$ 

 $k' \star$ 

the chart have been south

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 050454			(X2) MULTI A. BUILDIN B. WING	G	(X3) DATE SU COMPLE				
	-				ESS, CITY, STATE, ZIP CODE SSUS AVENUE, SAN FRANCISCO, CA 94143 SAN FRANCISCO COUNTY					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE			
	Continued From page 1's first surgery, but sponges in the operatin She stated, "Around for a lunch break at ready to count with because we had 39 needed to look for it the floor in between to placed one on top members, no matter same height as the s We counted again an were using the staple to close the skin inci- came in to relieve m incontinent of bowel You're supposed to bags) all the sponges, the bagging. I shouk When we count, give learned. I felt I was rush In another interview o RN 2 told surveyors, " give a lunch break. transfer to the recove the sponges were in incontinent (of bowel) RN 1 told me the spi counts were all done." Iap sponge in the OF any 25x25 sponges."	did not recall se ag room. 10:55 a.m. I knew 11 a.m. and was of ST 1. We were m sponges. I told Su There was a lap he steps (step up l of another to allo what their height, surgeon and the su d the count was of er (surgical staple of sion). In the mean he for lunch. The and we had to cle bag (in the individ I did not bag ther d have been more me time, that's the hed in that situation." I went into the (O The patient was ny bed. I didn't act to the bags, the p and we had to cle onges were counter "RN 2 added that R was 18x18. "We	I was due doing/getting nissing one, irgeon 1 we sponge on lifts that are w all team to be the rgical field). orrect. They device used time, RN 2 patient was ban her up. ual counter m. I missed assertive. he lesson I t 2:10 p.m., R) room to a ready to ually see if batient was ban her up. d, that the the largest don't have							
Europe 100	BIO) (61		8/26/2010	12:49:2	9DM					
Event ID:U	Y DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESEN		_	77TLE		(X6) DATE			

in the second state of the

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.

			TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLET	×*
		REET ADDRESS, CITY, STATE 5 PARNASSUS AVENUE	, ZIP CODE SAN FRANCISCO, CA 94143	SAN FRANCISCO CO	
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
sponges were not in bags): 1 that fell to the (surgical) field surgeons each had over to the field and (lap) on the floor, physicians had. The in to relieve. The pa and was waking over the room." Sur any problems with terms of the cou "Surgeon 1 is very e my favorites" During an interview Medical Director of surveyors, "I believe RN 1 did not scan of one that fell to the fl it. If she had scannel let her know that of staff weren't even pa another case in that half. There was no either. He is very an staff. The lap spong during the case. Whe floor, she assumed it sponge that was rea one that RN 1 had started using the sca	e 8 "At the end of the proc the pouches (individual the floor during the ca- for clean up, and 1 in their hands. RN I scanned out everything the 2 I had, and the room was chaotic. RN atlent was incontinent (or up. There was pressure rveyors asked ST1 if the intimidation by the sur- unt process. She are easy to work with. He's on 6/2/10, at 2:45 f Perioperative Service we know what happen one of the sponges, ma loor. The scanner record ed it, the machine wou one lap was still missi anticularly rushed. There room for another hou o pressure from the miable and cooperative ge had been manually en she saw the sponge twas the missing one. moved from Patient 1 manually entered. Si anner, we have used ical center and only for	al counter ase, 2 on the two I 1 came g, the 1 he 2 the I 2 came of bowel) e to turn they had geon, in nswered, s one of p.m. the ces told red here. aybe the d proves uld have ing. The e wasn't r and a surgeon with the entered e on the The lap was the ince we 5 million			
The system works if the	e policy is followed."				•
vent ID:UN0V11		8/26/2010 12:49	:28PM		

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

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.

State-2567

The second s

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL NO PLAN OF CORRECTION IDENTIFICATION NUMBER 050454		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 03/03/2010	
ME OF PROVIDER OR SUPPLIER CSF MEDICAL CENTER		SS, CITY, STATE, ZIP SUS AVENUE, SA	CODE N FRANCISCO, CA 94143 SAN FR	ANCISCO COU	NTY
REFIX (EACH DEFICIENCY	TEMENT OF OEFICIENCIES MUST BE PRECEEOED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULO REFERENCED TO THE APPROPRIATE C	BE CROSS-	(X5) COMPLETE DATE
<ul> <li>lap sponges used in was a measuring error.</li> <li>RN 1 failed to follow policy by: <ol> <li>Manually entering scanner during Patie documenting a reaso Report of Incorrect Coul</li> <li>Not inserting each counter bag.</li> <li>Not physically revi in the "closed" count communication, with the room to relieve her RN 1 also failed to ac by not assertively surgeons that the completed, per # 3 a procedure. These fail of a foreign body in surgically compromised</li> <li>The hospital's failure followed the surgical that has caused, or injury or death to constitutes an imm</li> </ol></li></ul>	added ,"There are no 25x25 the OR The pathology report " v the operating room counts an 18x18 lap sponge in the ent 1's 2/9/10 surgery without n for the manual entry on a ant form. a counted off sponge into the ewing the number of sponges ters, using visual and audible R.N. 2, who had come into for lunch. et as an advocate for Patient 1 communicating with the final count was not yet nd #4 of the Final Count Out ures resulted in the retention a seriously ill, medically and		CALIFORNIA DEPA OF PUBLIC HE SEP 1 5 21 L & C DIVIS DALY CIT	<b>ALTH</b> 010 <b>SION</b>	
vent ID:UN0V11	8/26/2010	12:49:28	PM		

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.

State-2567

10 of 10

STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIOER/SUPPLI IDENTIFICATION NU 050454		(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION	(X3) OATE SL COMPLE		
NAME OF PROVIDER OR SUPPLIER UCSF MEDICAL CENTER	· 		REET ADDRESS, CITY, STATE, ZIP CODE PARNASSUS AVENUE, SAN FRANCISCO, CA 94143 SAN FRANCISCO COUNTY				
PREFIX (EACH DEFICIEN	STATEMENT OF OEFICIENCIES CY MUST BE PRECEEDED BY R LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETE DATE	
				CALIFORNIA DEPA OF PUBLIC HE SEP 1 5 20 L & C DIVIS DALY CIT	ALTH 110		
Event ID:UN0V11		8/26/2010	12:49	:28PM			
ABORATORY DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESEN	TATIVE'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 epproved plan of correction is requisite to continued program participation.

11 of