CORNIA HEALTH AND HUMAN SERVICES AGENCY

, · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
			5, WNG		11/0	3/2008		
	OVIDER OR SUPPLIER	ONTANA	STREET ADDRESS		ZIP CODE ITANA, CA 92335 SAN BERNA	RDINO COUNTY	<u> </u>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IO PREFIX TAĠ	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE	
	The following refil California Department the investigation of an element intake #: CA00167812 Representing the D Market #: CA00167812 Representing the D Market #: CA00167812 Represent the finding facility. REGULATION VIOLAT Title 22 70833 Autoclav (c) Written proceed maintained and responsible for state equipment to include following: (1) Time, temper sterilizing the variou instruments solutions, element (2) Cleaning, packag supplies and equipment (3) Dating and outdating (4) Loading of the sterili (5) Daily checking thermometers and recording thermometer (6) Monthly bacteri organism used and test results. (7) Length of ae	entity reported incide lepartment of Pul limited to the sp investigated and s of a full inspec lON: ves and Sterilizers. Jures shall be available to arilization of sup e, but are not lim rature and pre- us bundle, packs, ect. gling, string and it t. g of materials steriliz- izer. of recording and filing for one charts. iological test, the	ealth during int. blic Health: becific entity does not ction of the developed, personnel pplies and bited to the ossure for dressings, issuance of red. d indicating year of e bacterial		<u>Corrective Action:</u> Education provided Registered Nurses an Room Technicians of department. The in- initiated on 11/20/08 consisted of two acc by which flash steril instruments are to be to use. The flash steril policy was reviewed services and addition were made to the po staff in-put from corr education	id Operating f the involved services were d. Education eptable means ized e cooled prior rilization during in- nal changes licy following	11/25/08	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRES	ENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nancy McClelland	Director Accred	thation & Lic.	1-12-10

Any deficiency stement ending with an asteriak (*) 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 findinge 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 those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

State-2567

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

		(X1) PROVIDER/SUPPLI IDENTIFICATION NU				(X3) DATE SURVEY COMPLETED	
		050140		B, WNG		11/03	8/2008
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>	STREET ADDRESS	, CITY, STATE,	ZIP CODE		
KAISERI	FOUNDATION HOSPITAL F	ONTANA	9961 SIERRA A	VENUE, FOR	NTANA, CA 92335 SAN BERNARDINO	COUNTY	
(X4) IQ PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE C	BE CROSS-	(X5) COMPLETE DATE
	Continued From page	1		to			
	facility failed to dev flash sterilization to protect patients f instruments. This fa developing a third of	hat included pro rom burns due illure resulted in Jegree burn on ti erilized instrument	ocedure for cedures to s to hot Patient 1 he left calf		In addition, additional "Tr (positioning devices used "patient 1" during surgery the knee in the operative p were purchased and place service.	on to hold osition)	12/08
		te a self report a patient receiving ed or transmission of Patient 1 nt 1 was veau on transmission orthopedic hard nt 1 had previous ling a fracture of 1/21/09 at 1:30 PM nistrator for	ted facility g a burn 's record, rs of age outpatient ware from surgery of the knee f, with the Operative		The Flash Sterilization Po Procedure was revised 12/ 1/6/10 to directly address procedures for cooling of sterilized instruments. Th revised policy will be press the Registered Nurses and Operating Technicians of involved department in Ja 2010. Once in-services ar completed, these staff men will sign an attestation for validating their understand commitment to the depart	709 and the flash is cented to the nuary e mbers m ding and	1/22/09
	Services regarding Patient 1, she sta used to position Pa She stated that a device to hold the position. The patient's the knee was in a stated that the or sterilized" (a procedure	ted that a "Tria atient 1's knee f triangle was a e knee in the leg was put on bent position. S perating room s	angle" was for surgery. positioning operative it so that She further staff "flash		policy and procedure on " Sterilization". <u>Responsible Party:</u> Department Administrator Operating Room Director of Perioperative	Flash r of	
Event ID:5	9SQ11	а. С	12/22/2009	2:04:	32PM		

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.

State-2567

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

050140 B. WING 11/03/2008 NAVE OF PROUNDER OR SUPPLIER STREAT ADDRESS, CITY, STATE, 2P COX Set 15/ERRA AVENUE, FONTAMA STREAT ADDRESS, CITY, STATE, 2P COX Set 15/ERRA AVENUE, FONTAMA, CA 22335, SAN BERNARDING COUNTY OWID PRENX TAG BUMMARY STATEMENT OF DEFICIENCES (EACH OPPORTUNE) INFORMATION INFORMATION HOSPHITAL FONTAMA, Set 15/ERRA AVENUE, FONTAMA, CA 22335, SAN BERNARDING COUNTY (AP) (COUNTAMA, CA 22335, SAN BERNARDING COUNTY OWID PRENX TAG BUMMARY STATEMENT OF DEFICIENCES (EACH OPPORTUNE) INFORMATION INFORMATION PRENX PRENX, TAGE CONSTRUCTION (EACH ORAGE/TWA CATE PRECEDERD BY PUL), REFUGUED TO THE APPORTUNE INFORMATION PRENX PRENX, TAGE CONSTRUCTION (EACH ORAGE/TWA CATE PRECEDERD BY PUL), REFUGUED TO THE APPORTUNE INFORMATION INFORMATION PRENX PRENX TAGE CONSTRUCTION (EACH ORAGE/TWA CATE PRECED PRENX PRENX TAGE CONSTRUCTION PROFERENCE) (AP) (COUNTY OWID PRENX TAGE SUMMARY STATEMENT OF DEFICIENCES PRENX PRENX TAGE CONSTRUCTION PRENX TAGE INFORMATION COUNTY (AP) (COUNTY OWID PRENX TAGE SUMMARY STATEMENT OF DEFICIENCES PRENX PRENX TAGE OF THE APPORTUNE INFORMATION PRENX TAGE INFORMATION PRENTS FOR THE APPORTUNE INFORMATION PRENX TAGE INFORMATION PRENTS FOR THE APPORTUNE INFORMATION PRENX TAGE TAGE TO THE APPORTUNE INFORMATION PRENX TAGE INFORMATION PRENX PRENX TAGE APPORTUNE INFORMATION PRENX TAGE TAGE TO APPORTUNE INFORMATION PRENX TAGE TAGE TAGE TAGE TAGE TAGE TAGE TAGE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
KAISER FOUNDATION HOSPITAL FONTAMA 9951 SIERRA AVENUE, FONTAMA, CA 2335 SAN BERNARDING COUNTY CMUID BUMMARY STATEMENT OF DEPICIENCIES PREVIX BUMMARY STATEMENT OF DEPICIENCIES TAG PROVIDERS PLAN OF CORRECTION PREVIX BUMMARY STATEMENT OF DEPICIENCIES TAG PREVIX TAG PROVIDERS PLAN OF CORRECTION PREVIX RECEAUTORY OR LISE REMITIVES INFORMATION TAG PREVIX Continued From page 2 UICKIY) the transfer member, who removed the triangle the physician did not removed the triangle, the physician did not reviewed by the Assistant postant picture of the recovery room note dated Review of the recovery room note dated Monitoring Process: Director of Accredition and Licensing, statistor, and in their absence, the Department Administrator. A flash sterilization report is generated monthly that captures the reasons that instrument(s) are being flashed sterilized. Any noted trends on this report are addressed. This report is reported monthly to instrop of are addressed. This report are addressed. They are all processed through the central Sterilization poend area with second degree burns with multiple small bisters. Review of a clinic note dated mine referred to plasive with second degree burns with multiple small bisters.		:	050140			G	11/03/2008	
KAISER FOUNDATION HOSPITAL FONTAMA 9951 SIERRA AVENUE, FONTAMA, CA 2335 SAN BERNARDING COUNTY CMUID BUMMARY STATEMENT OF DEPICIENCIES PREVIX BUMMARY STATEMENT OF DEPICIENCIES TAG PROVIDERS PLAN OF CORRECTION PREVIX BUMMARY STATEMENT OF DEPICIENCIES TAG PREVIX TAG PROVIDERS PLAN OF CORRECTION PREVIX RECEAUTORY OR LISE REMITIVES INFORMATION TAG PREVIX Continued From page 2 UICKIY) the transfer member, who removed the triangle the physician did not removed the triangle, the physician did not reviewed by the Assistant postant picture of the recovery room note dated Review of the recovery room note dated Monitoring Process: Director of Accredition and Licensing, statistor, and in their absence, the Department Administrator. A flash sterilization report is generated monthly that captures the reasons that instrument(s) are being flashed sterilized. Any noted trends on this report are addressed. This report is reported monthly to instrop of are addressed. This report are addressed. They are all processed through the central Sterilization poend area with second degree burns with multiple small bisters. Review of a clinic note dated mine referred to plasive with second degree burns with multiple small bisters.								
PREFIX TAG Centinued From page 2 quickly) the triangle before the start of the surgery. The staff member, who removed the triangle from the sterilizer, felt it was cool enough for use. And, when Patient 1's its gives placed on the triangle, the physician did not feel that it was too warm to be used because he had two pairs of thick orthopedic gloves on. Monitoring Process: Daily flash sterilization logs are posted at each autoclave. These are collected, monitored and reviewed by the Assistant Department Administrator and in their absence, the Department discharged to home after surgery. Monitoring Process: Daily flash sterilization logs are posted at each autoclave. These are collected, monitored and reviewed by the Assistant Department Administrator and in their absence, the Department discharged to home after surgery. Monitoring Process: Daily flash sterilization logs are posted at each autoclave. These are collected, monitored and reviewed by the Assistant Department Administrator and in their absence, the Department discharged to home after surgery. Monitoring Process: Daily flash sterilization logs are posted at each autoclave. These are collected, monitored and reviewed by the Assistant Department Administrator and in their absence, the Department administrator. A flash sterilization report is generated monthly that captures the reasons that instrument(s) are being flashed sterilized. Any noted trends on this report are addressed. This report are ported monthly to line hospital. No issues have been flashed. They are all processed through the Central Sterilization Department. Review of a clinic visit note dated mare with second degree burns with multiple small blisters. Monitoring logs for the past year reflect no triangles have been flashed. They are all processed through the Central Sterilization Department.			DNTANA				COUNTY	
 quickly) the triangle before the start of the surgery. The staff member, who removed the triangle from the steffizer, feit it was cool enough for use. And, when Patient '1s leg was placed on the triangle, the physician did not feel that it was too warm to be used because he had two pairs of thick orthopedic gloves on. Review of the recovery room note dated final patient was discharged to home after surgery. In an interview on 8/18/09 at 2:00 PM with the Director of Accreditation and Licensing, she stated that after Patient 1 was discharged to home after surgery. he felt pain behind his left knee, removed his bandages himself at home and saw bilsters. Review of a clinic note dated final Patient 1 was diagnosed with second degree burns (a burn with bilsters or with a break in the too layer of skin). She further stated that Patient 1 was then referred to plastic surgery. Review of a clinic note dated final Patient 1 had a 170m (centimeter) by 9 cm area with ascond degree burns with multiple small bilsters. Review of a clinic visit note dated fire vealed that the physician documented that the burn bilsters cent (ream) for the attent of 1st and 2nd degree burns and collagenase/couble antibiotic clintment for 	PREFIX	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL		-ULL (PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-		BE CROSS- COMPLE	ETE
 surgery. The staff member, who removed the triangle from the sterilizer, fait it was cool enough for use. And, when Patient 'is leg was placed on the triangle, the physician did not feel that it was too warm to be used because he had two pairs of thick orthopedic gloves on. Review of the recovery room note dated ischarged to home after surgery. In an interview on 8/18/09 at 2:00 PM with the Director of Accreditation and Licensing, she stated that after Patient 1 was then the surgery he felt pain behind his left knee, removed his bandages himself at home and saw bilsters. The next day, on the went to the clinic and was diagnosed with second degree burns (a burn with bilsters or with a break in the top layer of skin). She further stated that Patient 1 was then referred to plastic surgery. Review of a clinic note dated free pairs of skin). She further stated that Patient 1 was then referred to plastic surgery. Review of a clinic note dated free pairs of skin (b the burn bilsters or with a after Patient 1 was then referred to plastic surgery. Review of a clinic note dated free burns and polingenase/double antibiotic ointment for Review of a clinic note dated free burns and polingenase/double antibiotic ointment for Review of a clinic note dated free burns and polingenase/double antibiotic ointment for 		Continued From page	2	······				
started on silvadene care (cream) for the treatment of 1st and 2nd degree burns and collagenase/double antibiotic ointment for		quickly) the triangle surgery. The staff triangle from the enough for use. And placed on the trian feel that it was too he had two pairs of thic Review of the r manual, revealed discharged to home aft In an interview on Director of Accred stated that after Pa surgery he felt p removed his banda saw blisters. The ne to the clinic and degree burns (a blisters) break in the top stated that Patient plastic surgery. Review of a clinic that Patient 1 had a area with second small blisters. Review of a clinic revealed that the	e before the sta member, who re sterilizer, felt it d, when Patient 1 ngle, the physicia warm to be use k orthopedic gloves of ecovery room n d that Patien er surgery. 8/18/09 at 2:00 PM itation and Licer tient 1 went home ain behind his ges himself at ext day, on 1 was diagnosed w urn with blisters layer of skin). S 1 was then n note dated 1 note dated 1 wisit note dated physician docume	moved the was cool 's leg was in did not ad because on. ote dated at 1 was of with the bsing, she o after the left knee, home and the went ith second or with a She further eferred to by 9 cm th multiple d that		Daily flash sterilization log posted at each autoclave. are collected, monitored at reviewed by the Assistant Department Administrator their absence, the Departm Administrator. A flash sterilization report is gene monthly that captures the that instrument(s) are bein flashed sterilized. Any no trends on this report are ac This report is reported mo Infection Control Commit the hospital. No issues ha identified with flashing of triangles. Monitoring logs for the pa reflect no triangles have b flashed. They are all proce through the Central Sterili	These and in and in ant rated reasons g ted ldressed. nthly to tee of ve been est year een essed	
		started on silvader treatment of 1st at	ne care (cream) nd 2nd degree	for the				
	Event ID-5			12/22/2009	2:04:4			

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 accused 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 regulate to continued program participation.

ţ

State-2587

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES (X1) AND FLAN OF CORRECTION		1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050140		A. BUILDING B. WING		11/0	3/2008	
	ROVIDER OR SUPPLIER FOUNDATION HOSPITAL F	ONTANA	STREET ADDRES		P CODE ANA, GA 92335 SAN BERN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY F LSC IDENTIFYING INFORMAT	-ULT {	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE	
	Continued From page	3				interest in the second se	· · ·	
	deeper burns meas 1.5 x 1.5 cm. The posterior (behind) measuring 17 x 9 documented, "If improve, I have to excise (cut out) burns Review of an op revealed that Patier 3rd degree (burn to tissue) burn to to behind the knee.	rest of the bur calf and behind orm. The physici the deeper build him the possible and skin graft." Perative note date the skin graft through the skin i the left posterior Some of the ris ned to Patient poor scarring, f contracture (an t condition of ing bent and fixed elasticity of the s g) over the long	x3 cm, and rn involved the knee, an further rns don't e need to d and , ing to the nto deeper calf and ks of the 1 included: failure of abnormal, a joint d. May be kin caused term given		· · · · ·			
	Items to Sterile Fie	ation effective dat under section 3 eld, indicated "Use natenal to prote	e 9/94 and Transporting towels or					
	There was no properties of the protect a patient determine if the were cool enough to be	from burns or o flash sterilized						
Event ID:	59SQ11		12/22/2009	2:04:3	2PM			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) 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 60 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 data 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

CAUFORNIA HEALTH AND HUMAN SERVICES A	GENCY
DEPARTMENT OF PUBLIC HEALTH	

. . .

1.1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, (X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050140		a. Building B. Wing	<u></u>	11/0	3/2008	
	ROVIDER OR SUPPLIER		EET ADDRESS, C		P CODE ANA, CA 92335 SAN BER!			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE ACTIC REFERENCED TO THE APP	N SHOULD BE CROSS-	(X5) COMPLETE DATE	
	procedures to prote to hot instruments caused, or is likely death to the patie	re to develop a n sterilization that i ict patients from bun is a deficiency th to cause, serious in nt, and therefore col ardy within the mear	ns due at has njury or nstitutes					
Event ID:5		· · · · · · · · · · · · · · · · · · ·	11/00/0000	0.04.00		· · · · · · · · · · · · · · · · · · ·		
		R/SUPPLIER REPRESENTATI	12/22/2009	2:04:32	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 80 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