CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEI IDENTIFICATION NUM		(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURY COMPLETE			
				A. BUILDII	NG	ł			
		050057		B. WNG		05/03	/2011		
	ROVIDER OR SUPPLIER Delta Medical Center	1		EET ADDRESS, CITY, STATE, ZIP CODE W. MINERAL KING, VISALIA, CA 93291 TULARE COUNTY					
X4) ID	SUMMARY 5	STATEMENT OF DEFICIENCIES		(D	PROVIDER'S PLAN OF CO	MARCTION	(X5)		
REFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY F R LSC IDENTIFYING INFORMATI	I .	PREFIX TAG	(EACH CORRECTIVE ACTION SE REFERENCED TO THE APPROPR	IOULD BE CROSS-	COMPLETE		
	of Public Health durin	- ,	artment		This Plan of Correction cons Kaweah Delta Medical Cente written allegation of compliar deficiencies cited. The stater	er's (KDMC) nce for the			
	Complaint Intake Number: CA00267654 - Substantiated Representing the Department of Public Health: Surveyor ID # 29441, HFEN				plan of correction are not an not constitute agreement with	admission and do			
			th:		deficiencies herein. KDMC has taken action to precocurrence, including:				
	The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.				Immediate Action and System 1) Pursuant to KDMC's Qua Performance Improvement (I compliance with AP.87 "Sent	lity Assurance/ PI) program and in tinel Event and			
	purposes of this means a situation	on in which the one or more requir od, or is likely to caus	jeopardy" licensee's rements of		Adverse Event Response an policy, a "Case Review Com convened on 4/20/11. Membincluded the Chief of Staff, M Surgical Services, CMO, CN for Medical-Surgical Services and Director of Risk Manage CEO notified the President o	mittee" (CRC) was pers of the CRC ledical Director for O, COO, Director s, Director of PI, ment (RM). The	4/20/11		
	facility shall infor	Code Section 1279.1 m the patient or patient of the advers made."	the party		Directors on 4/28/11. 2) A thorough and credible R Analysis (RCA) was conduct Members of the RCA include other Medical Staff, Director	ed on 4/26/11. d Physician 2, for Medical-	4/28/11 4/26/11		
	patient or the party	I that the facility in responsible for the pa time the report was ma	itient of the		Surgical Services, Nurse Ma Educators, Advanced Practic of Nursing Practice, Director Services, Pharmacists, Regis Director of Pt and the Director	e Nurses, Director of Pharmacy stered Nurses,			
		dy Number: 120008406	MEDIATE		The event was reported to the Department of Public Health "adverse event" pursuant to lon 4/28/11.	e California (CDPH) as an	4/28/11		
ent ID	81GR11		7/21/2011	2:17	:43PM	<u></u>			
		DER/SUPPLIER REPRESEN			TITLE		X6) DATE		
	Findsun 1	C Mm	~	_	(ED	8/	5/11		
It other s Bull vey w	ncy statement ending with an afeguards provide sufficient p thether or not a plan of correct ase documents are made av	protection to the patients Extition is provided. For the single the facility. It shill the facility is the facility of the fac	COPTABLE	mes, the find	e excused from correcting providing it ings above are disclosable 90 days for plans of correction are disclosable 14 an of correction is requisite to continue	lowing the date			
ate-2567	!	Name: Facin Date: 8/6//	ty Notified		ÜEF	TO HOSE A PERSON.	1 of FE FACSNO		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE		
 		050057	E. WING		05/03	/2011	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADDRES	S, CITY, STATE	E. ZIP CODE			
Kawesh D	Delta Medical Center			SALIA, CA 93291 TULARE COUNTY			
		(**************************************		,			
)							
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE D	EFICIENCY)	DATE	
 _				<u> </u>			
ŀ	Continued From page) 1		The RCA findings and plan of corn		-15.4.4	
]	T22 DIV5 CH1 ART3	3-70215(b) Planning and		reported to the Board of Directors		5/9/11	
Ì	Implementing Patient (- '		The findings of the RCA were pres			
)	· -	Delivery of patient care shall		Medical Care Review Committee (, ,	0/4/44	
ļ		s of the nursing process:		6/1/11 and the Patient Safety Com	ì	6/1/11	
1	assessment, nurs	• , ,		(PSC) on 7/20/11. Members of the		7/20/11	
ĺ	intervention, evaluat			include the chair/designee of all cli departments, the Peer Review Co	1		
}		cacy, and shall be initiated by		(PRC) chair and the Medical Direct			
]	a registered nurse at th	- 1		Other MCRC attendees include the	,		
}				COO, Director of PI, Director of RI		•	
	Based on staff inte	erviews, clinical record review,		KDHCD and medical staff as deter			
	l .	document review, the hospital		chair. MCRC presented to Quality			
	1	he delivery of patient care		6/22/11. The care of Patient 1 was		6/22/11	
1		pects of the nursing process		to Medical Executive Committee (I	MEC) on		
!	when:	pools of the fiding process		6/1/11.	Į	6/1/11	
	THIOTI.	}		3) The matter was referred for me			
	1) Nursing staff failed	to recognize the need to taper		peer review for Physician 2. The o			
		enteral Nutrition (TPN) prior to		by Physician 2 was peer reviewed		5/11/11	
•		cordance with TPN order set		i. Persons Responsible: Chief of			
	and Hospital Policy and	1		Review Committee and MEC for o	- 1		
	and Hoopital Folloy and	7.10000010.		ensuring proper adherence to Med bylaws, rules, regulations.	ilcai Stail		
	2) Nursing staff fai	led to monitor the Patient1's		ii. Monitoring process: Results an	d actions of		
	1 '	fter discontinuation of TPN.		peer review are confidential, privile			
	biood glacose ievels at	ile: ciscolitilidation of 1714.		protected pursuant to California Ev			
	3) Mureing staff fai	iled to assess, develop and		Code 1157.			
	implement appropria			4) The "Adult Parenteral Nutrition (Order Set"		
		stick blood glucose test, when		was reviewed, revised and tempor	arily		
	1	omatic for hypoglycemia.		approved by the Chief of Staff on 4		4/28/11	
	the Fatient was sympte	ornatic for hypoglycernia.		Final approval of the policy was ob			
	4) Nursing staff	called the Hospital's Rapid		MEC on 6/15/11 and the Board of	Directors on		
	1 '	der (RRTL) and then failed to		7/25/11. Changes included:		•	
		ackground information for the		I. Sudden Discontinuation of Total	Parenteral	•	
		plan interventions appropriate		Nutrition (TPN)	'DN and		
	to Patient 1.	Prair interventions appropriate	A. If a patient is receiving central TPN and administration of TPN is suddenly interrupted,				
	TO FALIDING 1.		infuse Dextrose 10% at same TPN rate and				
	5) The best to DOT!	failed to ensure she had	call physician for further orders.				
) The nospital KKTLT	ailed to ensure she had		but priyototal for future orders.			
Event ID:	81GR11	7/21/2011	2:17	7:43PM		·	

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SUR\ COMPLETE		
		050057		B. WING		05/03	/2011	
NAME OF PRO	OVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	CITY, STATE	ZIP CODE	 _		
Kaweah De	elta Medical Center		400 W. MINERAI	. KING, VIS	ALIA, CA 93291 TULARE COUNTY			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY LSC IOENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIOER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETE DATE	
	Continued From page	2			II. Planned Discontinuation of Pare	enteral		
	adequate Patient1's	history to assess a	and develop		Nutrition (TPN and PPN)	to by 500/ 50		
1	appropriate interventio		1		A. Decrease parenteral infusion ra two hours and then discontinue inf	- 1		
}			ļ		B. Discontinue parenteral nutrition			
İ	6) Nursing staff failed to advocate for Patien when she became nonresponsive by activating				between the hours of 0700-1600 re			
}	L		ctivating the		the volume of solution remaining, u	L.		
	Rapid Response team		{		alternative time is specifically orde	red by the		
	Those failures assult	and in Dati 4 to-	sina into a		physician. C. Upon discontinuation of parente	ral nutrition	,	
 	These failures result hypoglycemic coma		- 1		bedside glucose monitoring every			
	1.	euwn y in th e oes t	1 01 10000111		x2, then every 2 hours x 2. Notify			
	, ''		1		blood glucose level is less than 80	mg/dL.		
	Findings:		ļ	III. Persons Responsible: Chief Nursing Officer				
			Ì		(CNO) for assuring all nursing services are			
<u> </u>	Patient 1 was admitte	ed to the facility or	/11 for		provided in compliance with regula requirements. Clinical Directors a			
	severe mid-epigastric	•	A surgical		Managers for ensuring nursing sta	1		
 	consultation note		1 indicated		competent in understanding & com	1	i	
	"Computerized Tom				policies & procedures and monitor	ing is		
	abdomen showed a		i		completed. MEC, PRC and Chief		į	
	regional lymphadeno		atic flexure		oversight and ensuring proper adh	· ·		
Í	was the area of the				Medical Staff bylaws, rules & regulation Monitoring process: Whenever TF			
	bent to the left to				discontinued (DC), the rate will be			
	Lymphadenopathy n				by 50% for at least 2 hours and su			
	The postoperative Patient 1 had a righ		/11 indicated		monitoring of blood sugars will be			
	stapled ileo-transvers		I .		following steps below are to be con	mpleted:		
	part of the colon, w				A. Each shift the Team Lead (TL)			
1	colon) and a Pa		I .		responsible for monitoring the DC		i	
	Whipple Procedure (· .		on TPN/PPN. The bedside nurse TL when there is a need to DC TP			
	removal of all or part		I	•	(i.e. MD order to DC TPN, patient	i	:	
	1	of the functions of the	- ,		patient transferred with new orders	- ;		
	was to secrete:		}		B. DOUBLE VERIFICATION PRO	,		
			\		Tt. will accompany the patient's ли			
	* Glucagon -raises t	the level of glucose	e (sugar) in	bedside where the rate will be: 1) Decreased				
	the blood,		}		by 50% 2) The bedside nurse will	document		
	* Insulin-stimulates cel	ils to use glucose,	Į		the decrease of the rate by 50%			
Event ID:	81GR11		7/21/2011	2:17	:43P M			
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	ROVIDER OR SUPPLIER Delta Medical Center	STREET ADDRESS		, ZIP CODE BALIA, CA 93291 TULARE COU	NTY	
(X4) ID	j .	ATEMENT OF DEFICIENCIES	IO	PROVIDER'S PLAN OF	i	(X5)
PREFIX TAG	1	MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION REFERENCED TO THE APPRO		COMPLET DATE
	Southern California) Biliary Diseases, tith Pancreas Preservation on 5/11/11, indicated after surgical remove development of mal-absorption of food On 1/11 at 9 indicated "Insulin of between 80 - 120 mg was written by the measured in milligrar check Q one hourly, glucose was to be I (milligrams per decilin normal using the fact orders also indicated blood glucose check Patient 1's Physi Parenteral Nutrition (the required nutri calories, vitamins, ar the course of seve provided a complet nutrients for patien normal diet) with 259 milliliters (ml) per he wrote an order to se bedside glucose mo	regulate the secretion of shed by USC (University of Center for Pancreatic and ted "Surgical Techniques for in "accessed from the internet I the loss of pancreatic tissue at "increases the risks for the diabetes mellitus and "" 103 p.m., Physician orders thin to keep blood glucose was in per deciliter or mg/dl) Accu "This meant Patient 1's blood kept between 80 and 120 mg/dl ter) with 74 to 118 mg/dl being cility's reference range. These Patient 1 was to have hourly is. On 111 at 11:14 a.m., cian orders indicate Total (TPN), a solution containing all tents including protein, fat, and minerals, was injected over tral hours, into a vein. TPN the and balanced source of tts who cannot consume a 60 Dextrose to be started at 60		C. The bedside nurse will of process — remove the TPN monitor the blood sugar evand then every 2 hours x 2 D. The bedside nurse will deside nurse will reserved (EMR) F. The bedside nurse will reserved (EMR) F. The bedside nurse will reserved (EMR) F. The bedside nurse will reserved deside nurse will reserved to the entire TPN/PPN discontant has been completed. The TL by review of the documentation will verify on tool that all steps have been accordance with policy and H. The TL will immediately completed audit tool to the review. Opportunities for into nursing practice will be not by the respective nursing mappropriate education and discipline if indicated. Reserved has to assure compliant and Patient Safety Commit 4 months to assure compliant 4 months to assure compliant 4 months to assure compliant 5). This will continue for 4 months to assure compliance is achieved. If achieved, the double verification continue until such time as consecutive compliance. 5) A Memo prepared by the Staff was distributed to all 14/29/11, educating Medical changes to the ADULT PARNUTRITION ORDER SET in Persons Responsible: Mot Staff for oversight and enables and the reserved and the	N after 2 hours, ery 30 minutes X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4/29/1
Event ID	:81GR11	7/21/2011	2:17	7:43PM		
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF IDENTIFICATION 050057			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
		05005/		B. WING		05/03	3/2011	
	OVIDER OR SUPPLIER Bitta Medical Center		STREET ADDRESS.	-	. ZIP CODE SALIA, CA 93291 TULARE COUNT	ry		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCE MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	(X5) COMPLE DATE		
	Continued From page of insulin) in the more than the order included sliding scale, to be gwas 150 milligrams in the "Normal "refere level per the Hosping/dl. On 11 the Lantus 20 units Subcurits subcutaneous p.m. Lantus dose was Patient 1's Physician glucose monitoring from day) to ac (before total of 4 times per day). Patient 1's Physician glucose monitoring from total of 4 times per day. Patient 1's Physician glucose monitoring from the practitioner (FNP), indicated "D/C TPN aft." On 5/5/11 at 11:00 Registered Nurse 1 TPN was discontinued p.m. and 10:00 p.m." not been tapered a mi/hour all day long. (FSBS), (a test to more the body) was 134 at 9 RN 1 stated between 2:00 a.m. she believed about 2:20 a.m. RN 1 stated between 2:00 a.m. she believed about 2:20 a.m. RN 1 stated between 2:00 a.m. she believed about 2:20 a.m. RN 1 stated between 2:00 a.m. she believed about 2:20 a.m. RN 1 stated between 2:00 a.m. she believed about 2:20 a.m. RN 1 stated between 2:00 a.m. she believed about 2:20 a.m. RN 1 stated between 2:00 a.m. RN 1 stated betw	prining and 14 unit. "correction" insulingiven if the blood over deciliter (mg/d) ance range for be talls lab would be insulin order was cutaneous in the in the p.m. O reduced to 10 units ians orders, day 2 ordered a charom every 4 hours meals) and hs (b). The firm the dated (RN 1) indicated ed "somewhere be RN 1 stated and had been ru. The finger stick easure the sugar 1:00 p.m. The hours of 10 ed Patient 1 was	glucose level ll) or greater. blood glucose e 74 to 118 is changed to a.m. and 20 in 11 the . ted 111, inge in blood is (6 times per ledtime, for a led 111 at mi/hr" Family Nurse at 3:00 p.m., in Patient 1's between 9:30 the TPN had inning at 40 is blood sugar or glucose in 0:00 p.m. and sleeping. At		rules & regulations. ii. Monitoring process: Medicommand is to be implement cases where the physician with wean TPN for a patient who if the physician does not use PARENTERAL NUTRITION the physician writes/enters of consistent with KDMC policy rate 50% for required periodic blood sugar checks as required have identified opportunities will be referred to physician pappropriate. Findings and a will be reported to MEC, for a 6) Beginning 4/28/11 and conflow KDMC nursing staff we via written materials and 1:1 in-service meetings on "Rapid (RRT)—Kaweah Delta Medic (Main Campus)" policy and pit. Education content included current practice skills require procedure expectations for a response to patients believed ii. Persons Responsible: Chaursing services are provided with regulatory requirements. Nurse Managers and Clinical ensuring nursing staff are counderstanding & complying with procedures and monitoring is Director of Emergency and C Services and RRT Medical Diensuring RRT monitoring is consuring proper adherence to bylaws, rules & regulations.	ted immediately in rites an order to sereceiving insulin the ADULT ORDER SET or if ders that are not (ie reduce TPN of time, or orders ed). Cases which for improvement eeer review as actions of the PRC appropriate action. Impleted by 5/12/11 are re-educated stand-up desponse Team all Center rocedure. evidenced-based, and policy and appropriate I to be "at risk". Ito for assuring all in compliance Clinical Directors, Educators for mpetent in with policies & completed. I care irector for ompleted. MEC, ersight and	, 5/12/1	
Event ID:8	31GR11		7/21/2011	2:17	:43PM			
ABORATOR	Y DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRES	SENTATIVE'S SIGNAT	TURE	TITLE		(X6) DATE	
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hat other sa of survey wh	cy statement ending with an a leguards provide sufficient pro	otection to the patients.	Except for nursing hor	nes, the find	e excused from correcting providing it in fings above are disclosable 90 days foll plans of correction are disclosable 14	s determined lowing the date	<u> </u>	

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ľ	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	Continued From page	5			iii. Monitoring process: 100% of F				
	when she heard F	Patient 1 reneating	the same		occurrences are monitored by the				
	phrase. RN 1 found		I		committee (appropriate use of, pro	I .			
	name and that she was in a hospital but could n				outcomes and clinical outcomes) a KDMC PI Department. Results w	I .			
	name the correct ho	·	ľ		reported to MCRC and Patient Saf	- 1			
	were taken. Then		- 1		Committee for a minimum of 4 mod				
	Leader (RRTL) was o	alled. She did not	activate the		assure compliance. Consistent wit	, ,			
	Rapid Response Tea		ı		RRTs throughout KDHCD, are mo	nitored			
	asked what was going	-			monthly by the PI Department.	- DOT Norma			
	the RRTL Patient	_	í		1. An RRT form is completed by an at the time of the RRT. The data of	L L			
	consciousness (LOC).				RRT database. All RRT forms are	- 1			
	Physician 2, it was)		ICU Nurse Manager or designee for	- 1			
I	she told Physician				within the next business day and e				
	change in LOC, was				1) completeness of form, which inc	I .			
•	name. Physician 2 o dated 111 / 11 at 2:3		ked if labs		on LOC, blood glucose, and use o	f Dextrose			
	dated/11 at 2:3 were ordered, RN 1				50%	- Dun			
	received at that time		I .		 2) appropriate use of Standardize based on assessment criteria and 				
	Blood Sugar (FSBS)				received	ODAIT report			
	there were no FSBS		I		3) timely response of physicians				
	done at 9:00 p.m.		1		4) completion of the debriefing with	n staff			
	about 3:30 a.m. and				involved in the RRT.	ļ			
	about 4:00 a.m. when		1		2. If discrepancies exist, the ICU N				
	there Physician 2 in	•	ı		Manager will review with the RRT	RN and the			
	condition. RN 1 stat				RRT Medical Director. 3. Aggregate data is presented at i	the PPT			
·	code status to Do	Not Resuscitate	(DNR)(DNR		committee meetings monthly for a				
ı	means no chest com	pressions and no i	ntubation to		actions as needed.	yo.z unu			
	assist with a Patient's	-	1		4. Beginning 9/1/11, RRTs that ma	y have	9/1/11		
i	made the decision no		-		identified opportunities for improve				
	do the morning FSB	-	,		presented at the RRT committee n	- 1			
	order included the state	ement "death is immi	nent."		meetings to be analyzed for recom	1			
	The facility		4 110- 11-4	•	and/implemented corrective action 5. Beginning 9/1/11, findings and a				
!	The facility policy a	-	,		RRT committee will be reported m				
	Resuscitate" dated 6				MCRC. RRT cases will be referred				
	CPR,IV, When a DN	•	1		physician and/or nursing peer review	1			
<u></u>	Or IXIV. VVIICITA DIN				appropriate.				
Event ID:6	31GR11		7/21/2011	2:17:	43PM				
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Kaweah D	elta Medical Center		400 W. MINERAL	KING, VIS	ALIA, CA 93291 TULARE COUNTY			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS			
	midline (midline is a questioned as to the RRTL stated it was done. RRTL stated 3:00 a.m. RRTL ac CT ordered by Physical deteriorated during unresponsive. Phy Patient 1 was back of how RRTL knew Patient 2 as to the property of the RRTL knew Patient 2 as to the property of the RRTL knew Patient 2 as to the property of the RRTL knew Patient 2 as to the property of the RRTL knew Patient 2 as to t	s orders not directly an and subsequent. If a patient's DNR tegory of medical only, Limited reatment), then the health Treatment." In the morning of the mo	orders are order does intervention Additional patient will view, RRTL urse on the 1/11. RRTL 1 had a da Whipple tient 1 was walk) and stated she 1 and found ins but was RRTL found of hand and side of her ended, was int). When issment, the 1 had been done about 1 to get the di Patient 1 decame called until in questioned ponsive, she		6.Opportunities for improvement nursing practice will be manage by the respective nursing mana appropriate education and prog discipline if indicated. 7) On 4/28/11, A Memo prepare Director of Nursing Practice was all licensed nursing staff on 4/26 the RRT process. i. Persons Responsible: CNO nursing services are provided in with regulatory requirements. C Nurse Managers and Clinical Edensuring nursing staff are compunderstanding & complying with procedures and monitoring is confident in the committee (appropriate use of, outcomes and clinical outcomes KDMC PI Department. Results reported to MCRC and Patient Committee for a minimum of 4 reassure compliance. Consistent RRTs throughout KDHCD, are monthly by the PI Department. described in detail in #7. Cases identified opportunities for improreferred to nursing peer review 8)Consistent with KDMC's commensure patient safety and quality beginning 4/28/11 and complete 100% KDMC nursing staff were re-educated via written materials stand-up in-service meetings on consciousness (LOC), signs and hypoglycemia and the "Hypoglycep.62 policy and procedure. Econtent included evidenced-bas	d individually ger with ressive ed by the s distributed to 8/11 regarding for assuring all a compliance linical Directors ducators for setent in a policies & completed from the RRT process so and the swill be Safety months to with the PI plan monitored Process as which have exement will be as appropriate. In immediately s and 1:1 altered level of a symptoms of cemia, Adult ducation	4/28/11 5/12/11	
	stated she had perform			2.47	practice skills required, and police	cy and		
Event ID:		ED/ELIDDI IED ECRECO	7/21/2011		43PM	 	WE DATE	
BURATOR	ry diasector's or provid	K Mm		UNC	CEO	8	(X6) DATE	
that other sa of survey wh	afeguards provide sufficient pri nether or not a plan of correction se documents ere made avails	otection to the patients. Ex on is provided. For nursing	cept for nursing hor homes, the above	nes, the findi findings and	excused from correcting providing it is doing above are disclosable 90 days follow plans of correction are disclosable 14 day n of correction is requisite to continued providing the continued provid	ing the date		
State-2567					DEP, C	DE HOALTH DED HE CERTIFICATION .	7 of	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A BUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		050057		B. WING		05/03	/2011		
NAME OF PI	ROVIDER OR SUPPLIER	S	TREET ADDRESS	S\$, CITY, STATE, ZIP CODE					
Kaweah I	Delta Medical Center	4	00 W, MINERA	L KING, VIS	ALIA, CA 93291 TULARE COUNTY				
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	Continued From page				procedure expectations for mana patients potentially experiencing				
		•			On 7/25/11, a mandatory on-line Bundle" educational module for a KDMC nursing staff was initiated completed by 8/12/11.	"Glycemic Il appropriate	8/12/11		
,	stated during the tripless responsive an questions. RN 1 state she found Patient 1 c	i. Education Content included: A. Adult Parenteral Nutrition Policy (CP.01) revisions—which addressed changes to mirror those in "Adult Parenteral Nutrition Order Set B. Sudden Discontinuation of TPN C. Planned Discontinuation of Parenteral Nutrition (TPN and PPN) D. Glucose Monitoring (Point of Care testing)			nges to mirror on Order Set" N orenteral				
	Physician 1 stated handed over the ca and the Trauma and (TACSS) team.	re of Patient 1 to Pi d Acute Care Surgica On 11 11 he arrive	/11 and hysician 2 al Services ed at the		E. Documentation of TPN Weani Discontinuation F. "Hypoglycemia, Adult" CP.62 G. "Hypoglycemia, Adult: Admini Dextrose or Glucagon" Standard ii. Persons Responsible: CNO for	ng and policy stration of zed Procedur or assuring all	Ð		
	voice message from stated his assessin symmetric and she point Physician 1 re Sugar (FSBS) to be	nent found Patient had no facial droop quested a Finger S done. The FSBS wa	nysician 1 1's tone . At this itick Blood as found to		nursing services are provided in with regulatory requirements. CI Directors, Nurse Managers, Clini ensuring nursing staff are compe understanding & complying with procedures and monitoring is cor iii. Monitoring process: Validation	nical cal Educators tent in policies & npleted.			
	be 20mg/dl (milligral stated the Patients unstable post-op (aft have been done.	s blood glucose for surgery) and a FS			Competency will be done by test of KDMC nursing staff via HR Or to complete educational module	ng of 100% I-line. Failure and	0/45/44		
	consultation from Physician 1 stated h		physician leurologists		successfully pass test by 8/15/11 managed individually by the resp manager with progressive discipl i.e. suspension from work until co 9) Consistent with KDMC's comm	ective nursing ine if indicated ompleted.	8/15/11		
	/11, by Physic Impression: 1. Le	gical Consultation rep cian 3, indicated loss of conscious is most likely occurred	"Clinical ness and		ensure patient safety and quality care, beginning 4/28/11 and completed by 5/12/11, 5/				
Event (D	:81GR11		7/21/2011	2:17	:43PM				
BORATO	RY DIRECTOR'S OR PROVID			TURE	TITLE		(X6) DATE		
	Findsay	K Min	Mn		CEO		8/15/		

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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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A BUIL	JILTIPLE CONSTRUCTION	(X3) DATE SUR COMPLET			
		050057	B. WING	G	05/0	3/2011		
AME OF P	ROVIDER OR SUPPLIER	STREET	AODRESS, CITY, STAT	SS, CITY, STATE, ZIP CODE				
Kaweah	Delta Medical Center			ISALIA, CA 93281 TULARE COUN	TY			
			······································					
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	insult to the brain.	ich is analogous to hypoxCT and MRI of the brai	n did	100% KDMC nursing staff ware-educated via written mate stand-up in-service meetings ("Situation-Background-Asset	rials and 1:1 on SBAR			
	ischemic injury."	nce of bleed or significant		Recommendation") commun health care team members, condition changes:	when a patient's			
	Physician 2 stated si RN 1 who stated Pat change in LOC. Phy	59 p.m., during an inter he received a phone call tient 1 was confused and h ysician 2 then gave a telep stat (now). Physician 2 s	from nad a phone	i. Persons Responsible: CN nursing services are provide with regulatory requirements Nurse Managers, Clinical Ed nursing staff are competent i	d in compliance . Clinical Directors ucators ensuring	[
	she was aware of linemicolectomy and Physician 2 stated	Patient 1's history of havi d a Whipple proce because of the Wi	ing a dure. hipple	complying with policies & promonitoring is completed. ii. Monitoring process: Ten (*) staff interviews regarding SB	ocedures and	 }		
	2 went to the hospita this time Patient 1 was exhibiting high	al and examined Patient 1 was unresponsive. Patie blood pressure, a heart	nt 1 rate	conducted on nursing units r 8/15/11. Results to be moni Department and reported to Safety Committee for a minir	nonthly, beginning itored by the PI MCRC and Patient			
	(a condition characte the limbs). Ph	cerebrate posturing of the rized by abnormal posturing ysician 2 called the for the about 3:20 a.m., Patien	ng of emily.	to assure compliance. Oppo improvement identified will b individually by the respective with progressive discipline if	e managed Nurse Manager			
	stroke. Physician 2 the decision to chan to DNR. When aske	tient 1 was having a ma 2 stated the family then in ige the Patient 1's code s and if she had read the CT tated she had and it indi	made status scan	10) A Memo prepared by the Staff was distributed to all Med 4/29/11, reviewing SBAR conformation among health care team menuation patient's condition changes. i. Persons Responsible: ME	edical Staff on mmunication mbers, when a	4/29/11		
	1	ia. an dated 4/18/11 at 3:05 ence for recent ischemia."	5 a.m.	of Staff for oversight and ens adherence to Medical Staff b regulations. Chief Medical C ensuring monitoring is comp	suring proper bylaws, rules & officer (CMO) for leted.			
	report dated /11	at 4:02 p.m. indicated s are seen in the brainste	(MRI) "No mor	ii. Monitoring process: Ten (10) random medical staff interviews regarding SBAR to be conducted by the CMO monthly, beginning 8/16/11. Results to be monitored by the Medical Staff Office and PI Department and				
	Cerebellotti. NO evider	TOO OF HOMOTHAYOU		reported to MCRC and Patie	•			
Event ID	:81GR11	7/2	21/2011 2:1	17:43PM				
BORATO	RY DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE	'S SIGNATURE	TITLE		(X6) DATE		
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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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	T OF DEFICIENCIES OF CDRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING	(X3) DATE SURVEY COMPLETED
		050057	B. WING	05/03/2011
	ROMDER OR SUPPLIER Delta Medical Center		CITY, STATE, ZIP CODE L KING, VISALIA, CA 93291 TULARE COU	NTY
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACTION TAG REFERENCED TO THE APPRO	SHOULD BE CROSS COMPLETE
	Continued From page	9	Committee for a minimum of	of 4 months, until
	Administration of Hyperalimentation S indicatedV. Dis Non-emergent situation may be discontinued rate by 50% for one Discontinuance of TF be stopped suddenly at the same infusion rate to same infusion rate. The facility policy a Response Team - (Main Campus) "Procedure: 1. Licens member may request questionable clinical (but not limited to): Change in level of patient you are serio not meet criteria. In designee in conjur members will use the to assess and care for Patient 1's Death indicated immediate "hypoglycemic encept."	d procedure titled "IV Therapy Peripheral and Central olutions " dated 8/24/09, scontinuation of TPN/PPN, A. on: (i.e., discharge), 1. TPN I after decreasing the infusion e to two hoursB. Sudden PN: 1. If infusion of TPN must, an infusion of Dextrose 10% an infusion of Dextrose 10% are infusion of Dextrose 10% and procedure titled, "Rapid Kaweah Delta Medical Center dated 12/13/10, indicated "led Nurse, Physician or family the RRT for evaluation of the condition of a patient such as A. Acute Care Areas:7. If consciousness10. Any usty concerned about but does all. The ICU Team Leader or inction with the other RRT enursing assessment process the patient" Certificate dated 2/2011 cause of death to be allopathy."	100% compliance achieved opportunities for improvem peer review as appropriate 11) On 7/25/11, a mandato Resuscitate (DNR) educati appropriate KDMC nursing and will be completed by 8 i. Education Content includ Do Not Resuscitate" PR.02 B. Definition of DNR C. Levels of Resuscitation a. Full treatment / Full Code b. Full treatment / DNR c. Limited Interventions / Dd. Comfort Measures D. Physicians Responsibility E. Telephone order for DNI F. Absence or incomplete I with Full treatment G. DNR/Life Sustaining Ord H. DNR Order Versus Treat I. Levels of Resuscitation ii. Persons Responsible: Cassuring all nursing service compliance with regulatory Clinical Directors, Nurse M. Educators ensuring nursing in understanding & complying procedures and monitoring iii. Monitoring process: A. Validation of Competence testing via HR On-line of 10 Failure to complete educati successfully pass test by 8 managed individually by the manager with progressive of the stream of the progressive of the stream of the progressive	ent will be referred ry on-line Do Not conal module for all staff was initiated /12/11. ed: Policy review e NR ties R DNR = DNR der Set strment CNO for so are provided in requirements. anagers, Clinical go staff are competent ing with policies & is completed. by will be done by 00% of nursing staff. onal module and /15/11 will be e respective nursing discipline if indicated
	1 '''	d to assess, develop and interventions, failed to pass	i.e. suspension from work u	ıntil completed.
Evert ID:	91CP11	7/21/2011	2:17:43PM	
Event ID:		7/2 1/2011 ER/SUPPLIER REPRESENTATIVE'S SIGNA		(X6) DATE

Any deficiency statement 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 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 disclosured to the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosured to the survey whether or not a plan of correction is provided. the date these documents are made aveilable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDRESS.	CITY, STATE.	ZIP CODE		
Kaweah [Delta Medical Center		400 W. MINERAL	. KING, VIS	ALIA, CA 93291 TULARE COUNTY		
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	Continued From page off correct information the RRTL failed to groper assessment at the patient from the resulted in the death of these failures resulted in the death of the patient immediate jeopardy and Safety Code section (Type text) This facility failed to described above that serious injury or deat constitutes an immediating of Health 1280.1(c).	n due to a wrong a set sufficient Patient I and there was no a RRTL to activate the fithe patient. If in a deficiency to cause, serious, and therefore conwithin the meaning on 1280.1. prevent the deficience caused, or is likely the to the patient, and mediate jeopardy	that has injury or institutes an of Health has to cause, difference within the le Section		B. Each KDMC acute care unit N will monitor at least 5 DNR charts insure that care is provided in act the DNR order. The audits will cominimum of 4 months or until con achieved and sustained for 4 conmonths. Nurse Managers will recompliance and follow up action (12) Re-education was provided in issue (released 7/26/11) of the material physician newsletter distributed to Staff regarding the Medical Staff Regulations, specifically those in Page 8, GENERAL CONDUCT Consulting or Active Medical Staff iii. Persons Responsible: Chief consulting proper reporting to Med Committee of Mortality Review Consulting process: 100% cat Mortality Review Committee are determine if the attending physici the necessary consultation. Mor Committee (a subcommittee of Monthly. Any failure to consult a results in the care, clinical record being referred for Peer Review. Events (SE) and Near-Misses, (Nis evaluated by CRC to determined RCA, the need for consultation is RCA analysis. The RCA process recommend referral to Peer Review (PRC) for failure to consult (along being additional criteria that may referral to PRC). Additional criteria propriate admission location e. surgical unit, assignment to approspecialty, appropriate history and documentation.	per month to cordance with continue for a appliance is secutive view for non-as needed. In the 8/11 monthly of all Medical Rules and dicated on OF CARE and or of the ff is required. If is required to an requested tality Review (IEC) meets appropriately and physician For Sentinel (IM) each case is from require part of the may ew Committee with there result in its include: g. medical-opriate	August 2011
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that other se of survey wi	afeguards provide sufficient pro hether or not a plan of correction se documents are made avails	ptection to the patients. Expon is provided. For nursing	cept for nursing hor homes, the above	mes, the findi findings and	excused from correcting providing it is deterning above are disclosable 90 days following plans of correction are disclosable 14 days in of correction is requisite to continued groups	g the date following	
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION		(X3) DATE SUF	
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	the RRTL failed to gropper assessment at the patient from the resulted in the death of the patient of the patient in the patient immediate jeopardy and Safety Code section [Type text] This facility failed to described above that serious injury or deat constitutes an immediate serious in the patient in th	n due to a wrong assess et sufficient Patient history and there was no advoca RRTL to activate the tear of the patient. It in a deficiency that to cause, serious inju- and therefore constitute within the meaning of	t has ury or es an Health es) as cause, refore the		, appropriate discharge si documentation, appropria care, identified systems is errors. Annually Mortality formally reports to Medica Committee.	ite manage ssues and/o Review C	or coding ommittee	
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Any deficien that other se of survey wh	cy statement ending with an a feguards provide sufficient pro- nether or not a plan of corrections se documents are made available.	sterisk (*) denotes a deficiency who dection to the patients. Except for on is provided. For nursing homes able to the facility. If deficiencies as	ich the insti nursing ho	tution may be mas, the find findings and	ngs above are disclosable 90 day plans of correction are disclosable	s following the	e date	
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