

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/20/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARADISE VALLEY HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 EAST 4TH ST NATIONAL CITY, CA 91950</b>		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 749	<p>Continued From page 87</p> <p>"Appropriate PPE should be worn during cleaning and decontamination. PPE protects the worker from hazardous chemicals and exposure to blood and other potentially infectious materials."</p> <p>Per the isopropyl alcohol Material Safety Data Sheet (MSDS), alcohol could cause serious eye irritation. Precautionary statements included: wear eye and face protection.</p> <p>The hospital's policy and procedure entitled "Infection Control Operating Room", dated December 2012, was reviewed. Per the policy, "facial masks and protective eyewear will be worn with procedures potentially creating splash or aerosolized secretions to the face or eyes of any staff."</p> <p>On 8/17/15 at 11:15 A.M., an interview was conducted with the ICP. The ICP stated that she conducted random audits of the OR to ensure compliance with the hospital's IC policies and procedures and other related standards of practice for OR personnel. The ICP stated that her last audit in the OR was in March of 2015. A request was made to see evidence of surveillance in the OR by the ICP, and the random audit results.</p> <p>On 8/18/15 at 8:50 A.M., an interview and review of the ICP's OR audit results for 2015 were reviewed with the ICP. The ICP presented 3 documents entitled "Checklist for Infection Prevention Observations in Surgery." They were dated 2/12/15, 4/19/15 and 5/4/15. The 2/12/15 and 4/19/15 audit sheets were not complete and areas to be surveilled were left blank. The audit form dated 5/4/15 showed that the number "15" which represented the year, was initially a "13"</p>	A 749	<p><u>A 749 Continued from Page 87</u></p> <p><u>A 749 Item 1 Continued</u></p> <p>analyzed using the Plan, Do, Check, Act process to ensure that data collected is converted into useful information for continuous process improvement. Results will be reported to P&amp;T and Infection Control Committee, Clinical Leaders Meeting, Performance Improvement Committee, Medical Executive Committee, and Governing Board.</p> <p><u>Evidence</u></p> <p>Policy #74200-030, Infection Control, Operating Room Standard of Conduct and Code of Ethics Medical Staff Letters Sent to Physicians Monitoring Logs Meeting Minutes</p> <p><u>Person Responsible</u></p> <p>Infection Control Preventionist Operating Room Director Medical Staff Director Performance Improvement Director Senior Leadership Team Governing Board</p> <p><u>A 749 Item 2a</u></p> <p>a) The Infection Control duties and responsibilities were reviewed with the Director of Nursing who has oversight of</p> <p>Continued on Page 89</p>	Completed 8/20/15	



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NAME OF PROVIDER OR SUPPLIER

**PARADISE VALLEY HOSPITAL**

STREET ADDRESS, CITY, STATE, ZIP CODE

**2400 EAST 4TH ST  
NATIONAL CITY, CA 91950**

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SUMMARY STATEMENT OF DEFICIENCIES  
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(X5)  
COMPLETION  
DATE

A 749 Continued From page 88

and it appeared as though the number 3 was altered to look like a number "5". The document listed the medical record number of the patient's surgical case that was audited. It also named the type of procedure which was a

performed and audited on 5/4/15.

On 8/18/15 at 9:15 A.M. a review of the patient's medical record, who underwent a

and whose case was audited by the ICP on "5/4/15", was reviewed with the CNO. Per the Medical Record, the patient underwent a on 5/4/13, not

5/4/15, therefore, the audit could not have been performed in 2015 as documented by the ICP.

On 8/18/15 at 9:20 A.M. the Administrator and CNO were informed regarding the discrepancy concerning the OR audit results and the evidence presented by the ICP.

On 8/18/15 at 1:00 P.M. an interview was conducted with the Administrator and the CNO. Per the Administrator, the ICP acknowledged altering and falsifying the OR audit record to make it appear as though she was current in her surveillance of that department. She informed them that she had not performed any audits in the OR in 2015 and that "the year just got away from her."

A review of the ICPs job description was conducted on 8/19/15. Per the job description, the ICP was responsible to make routine facility rounds to evaluate compliance with infection control/prevention policies and procedures. Per

A 749 A 749 Continued from Page 88

**A 749 Item 2a Continued**

the Infection Control department. The random monthly rounding for IC compliance must include the area of Pharmacy department, OR, Cath Lab, Central Sterile Processing, and all Patient Care Areas. The DON and ICP coordinated with the Director of Pharmacy to ensure that Pharmacy staff are educated and aware of the IC Standards for Pharmacy. (Completed 8/20/15)

b&c) The DON and ICP scheduled rounds in patient care areas, FANS, Pharmacy, Sterile Processing, Cath Lab, OR and ER. The ICP is to inform the DON if ICP is unable to perform rounds. EOC has required ICP to participate in the EOC rounding. All rounding documents will be discussed with the department leader/director and a plan of corrective action will be created if needed. Monitoring sheets/documents will be validated with a signature by the ICP/Staff and the department leader/director.

d) Monitoring

Random Monthly rounding is enforced as indicated on the IC plan. Random rounding must include: Patient Care Areas, Sterile Processing, Pharmacy, Cath Lab, and ED. All

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Start Date  
9/1/15

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A 749	Continued From page 89  the job description, the ICP was required to "conduct business in an ethical and trustworthy manner at all times when dealing with patient, visitors, physicians, and fellow employees."  According to a document entitled "Infection Control Goals for 2015", dated March 2015, one of the specific goals for the ICP was surveillance of cleaning and sterilization of equipment used in radiology, OR and all sterile procedures." The ICP activity listed to accomplish that goal was "random monthly observation visits to Central Sterilization, OR, radiology, dietary, EVS (environmental services), and ER (Emergency Room).  2. a. A review of the Infection Control Preventionist's (ICPs) job description was conducted on 8/19/15. Per the job description, the ICP was responsible to make routine facility rounds to evaluate compliance with infection control/prevention policies and procedures.  Per the Infection Control Program Plan, last reviewed in February 2014, The IC Management functions were delegated to the IC Practitioner/Infection Control Committee to investigate and follow-up on clinical issues.  According to a document entitled "Infection Control Goals for 2015", dated March 2015, one of the specific goals for the ICP was surveillance of cleaning and sterilization of equipment used in radiology, OR (Operating Room) and all sterile procedures." The ICP activity listed to accomplish that goal was "random monthly observation visits to Central Sterilization, OR, radiology, dietary, EVS (environmental services),	A 749	<u>A 749 Continued from Page 89</u>  <u>A 749 Item 2a Continued</u>  rounding sheets/documents will be validated by ICP/Staff and the department leader/director. All findings will be discussed with the director for plan of corrective action.  DON and ICP will validate the compliance to the IC standards through the random monthly rounding. Monitoring results will be analyzed using the Plan, Do, Check, Act process to ensure that data collected is converted into useful information for continuous process improvement. Results will be reported to P&T and Infection Control Committee, Clinical Leaders Meeting, Performance Improvement Committee, Medical Executive Committee and Governing Board.  <u>Evidence</u> Meeting Minutes Monitoring/Audit Logs PI Reports  <u>Person Responsible</u> Pharmacy Director Food and Nutrition Services Director Patient Care Area Directors/Managers Director of Nursing/Performance Improvement Director Infection Control Preventionist Senior Leadership Team Governing Board  Continued on Page 91		



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A 749	Continued From page 90 and ER (Emergency Room). Another establish goal was "implementation and coordination of all aspects of infection prevention and control plan for the hospital."  On 8/19/15 at 11:00 A.M. a review of the ICPs infection control inspection logs was conducted. Per the ICPs audit and inspection logs, the last documented audit dates of hospital departments and patient care units, by the ICP, were as follows: Intensive Care Unit (ICU) 3/2014; Cardiac Cath Lab 2/2014; 5 North (telemetry) 4/2014; 2 West (inpatient rehab) 3/2014; 6 North (Med-Surg) 3/2014; Sterile Processing 3/2014; endoscopy 3/2014, OR 7/2014. There was no evidence in the inspection log that the pharmacy had been inspected or audited by the ICP.  b. On 8/19/15 at 11:10 A.M. a review of the Governing Board Meeting Minutes dated October 27/2014 was conducted. Per the minutes, the annual Infection Control Surveillance Summary was presented. An IC risk assessment was completed in January of 2014. Per the assessment, the "biggest risk" was the patient population coming from Skilled Nursing Facilities (SNFs) with existing infections.  According to the 2015 IC Plan and Risk Assessment, approved by the Safety Committee, Leadership including Department Managers, Performance Improvement (PI), and the Medical Staff Director for IC, "Community Acquired Pneumonia" was identified and prioritized as the number 2 risk to the facility. The goal established to address that risk was "outreach to Skilled Nursing Facilities." Strategies and interventions included staff and community education by Infection Control. The method of evaluation	A 749	<u>A 749 Continued from Page 90</u>  <u>A 749 Item 2b</u>  a) The infection Control Plan was reviewed with the DON/DPI and ICP. The risk of Community Acquired Pneumonia was an identified risk and per the IC Plan this risk was followed up with community education and outreach.  b&c) The ICP and DON/DPI will create a plan to follow-up on this identified risk. During this year's Influenza Season, an outreach and community education was done with Skilled Nursing Facilities who refer to Paradise Valley Hospital for admission. A SNF log was developed to identify all the referring SNF's and IC department follows up with SNF to encourage proper prevention strategies to prevent Community Acquired Pneumonia (CAP).  The first phase of outreach/education was completed on 9/17/15 an educational booklet was sent to all SNF and LTACH who refer to PVH for in and out-patient services. The second phase is scheduled for December 10, 2015 at Paradise Valley Hospital for an educational in-service on respiratory care and management. After the Influenza season, an analysis will be completed to assess the impact of this flu season on CAP. The results will be shared with the SNF's and LTACH's that were identified on the SNF log.  Continued on Page 92	Completed 9/17/15	Completed 9/17/15