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STATEME	California Department of Public Health YV STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000109			(02) MULT A BUILDI B. WING	TIPLE CONSTRUCTION NG	— COMPL	(X3) DATE SURVEY COMPLETED C 12/15/2010	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY.	STATE, ZIP CODE			
MOTIO	N PICTURE & TELEVIS	ion Hospital		JLHOLLANI ND HILLS,				
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E 000	Initial Comments			E 000				
		ts the findings of the ic Health during a Co				ć	20 IN	
	Complaint Intake No CA00228605 - Subs					REC	EAL THE	
	Inspection was limite investigation and do of a full inspection o	ed to the specific cor es not represent the f the facility.	mplaint findings			RECEIVED	HFACIL ION OLV	
_	Representing the De	epartment of Public I	Health:			ن	SIST I	
	R	N, HFEN				<u>.</u>	NOW NOW NES	
·	Health and Safety C	ode Section 1280.1(0)					
	For purposes of this means a situation in noncompliance with licensure has caused serious injury or dear	which the licensee's one or more require d, or is likely to caus	ments of	i				
	T22 DIV5 CH1 PART General Requirement (b) A committee of the assigned responsibility (2) Development, main implementation of write consultation with opposessionals and addressionals addressionals and addressionals and addressionals and addressionals and addressionals addressionals addressionals and addressionals addressionals addressionals addressionals addressionals ad	nts, ne medical staff shall ity for: aintenance and ritten policies and prother appropriate heal ministration. Policie the administration a	l be ocedures alth s shall cedures					
:	T22 DIV5 CH1 ART3 Policies and Procedu	:-70213(a) Nursing S res.		E 264	E264 How the correction will be temporarily and permanent		4/9/10	
i	(a) Written policies as	d procedures for pa	ment -	~		\		
care	Motter 1	TARLES TO PRESENT	Yes	toff	encerte (pure 10, 2	697 7	
ATE FORM			86	» Q(CRU11	If continual	ion sheet 1 of 5	

California Department of Public Health

PRINTED: 05/27/2011 **FORM APPROVED**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING R WING CA930000109 12/15/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 23388 MULHOLLAND DRIVE MOTION PICTURE & TELEVISION HOSPITAL WOODLAND HILLS, CA 91364 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE (X4) ID PREFIX TAG ID PREFIX TAG E 264 Continued From page 1 E 264 4/9/10 The retention of the sponge was reported to us on April 5, 2010. A staff meeting was held care shall be developed, maintained and with all Surgery Department staff on April 9, implemented by the nursing service. 2010 reorienting them to the "Counting Sponges, Sharps and Instruments" policy which states that documentation of all counts on intra-operative nursing records must be This Statute is not met as evidenced by: initialed by both the scrub person and the Based on observation, interviews and record circulating nurse. reviews, the facility falled to implement its written policy and procedure for counting sponges, The surgeon stated on April 9, 2010 that he sharps and instruments used for Patient 1's no longer will place Raytec sponges into surgical procedure. The facility staff failed to sign the count sheet and the surgeon failed to incisions to help with pain relief. appropriately use the Raytec sponge during The title and position of the person Patient 1's surgical procedure, which resulted in responsible for the correction. the retention of a foreign object in Patient 1 and placed the patient at risk for possible additional complications to including infection in the surgical The Surgery Department Manager is responsible for the correction incision, damage to structures, nerves and blood vessels in and around the knee, blood clots in the Description of the monitoring process to leg and the need for repetitive prevent recurrence of this deficiency. surgery/anesthesia. Findings: The Surgery Department Manager or designee audits intra-operatvie records to assure that On June 3, 2010, an investigation was conducted counts of sponges, sharps and instruments are signed by both the scrub person and the following an entity reported event regarding circulating nurse. retention of a foreign object in Patient 1. The face sheet indicated Patient 1 was admitted to the facility on 2000 patients, 2010 with diagnoses which included ACL (anterior cruciate ligament) insufficiency of the right knee. (ACL is one of four primary ligaments around the knee joint which is an important stabilizer of the knee.) review of the Operative Report dated 2010 indicated Patient 1 underwent a surgical procedure of ACL reconstruction under general anesthesia and femoral nerve block. The Operative Report Indicated the joint was entered through a 3 cm incision. The Intraoperative

Licensing and Certification Division

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MOTION PICTURE & TELEVISION HOSPITAL (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A BUILDING		COMPLETED		
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Record under the section Nursing Focus II: Potential for Injury, dated 2010 at 12:30 p.m., indicated the tirst and tinal sponge counts had been conducted and were correct, however it appeared the counts were completed by one person as evidenced by the style of the script. In a letter from the facility sent to the Department dated April 29, 2010, additional information was provided to the Department regarding the report of relention of a foreign object. The letter indicated ACL reconstruction surgery was performed on Patient 1 on 19, 2010, and the patient returned to the surgeon 5 office with concerns of a tump in the knee area on 2010 (over two months later). A review of the X-ray report dated 20, 2010, indicated Patient 1 had a retained foreign object (Raylec sponge) in the right knee. The letter further indicated the surgeon subsequently reported that the patient underwent removal of the sponge at a different facility within one week of identifying the retained sponge. A review of the face sheet from the second general acute care hospittal indicated Patient 1 was admitted on 2010 with diagnoses which included let pain status post ACL. The face sheet also indicated in the comments section, removal foreign body (sponge) eight knee. The Operative Report dated foreign foothy status post ACL. The pre-operative diagnosis was a right knee retained foreign body status post ACL refore the second general acute care hospittal, disclosed Patient 1 had removal of foreign body, irrigation and debridement of right knee. The pre-operative diagnosis was a right knee retained foreign body status post ACL reconstruction. The operative report indicated the lod skin inoision was opened 3 om in length which allowed visualization of a Rayles sponge.		Record under the set Potential for Injury, 12:30 p.m., indicate counts had been co however it appeared by one person as exacript. In a letter from the findated April 29, 2010 provided to the Depote of retention of a fore indicated ACL recomperformed on Patient the patient returned concerns of a lump in 2010 (over two mont X-ray report dated 1 had a retained force in the right knee. The surgeon subsequent underwent removal of facility within one we sponge. A review of the face general acute care in was admitted on which included leg prince sheet also indicated the section, removal force knee. The Operative from the second gen disclosed Patient 1 h irrigation and debride pre-operative diagnor foreign body status poperative report indicates opened 3 cm in the second 3 cm in the second 3 cm in the patient 3 cm in the second 3 cm in the sec	detection Nursing Focus dated 20 d the first and final s inducted and were co if the counts were co idenced by the style acility sent to the De acility sent to the Style acility sent to the De acility sent to the Style	ponge orrect, impleted of the partment on was e reporter is 010 and ce with or the d Patient sponge) ited the patient ferent retained ient 1 oses The is ght pody, The retained ion. The isjon	E 284			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED C		
CA930000109			B. WING			5/2010	
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	STATE, ZIP CODE		
			ilhollan ND Hills,	D DRIVE CA 91364			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE	
E 264	Continued From pa	ge 3		E 264			
	was removed using	tonsil forceps.					
	During an interview department manage p.m., when asked if under the section N injury, first and final signed/initialed by it yes. Employee A st (circulating nurse) si final sponge count for Employee A further have been counted: A review of the facilititled "Counting Spoinstruments" dated (sheets shall be signed and scrub person. Ewas in effect during the street of the street o	with Employee A (the pr) on June 3, 2010 at the the Intraoperative ursing Focus II: Pote sponge counts were neesame person, she ated the licensed nu ligned/initialed the first or herself and the so stated the count sho as correct. Ty's policy and proceed and dated by the imployee A stated the Patient 1's procedure.	at 2:35 re Record ential for estated rse est and rub tech. uld not dure ted count circulator is policy				
	During an interview of December 15, 2010 sponge count on the should be signed/initionized and by the policy and property a	at 10:50 a.m., she so Intraoperative Recolialed by each individ I the scrub tech as indicedure. It to observe a Rayled procedure. Employed and the same type of the same type of the same type of the same type of the surgeon at 10.18 cm. When led how the surgeon at 10.18 cm sponge is stuffed into the incision.	e sponge e A of and each attracted on.				
	Employee B) on Dec						[

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA930000109			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(XS) DATE SURVEY COMPLETED C 12/16/2010		
	PROVIDER OR SUPPLIER I PICTURE & TELEVIS		23388 MU	DRESS, CITY, 8 LHOLLAND ND HILLS, C			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	(X6) COMPLET DATE	
E 264	a.m., he stated the anesthetic, placed a put inside the incish During an interview (Employee C) on Dop.m., he stated the sponge count for Padated Count sheet before circulating nurse. Whow the surgeon management of the surgeon "cramming incision after it was A review of the facilitied Counting Sport dated October 2003 were not to be utilized. The facility's failure procedure to prevent sponge used during deficiency that caus serious injury or deatherefore constitutes	sponge was bathed along the edge of the on to help with pain rewith the scrub tech ecember 17, 2010 at signature/initials on tatient 1's surgical procedure, as this was done the 19 cm incision, he had the sponge into saturated with the artity's policy and procedure as packing or dress to implement its policated Raytec sped as packing or dress to implement its policated, or was likely to cath to the patient, and an immediate jeopa of Health and Safety of the sponge of Health and Safety of the sponge of the start and Safety of the	skin and elief. 1:40 he cedure d by him. signed a by the sasked 10.18 cm a stated the nesthetic. dure truments conges asing. cy and ytec a was a ause, ardy	E 264	1 6		