PRINTED: 04/29/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	050057 B. WING						
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		400	REET ADDRESS, CITY, STATE, ZIP CODE 0 W MINERAL KING AVE SALIA, CA 93291		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 000	INITIAL COMMENTS		A	000			
	The following reflects California Departmen Complaint Validation 3/22/21 to 3/26/21, ar	t of Public Health during the Survey conducted on					
	Complaint Number: 7	27021					
	Representing the Department:						
	42344, Health Facilitie 42125, Medical Cons 13095, Pharmaceutic 41166, Pharmaceutic	es Evaluator Nurse (HFEN) es Evaluator Nurse (HFEN) ultant al Consultant II Specialist al Consultant II Specialist al Consultant II Specialist					
	Census: 311 Sampled Patient: 73						
	Hospital was not in co Conditions of Particip requirements health of	ation (CoP- Federal care organizations must ve Medicare/Medicaid					
A 020				220			
A 020	CFR(s): 482.11	LAVVO	AC	020			
	•	eral, State and Local Laws					
ADODATE		not met as evidenced by:			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. (See instructions.) Except for nursing homes, the findings stated 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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A 020	hospital failed to foll that govern Health a Controlled Substance Death of a Patient a 1. The Governing Borocess to prevent a drug paraphernalia inject or smoke a cosyringes, needles, a substances were us premises. This failur public at risk for inju (Refer A0021). 2. The Governing Borocedures for inguitable at risk for injuic (Refer A0021). 2. The Governing Borocedures for inguitable and procedures and wer controlled substances and wer controlled substances and wer controlled substance acquired to the more and wasted). This fact Anesthesia Resident for the attending phycontrolled substance sampled patients (Phad documented lar	and record review, the ow Federal and State laws and Safety of Patients, ses, and Determining the sevidenced by: ody failed to provide a and intervene when the use of (any device or item used to introlled substance/drug, i.e, llcohol swabs) and illegal ed by staff on hospital re place staff, visitors, and the ry.		020			

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A 020	3. The hospital failer and safety measure and abuse of Propo medication given intunconsciousness ar can make one stop one contracted staff Emergency Departnresulted in the death A0021). 4. The Governing Behospital policy and pfor all hospital Provithe distribution, accedivertible substance diversion. This failur dangerous divertible to A0021). 5. The hospital failer reconciliation and diprocedures, and mefollowed for four of failured to A0021. 6. The hospital failer patient's full code renecessary medical if and intervene with listing and measures to propronouncement of design and measures to propronouncement of design and and measures to propronouncement of design and intervene with listing and measures to propronouncement of design and intervene with listing and measures to propronouncement of design and and measures to propronouncement of design and and measures to propronouncement of design and and and measures to propronouncement of design and and and measures to propronouncement of design and and and and measures to propronouncement of design and and and and and and and and and an	d to ensure it has a process is that prevented the diversion fol (Diprivan- a strong to a vein and used to cause and if the dose is too high, it breathing, and die) for one of a (Scribe - SC 1) in the inent. This failure apparently in of the Scribe. (Refer to look failed to ensure the procedures were developed ders and staff to account for eas, and waste of the appropriate proposed to prevent the allowed easy access to a elemedication, Proposol. (Refer look for diversion policy and edical staff bylaws were four Providers (MD 1, CRNA edident 14). This failure allowed for diversion to go unchecked for diversion to go unchecked for diversion to go unchecked for diversion to sustain life fe sustaining medical exampled patient (Patient 1). Patient 1's life directions colding of the medical care esserve Patient 1's life and leath of Patient 1 after (a narcotic pain medication)	A 020		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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A 020		cts of these systemic failures	A 0.	20	
A 021		•	A 0	21	
		e in compliance with aws related to the health and			
		not met as evidenced by: and record review, the			
	when the use of drug or item used to inject substance/drug, i.e, swabs) and illegal so	s to prevent and intervene g paraphernalia (any device st or smoke a controlled syringes, needles, alcohol ubstances were used by staff s. This failure place staff, slic at risk for injury.			
	drug policy and prod Anesthesia Residen medical school and Resident 6, and Res give-up their respon the administration and substances and wer controlled substance supervising physicial physicians in training	d substance and dangerous cedures for three of three ts (physicians who finished in training) [Resident 5, sident 7] who were required to sibility and accountability in a control of controlled the directed to hand the est to their attending or an (doctor who supervises g) without regard for the echain of custody (tracks)			
		e chain of custody (tracks es from the moment they are			

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A 021	and wasted). This fa Anesthesia Resider for the attending ph controlled substance sampled patients (F had documented lar given for short process. Ensure it has a put that prevented the comparent of the propose of the	ment they are administered ailure resulted in these three has acting as potential proxies ysician (MD 1) to obtain es, in which five of 73 Patient 4, 73, 69, 65, and 56) arger doses of medications edures (4-7 minutes). Trocess and safety measures diversion and abuse of medication given into a vein unconsciousness and if the can make one stop breathing, one contracted staff (Scribe rency Department. This failure in the death of the Scribe. Independent of the divertible of the divertible of the diversion. This is access to a dangerous of the diversion and diversion reconciliation and diversion es, and medical staff bylaws our of four Providers (MD 1, and Resident 14). This failure coss and/or diversion to go	A 021				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		IDENTIFICATION NUMBER		PLE CONSTRUCTION S	1, ,	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		1 3401/2021		
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A 021	Continued From pag	ge 5	A 02	21				
		cement of death of Patient 1 tanyl and removal of						
	Findings:							
	with Registered Nur addition to SC 1, he used syringes and r "white milky substar During an interview Registered Nurse (F to SC 1, on three se contaminated syring swabs, and sometin (Emergency Depart the syringes had "w Propofol" in them. Repisodes to RN 16.	on 3/23/21, at 8:30 PM, with RN 3), RN 3 stated, in addition parate occasions, she found les and needles, alcohol						
	Registered Nurse (F were found in a bath them, not the bathro during the code [res syringes". RN 1 sta was missing" from F triggered, her, RN 2	on 3/25/21, at 8:50 PM, with RN 1), RN 1 stated, "Syringes aroom with white substance in som SC 1 was found inand uscitation] we found more ted, she "noticed Propofol Patient 1. RN 1 stated this, RN 3, and RN 14, all to look and RN 3 said "we need to find the is dead."						
	Security officer (SO report regarding the and was given new	on 3/26/21, at 10:18 AM, with 1), SO 1 stated he wrote a 12/22/2020 events of SC 1, information regarding as found in ED bathrooms						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION 3	, ,	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
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A 021	the investigation stawith a milky white sublood in the staff resinght and the night proconcerned a staff midrugs in this location incidents were not redepartment. SO 1 stayringes are found country by the sharp container. Rept]". During an interview Security Officer Supstated he did not take on 12/22/20 regarding similar episode" the occurred in "Zone 3" cameras, "needles at the bathrooms". SO notified of all events and suspicious substand suspicious substated "housekeepir ED bathroom, and country bathroom, and country the staff was "concerned stated on 12/22/20, public bathroom. MI	The report indicated "during ff members found syringes abstance, alcohol wipes, and atroom outside of Zone 3 that prior. The nursing staff were ember was potentially using n." SO 1 stated these exported to security fated, there are "no policies" if on (Facility) grounds lot, sidewalk if syringes p, pick it up and throw it in no logs of syndromes [are on 3/26/21 at 6:00 PM, with the ervisor (SOS 1), SOS 1 for the the (Facility) security reporting SC 1, but there was a enight before, on 12/20/20. It	A 02	21			

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A 021	House Supervisor (Historices (EVS) staff rused needles and syr [ED] bathroom" HS siepisodes to security, who in turn notified histaff". HS stated he devents and did not coreport. During a review of the "Urgent Message Drudated 2/8/21 at 2:25 Management (DRM), Management, the emeVSM report and way "suspicious findings of "for the safety and we can save a life". The but unclear who the educated Environmental Services and Environmental Services stated we received re (environmental Services stated we received re (environmenta	n 3/31/21, at 3:40 PM, with S), HS stated Environmental notified him of blood and ringes in a "secure area staff tated EVS reported the ED team lead, ED nurses m. HS stated "it must be ould not recall the day of the implete an occurrence of electronic mail, titled and polyersion Prevention," PM, from the Director of Risk provided by Risk ail included a picture from yes to prevent and report or signs of drug diversion" ell-being of everybody You demail was sent to "District", remail was sent to. In 3/21/21, at 2:50 PM, with numental Service/ Laundry dervice Manager (EVSM), DEVS deep staff that syringes with a sty used syringes, needles and in the ED staff ded he recalls one email of the process for any item of gouse at (Facility), EVS staff communicate with and EVSM stated MIDAS estem) reports were not	A	021			

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		050057			0	4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEI	NTER		STREET ADDRESS, CITY, STATE, ZI 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
A 021	dated 12/22/20, at attached photo incomplete between DRM, DE Resources (CHRC) Nurse Manager (E the email had used in an ED bathroom indicated EVS staff wrappers, and blood and "it was also sath the email indicate employee overdos thinking it would have DEVS wrote, "Will member who also was the same located DEVS could not do and needles were occurrence reports no other email exception of the episodes of us ED bathrooms. During the Govern 12:20 PM, the CEC the episodes of us ED bathrooms. During the Govern 12:20 PM, the Chiestated, she was "a syringes and need December 2020. Capproachintervencedles and syring "investigation".	the electronic mail (email), 8:04 AM, the email with luded email communication VS, Chief of Human and Emergency Department DNM). The photo content of disyringes, wrappers and blood a found by EVS staff. The email of identified used syringes, and, "found yesterday morning", and seen again this morning." of, CHRO wrote "another ed in a bathroom last night, but have been another location." follow-up with another staff saw a syringe (not sure if it attion as yesterday morning)". Etermine how many syringes found and on what days. No sewere written and there were shanges. Ing Body meeting on 4/1/21, at Distated he was not aware of ed syringes and needles in the eff Nursing Officer (CNO) ware" of episodes of the les in the ED bathrooms in ENO stated "took a rapid entional approach" for the	A	021			

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A 021	Continued From page 9 [Facility] Urgent, Subject: Drug Diversion		A 02	1	
	an individual remove that are prescribed them for him/herself prescribed two pills the patient and keep person uses an emmedicine from an IV themselves A per takes it home Whisigns of drug divers medication contained on counters, or othe Blood and blood procare setting not infurmedications being keep count discrepancies Reporting findings well-being of everythindings can potentich harm. For informatical	version is a term used when es, takes, or find medications) for someone else and used f. Examples: A patient is - the person gives one pill to os one pill for themselves. pty syringe to remove tubing to inject into rson finds medication and nat are suspicious findings or ion? Syringes or empty ers found in trash, bathroom, er non-patient care areas. oducts in the trash in patient sing Syringes, needles, or tept in unsecure locations es uncontrolled patient pain. es is for the safety and ody. Reporting suspicious ally save a life and prevent on see Policy HR 200". One in the email, appear to be S report.			
	with Certified Regis (CRNA 1), CRNA 1 standard 5 mg [milli versed [medication relaxed or sleepy be procedure] and 250 measure] of fentany no matter how long stated [Facility] "kne versed and fentanyl her and other CRNA behavior, over use of the company of the certification of the c	ew on 3/26/21, at 4:05 PM, tered Nurse Anesthetist stated, MD 1 had a "cocktail-gram, a unit of measure] of that helps patients feel efore surgery or medical mcg [microgram, a unit of // [a narcotic pain medication], the case was." CRNA 1 ew of it," MD 1 "diverting for years". CRNA 1 relayed A's concerns of MD 1's of controlled substances and channeling of regulated			

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A 021	on January 2021 to 0 Graduate Medical Ed Anesthesia (MD 4). 0 complaints in the sur continued to work, bu (physicians in training CRNA 1 stated the p controlled substance automated drug disp CRNA 1 stated, "can substancesthey a wasted [discard unus be accounted for. During an interview of Chief, Department of stated relationship w "child-parent relation "inherent trust" of the "Residents have to tr described the proces control substance tha the Pyxis. MD 3 state of residency training, [removing controlled machine] medication attending/supervising medications for the s will give the medicati physician. The attendmeds pushed", ar be given" to the patie During a concurrent to n 3/24/21, at 5:45 F	Il sources to the illicit summer of 2020 and again Chief of Staff (MD 2) and/or ducation Program Director, CRNA 1 stated after the nmer of 2020, MD 1 at mainly with residents g) and rarely with CRNAs. rovider who removes the from the Pyxis (an enser) is responsible for it. It transfer controlled re given to a patient or sed portion]", and waste must a ship" and residents have ser attending physicians. The residents managing at he/she checked out from the Pyxis so for the g MD and will prepare the urgical case. The resident ons to the attending what needs to ent.	A 02				

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A 021	procedures were 4 to quantities of medicati patients were dischar 3 stated the quantitie larger than one would procedures. The followard female without uneventful procedure fentanyl 150 mcg (typical 575 mg (typical dose went home shortly af Patient 69. For a sevent healthy female without uneventful procedure fentanyl 350 mcg (typical 512 mg (typical dose went home shortly af Patient 65. For a three healthy female without uneventful procedure fentanyl 250 mcg (typical 550 mg (typical dose went home shortly af Patient 65. Seventee healthy male without uneventful procedure fentanyl 250 mg (typical dose went home shortly af Patient 56. Seventee healthy male without uneventful procedure fentanyl 700 mcg (typical 520 mg (typical dose yersed 7 mg (typical dose 520 mg (typical dose	MD 1) were reviewed. The 7 minutes and large ons were given and the ged home shortly after. MD is of medications were much if be expected for short wing cases were reviewed: I minute case on a young at medical issues and pical dose 25 to 50 mcg) dose zero to 1 mg), Propofol 20 to 50 mg). Patient 73 iter. The minute case on a young at medical issues and patient 69 received of the proposition of the propositi	A	0021			

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A 021	minimal other meds induction [putting para Patient 56 went hore. Patient 4. For a five healthy female with uneventful procedur 250 mcg (typical dose zero to (typical dose zero to (typical dose 30 to shortly after. During a concurrent on 3/29/21, at 4:05 69, 65, and 56 anest anesthesia resident All four patient anest procedures were 4 quantities of medica patients were dischastated, the quantit than one would experients were dischastated, residents hattending will give the 4 stated, residents hattending will give the 4 stated, residents hattending will give the 4 stated process for resident will what he/she told was subordinate position process for resident will "obtain them up into a syrint to the attending phy administer the intravalled."	and pain control, and non to a needed except during atients asleep for surgery]), and shortly after. In minute case on a young out medical issues and re, Patient 4 received fentanyl se 25 to 50 mcg) versed 2 mg of 1 mg), Propofol 145 mg 50 mg). Patient 4 went home It interview and record review, PM, with MD 4, Patients' 73, sthesia records that involved is and MD 1 were reviewed. Sthesia records indicated, "The to 7 minutes and large ations were given and the arged home shortly after." MD ties of medications were larger sect to give for short "wasn't there." In addition, MD have "inherent trust" that the me medications the patient as given is true, and "in a n". MD 4 described the ts managing control the checked out from the attending physicians cations for the case. The them from the Pyxis, draw age, label them, and give them resician. The attending will venous medications.	A 02 ²			
		t interview and record review, l, with MD 4, the hospital's				

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 021	System (PAS) (RX 7. Administration (PC 19. Theft/Loss (KDEP 11 67), Occurrence Reporting and Alcohol (H Requirements for Drus Substance Abuse or (AP 110) were review are employees of the all hospital policies are there are "short change reconciliation and div During an interview of Anesthesia Resident Resident 5 stated, shintravenous, in a vein induction [putting pation, pushing meds is by some Resident records the supervising physician During an interview of Anesthesia Resident Resident 7 stated, for anesthesia residency medications are given Resident 7 stated, the from each attending, attending. Resident 7 stated, the from each attending, attending. Resident 7 stated, the from each attending, attending. Resident 7 stated the from each attending attending to 5 station of the anesthesia from the first from the fir	stitled, "Pyxis Anesthesia 50.0), Medication 9), Dangerous Drugs:), Medication: Narcotics (PC orting Process (AP 100, R 200), Reporting g Diversion, Illegal Controlled Substance Abuse red. MD 4 stated, residents hospital and must abide by and procedures. MD 4 stated, ge artists" when rersion are concerned. In 3/25/21, at 2:08 PM, with PGY 3 (Resident 5), re "never pushed [give goes a saleep for surgery]. Supervising MD [physician]. Remeds given". The rewill direct her what to write. In 3/26/21, at 11:51 AM, with PGY 4 (Resident 7), revery year in the program, intravenous in by the attending physician. In out from the Pyxis, "draw yringe] them up, label, them to [physician]". For eare "typical requests and depending on the resident attending will	A	021			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	, 0.10.12021	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION	
A 021	by the attending, the "given to a colleaguate reconciliation is contracted what the attention 3/26/21, at 12:156 anesthesia recontracted in with MD discussed and reviewed in why the quarter at 12 to 12 to 15 to	eds [medications] are given" he remaining medications are hue/peer, attending". No hupleted. The resident will	A 02	.1		
	home so soon after received. Resident email the resident controlled substance 7] get an email, I conecessarily the one attending [supervis pushed meds [med during care I did who pulled [remove standard for CA 1-3 years] attendings p	r the amounts of medications 7 stated, the pharmacy will or provider if there are any ce "discrepancies". "I [Resident orrect the error, but I'm not e who made the mistakethe ing physician of residents] lications given via a vein] In't make mistake". "No matter ed medications from Pyxis], the B [anesthesia resident training ushes meds" and resident ttending tells the resident to				
	During a concurren on 3/25/21, 6:58 Pt PGY 4 (Resident 6) anesthesia records involved in with MD discussed and revier recall why the quar needed or why the home so soon after received. Resident	It interview and record review M, with Anesthesia Resident), Patient 73 and Patient 4's , two cases Resident 6 was 0.1 as the attending, were ewed, Resident 6 could not nitity of medications were patients were ready to go r the amounts of medications 6 stated, residents "trust" and on" if the content of syringes				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291	,	
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
A 021	medications, including the resident checker of the resident checker of the resident checker of the resident checker of the resident of the stated of the resident of the resid	rect". Resident 6 also stated ing controlled substances are room unattended. Resident 6 g will give the medications that d out from the Pyxis machine. ever checked out the Pyxis is responsible". he has not had education on reconciliation of chain of	A 021			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	(X3) DATE SURVEY COMPLETED		
		050057	B. WING _		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	1 04/01/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION	
A 021	During an interview Emergency Departr stated SC 1 was we stated SC 1 did not pages for several hyprimary ED physicia stated, he recognize when SC 1 was rus resuscitated. During an interview Registered Nurse (Inot answer calls or stated at around 2:0 was missing", about When she reported RPHED, other recuneedles in ED bath Something "clicked" SC 1 for several ho and "syringes were white substance in "we need to find hir RN 1 stated this trig 14, and RPHED to 1 was found with "we syringes and blood the code we found substances. RN 1 s RNs of the events" stated MD 6 knew a and the "white substances."	on 3/24/21, at 2:35 PM, with ment Physician (MD 6), MD 6 orking as MD 6's scribe. MD 6 answer his calls or overhead ours. MD 6 stated he was the an for [SC 1 /Patient 2]. MD 6 ed Patient 2 as the Scribe hed to room 21 being on 3/25/21, at 8:50 PM, with RN 1) RN 1 stated SC 1 did pages for several hours. RN 1 DO AM, she "noticed Propofol to 3/4, from Patient 1's bottle. The episode to RN 3 and pring events of syringes and prooms came to mind. The about not being able to find the surrounding able to find the surrounding SC 1. RN 1 stated SC of thite substances in the in the bathroom, and during more syringes with white tated MD 6 "questioned the surrounding SC 1, RN 1 about SC 1, how he was found of tances in the syringes and the surrounding SC 1, RN 1 about SC 1, how he was found of tances in the syringes and the surrounding the code we	AO	21		
	During an interview	on 3/26/21, at 10:20 AM, with				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	ITER	•	400 V	ET ADDRESS, CITY, STATE, ZIP CODE V MINERAL KING AVE ILIA, CA 93291	·	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	I	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
A 021	call to go to the pull and Zone 2 in the Ethe [Scribe 1] was a pale, looked like blothe door fully and the Code (medical emercalled for help and [SC 1] was taken to resuscitated." SO 1 the facility and I as ED staff." SO 1 staindicated, "during the facility and syringes with alcohol wipes, and outside of Zone 2 to They had concerns potentially using dratted these incide security department also informed secundaces to the drug Propofol container a patient in room 1 to Zone 1 restroom whimself with the drug During concurrent in video footage, on 3 Security Services Mofficer (SO 1), SSM footage, [SC 1] entity, in the ED Zone Near the door, [SC containing syringes containing needles discarded in the traroom. At the room.	D 1), SO 1 stated, "I received a blic bathroom between Zone 1 ED. When I opened the door, on the floor, unresponsive, bod near his head. I opened the ED staff recognized it as a ergency) situation. The staff called a code in the bathroom. It is stated "local police arrived at easisted the police interview the sted he wrote a report which the investigation staff members in a milky white substance, blood in the staff restroom this night and the night prior. It is a staff member was the ugs in this location." SO 1 and the word in the staff restroom that the night prior is a staff member was the staff member was the staff restroom that she he word in the staff restroom that she he word in the staff restroom that she he was the staff member was the staff membe	A	021			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE		
A 021	SSM stated, per the viseen leaving Patient 12:36 AM, and entered The video footage did bathroom. SSM state Security Officer (SO to open a locked bathropens the door and a alcove entrance of the identified RN 1, RN 2 entering the bathroom 2:14:00 AM, SC 1 was wheeled to Room 21 were many ED staff exidentified MD 6, RN 1 EDT. During a review of SC Documentation, dated Notes indicated, "Finacause, unspecified," During a review of SC Resuscitation Report 12/22/20, the code sh pronounced SC 1 dead During an interview of Emergency Departments atted [SC 1] was four bathroom and was more suscitation. MD 7 singles, 60 ml" of Producing an interview of RN 3, RN 3 stated, the another 20 ml syringes	are tending to the trash. Arideo footage, [SC 1] was 1's room on 12/21/20 at 2d an ED public bathroom. I not show SC 1 exiting the 3d per the video footage, 1) responded to the request 1 room. At 2:12:57 AM, SO 1 1 "swarm of staff" rush to the 3e ED public bathroom. SO 1 3, RN 3 and RN 14, as 3n when the door opened. At 3s on a gurney being 3in the ED Zone 2. There 3in the ED Zone 2. There 3in the ED Zone 3in the ED Rhysician 3in the ED Zone 2in the room, and SO 1 3in, RN 2, RN 3, RN 14, and 3in the ED Physician 3in Diagnosis: Cardiac arrest, 3in the ED Rhysician 3in the E	A	021			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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A 021	police, security, and police instructed he During an interview Emergency Departr stated he witnessed room 21, "someone who] bringing a 60 with what looked lik "whole room-RN 1, 1, residents knew a During a concurrent on 3/26/21, at 2:45 County (DET), DET AM, he arrived at [Findicated "two syrin [SC 1]. One of the sand the other was a found several syring pocket soon after [RN 1] reported a Pused on a previous missing from it so reasonable to conclude accidental overdose receive the Propofic coroner for testing by discarded them. 4. During a concurrent drug manufacturer's medication, on 3/29 Graduate Medical E Director, Anesthesia package inserts from	when she reported it to the I EDNM. RN 3 stated, the r to "throw it away". on 3/31/21, at 6:50 PM, with ment Technician (EDT), EDT I, after SC 1 resuscitation in from room 21 [can't recall ml syringe with a needle filled e Propofol. EDT stated the RN 3, RN 2, RN 14, MD 6, RT	AO	21		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	rer er		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	·
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD		IOULD BE COMPLETION		
A 021	for use in the induct anesthesia or sedat abuse of Propofol for improper purposes, fatalities and other i Propofol should be prevent the risk of dof access and accorappropriate to the condition and stated, "Propofol unconsciousness or stated physicians not administer Propofol airways" in accorda Executive Committed physicians). MD 4 s "controlled" but is not "There are many bather as possible" and sto same manner as consense it is removed Pyxis. However, was monitored or account During an interview Emergency Departrestated physicians not sedation and to use the is unaware how wasted" because the stated ED physician Pyxis or give medicanot have access to the stated and to the sunaware access to the stated ED physician Pyxis or give medicanot have access to the stated ED physician Pyxis or give medicanot have access to the stated ED physician Pyxis or give medicanot have access to the stated ED physician Pyxis or give medicanot have access to the stated ED physician Pyxis or give medicanot page 12 physician Pyxis or give phy	anesthetic and sedation drug ion and maintenance of ion There are reports of or recreational and other which have resulted in njuries inventories of stored and managed to iversion, including restriction unting procedures as inical setting". MD 4 agreed of can induce sedate patients." MD 4 ed to be "qualified" to and be "signed off to secure note with the MEC (Medical set - a committee of staff tated Propofol should be of at [Facility]. MD 4 stated, d incidents at the [Facility]." on 3/23/21, at 12:15 PM, with mager, (PTM), PTM stated sion potentialit is secured ored in the pharmacy, "in the and tracked" through the ste (unused portion) is not	A 021		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER	•	40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) BY THE PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE		
A 021	Chief, Department of stated, Propofol is "d and "monitored" at [F] During an interview of Certified Registered If CRNA 1 stated Proposition of CRNA 1 stated Proposition of Proposition o	on 3/24/21, at 5:25 PM, with Anesthesia (MD 3), MD 3 iverted" and not "controlled facility]. on 3/25/21, at 8:40 AM, with Nurse Anesthetist (CRNA 1), of of "should be controlled." In "no documented waste". r, volume of measurement) are thrown into large sharp aste container for syringes can pull it out, reach in, grab oo many people using and vailablenot wastedleft by for others to geteasy on 3/25/21, at 2:08 PM, with (a physician who has pol and is training in a cal specialty) PGY 3 and 5 stated. "Propofol is misuse." on 3/25/21 at 3:45 PM, with ated, at other hospitals he controlled", but not at this d providers do not need to on 3/29/21, at 7:05 PM, with ent Physician MD 7, MD 7 controlled" substance and he Propofol is wasted. He stated iven by the nurses. MD 7	A	021			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION 3		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 021	"big syringes, 60 ml" During an interview of Emergency Departm (Resident 8), Reside controlled", and the ribut Resident 15 does During an interview of Director of Pharmacy stated Propofol is not is divertible and was stated there are "not waste of Propofol. During an interview of Registered Nurse (Rivillate be "left hanging a for several hours dur pause. The bottle is from accessing it. Riving 1, there were three obathrooms of used significant with white milky substitute of the policy of the policy for up to six hother patient 1and could bottle is not secured accessing it. Riving 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	resuscitation, "needles" and of Propofol were found. on 3/31/21, at 10:30 AM, with ent Resident PGY 2 Int 15 stated "Propofol is nurses obtain it from Pyxis is not know how it is wasted. on 3/31/21 at 4:20 PM, with y Services (DPS), DPS to a controlled [substance]. It is is not tracked". DPS is strategies to control use or strategies to control use or on 3/23/21, at 8:15 PM, with N 3), RN 3 stated Propofol and attached to the patient ing use or when it is on not secured to prevent others N 3 stated, in addition to SC other recent discoveries in ED yringes and needles found stancelooked like on the walls. on 3/30/21 at 9:10 PM, RN 1, I can be left "hanging on the urs and still connected to d restart it if needed. The to prevent others from ated she noticed Propofol bottle) from Patient 1's N 1 stated, [SC 1], was found ances in the syringes and m, and during the code we	A 02	21		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 021	Security Officer (SO report indicated "stawith a milky white sublood in the staff resinght and the night pwere concerns a "stawing drugs in this laincidents were not redepartment. 5. During the Govern 4/1/21, at 12:20 PM (CEO) stated the Gemedical and quality hospital. The CEO s"abide by Policy and medical staff [require Body has "responsite contracted staff for band safety. During the Case Re 03/24/21, at 7 AM, the "admitted to diverting substances. The CE was a "single event, "not happen often here viewing random 25 harm" and "no fentathere is an "addition to investigate". CEO himself to the Well-Ecommittee of five phoses for patient safethe rehabilitation promedical leave and histated, since there we	on 3/26/21, at 10:18 AM, with 1) SO 1 stated and in a aff members found syringes abstance, alcohol wipes, and stroom outside of Zone 3 that prior to SC 1's death. There aff member was potentially ocation." SO 1 stated these exported to security In the Chief Executive Officer as is "responsible for the care, and safety" of the stated the contracted staff, and ements]" and the Governing officity of all staff and exhavior, medical services, I Procedures, contracts and ements]" and the Governing officer and safety" of all staff and exhavior, medical services, I procedures and the Governing officer and the Gove	AO	21		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		050057	B. WING			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		DE	:	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL : LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 021	Chief of Staff (MD 2) about diversion, sub of providers. MD 2 state 1's possible substan in July 2020. MD 2 a substance audits, in inquiry, or monitoring 2020. In January 202 more concerns aroso "leave of absence", Committee, so an "ir and/or report to the I required. As for Cert Anesthetist (CRNA 4's i being under the influcaring for a patient in stated another physitake over the care for acknowledged contrinvestigation and/or not initiated in on CF was nothing to invest stated he was unaway controlled substance charges. During an interview of Graduate Medical Ed Director Anesthesia, was about diversion impairment of provides	I Board of California. on 4/1/21, at 8:10 AM, with a topic of discussion was stance use, and impairment tated, MD 1 admitted to substances from patients for d he became aware of MD ce use disorder and diversion acknowledged controlled vestigation, patient safety g were not initiated in July 20, MD 2 acknowledged e. MD 2 stated, MD 1 took a joined the Well-Being avestigation" for diversion Medical Board were not diffied Registered Nurse d), MD 2 stated, he was ampairment and suspicion of ance of substances while an the operating room. MD 2 dician had to intervene and for the patient. MD 2 colled substance audits, patient safety inquiries, were RNA 4. MD 2 stated "there digate, she resigned". MD 2 are of CRNA 7's diversion of es, criminal investigation, and and 3/29/21, at 4:05 PM, with ducation, (GME), Program (MD 4), a topic of discussion	A 02 ²				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
A 021	report on 1/8/21, des overuse of opioids a MD 1 informed him, wanted to join "Well-MD 1 joined the Well became "confidentia" "Midas" report about impairment while wo MD 4 stated he was diversion of controlle investigation and ch: 14 (a physician who in training in a specialty) "had issue stated there were "MD 4 stated he had overdosed while at whad drug testing at [unaware of Residen "should have been in he was not aware of investigation, patient monitoring initiated for CRNA 7, Resident 1 not aware of any condiscrepancies involved Anesthesia Resident Resident 7 stated, thresident or provider substance "discrepatemail, I correct the ethe one who made the supervising physicia [medications given widin't make the mist	e reporting system) event scribing concerns of MD 1's and diversion. MD 4 stated, "He had a problem" and Being." MD 4 stated, after Il-being Committee, it all I". MD 4 stated there were CRNA 4 concerning rking in the operating room. unaware of CRNA 7's ad substances, criminal arges. MD 4 stated, Resident finished medical school and alized area or medical swith anesthesia." MD 4 lidas reports for residents". no knowledge, Resident 14 vork, was seen in the ED and Facility]. MD 4 stated he was at 14's drug testing and another med. MD 4 acknowledged controlled substance audits, asafety inquiry and/or or these events for CRNA 4, 4, or MD 1. MD 4 stated he is introlled substances ing anesthesia providers. Den 3/26/21, at 11:51 AM, with the PGY 4 (Resident 7), we pharmacy will email the if there are any controlled notices." "I [Resident 7] get an arror, but I'm not necessarily ne mistake the attending	A 02			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	, , , , , , , , , , , , , , , , , , , ,
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
A 021	Continued From page	ge 26	A 0	21	
	resident training yea	I for CA 1-3 [anesthesia ars] attendings push meds" s what the attending tells the art.			
	Chief, Department of described how discribed substances are reso	on 3/24/21, at 5:25 PM, with of Anesthesia (MD 3) MD 3 repancies of controlled olved at [Facility]: the			
	provider or resident medications from th	il, text or verbally" inform who removed the e Pyxis machine of the rovider or resident will "fix" the			
	discrepancy and "co to one year, by ope missing dose of me	orrect the chart", within a week ning the chart and placing the dication on the intraoperative			
	record allows entrie anytime. The "recor	I, the electronic medical s and changes of the record d does not show what was ate it was re-signed". MD 3			
	stated providers car time stamped, of wh the medical record,	n "write addendums" that are nat and why was changed in but "it is not done, too much			
	tracking", "no invest regarding how man	ed there is no "reporting or digations", "no monitoring" y controlled medication			
	this method the ane	be "fixed" per provider. With esthesia department is "99% d substances" reconciliation.			
	Director of Pharmac stated, MD 1 admitt narcotic pain medic	on 3/31/21, at 4:20 PM, with by Services (DPS), DPS ed to diverting fentanyl (a ation) from patients for			
	there was an audit of pharmacy department other anesthesiolog	2020 to 1/20/21. DPS stated on fentanyl. DPS stated, the ent "did not do a deep dive on istslookedno			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	/01/2021
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A 021	(sedation medication accessed by anesth DPS acknowledged the Pyxis by resident anesthesiologists be audited. DPS stated discrepancies" for Cothere is a controlled "documentation was that is, "missing, is repharmacy "will ask possible of the possible of t	ed substances or Propofol in, that is divertible) used and esiologist. medications removed from its on MD 1's and other ehalf were not investigated or the pharmacy found "no eRNA 7 or MD 1. DPS stated if substance discrepancy, is cleaned-up by anesthesia." In the documented". The ohysician to correct [it]". If Patent 1's Emergency end 12/21/20, the ED Notes end CPR suscitation, life sustain dROSC [return of tion] was achieved." At 11:00 valuated by an Intensive Care esident 9 (physician in perature 36.6 centigrade rate 104 on the monitor, olood pressure 14/81, SP02	A	021			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		,	
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A 021	heart). Patient 1 was orders, so he could be continuation of care. documentation of an updated laboratory vorders for change of status and withdrawa communication with communication docuby ED Physician (ME nursing. During a concurrent on 3/23/21, at 4:35 FD Documentation was indicated, "Between Patient 1, who was fiventilator, and waitin status was changed to withdrawal of med Resident 1 document determine Patient 1's There was no document assessment of Patient 1 or RN 1. There was signs, temperature, of delivery, ventilator us reflexes, apnea [bread cause] test, examine nervous systems, or There were no document (Physician Order for Treatment-life directifull resuscitation, par natural death. It mus and/or patient represe form, neurology (physician order)	waiting for ED transfer be moved to the ICU for There was no assessment, status change, alues from ED admission, full code to "comfort care" al of medical care, the family and/or mented with other providers 0 5), Resident 1 or ED interview and record review M, Patient 1's Emergency reviewed. The ED Notes 12:42 a.m. and 1:41 a.m. ull code, intubated, on a g to be admitted to the ICU, to "comfort care" or reasons ical care. Neither, MD 1 or ted an assessment to s viability or signs of life. hentation of vital signs or nt 1 by MD 5, Resident 1, RT is no documentation of vital cardiac monitoring, oxygen se, ECG [Electrocardiogram], athing that stops from any the heart, lungs and normal laboratory values. mented orders, POLST	A 02	21		

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A 021	During an interview of concurrent chart review (Resident 1), Reside a "full code", intubate waiting to be admitted stated, he decided Pland "put him on comacknowledged he did patient representative 1's full code status, in Resident 1 stated he family about "comford Resident 1 did not specified to 1's code status any communications physician. Resident 1 did temperature, heart mapnea test, examined systems or obtain not buring an interview of Emergency Department of the comfort care. MD 5 "taking care of Patient During an interview of Resident 1, Residen	coain and symptoms) consult. Ilings. In 3/23/21, at 8:35 PM, and ew, with ED Resident PGY 1 at 1 confirmed Patient 1 was ed, on a ventilator, and do to the ICU. Resident 1 atient 1 had a poor outcome fort care." Resident 1 Inot speak with the family or exparding changing Patient or were there written orders. "believes" MD 5 spoke with exare" and "patient status". Heak with MD 5 regarding us, and he did not document with MD 5, the supervising I did not complete an existent 1's viability or exist to withdrawal of medical existent 1's viability or exist to withdrawal of medical existent 1's viability or exist to withdrawal of medical existent 1's viability or exist to withdrawal of medical existent 1's viability or exist to withdrawal of medical existent 1's viability or exist to withdrawal of medical existent 1's viability or exist to withdrawal of medical existent 1's viability or exist to withdrawal of medical existent 1's viability or exist to be a "full code", but "full code" was changed to stated Resident 1 was	A 0:	21		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A 021	Documentation, da indicated, Patient 1 rube removed) at 1 documentation of v cardiac monitoring, use, ECG, reflexes heart, lungs and ne laboratory values. A Department Physic take over the care of ED Notes indicated "comfort care status mcg IV [intravenous ETT [removing breaventilation [breathin support [medication pressure and heart indicated, "MD 7 withat he [Patient 1] h documented blood were taken to persedeath of Patient 1 at During an interview MD 7, MD 7 stated went from a full coopending ICU admiss withdrawal of medicated the "did not read the regarding Patient 1 patient care." MD 7 1's status to "comfort"	Patient 1's Emergency ted 12/22/20, the ED Notes was extubated (breathing :43 AM. There was no ital signs, temperature, oxygen delivery, ventilator, apnea test, examine the ervous systems, or normal At 1:53 AM, Emergency ian (MD 7) was assigned to of Patient 1 from MD 5. The IMD 5 placed Patient 1 on sadministering fentanyl 100 sly, via a vein]withdrawing athing tube], mechanical ing machine] and vasopressor is to help maintain blood rate]." The ED notes as notified by patient's nurse and lost his pulse and had no pressure". No interventions evere life. MD 7 pronounced	A 02			
	his word trusted happened". MD 7 s 5] told medid w					

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A 021	signs of life. MD 7 a obtain vital signs, te strip, reflexes, EEG the heart, lungs and normal laboratory variety of the heart, lungs and normal laboratory variety. During an interview Critical Care Physic Patient 1 was a full successful ROSC, a admission. MD 18 shim that Patient 1's "comfort care" and wand would no longer stated he "did not ha no documentation with Resident (1). MI consulted on Patien to the ICU. MD 18 sinvolved with or president of a patien consideration for "comedical care, there protocols "brain de LEG [brain activity "respiratory protocols a Palliative Care comake the decision a comfort care and win 18 stated he "would".	d not complete an rmine Patient 1's viability or cknowledged he did not mperature, cardiac rhythm test, and apnea test, examine nervous systems or obtain alues. on 3/29/21, at 6:17 PM, with fan (MD 18), MD 18 stated, code and intubated, had a and was pending ICU tated the Resident (1) notified Code status was changed to withdrawal of medical care, r need ICU admission. MD 18 ave answers" and there was why the status was changed by D 18 stated the ICU team to 1 and was never transferred stated the ICU team was not sent at Patient 1's death. MD to is a "full code "and there is omfort care" and withdrawal of are "protocols": neurology eath [absence of] reflexes	A 02 ⁴	· · · · · · · · · · · · · · · · · · ·		
	corner's case. MD 1 privileges for palliati	nat Patient 1 was not a 8 stated he does not have ve care, anesthesia, hospice, needed to withdrawal medical				

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A 021	patientasked to .I'm new and didn't I did it". The chart r written at 6:37 AM, by MD 18. During an interview Surgery Resident F stated, the process for example a "brai .EEG [brain activity (physician specialis system)." Resident cleared" and exam of a patient. During an interview Respiratory Therap physician had madasked me to remov stated based on a 'Patient 1's breathin she did not have a During an interview Emergency Depart stated, ED physicia' comfort care' rea .no written process resuscitation, life-si [return to spontane situation to go to comedical care for a p death is determined ED".	y, "he [Patient 1] wasn't an ICU write the death summary want to cause problemsso eflected a "death summary" by Resident 4 and co-signed on 3/23/21, at 9:52 AM, with PGY 1 (Resident 4), Resident 4 for determining brain death, in scanbrain stem reflexes scan]neurology consult st who evaluated the nervous 4 stated, she would "wait till completed to determine death on 3/23/21, at 8:35 PM, with pist (RT 1), RT 1 stated the e Patient 1 "comfort care and the the breathing tube". RT 1 "verbal order", she "removed" ag tube. RT 1 acknowledged,	AC	021			
		tled, "Reporting Guidelines for					

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A 021	33) dated, 6/26/18, the reporting actions und licensing board, certare recommendations of Committee covered the four elements 1. Den clinical privileges of a Recommendation by Committee; 3. Follow and 4. MECs that any occurred. For examp or repeated deviation to the extent such mainjurious to any person or prescribing for or a herself, any controlled During a review of the procedure (P&P) title Administration" (PC indicated, "The accurtans actions will be well discrepancy report at the setting which are . Timely discrepancy is necessary to compate the ft/loss reporting recessary to compate the ft/loss reporting recessary to compate the compation of the procedure (P&P) system (PAS)", (RX P&P indicated "To proceed the compation of the compation o	a Professional Code", (MS ne P&P indicated, "Before ler 805 and to the applicable ain final decisions or the Medical Executive by this policy must satisfy y, terminate of restrict the a practitioner; 2. The Medical Executive by the Medical Executive by of the following acts have le, incompetence, or gross a from the standard of care, anner as to be dangerous or on or to the public; the use of administering to himself or disubstance." The hospital's policy and district of the change of each shift in open on a 24 hour basis. The change of each shift in open on a 24 hour basis. The hospital's policy and policy with Federal and State equirements". The hospital's policy and policy of titled, "Pyxis Anesthesia 7.50.0), dated 2/9/21, the ovide secure and identifiable is Waste transactions AS any time a controlled	A 02				

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A 021	of any inconsistence action(s) can be tall are responsible for agree with the syste [controlled substan resolved as soon a discrepancy resoluthours from the time responsible for creamedication for PAS its". During a review of procedure (P&P) tit (PC 67), dated 8/23 controlled medication is necessand State theft/loss. discrepancies are hours after discove be satisfactorily resolution is necessand State theft/loss discrepancies are hours after discove be satisfactorily reson CNO [Chief Nursing of Human Resource DOP [Director of Plappropriate action. for Drug Diversion, Controlled Substant During a review of procedure (P&P) tit Theft/Loss", (KDEF indicated and "outlithe case of theft/loschemicals listed in Manual ("List 1 Chepursuant to Section")	ge 34 (or designee) will be informed ies so that appropriate iesAnesthesia Providers ensuring that physical counts em's internal countCS ice] discrepancies must be is possible, the timeframe for ition should be no later than 24 it of discoveryThe individual ating a discrepancy [removed] is ultimately responsible for ition should be no later than 24 it of discoveryThe individual ating a discrepancy [removed] is ultimately responsible for it in the hospital's policy and led, "Medication: Narcotics", 8/16, the P&P indicated, "All ions "will be accounted for with itentation. Timely discrepancy sary to comply with Federal is reporting requirements It is to resolved no later than 24 irIf a discrepancy cannot colved within 72 hours, the gofficer], VP [Vice President] is, Risk Management and the inarmacy] will initiate (See Reporting Requirements Illegal Substance Abuse or ice Abuse (AP 110)." If the hospital's policy and led, "Dangerous Drugs: in 11), date 6/19/19, the P&P in 14 in 16 in 17 in 16 in 17 i	AO	21	

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A 021	be taken by sites lic Enforcement (DEA) substances in List 1 the following mean: .loss in transitPe 110), the following a DEA Diversion Field form 106 "Report of Substance "within of discovery of a theft controlled substance within 3 business dor loss of any subst Health & Safety Corbon Board of Pharmacy discovery of any los within 14 calendar of losses due to licens to Business and Proprofession licensing person confirmed to [Local] Police and/oragency. 6. Californi Health." During a review of the Federal Regulations Determination of Deregulations indicate patient—, approved when an individual and Health Safety Chapt 3 section 718 has sustained eithe circulatory and respirreversible cessation brain, including the	Federal law required action to be sensed by the Drug should a loss of controlled chemicals occur by any of break-in, employee theft. Fer Administrative Policy (AP agencies will be notified: 1. If Office by completing DEA of Loss or Theft of Controlled one business day of the or significant loss of a set of 2. Department of Justice and and a set of the discovery of a theft ance regulated pursuant to de Section 11100. 3. State within 30 days from the set of controlled substances or days from the date of loss for seed employee theft (pursuant of sessional Code 4104). 4. The or certifying board of the or have diverted drugs. 5. For other law enforcement and Department of Public the California State and	A 021			

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A 021	(c) This article may be Determination of Dea https://leginfo.legislat laySection.xhtml?law 80. Accessed 4/24/2 During a review of the Death Act (UDDA), the a "model state law the United States in 1981 of Commissioners on cooperation with the Association, the Ame the President's Commethical Problems in Mehavioral Research adopted by most US provide a comprehent basis for determining Brain death is a differ vegetative state. If the little to no chance of a loved ones may seek patient from life suppethe patient or someon has signed a "do not In the absence of a chospital is obligated to through artificial mea Someone who's med meaning there is zero considered dead. A punlikely" to live beyor having gone through diagnosed as being in state. https://healthcare.find.	epted medical standards e cited as the Uniform th Act. ure.ca.gov/faces/codes_disp Code=HSC§ionNum=71 021. e Uniform Determination of the regulation indicated, "It is at was approved for the by the National Conference Uniform State Laws, in	A 02			

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A 021	During a review of the Regulations, titled, "Code BCP) 805.01, used in this section, following definitions meaning as defined investigation means by a peer review bo any of the acts lister inclusive, of subdivision Licentiate has the section 805. (4) Permeaning as defined of staff of a medical chief executive official administrator of any chief executive official licensed health care report with the relevanter a peer review be recommendation reas specified in subdiresulting in a final programmend at licentiate bodys determination investigation of the listed in paragraphs have occurred, regardled pursuant to Seeshall receive a notice advising the submit additional existatements electron	he California State 'Business and Professional " the regulation indicated, "As the following terms have the : (1) Agency has the same in Section 805. (2) Formal san investigation performed dy based on an allegation that d in paragraphs (1) to (4), sion (b) occurred. (3) ame meaning as defined in er review body has the same in Section 805. (b) The chief or professional staff or other er, medical director, or peer review body and the er or administrator of any e facility or clinic shall file a rant agency within 15 days body makes a final decision or garding the disciplinary action, livision (b) of Section 805, roposed action to be taken based on the peer review	A 02	1	

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A 021	dangerous or injuric public. This paragra affect or require the suspension pursual use of, or prescribir himself or herself, athe use of any dang Section 4022, or of extent or in such a injurious to the licer public, or to the extrability of the licentia. During a review of the Administration labe indicated, "inventor should be stored are of diversion, including accounting proceductinical setting". The labeling information self-administration of Emulsion by health reported, including Injectable Emulsion prevent the risk of of access and accounting accounting injectable Emulsion prevent the risk of of access and accounting injectable accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent the risk of of access and accounting injectable Emulsion prevent in the risk of of access and accounting injectable inje	ha manner as to be bus to any person or to the aph shall not be construed to imposition of immediate into Section 809.5. (2) The ag for or administering to any controlled substance; or alcoholic beverages, to the manner as to be dangerous or attate, any other person, or the ent that such use impairs the atte to practice safely. The Federal Drug ling requirement, FDA ies of DIPRIVAN (Propofol) and managed to prevent the risk ang restriction of access and ares as appropriate to the ent that Diprivan of DIPRIVAN Injectable care professionals have been some fatalities. DIPRIVAN a should be managed to diversion, including restriction unting procedures as elinical setting". data.fda.gov/drugsatfda_docs/	A 02-			

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A 021	indicated, "Propofol i anesthetic and sedatinduction and mainter sedation There are Propofol for recreation purposes, which have other injuries investored and managed diversion, including raccounting procedur clinical setting." Man indicated, "Propofol i anesthetic and sedatinduction and mainter sedation There are Propofol for recreation purposes, which have other injuries investored and managed diversion, including raccounting procedur clinical setting". During a review of the Regulations, Health and the regulations, Health and the regulation a controlled substance legitimate medical purposes in the regulation acting in https://leginfo.legisla laySection.xhtml?law 153. Accessed 4/24/ During a review of Formula and the	nufacturer 1 package insert is an intravenous general in drug for use in the inance of anesthesia or it reports of the abuse of onal and other improper it resulted on fatalities and intories of Propofol "should be to prevent the risk of estriction of access and it is a appropriate to the ufacturer 2 package insert is an intravenous general it is an intravenous general it is an intravenous of anesthesia or it reports of the abuse of onal and other improper it resulted on fatalities and intories of Propofol "should be to prevent the risk of estriction of access and it is appropriate to the indicated "A prescription for its appropriate to the indicated "A prescription for its shall only be issued for a purpose by an individual the usual course". Indicated "A prescription for its shall only be issued for a purpose by an individual the usual course".	A 02				

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	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
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A 021	import or export drup paraphernalia" defin paraphernalia" mea material of any kind designed for use". https://www.govinfo.10-title21/pdf/USCO hapl-partD-sec863.p During a review of the Controlled Substancindicated, "Minimum and handling of presestablishment and rug distribution recedistributors and their representatives, and https://www.govinfo.10-title21/pdf/USCO hapl-partD-sec863.p During a review of the Regulations, Health indicated "It is illegated paraphernalia. This instrument or paraphinjecting or smoking https://leginfo.legislalaySection.xhtml?lav.364. Accessed 4/24 During a review of the Regulations, Busine 4104, indicated "Reof dangerous drugs", have in place proceeprotect the public with the signal and the public with the signal and	ort drug paraphernalia; or to g paraphernalia(d) "Drug ed the term "drug ed the term "drug es any equipment, product, or which is primarily intended or gov/content/pkg/USCODE-20 DE-2010-title21-chap13-subc edf. Accessed 4/24/2021. The Federal Regulations for ess, Title 21, Section 205.50, a requirements for the storage ecription drugs and for the enaintenance of prescription end by wholesale drug employees." gov/content/pkg/USCODE-20 DE-2010-title21-chap13-subc edf. Accessed 4/24/2021. The California State and Safety Code, 11364 (a), a to possess drug is defined as any device, mernalia used for unlawfully a controlled substance". "Sture.ca.gov/faces/codes_disp wCode=HSC§ionNum=11/2021.	A 0	21		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		, 0	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
A 021	extent it affects his profession or occup license, or is discovengaged in the thef dangerous drugs. (It written policies and chemical, mental, of as theft, diversion, of drugs, among licens with the pharmacy. https://codes.findlawsions-code/bpc-secty/24/2021. During a review of the Regulations, Healthe 11100, indicated "(11) authorized person with substance upon the dentist, podiatrist, pophysician, dentist, padministers or furnispatients. (3)? Any milicensed by the Calif Pharmacy that sells furnishes a substant physician, dentist, pretail distributor as a provided that the misubmits records of a transfers as determ (5)? A state-licensed administers or furnispatients (8)? Any specified in subdivision (a) or (disposal as waste. (subdivision (a) or (disposal as waste.)	y, or physically impaired to the or her ability to practice the ation authorized by his or her ered or known to have t, diversion, or self-use of b) Every pharmacy shall have procedures for addressing r physical impairment, as well or self-use of dangerous sed individuals employed by or v.com/ca/business-and-profes t-4104.html. Accessed	A 021			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	STREET ADDRESS, CITY, STATE, ZIP CODI 400 W MINERAL KING AVE VISALIA, CA 93291		•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
A 021	information shall be a county jail not exceeding five the by both the fine and https://leginfo.legisla layexpandedbranch. n=10.&title=∂=& 4/23/2021. During a review of the Regulations, Title CO Quality Assurance Per pharmacy shall established quality a documents and assed determine cause and part of a mission to in pharmacy service are During a review of Formation of Controlled Substance indicated "Inventory General requirement contain a complete a controlled substance https://www.deadivel.Accessed 4/20/2021 During a review of Formation of Controlled Substance https://www.deadivel.Accessed 4/20/2021 During a review of Formation of Controlled Substance indicated "Rules for it destruction of damager recalled, unused, or controlled substance by registrants (subpart B). The purprovide prompt, safe	report with false or fictitious bunished by imprisonment in seding six months, by a fine ousand dollars (\$5,000), or imprisonment." ture.ca.gov/faces/codes_dispoxhtml?tocCode=HSC&divisiochapter=&article. Accessed e California State CR, Division 17. 1711. § 1711. rograms indicated, " (a) Each olish or participate in an assurance program which esses medication errors to dian appropriate response as improve the quality of did prevent errors." ederal Regulations for es, Title 21 Section, 1304.11, requirements, indicated "(a) is. Each inventory shall and accurate record of all s". rsion.usdoj.gov/21cfr. dederal Regulations for es, Title 21 Section 1317.0, the delivery, collection, and ged, expired, returned,	A 02	21		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		050057	B. WING _		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
A 021	Continued From pa	ge 43	A 0	21	
A 043			A 0	43	
	legally responsible If a hospital does no governing body, the for the conduct of the	effective governing body that is for the conduct of the hospital. of have an organized e persons legally responsible ne hospital must carry out the in this part that pertain to the			
	Based on observat review, the hospital Governing Body wa of the hospital open	s not met as evidenced by: cion, interview, and record failed to ensure the as responsible for the conduct ations and carried out the the functions specific to the evidenced by:			
	cancel, or suspend practice) of three of (Chief of Anesthesia medicine where me temporary loss of sa s for surgery] 1, C Anesthetists [CRNA with specialty trainin 7) with substance uscreening exam, whe established hospita failure had the pote health and safety to	the privileges (right to three sampled Providers a [MD, specialty practice of edications are provided for ensation or awareness, such ertified Registered Nurse A, Advance Practice Providering in anesthesia] 4, and CRNA ase disorder and/or refused a nich was consistent with I policy and bylaws. This intial to result in patients' to be in danger when placed in paired providers. (Refer to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER .		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	·
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
A 043	Continued From pa	ge 44	A 04	3	
	staff followed the factorial of custody of a potential substance drug diversion. (Ref. 3. The Governing Befour emergency dep Doctor] MD 5, MD 6 contractual agreeme /or continued memb MD 5, MD 6, MD 7, emergency medical	ody failed to ensure Medical cility policy and procedures for medications and reporting of abuse. This failure resulted in er to A0047) ody failed to ensure four of artment physicians ([Medical, MD 7, and MD 14) met ents for reappointments and ership. This failure resulted in and MD 14 providing care without the appropriate ed for the job. (Refer to			
	Executive Committee physicians that monbehavior, conduct a authority to oversee the Chair, Department patient safety of the safe and quality mentients, as allowed contract agreement, resulted in the medidecisions about the 1 without MEC input compromised the hepatients when impair continue to render in A0053). 5. The Medical Staff cause of death to comedication, syringes	failed to ensure the Medical le (MEC is a team of litor and review physician and patient safety) had the the professional conduct of lent of Anesthesia (MD 1) and medical staff in providing dical care for 311 hospital by the medical staff bylaws, and policies. This failure cal staff office making professional behavior of MD la review, which potentially lealth and safety of the lead red Providers are allowed to medical care. (Refer to I failed to refer unknown broner's office, secure and needles in the leant (ED). These failures			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETIO	
A 046	resulted in unauthor dangerous medications. The Governing B were informed of the restrictions for a corperson who perform clerical tasks on bel failure resulted in Security syringes, and danges subsequent death. The cumulative effect had the potential to and quality of care, patients, staff, and the MEDICAL STAFF-CFR(s): 482.12(a)(2) [The governing bodd the medical staff after recommendations of medical staff. This STANDARD is Based on interview Governing Body (Gor suspend the privithree of three samp Anesthesia [MD, spwhere medications loss of sensation or surgery] 1, Certified Anesthetists [CRNAwith specialty training 7) with substance uscreening exam, who were medications uscreening exam, who were medications and the substance of the substa	ons (Refer to A0083) ody failed to ensure ED Staff e duties, responsibilities, and natract staff, Scribe (SC- a as patient documentation and half of a physician) 1. This C 1's access to needles, erous medication and (Refer to A084) cts of these systemic failures negatively impact the safety treatment, and services of the he public. APPOINTMENTS 2) y must] appoint members of er considering the of the existing members of the sand record review, the B) failed to discipline, cancel, leges (right to practice) of led Providers (Chief of ecialty practice of medicine are provided for temporary awareness, such as for	A 04			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	[ER		STREET ADDRESS, CITY, STATE, ZIP CODI 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 046	Continued From pag	ge 46	A 0	46		
		ntial to result in patients' be in danger when placed paired providers.				
	Findings:					
	Graduate Medical E Anesthesia (MD 4), joined the Well-Bein physicians with mati impairment and mai particular attention t addiction, mental illr became confidential Peer Review Comm Executive Committe investigation stoppe refer MD 1 to Peer F of concerns about N substances. MD 4 s "problem with addic "MIDAS" [reporting sto report concerns] concerning impairm operating room. MD not believe an adve MIDAS report would analysis (RCA-proce issues/concerns reg the PRC, or the ME would be closed, no During a concurrent on 3/31/21, at 11 AN	arding patient safety) stage, C and the MIDAS Report further action required. interview and record review, //, with Director of Medical				
	CRNA 4, and CRNA	oviders' Credential mployment Files for MD 1, a 7 were reviewed. The ID 1, CRNA 7, and CRNA 4				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP COE 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
A 046	Continued From pag		A 0	46		
	ethics of profession in disorder, and/or dive	viders did not adhere to related to substance use rsion, and their privileges and/or suspended. DMS				
	on 3/31/21, at 12 PM employment file was employment file did i	reviewed. MD 1's not indicate any sanction				
	or the Governing Boa "confessed to diversi self-referred to Well-	or suspension from the MEC ard. DMS stated, MD 1 on" of controlled substance, Being Committee and took a MS stated, MD 1 was not				
	of his privileges, and since he self-referred Committee. DMS sta	on, suspension, or sanction he was not referred to MEC d to the Well-Being ted, MEC did not take ad the medical staff was not				
	obligated to notify the stated, MD 1's emplo	e Medical Board. DMS byment file did not contain a ia Medical Board regarding				
	on 3/31/21, at 11 AW Staff Manager (MSW was reviewed. DMS	interview and record review l, with DMS, and Medical), CRNA 7's employment file stated, CRNA 7's file m the [Facility] Department				
	of Pharmacy Service for Ketamine (a stror tranquilizer) and Pro medication given into	es (DPS), regarding an audit ng pain medication and pofol (a strong sedation o a vein. High doses or rapid				
	indicated DPS had n audit. The letter indic purchased the ketam	top breathing). The letter ot completed the Propofol cated the Pharmacy had not nine and Propofol found at erdose death. DMS stated,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	•	400	REET ADDRESS, CITY, STATE, ZIP CODE W MINERAL KING AVE BALIA, CA 93291	<u>, </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 046	the Director of Risk I unable to locate the system) report regar unable to provide and disciplinary action from Committee (MEC) or unable to provide an report must be gene issue or provider behand Peer Review Cothe MIDAS report word medical staff office if issue or provider behafter review, the medical staff office if issue or provider behafter review.	Management (DRM) was MIDAS (occurrence reporting ding CRNA 7. DMS was y comments, suspension, or om the Medical Executive Governing Body. DMS was RCA. DMS stated, a MIDAS rated for a patient safety navior concern to reach MEC ommittee (PRC). DMS stated, ould be referred to the there was a patient safety navior concern. DMS stated, dical staff office might refer IEC or PRC. DMS stated, of updated after the DPS eriminal investigation. DMS a does not contain any ude her from being as unable to provide reviews Governing Body for CRNA 7.	A	046			
	was reviewed. CRN/ indicated the followir Several documents, from the Alabama Bo disciplinary action ar	dated 2008 through 2013, pard of Nursing regarding and enrollment in the Addiction					
	On event date 11/26 indicated a "serious temporary harm." CF a "respiratory crisis." clinical duties becausimpairment." CRNA provide a urine drug On 6/29/16, Letter to	safety event, moderate RNA 4 was unable to manage CRNA 4 removed from se of "suspicion of 4 resigned when asked to					

I '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
A 046	privileges" at [Differ be referred to the M who will "make a re Governing Board." On 1/28/19, letter in privileges at [Facility modifications. DMS stated, after s 4 refused to submit on 11/27/19. On 12/3/19, Referra Nursing, California, Anesthesia (MD 1), intubated a patient the issue and resign agreed to drug test. DMS was unable to evidence of an RCA DMS stated, for a p behavior concern to MIDAS report would Staff Office, and the determine if the MIDMEC or PRC. During a concurrent on 3/31/21, at 12:15 "Disciplinary Action P&P indicated, provided for review and MD 1 must follow the "Peer Review Proce Policy," "Code of Control of	ension of membership and all ent Facility], and CRNA 4 will ledical Executive Committee commendation to the enformed CRNA 4 granted by for two years without spicion of impairment, CRNA a drug screen and resigned all to the Board of Registered by Chief, Department of indicated CRNA 4 had not correctly, had failed to identify ned prior to completing the	A 046			

` '		IDENTIFICATION NUMBED:		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	PROVIDER OR SUPPLIER	TER	4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE /ISALIA, CA 93291	·		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION		
A 046	"Suspected Illegal S Drugs: Theft/Loss," "Drug Free work Pla Requirements for Coprovider," and more apply" to physicians and procedures) mupolicy number to be During an interview the Chief of Staff (Moveruse and diversicame to his "attentic occasions" from probeginning of Januar not ask MD 1 specification and impairmed in the control diversion, and impairmed termined no probing satisfied." MD 2 did filed for event dates to PRC, MEC, or Gericlosed" by Medical did not initiate control investigation, or mor or January 2021. MICRNA 4's impairmed under the influence 2 stated, CRNA 4 retest. MD 2 stated, his Board of Nursing, Concerns and suspice	"Medications: Narcotics," ince and Drug/Alcohol Testing," contracting outside Service . DMS stated, they "do not and reiterated they (policies ist say Medical Staff in the valid. on 4/1/21, at 8:10 AM, with ID 2), MD 2 stated, MD 1's con of controlled substance on in July 2020" on "separate viders, and resurfaced at the by 2021. MD 2 stated, he did ic questions because he "had as going on" with fentanyl cation) and midazolam n). MD 2 stated, MD 1	A 046				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		STREET ADDRESS, CITY, STATE, 400 W MINERAL KING AVE VISALIA, CA 93291	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIAT CIENCY)	(X5) COMPLETIC E DATE	NC
A 046	stated, he was unaway controlled substances charges. MD 2 stated of Scribe (SC 1), and bathroom, injected him MD 2 stated, the Govof Medical Staff (DMS staff director" to mana "runs the show," and During an interview a meeting, on 4/1/21 at Officer (CEO) stated, medical and quality control The CEO stated, Chimadmitted to diversion 2020 to January 1/20 "self-referred to the Voluntarily took a least stated, MD 1 did not "be suspended" becaus things are taken care MD 1's "behavior did "didn't prevent him from "not a danger to patie Policy and Code of Costated, MD 1's divers at a "disciplinary levenot necessary to refeagency. The CEO stame MEC (Medical Execuinvestigate nor discip the reporting guideling to the Medical Board to MD 1. CEO stated, of MD 1's MIDAS rep "first time" at the 3/31	are of CRNA 7's diversion of s, criminal investigation, and l, he was aware of the death understood, "he went to the mself, later found, and died." erning Body "gives Director 6) the authority as medical age medical staff, and she "DMS handles all of it." It the Governing Body (GB) 12 PM, the Chief Executive the GB was "responsible for are and safety" of patients. ef of Anesthesia (MD 1) and impairment from May //21." The CEO stated, MD 1 vell-Being Committee and ve of absence." The CEO 'need to do a drug test" or use once in Well-Being of. The CEO stated, since not pose a risk to patients," om working" and MD 1 was ents," the Impaired Provider onduct did not apply. CEO ion and impairment was not I issue." CEO stated, it was a MD 1 to the licensing ted, he did not request the tive Committee) to linary action by the MEC, so es for "805 [required report of California]" did not apply the MEC was made aware orts and diversion for the	A	046			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	•	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291	•	-	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
A 046	titled, "Impaired Prowas reviewed. The indicated, "use and controlled substance medical staff membindividual, his or helpublicWhenever observes evidence member of the med Practice Provider], the staff member sher supervisor who representativeTh shall promptly condadministration of a Sthe practitioner[ar practitioner to agree other testingAny	PM, with the CEO, the P&P vider Policy," dated 5/31/18, Impaired Provider Policy abuse of alcohol and or es may impair the ability of er and may endanger the roo-workers, patients and a hospital staff members of possible impairment by a ical staff or APP [Advanced while on hospital premises, iall immediately inform his or shall inform the CEO or e Chief of Staff or designee auct or supervise the Screening Physical Exam of and ask the suspect et o a drug test or alcohol or violation of this policy shall e CEO stated, "[MD 1] did not	A	046				
	titled, "[Facility] Ame Professional Service Department," dated agreement indicated shall require all Med provide services unaccordance with ap practice, all applical regulations, all applical regulations, all applical the Medical Board of Standards of the An MedicineComply staff bylaws, rules, i	chysician contract agreement ended and Restates es Agreement Emergency 8/20/20, the contract d, Medical Group shall and dical Group Personnel to: der this Agreement in propriate standards of clinical cole federal and state laws and cicable rules in regulations of of California, and the merican Board of Emergency with all applicable medical regulations, policies and facility], including code of						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
A 046	procedure (P&P) tit Medical Staff & Adv dated 7/17/18, the I safeguarding of pat paramount, and the policy with disciplinancessary." During a review of t procedure (P&P) tit Committee" (MS 02 indicated, the "resp Committee is advissubstitute for persobodyIt will report physician in questic a physical/mental ir 'self-report' to the copractitioner agrees staff/designee immediately in the part of the procedure (P&P) tit control to the copractitioner agrees staff/designee immediately in the part of the procedure (P&P) tit control to the co	iew the hospital's policy and led, "Code of Conduct for vanced Practice Providers," P&P indicated, "The ient care and safety is Medical Staff will enforce this ary measures whenever the hospital's policy and led, "Medical Staff Well-Being Policy in nature and not a nall physician of a disciplinary to the MEC and to the ion Practitioners who develop in pairment are required to hief of staff /designee. The to notify the chief of ediately in writing upon in the has developed substance in sysical illness, or sustained and have an effect on the	A 04	,		
	person, practitioner practitioner of being report to the Well-B During a review of t procedure (P&P) tit Physician Well-Bein	clinical privilegesany or employee, suspecting a g impaired must imitate a eing Committee." the hospital's policy and led, "Document #5177: ng Committee Guidelines" Association, dated 1/2020, the				
	P&P indicated, crea which assists physi prevention of impair health, with particul	ate and operate a committee cians with matters related to rment and maintenance of ar attention to substance mental illness, or behavior A				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1, ,	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		0	4/01/2021	
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
A 046	general summary reported to the Mand/or other orgal least quarterly. The specified circums of physicians to the National Practition instances arise, the vest [assign] in the Committee or equivalent with the governing committee is characteristical committee is characteristical committee is characteristical committee in the medical staff of the	of its actions should be edical Executive Committee inizational governing body at the law requires that, under trances, reports must be made the Medical Board and/or the reporting responsibility should be hospital Medical Executive the should serve only as an unitoring body, conducting unations, and making reports to the initial medical serve only as an unitoring body, conducting the initial serve only as an unitoring body, and making reports to the initial serve as necessary. The reged to provide support and sicians, and should not assume export to government agencies or committees responsible for rective action and other	A	046			
	procedure (P&P) (MS 40), dated 5/ "substance abuse care and workplan alcohol and or conthe ability of media Practice Providers Pas), to provide sindividual, his or houblic Whenever observes evidence member of the Mospital premises immediately informs shall inform the Chief of Staff or design of the substantial states of the member o	f the hospital's policy and titled, "Impaired Provider Policy" 31/18, the P&P indicated, can adversely impact patient ce safety. Use and abuse of ntrolled substances may impair cal staff member and Advance is (APP, include CRNAs, NPs, ervices and may endanger the ner co-workers, patients and er a hospital staff member e of possible impairment by a edical staff or APP, while on the staff member shall in his or her supervisor who is incomplete the esignee shall promptly conduct and ministration of a Screening					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ĒR		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 046	Physical Exam of the suspect practitioner to alcohol or other testin policy shall require to During a review of the procedure (P&P) title Medical Staff & Adva (MS 47), dated 1/30/ "Practitioners have a of their patients The care and safety is pa Staff will enforce this measures whenever During a review of the agreement titled, "[Fa Professional Services Services of Anesthes physician contract agains while this agree or CNO [Chief Nursin have the right to requise specification of cause privileges of the Service of Anesthes physician contract agains while this agree or CNO [Chief Nursin have the right to requise specification of cause privileges of the Service of Anesthes physician contract agains while this agreement or constitution of cause privileges of the Service of Anesthes physician contract against the right to requise the right to requise the service of Anesthes physician contract against the right to requise the service of Anesthes physician contract against the service of Anesthes physician contract against the right to requise the service of Anesthes physician contract against the right to requise the service of Anesthes physician contract against	practitioner[and] ask the oragree to a drug test orangAny violation of this esting. " e hospital policy and d, "Code of Conduct for need Practice Providers" 19, the P&P indicated, responsibility for the welfare esafeguarding of patient ramount, and the Medical policy with disciplinary necessary."	A 0	46			
	nursing profession	e case of CRNAs, the in accordance with the d of care for their respective sialties including the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	(X3) DATE SURVEY COMPLETED		
		050057	B. WING	·····	04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE COMPLE
A 046	guidelines of the Am Anesthesiologist andCompliance with la perform all services accordance with any accreditation standa and service" During a review of the procedure (P&P) title 805.01 (CA Business 33), dated 6/26/18, the reporting actions und licensing board, cert recommendations of Committee covered four elements 1. Der clinical privileges of Recommendation by Committee; 3. Follow and 4. MECs that an occurred. For example or repeated deviation to the extent such minjurious to any persor prescribing for or herself, any controlled of clearly excessive misconduct with one During a review of the procedure (P&P) title dated approved 12/2 indicated the "Factor include, but not limited	erican Society of If the Medical Staff Bylaws aws. Medical Group shall under this Agreement in If and all requirements and Ired applicable to the [Facility] The hospital's policy and The hospital to the applicable The hospita	A 04	16	
	of clearly excessive misconduct with one During a review of the procedure (P&P) title dated approved 12/2 indicated the "Factor include, but not limite adherence to ethics character, and safely	prescribing; or sexual or more patients." he hospital's policy and ed, "Medical Staff Bylaws," 21/2020, the Medical Bylaws as for Evaluation which			

O E I TI E I T	O T OTT MEDIO, ITE G	· · · · · · · · · · · · · · · · · · ·					7. 0000 000 1	
` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021	
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 04/	01/2021	
					00 W MINERAL KING AVE			
KAWEAH	DELTA MEDICAL CENTE	≣R			/ISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)		(X5) COMPLETION DATE	
A 046	Continued From page	<u>-</u> 57	Δ	046				
7.0.0		y exercise privileges or		0+0				
	perform the duties an							
	I -	e of health issues, including,						
		pairment due to addiction,						
	1	similar issue (all of which						
		eview under the Impaired						
		nmediately submit to an						
	appropriate evaluatio							
	diagnostic testing (su	•						
		serious question has been						
	raised regarding: the	clinical competence or						
	clinical practice of an	y member of the Medical						
		treatment to management of						
		the safety or proper care						
		ients; conduct by any staff						
		ower than the standard of						
		may be referred to the Chief						
		he department, the chair of						
		ee, or the CMO [Chief						
	_	person whom the matter is						
		t or arrange an inquiry which of of Staff to determine						
	whether the question	further review and, if so,						
		ing to the MEC. The Chief of						
		CEOthe Board may						
	-	iate such an investigation						
		duction the investigation, the						
		ee shall have the authority to						
	review relevant docui	_						
	individual. The invest	igating committee may						
		ental and/or behavioral						
		dividual by health care						
		otable to it. The investigating						
	committee shall make	e a reasonable effort to						
	complete the investig	ation and issue its report						
	-	commencement of the						
	_	Being Committeeshall						
	receive reports relate	ed to the health, well-being,						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 046	in the event informate committee clearly der known impairment of poses an unreasonate patients, that informated MEC for formal action (disqualification) Wirecusal in a particular Chief of Staff or committee whether the Intereste inhibit full and fair dis MEDICAL STAFF - B CFR(s): 482.12(a)(3) [The governing body medical staff has bylated by the state of the s	entialed practitioners and ation received by the monstrates that the health or a Medical Staff member ole risk of harm to [Facility] tion may be referred to the n. Rules for Recusal hen determining whether is ituation is require, the mittee chair shall consider d Member's presence would cussion of the issue." YLAWS must] assure that the aws. not met as evidenced by: and record review the d to ensure: yed the facility policy and dication: Narcotics" and heft/Loss", when three of cidents (physicians who bool and are in training)		046			
	2. Chief of Staff (MD Education Program D reported MD 1's drug Review Committee (F	2) and Graduate Medical birector, Anesthesia (MD 4)					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
A 047	drugs to be unacco diverted for MD 1's Findings: 1. During an intervice Certified Registered Advance Practice Fitraining in providing CRNA 1 stated, she CRNA's concerns of controlled substantic channeling of regular sources for self uses the summer of 2020 to Chief of Staff (MI Education Program CRNA 1 stated, after summer of 2020, Minainly with resident rarely with CRNAs. Who removes the concepts of the summer of 2020, Minainly with CRNAs.	ons (narcotics) and dangerous unted for and possibly	A 04	<u> </u>		
	another provider. C administers the med waste (unused port documented. During an interview Chief, Department of stated, the practice has been, during the training, the resider medications from the supervising physicial	controlled substances to RNA 1 stated, the provider dications to the patient, the ion) must be discarded and on 3/24/21, at 5:25 PM, with of Anesthesia (MD 3), MD 3 of the anesthesia department e first three years of residency its pulled [removed the Pyxis] medications for the an and prepared the surgical case. The resident				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ĒR	•	4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
A 047	meds pushed" and given" to the patient. During an interview of MD 4, MD 4 stated, the physician "chooses" to surgery. The resident Pyxis, draw them up and give them to the attending will administ vein) medications." During an interview of 4, MD 4 stated, resident hospital and must about and procedures. During an interview of Anesthesia Resident Resident 5 stated, should induction [putting pattimeduction [putting pattimeduction [putting pattimeduction]. During an interview of Anesthesia Resident records the supervising physician document. During an interview of Anesthesia Resident Resident 7 stated, for anesthesia residency medications are given Residents check there Pyxis, "draw [put medup, label, dilute, date	medications to the into administer. The in was "in charge of the meds "deciding what needs to be in 3/29/21, at 4:05 PM, with the attending (supervising) the medications for the into a syringe, label them, attending physician. The into a syringe, label them, attending physician. The interest the intravenous (in the intravenous (in the intravenous of the ide by all hospital policies in 3/25/21, at 2:08 PM, with PGY 3 (Resident 5), are "never pushed [give in meds [medications] on itents asleep for surgery] or supervising MD [physician] in emeds given." The in would direct her what to in 3/26/21, 11:51 AM, with PGY 4 (Resident 7), are every year in the program, intravenous in by the attending physician. In (medications) out from the dication in a syringe] them	A	047				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	B. WING			4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	[ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 047	Continued From paç		A 04	17			
	The resident would physician directed.	record what the supervising					
	on 3/26/21, at 12:15 Resident 7 stated, the resident or provider substance "discrepate email, I correct the end the one who made the pushed meds [mediduring care I didnessed who pulled [removes standard for CA 1-3 years] supervising provider to the standard for the standard	interview, and record review, PM, with Resident 7, The pharmacy will email the if there are any controlled uncies." "I [Resident 7] get an error, but I'm not necessarily the mistakethe attending cations given via a vein] "t make mistake". "No matter d medications from Pyxis], the [anesthesia resident training thysician pushes meds" and at the attending tells the					
	on 3/25/21, 6:58 PM PGY 4 (Resident 6) medications, includi left in the operating stated, the supervisi medications the resi Pyxis machine. She out [medications] fro [for custody of the m stated, she has not	interview and record review, I, with Anesthesia Resident I, Resident 6 stated, Ing controlled substances, are room unattended. Resident 6 Ing physician will give the Ident checked out from the Ident stated, "whoever checked I whoever checked I wh					
	agreement titled, "[F Professional Service Services of Anesthe physician contract a services shall be pr	ne physician contract Faculty] Exclusive es Agreement: Regarding the siology", dated 10/1/20, the greement indicated, " All ovided in accordance with all ulations, accreditation					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021	
NAME OF PR	ROVIDER OR SUPPLIER	1	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
KAWEAH	DELTA MEDICAL CENT	ER			00 W MINERAL KING AVE			
				۷	ISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
A 047	Standards. Professis Group and its Providunder this agreemer rules of ethics of the the case of CRNAs, accordance with the for their respective p including the guidelin of Anesthesiologist aCompliance with la perform all services accordance with any accreditation standa and service, includin requirements impose Departments of Hea Health, The Joint Co Medicare/Medicaid oMedical Group sh bylaws, rules and re directives of the [FacCompliance Progra comply with all [Faci code of conduct. Me with regulations and Joint Commission an Regulations (CCR) Pharmacy, CMS Co other agencies havir and Department, to control, waste strear as otherwise set fortDocumentation rec [shall promptly comp reports reasonably r Medical StaffProv	Medical Staff Bylaws and onal Standards Medical lers shall perform their duties at in accordance with the medical profession and, in the nursing professionin appropriate standard of care professions and specialties, the softhe American Society and the Medical Staff Bylaws aws. Medical Group shall under this Agreement in and all requirements and rds applicable to the [Facility] and without limitation, those and by the California lith Care Services and Public ammission, and conditions of participation all at all times comply with gulations, policies and conditions, policies and conditions of participation all at all times comply with gulations, policies and conditions of participation and addical Group shall comply standards as outlined by the and California Code to Fitle 22, the State Board of anditions of Participation, and and authority over the [Facility] include medication safety and ms and HIPPA regulations, or h in the Agreement quirements. Medical Group olete all records, forms and equired by [Facility] and the viders shall be accurate,	A	047				
	complete and timelyMedication Management. All Provides shall document and practice [And]							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER.		PLE CONSTRUCTION G	1, ,	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2	2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE CO	(X5) DMPLETION DATE	
A 047	accountability for al dispositionensure and/or pharmaceutical During a review of the procedure (P&P) tit Regulations," dated "Abuse and losses reported in accordation and state laws, to the pharmaceutical Executive Officer and policy" During a review of the presentation titled, Security, Waste & Endergy Director, presentation indicated medications are necounters or bedside given via vein] fluids and must be secure placing any controll pharmaceutical was useless. Medication such as Propofol shonce medication or promptly dispose of During a review of the process.	undred percent (100%) I drugs used and their e proper disposal of sharps	A 0-	,			
	(PAS)", (RX 7.50.0) indicated "To provid access to medicatic help prevent inappr in accordance with	, dated 2/9/21, the P&P e secure and identifiable onsthe PAS is designed to opriate usage [of medications] regulatory requirements by: ccessproviding adequate					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	B. WING		0	4/01/2021	
	NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP (400 W MINERAL KING AVE VISALIA, CA 93291	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
A 047	substances (CS). to authorized, trair transactions must controlled substan not completely adribe performed no la The Chief of And Director Pharmacy of any inconsisten action(s) can be ta are responsible for agree with the syst discrepancies must possible, the timef should be no later discovery The increating a discrepance PAS] is ultimately If the discrepance complete an occur notify the Director discrepancy cannot the Director of Phawill initiate appropriated "Reporting R Diversion, Illegal Substance Abuse" During a review of procedure (P&P) to (PC 67), dated 8/2 controlled medicat appropriate docum resolution is necessand State theft/los discrepancies ar	ations, including controlled . Access to PAS will be limited and personnel Waste be created in PAS any time a ce is removed from PAS but ministered. This activity must ater than the end of the case esthesiology (or designee) and or (or designee) will be informed cies so that appropriate ken Anesthesia Providers rensuring that physical counts tem's internal count CS at be resolved as soon as rame for discrepancy resolution than 24 hours from the time of dividual responsible for ancy [removed medication for responsible for its' resolution by cannot be reconciled, the cology is to immediately rence report and immediately of Pharmacy If the ot be satisfactorily reconciled, armacy and Chief of Anesthesia riate action. Refer to AP 110 requirements for Drug substance Abuse or Controlled	A	047			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3		(X3) DATE SURVEY COMPLETED	
		050057	B. WING		l c	4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A 047	[Chief Nursing Office Human Resources, FDOP [Director of Pha appropriate action. (for Drug Diversion, Ill Controlled Substance During a review of the procedures (P&P) titl Theft/Loss", (KDEP 1 indicated, "The properties of the p	I within 72 hours, the CNO r], VP [Vice President] of Risk Management and the rmacy] will initiated See Reporting Requirements egal Substance Abuse or e Abuse (AP 110)".	A 04	17			
	Chemicals, substanc Section 11100 of the significant quantities Federal law require licensed by the Drug a loss of controlled si chemicals occur by a break-in, employee the Administrative Policy agencies will be notif	es regulated pursuant to Health and Safety Code) or of other dangerous drugs d action to be taken by sites Enforcement (DEA) should ubstances in List 1 ny of the following mean: neftloss in transitPer (AP 110), the following ied: 1. DEA Diversion Field DEA form 106 "Report of rolled Substance "within one					
	significant loss of a c Department of Justice the discovery of a the regulated pursuant to Section 11100. 3. Sta within 30 days from the controlled substances from the date of loss employee theft (pursual Professional Code 4' or certifying board of	ontrolled substance. 2. e within 3 business days of eff or loss of any substance health & Safety Code ate Board of Pharmacy he discovery of any loss of s or within 14 calendar days for losses due to licensed					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION		
A 047	2. During an interview with the Governing Executive Officer (Coreality of the hospital is to create a culture stated, the GB is "requality care and safe During an interview CRNA 1, CRNA 1 stother CRNA's concuse of controlled susummer of 2020 and MD 2 and MD 4. Clewere: MD 1 would sanesthesia medication Heat when CRNA 1 return no medications left. The anesthesia for no "jumped" [move as imade the incision (Coknife). This lead CR medication charted administered." CRNA 1 medication charted administered." CRNA 1 controlled substated of controlled substated	ent agency. 6. California ic Health." Ew on 4/1/21, at 12:20 PM, Board (GB), the Chief ECO) stated, "Diversion is a all and our [GB] responsibility to to prevent it. The CEO esponsible for medical and ety." on 3/25/21, at 8:40 AM, with tated, she had relayed her and erns of MD 1's behavior, over bstances, and diversion the dagain in January 2021 to RNA 1 stated, some concerns tart cases and push ions for other providers. The CRNA 1 stated, MD 1 started to the patient there were CRNA 1 stated, MD 1 started the (CRNA 1). The patient if in pain] when the surgeon sutting skin with a surgical NA 1 to "believe the as being given wasn't actually IA 1 stated, she did not hear complaints. on 4/1/21, at 8:10 AM, with MD 1's overuse and diversion in DAS (occurrence reporting CRNA 1, and complaints ID 4, and again in January and MD 4. MD 2 stated, MD	A 047				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	rer .		STREET ADDRESS, CITY, STATE, ZIP COL 400 W MINERAL KING AVE VISALIA, CA 93291	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 047	report to the Medical MD 2 stated, the Go Director of Medical manage medical stated and "DMS handles and behavior" of MD 1. start cases for breal medications] up fror no meds were left patients]." MD 3 stareported in MIDAS, known" and there we trends", and if the D (physician and CRN Review Committee (MEC), I aware of the behavious issue." During an interview MD 4, MD 4 stated, Well-being committed all became "confideregarding PRC reviewinvestigation stopped does not believe an MIDAS report would analysis, process to	Itigation" for diversion and/or all Board were not required. It Board were not reward to show, and she "runs the show", all of it." It and 3/24/21, at 5:25 PM, with of Anesthesia (MD 3), MD 3 k realized suspicious It and a limeds [anesthesia not, [I]] would return from break and high dose given [to sted, "if concerns are not the problem will "not be ill be "no monitoringno It is and high dose given [to sted, "if concerns are not the problem will "not be ill be "no monitoringno It is an an an an and the second of the sec	AC	047			
	Director of Pharmac	on 3/31/21, at 4:20 PM, with by Services (DPS), DPS VD 1 "confessed to diversion"					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION		
A 047	pain medication) wa DPS stated, MD 1 r partial dose of the r approximately 2/3 c administered" for hi During an interview VP Coordinator Sur VPCSS stated, reprof actual diversion, Committee and Chi VPCSS stated, if th MIDAS report to the action would be taked. During an interview Risk Management Stated, for occurren Risk a MIDAS report would be reviewed if a provider was into the medical staff would decide if the forwarded to PCR of	ance and impairment from May 2021, and "Fentanyl (narcotic as his [MD 1's] drug of choice." reported to giving the patient a medication and "kept of the dose documented and imself. Ton 3/28/21, at 2:40 PM, with regical Services (VPCSS) orts of medical staff suspected goes to the Medical Executive ref of Staff, (MD 2) for review. The DMS did not forward the PRC and MEC, no further ren. Ton 3/30/21 at 9:30 AM with Specialist (RMS 1), RMS 1 reces to come to the attention to rt is filed. MIDAS reports by the Risk Management and volved, it would be forwarded office. The medical staff office MIDAS report needed to be or MEC. RMS 1 stated, the has the authority to close the	A 047				
	at 10:06 AM, with I Patient Safety (MD reports are reviewe provider behavior o medical staff office provider was referre During a review of the	Executive Meeting on 4/1/21 Medical Director Quality/ 11), MD 11 stated, MIDAS d by the DMS if it involves a r Patient safety issue. The would determine if the ed to PRC and MEC. the hospital's policy and tled, "Medical Staff Bylaws,"					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, 400 W MINERAL K VISALIA, CA 93				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH	OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
A 047	serious question hat clinical competence member of the Med treatment to manage the safety or proper patients; conduct by lower than the standard be referred to the department, the committee, or the Caware of information any Medical Staff medical Staff, the chair of the standing CEO to the for revier the person whom conduct or arrange the Chief of Staff to question raised has further review and, to the MEC". "No a Article shall constitue Chief of Staff shall to that the MEC fails to response to concern Staff member's comprofessional conduct article and the Board decisions is contrarrevidence, the Board initiate such an investigation of the procedure (P&P) title [Facility], dated 4/27 [Facility] mission and safety and quality or standard to manage the safety and quality or safety and safety and quality or safety and quality or safety and safety and quality or safety and	P&P indicated "whenever a s been raised regarding: the or clinical practice of any ical Staff, including care, ement of a patient or patients; care being provided to any staff member considered dard of [Facility]. The matter the Chief of Staff, the chair of chair of the standing and the bear of the standing and the department, the grown ittee, CMO, or the lew and appropriate action. The matter is referred shall an inquiry which shall include determine whether the sufficient credibility to warrant if so, shall forward it in writing action taken pursuant to this ate an investigation". "The update the CEO". "In the event on initiate an investigation in the raised about a Medical appetence, performance, or cit in accordance with this did determines that such by to the weight of the dimay direct the MEC to	A	047				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CE	NTER		STREET ADDRESS, CITY, STATE, ZIP COI 400 W MINERAL KING AVE VISALIA, CA 93291	DE		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 047	Quality oversigh mustUnderstart the actions of all pindividuals who per organization's faci recommendations understand the Borelationships with effective mechanisthemMonitor pithey comply with proceeding and communicate Board, committees managementE bylaws rules and resecutive Officer the Governing Board (Facility]TH have authority to a procedure the gradient function and be informed and be informed and be informed and medical and administration" During a review of procedure (P&P) the public Protection of (KDEP 15), dated "any recognized of staff member to the ability to practice the promptly". The potaking action to prindividual employers.	age 70 A accountability and excellence. A responsibilities, the Board and and accept responsibility for A shysicians nurses and other Berform their duties in the Bities Carefully review of the Medical Staff Fully Board's responsibilities ad The Medical Staff and maintain The Medical Staff and maintain The rograms and services to ensure Colicies and standards take The appropriate understand The roles and function of the The Medical Staff and The color and hospital The Ceo shall act on behalf to The Ceo shall select, employ had The ceo shall select, employ had The ceo shall select, employ had The ceo shall keep abreast The ceo s	A 04	47			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	050057 B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		STREET ADDRESS, CITY, STATE, ZIP COD 400 W MINERAL KING AVE VISALIA, CA 93291	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 047	her ability to practice authorized by his or hor known to have engor self-use of dangered of protecting the publiprocedures: Human 'Drugs and Alcohol"; "Reporting Requirem Illegal Substance Abouse", and Reporting Pharmacy within 14 development of the foregards to any licens with the pharmacy": the dangerous drugs, phy " During a review of the procedure (P&P) title	It to the extent it effects his or the profession or occupation her license, or is discovered gaged in the theft, diversion, ous drugs in the interest ic, follows established Resource Policy HR 200, Administrative Policy AP 110, ents for Drug Diversion, use or Controlled Substance and to the California Board of days of receipt or bllowing information with ed individual employed by or heft, diversion, or self-use of ysical or mental impairment.	A 04	7			
	Controlled Substance 8/24/20, the P&P indipatterns of activity or suspect of drug diver investigation will be in President, or designed department will collable Resources, Pharmac investigating the susp Confirmed cases will Enforcement Agency. Board of Pharmacy-licensing or certifying confirmed to have div Resources; [local] Poother law enforcement.	nitiated. 2. The Vice re, of the involved rorate with Human ry, and Risk Management in rected drug diversion. 3. rected drugs of the person rected drug diversion. 3.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER .	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETION	
A 047	is: An admission of g Refusal to consent to a release of the test of Policy HR 200 Drugs suspected; Sufficient to terminate the persopatient harm or an act to the drug diversion. During a review of the procedure (P&P) title Substances", (AP 13 indicated the [Facility government Controlle (CSA) and defined "il drugs are substances is not allowed to poss [Facility] is entrusted providing quality care efficient working envi members accidentally which they suspect of are to notify their man Risk Manager immed substance to Security [local] policeSecur to the [Police] upon a possession of the ille may write a crime rep Security Department to risk management.' MEDICAL STAFF - S CFR(s): 482.12(a)(6)	d if after investigation there will by the person suspected; drug testing or to authorize result per Human Resource and Alcohol by the person evidence of drug diversion on suspected Evidence of diverse event directly related d Evidence of diverse event directly staff of diverse event directly related d Evidence of diverse of directly related d Evidenc	A 04			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL : LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
A 050	I .	ne 73 not met as evidenced by: and record review, the	A 05	0	
	Governing Body faile emergency departm Doctor] MD 5, MD 6 contractual agreeme /or continued member MD 5, MD 6, MD 7, a	ed to ensure four of four ent physicians ([Medical , MD 7, and MD 14) met ents for reappointments and ership. This failure resulted in and MD 14 providing care without the appropriate			
	review, on 3/31/21, a Medical Staff (DMS) department physicia credential files were	ns (MD 5, MD 6, and MD 7) reviewed. The emergency ns did not meet contractual			
	evidence of the requ Support (ATLS - sys	e to provide documented lired Advance Trauma Life tematic, concise approach to trauma patient) Certifications MD 7.			
	evidence of the requ Support (ACLS- grown	e to provide documented lired Advanced Cardiac Life up of procedures and t immediately life-threatening tion for MD 7.			
	evidence of the required (indicates the medic	e to provide documented ired board certification al doctor has passed n a specific area of medicine) cine for MD 7.			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04	/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	E		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 050	Continued From paç	ge 74	A 05	0			
	I .	le to provide documented competence for moderate					
	evidence of privilege Propofol (medication consciousness) for	le to provide documented es (right to practice) for n used to produce a loss of deep sedation (sleep) or given through the vein) for MD MD 14.					
	privileges do not included feelings of awarenes	gency room physician core lude anesthesia (lack of ss and dulling of pain) ble, deep and general					
	evidence MD 5, MD	le to provide documented 6, MD 7, and MD 14 agreed se residents (physicians in al school).					
	During a review of the hospital's policy and procedure (P&P) titled, "Medical Staff Rules and Regulations," dated 12/21/20, the P&P indicated, the attending physician, "will be responsible for the medical care and treatment of the patient while in [Facility] "						
	procedure (P&P) titl Management and C Program" (HR 213), indicated "Compete ability to integrate the attitude required in a All employees mu	ne hospital's policy and ed, "Performance ompetency Assessment dated 12/19/19, the P&P ncy is the demonstrated he knowledge, skills, and a designated role or setting st successfully complete all the due dates established					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION IG		(X3) DATE : COMPI		
		050057	B. WING _		_	04/0	01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER	STREET ADDRESS, CITY, STATE, ZIP 400 W MINERAL KING AVE VISALIA, CA 93291					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CCTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
A 050	HR system and writte maintained in Human employee's file." During a review of th agreement titled, "[Fa Restates Professiona Emergency Departm physician contract ag "Physicians shall be Medicine or eligible to Board Certification in physicians must have American College of Life Support ('ATLS") Physicians shall main. Medical Group shall Group Personnel to: Agreement in accord standards of clinical federal and state law applicable rules in re Board of California, a American Board of EComply with all apprules, regulations, po [Facility], including cointerest policies and applicable standards During a review of th procedure (P&P) titled dated 12/21/20, the Ephysician as a "mem clinical privileges who supervise or collabor	completion is recorded in the en documentation may be a Resources or department ephysician contract acility] Amended and al Services Agreement ent," dated 8/20/2020, the greement indicated, Board certified in Emergency or and actively pursuing a emergency medicine All es successfully completed the Surgeons Advanced Trauma of course, and all non-Board entain current ATLS status. It and shall require all Medical provide services under this ance with appropriate practice, all applicable is and regulations, all gulations of the Medical and the Standards of the emergency Medicine olicable medical staff bylaws, olicies and procedures of the ode of conduct and conflict of procedures Comply with all	AC	50				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	_	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		STREET ADDRESS, CITY, S 400 W MINERAL KING AV VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 050	"privileges that fall ou a given specialty that education, training, at that is required for co demonstrate compete initial appointment or Medical staff physicia eligibility requirement clinical privileges beir privileges in an area texclusive contract, morequirements set forth applicants who are not of application must be examination process certificationinitial a certified and existing seeking recertification time to obtain certification time to obtain certification additional time per years" CONSULTATION WITCFR(s): 482.12(a)(10) [The governing body	ed Special Privileges as tside the core privileges for require additional and/or experience beyond re privileges in order to ence." To be eligible to apply reappointment to the ans meet any current as that are applicable to the ang sought if applying for that is covered by an eet the specific in that contract of board certified at the time ence actively participating in the leading to board applicants who are not board Medical Staff members in may request additional action or recertification for eriod not to exceed two		050			
	and conduct of the ho or her designee. At a consultation must occ the fiscal or calendar of matters related to t provided to patients of multi-hospital system body, the single multi	ospital's medical staff, or his n minimum, this direct cur periodically throughout year and include discussion the quality of medical care					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION	
A 053	or her designee) of	ge 77 organized medical staff (or his each hospital within its system her requirements of this	A 053			
	Based on interview Medical Staff failed Executive Committee physicians that more behavior, conduct a authority to oversee the Chair, Department patient safety of the safe and quality mentioners, as allowed contract agreement resulted in the medical decisions about the 1 without MEC input compromised the here.	and record review, the to ensure the Medical see (MEC is a team of nitor and review physician and patient safety) had the the professional conduct of sent of Anesthesia (MD 1) and se medical staff in providing sedical care for 311 hospital shows the medical staff bylaws, and policies. This failure sical staff office making professional behavior of MD at review, which potentially sealth and safety of the ired Providers are allowed to medical care.				
	Meeting on 3/24/21 Executive Officer (Costaff, "abide by Polinand medical staff regoverning Body has and contracted staff services and safety staff office "refused" level issue" and did Board. The Governing Body has an and contracted staff services and safety staff office "refused" level issue" and did Board. The Governing Body Policy P	eview Committee (CRC) , at 7:15 AM, the Chief CEO) stated the contracted cy and Procedures, contracts equirements" and the s "responsibility" of all staff f for behavior, medical . The CEO stated the medical " to make it a "disciplinary not refer MD 1 to the Medical ing Body "did not request " CEO stated, MD 1 was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		050057	B. WING		,	4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER .		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
A 053	the Well-Being Comnassists physicians with prevention of impairm health, with particular abuse or addiction, mand enrolled in inpaticular voluntary leave of about 1 did not "need to do suspended." CEO sta "interventiondon't mander to taken care of." Althous violation of [Facility] provided from the CEO stated, once taken care of." Althous violation of [Facility] provided from the CEO stated of the CEO stated of the Medical staff makes MD 1 "returns to pract condition". DMS state of the MEC". DMS sonot "satisfied" with a medical staff office with medical staff office with medical staff office with the condition of the Medical staff office with the medical staff office with the medical staff office with the condition of the Medical staff office with the safety concentration required was referred to "Well-diversion, substance "confidential" and Medical report was not referred to the medical report was not referred.	e a drug test or go to ted, MD 1 "self-reported to nittee (a committee which the matters related to the net and maintenance of attention to substance the net alillness, or behavior), the net rehabilitation, and took a sence". The CEO stated MD a drug test" or "be ted, since there was an the need to suspend [MD 1]." the in "Well-Being things are to ugh the CEO stated it was a notices to commit a crime, and, the CEO stated MD 1 of the [Facility] policies. In 3/24/21 at 7:15 AM, with the faff (DMS), DMS stated the determination" when tice, no matter what the determination when the she was acting on "behalf the ted if medical staff office is only is considered to whe medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only is considered to the medical staff office is only in the medical sta	A 08	53			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _		04	I/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEI	NTER	•	STREET ADDRESS, CITY, STATE, Z 400 W MINERAL KING AVE VISALIA, CA 93291	•		
(X4) ID PREFIX TAG	(EACH DEFICIE	'STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	CROSS-REFERENCED	ACTION SHOULD BE	(X5) COMPLETION DATE	
A 053	Chief of Staff (MD [MD 2's] boss""Coffice. MD 2 stated [DMS] the authority manage medical and DMS "handles responsibility was Staff (DMS), the Grand the statisfied" with MD controlled substant behavior reports to did not initiate continvestigation, or more January 2021. It controlled substant impairment, but M and went to the W an "investigation" substance theft, at was not required. It adverse events", so a referral to PR 2 stated, he determing an interview Director of Pharma stated, on 1/20/21 medical staff office meeting when MD controlled substant 2021 and impairm was aware of the Grand substance to DMS summoned to DMS stated.	age 79 W on 4/1/21, at 8:10 AM, with 2), MD 2 stated, DMS is "my co-boss" of the medical staff If the Governing Body "gives y as medical staff director to al staff" and "runs the show", so all of it". MD 2 stated, his to refer to Director of Medical coverning Body "did need to 's substance use disorder or redical staff office is "not 1, DMS would refer MD 1's ce, diversion, and staff of MEC. MD 2 acknowledged he trolled substance audits, onitoring on MD 1 in July 2020 MD 2 stated, MD 1 "admitted" to ce theft, diversion and D 1 took a "leave of absence" ell-Being Committee; therefore; for diversion and controlled and report to the Medical Board MD 2 stated, there were "no cafety concern or patient harm, C or MEC was not needed. MD mined no problem identified, W on 3/31/21, at 4:20 PM, with acy Services (DPS), DPS he was "summoned" to DMS' DMS and MD 1 were at the 1 "confessed to diversion" of ce from May 2020 to January ent. DPS stated medical staff diversion because he was S' office. DPS stated it would decision to refer MD 1 to PRC	A	053			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
A 053	Graduate Medical E Director/Vice-Chair stated, he and MD 2 discuss controlled s misuse complaints. was suggested" to I submit. MD 4 and I Well-Being Commit the Well-Being Commit to PRC or MEC for diverting controlled During the Medical and concurrent doc 10:06 AM, with Med Safety (MD 11), Chi (MD 3), MD 4, Critic were in attendance, event dates 7/22/20 reviewed:	on 3/29/21 at 4:05 PM, with Education (GME) Program Anesthesia (MD 4), MD 4 2 had a meeting with MD 1 to substance diversion and MD 4 stated "drug testing MD 1, but MD 1 refused to	A 053	,		
	submitted a MIDAS possible substance receiving a complai Nurse Anesthetist (Inurse who administ was marked as a "pmiss safety event". physician does not require a screening issue". Medical Stateform a medical state	report about concerns of abuse by MD 1, after nt from a Certified Registered CRNA is an advanced practice ers anesthesia). The report hysician issue, behavior, near MD 2 "determined the meet the criterion that would exam" and "there wasn't an ff Office marks the event ff perspective", "may close". did not refer MD 1 to PRC				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	·	40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 053	Analysis (RCA is the underlying causes of identify appropriate were not suspended. 2. On 1/11/2021, even submits a MIDAS recoverusing and diversion and patient safety of marked "not a safet outcome". The Director (DRM) reviews the referral to California (CDPH) and the Mesafety (MD 11) for marks the event "froperspective, may cloud refer MD 1 PROMD 1's privileges with investigation. 3. On 1/21/2021, even submits a MIDAS readmission to diversion and diversion and did not notify the Board (GB) of the controlled substance	here was no Root Cause e process of discovering the of the problems in order to solutions). MD 1's privileges d pending an investigation. The port about concerns of MD 1 ting controlled substances concerns. The report was ey event. No known adverse ctor of Risk Management MIDAS reports and sends a management of Public Health review Medical Staff Office form a medical staff ose." Medical Staff Office form a medical staff ose." Medical Staff Office form a medical staff ose. There was no RCA. were not suspended pending an ment date 1/20/2021, DPS eport regarding MD 1's ion starting in July 2020 to and impairment due to the report was marked "not a management (DRM). A must to CDPH on 2/5/2021. The reviewed and marked "from a medical refer MD 1 to PRC or MEC, the pharmacy or Governing oncerns about MD 1 diverting the starting in sprivileges were not	A	053			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	1	400 W	ET ADDRESS, CITY, STATE, ZIP CODE / MINERAL KING AVE LIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
A 053	Critical Care Physic was the most senior stated the MEC responsive patient safe behavior, and deter 8 stated the MEC di Governing Board. Mand patient care corfor it to reach Peer I stated, substance u should have "high" [Facility]. MD 8 stated diversion are conce on physician investi and drug shortages notified of MD 1 at i' 1 "last night [3/31/21's MIDAS reports from 1/20/21 until 3/3 reports are first revistaff office. MD 1 was MEC because medidid not reach a patient would require distated, MD I should (urine drug screen) Medical Board". MI authority" over the risupervise physician "secretary". DMS "carranges rooms and During an interview MD 11, MD 11 ackn MD 1's MIDAS reported did not forward it someone has "leaker some page of the did not forward it someone has "leaker some page of the did not forward it someone has "leaker some page of the did not forward it someone has "leaker some page of the did not forward it someone has "leaker some page of the did not forward it someone has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one has "leaker some page of the did not forward it some one page of the did not forward it some one page of the did not forward it some one page of the did not forward it some one page of the did no	on 4/1/21, at 11 AM, with ian (MD 8), MD 8 stated, he rephysician on the MEC. MD 8 ponsibilities are to review and only concern and physician mines disciplinary action. MD iscusses findings with the MD 8, stated, provider behavior incerns need to be in MIDAS. Review or MEC review. MD 8 is edisorder and diversion, priority for review by MEC and itsed when reconciliation and irns, "quality data is collected gations and adverse actions, in MD 8 stated, MEC was its first meeting regarding MD in the was not aware of MD in event dates 7/22/20, 1/8/21 in MD 8 stated, the ewed by MD 11 and medical itsent safety or behavior concerns its inciplinary action. MD 8 have "done a urine toxicology and reported MD 1 to the individual staff and does not selected, DMS has "no in medical staff and does not selected, DMS is a coordinates meetings and it takes notes at meetings." On 4/1/21, at 11:15 PM, with owledged he was aware of our for event date 1/8/21, but it to MEC. MD 11 stated and information regarding infor	A	053				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	ľ	,	
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A 053	MD 1 was not refer and "not a risk to pay on a leave of abserto a three year back MIDAS occurrences." During an interview MD 3, MD 3 stated physicians and is not attes, DMS is a seruns the medical staphysician concerns not reported in MID known" to MEC or Minoritoringno treat staff office needs to report to PRC or Minoritoring an interview Risk Management of the provided MD 1's Minoritoring with medical modern provided MD 1's Minoritoring with medical modern provided MD 1's Minoritoring with medical modern provided MD 1's Minoritoring modern mo	red to MEC or Peer review, atient safety" because he went ace. MD 11 stated there is "up k log of cases to review" for	A 0	53			
	determines disciplir MIDAS report involvereferred to the MEC	nary action is required, the ving the provider will be C. RMS 1 stated, if no adverse report referred to PEER,					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
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A 053	RCA level", and "wo committee or risk m RMS stated, MD 1 v MEC and MIDAS re reach RCA. During a review of the "District Bylaws" for P&P indicated the [I to "support the safet treatment and service and legal business placcountability and eresponsibilities, the and accept respons physicians, nurses, perform their duties Carefully review remedical Staff Full responsibilities and responsibilities and standards tak appropriate under roles and function of Medical Staff and mand hospital bylaws Chief Executive Offito the Governing Boof the [Facility] " During a review of the procedure (P&P) titl 805.01 "CA Busines 33), dates 6/26/18, reporting actions un	AS report "would not reach on't appear on adverse drug anagement committee." was not reported to PRC or port, and thus would not the hospital's P&P titled, [Facility], dated 4/27/20, the facility] mission and vision are ty and quality of care, ce[and] committed to ethical	AO	53		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	rer .	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
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A 053	Committee covered four elements 1. De clinical privileges of Recommendation by Committee; 3. Follow and 4. MECs that are occurred. For example, or repeated deviation to the extent such minjurious to any persor prescribing for or herself, any controlly of clearly excessive misconduct with one During a review of the "Medical Staff Welldated 6/26/17, the Fresponsibility of the advisory in nature a personal physician or report to the MEC a question Well-Bein only as an advisory conducting inquiries reports to the governecessary." During a review of the Review Process" (Meview Process" (Meview Process) (Method Paper) indicated, the responsibility of the Paper) indicated, the second private of the process (Mexicon) (Me	f the Medical Executive by this policy must satisfy ny, terminate of restrict the a practitioner; 2. y the Medical Executive wing a formal investigation ny of the following acts have ple, incompetence, or gross in from the standard of care, nanner as to be dangerous or son or to the public; the use of administering to himself or ed substance; repeated acts prescribing; or sexual e or more patients." The hospital's P&P titled, Being Committee" (MS 02), D&P indicated, the" Well-Being Committee is and not a substitute for of a disciplinary body It will and to the physician in and Committee should serve and monitoring body, and evaluations, and making aning committee as The hospital's P&P titled, "Peer and R8 8710.PR), dated 2/9/21, the Medical Staff assess each	A 053		
	quality and patient s privileging and corre including clinical jud documentation. Cas	havior as part of its ongoing			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
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A 053	Safety Committee Risk Management process and so fo Peer Review are p Review (PR) Coor Medical Director of initial reviewer ind interest, Peer Rev assign case to new will make the final review. The PRC cases, and make a which will be forwa reply within 30 day case determinatio process may rang for enhancing care opportunities of or care. System leve Practitioner issues During a review of "Impaired Provide 5/31/2018, the P& can adversely imp safety. Use and al controlled substan medical staff mem providers (APP, in provide services a individual, his or h public Wheneve observes evidence member pf the me hospital premises, immediately inform shall inform the Cl	age 86 Occurrence Reports, Patient s, Quality/Safety Departments, and Department, Midas Reporting of the Cases recommended for preliminarily screened by Peer redinator and presented to the sor Chief Medical Officer If it icates potential conflict of the previous of the conflict of the previous of the conflict of the previous of the peer will meet monthly, evaluate a preliminary determination anded to the staff member for the previous of the peer review of the peer review of the peer review of the previous of the peer review of the pe	AC	053		

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	D PLAN OF CORRECTION IDENTIFICATION NUMBER: 050057 AME OF PROVIDER OR SUPPLIER AWEAH DELTA MEDICAL CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		•	
PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
A 053	Continued From pag	ge 87	A 05	3		
	Physical Exam of th suspect practitioner alcohol or other test	e practitioner[and] ask the to agree to a drug test or ing, "Any violation of this				
	of Conduct for Medi Providers" (MS 47), indicated, "Practition the welfare of their p patient care and saf Medical Staff will en disciplinary measure Examples of "inappi conduct that is unwa interpreted to be de "blatant failure to res	cal Staff & Advanced Practice dated 1/30/2019, the P&P ners have a responsibility for patientsThe safeguarding of ety is paramount, and the force this policy with es whenever necessary." ropriate behavior means arranted and reasonable meaning or offensive," or				
	"Medical Staff Bylaw Chief of Staff shall u that the MEC fails to response to concern Staff member's comprofessional conductanticle and the Board decisions is contrary evidence, the Board initiate such an invectonducts the investic committee" shall have relevant documents. The investigating cophysical, mental and the individual by hear	vs", the P&P indicated, "the update the CEO, in the event initiate an investigation in as raised about a Medical upetence, performance, or it in accordance with this didetermines that such y to the weight of the I may direct the MEC to stigationThe committee gation, the investigation				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	SURVEY LETED
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A 053	the commencement of MEC may accept, more recommendations it reinvestigating committed. During a review of the "Medical Staff Rules 12/21/2020, date app. The responsibility of the/she "will be respond treatment of theprompt and accurate the medical record for responsible perform described in these Rumands and losses of the pharmaceutical service of the pharmaceuticated with the ordering practitioner." During a review of the procedure (P&P) title Public Protection & Re (KDEP 15), date created approved 11/10/2014 or self-reported impathe extent it affects here.	the its report within 30 days of of the investigationThe odify, or reject any receives from an ree the hospital's P&P titled, and Regulations", adopted proved 12/21/2020, indicated. The attending physician, insible for the medical care patient while in [Facility] the completion of portions to rewhich he or she is ming all other duties and Regulations of controlled substance will lance with applicable federal endividual responsible for ervice, to the Chief of others per medical staff orders will be entered directly endical record by the ordering and complete medication erbal orders will include the rey into the medical record, the individual who gave, ented the order, and then be the date and time by the chospital's policy and d, "Personnel management: the porting Requirements",	A	053			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 053 Continued From page 89		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	·		
PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
	her license will be ac policy "outlined proc protect the public whemployed by or with or known to be chemimpaired to the exter practice the professi by his or her license have engaged in the of dangerous drugs the public, follows estuman Resource Police Alcohol'; Administrat Requirements for Dr Substance Abuse or Abuse', and Reportin Pharmacy within 14 development of the fregards to any licens with the pharmacy: the dangerous drugs, properties furnished in they are furnished ungoverning body mus services (including of joint ventures) furnishospital to comply we participation and stat services. This STANDARD is	ddressed promptly". The edures for taking action to hen a licensed individual the pharmacy is discovered nically, mentally, or physically not it effects his or her ability to on or occupation authorized, or is discovered or known to extheft, diversion, or self-use in the interest of protecting stablished procedures: plicy HR 200, 'Drugs and tive Policy AP 110, 'Reporting trug Diversion, Illegal Controlled Substance and to the California Board of days of receipt or following information with seed individual employed by or heft, diversion, or self-use of hysical or mental impairment." RVICES must be responsible for an the hospital whether or not ander contracts. The trensure that a contractor of the services that permit the ith all applicable conditions of not met as evidenced by: on, interview, and record	A 08		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 083	1. Ensure the medic procedures in handle deaths in the Emergency two of two sampled Patient 2). These facuses of death for 2. Take measures to such as syringes an accessed by one of unauthorized staff (Sincreased the possible channeling of regula sources for any illicity substances. 3. Provide a process when the use of druneedles, alcohol swwere discovered in the This failure place starisk for injury. Findings: 1a. During a review Documentation, "date Emergency Documentation," date Emergency Documentation, with past result of the causes airflow breath, CHF (congecondition in which the is not enough to supplied to the body), 10 hours of acutely breath. Per the Emergency Deather the Emergency Deather the condition in which the sound to the body),	al staff followed its policy and ing unusual occurrences of ency Department (ED) for patients (Patient 1 and elures resulted in the unclear Patient 1 and Patient 2.	A 083			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 083	[millimeters of Mercor below indicates a Normal oxygen satu [percent]) on room a with 15 L (liters, uni (non-rebreather mathe delivery of higher oxygen) Vital signs bpm (beats per min RR (respiratory rate BP (blood pressure 120/80). High physicis working extremel breath sounds bilate moderate distress tolerate BIPAP (BiL a device that can puimprove one's breat cannula, and eventing patient was then late inserted down the though the properties of the pr	e blood. A reading of 60 mmHg sury is a unit of measurement] an extremely low oxygen level. Uration is anything over 95% air, and only improved to 70 tof measurement) NRB sk- a device used to assist in	A 083	,	
	Progress Notes," da Critical Care Progre emergency departm be hypotensive (low (rapid respiratory ra heart rate). The pat emergency in which unresponsive, pulse after 10 minutes an (cardiopulmonary re lifesaving procedure	ated 12/21/20, at 11 PM, the ess Notes indicated, "In the nent, [Patient 1] was found to blood pressure), tachypneic, ate), and tachycardic (rapid ient coded (medical			

I ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	, , ,	E SURVEY MPLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 083	Propofol (anesther (milliliter, a unit of (micrograms per Improved per	c). Patient 1 was placed on tic) drip, 2000 mg in 100 ml measurement) at 5mcg/kg/min kilogram per minute - units of propost-intubation sedation." If Patient 1's "Emergency dated 12/21/20, at 11:19 PM, n/Reevaluation Notes and on documented by Emergency ician (MD 5) indicated, "ED turse) reported wide complex nitor and she noted no pulses. arted immediately and had an expontaneous circulation) after minutes of downtime." On AM, MD 7 documented MD 5 ient's care with [Patient 1's] and per his sister's wishes, on Comfort Care Status (a form at focuses on relieving timizing comfort). MD 7 tanyl (narcotic pain medication) exponsions into the vein), withdrew tube (a flexible plastic tube that the mouth into the windpipe to and help a patient breathe), and atton (a machine that helps a and vasopressor (any ends to raise low blood pressure) concurred Patient 1 dead at 1:53 me on 3/23/21, at 3:46 PM, with did he does not "do coroner and deaths or circumstances, con the control of the patient 1's IV	AO	83		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIP	LE CONSTRUCTION		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 083	Documentation," da indicated, "Resident Graduate Year 1 [Power evaluated [Patient 1] on a heart monitor a (access to an artery and blood for labora 122/91. [Patient 1's 36.6 centigrade (not temperature 36.1), I (breathing) rate 22, 90% (oxygen conter 100%)." The resider a successful resusc CPR, cardiopulmona ROSC (return of spower a ventilator (machin and waiting to be modified). The pressure of 122/91, rate 22 and ventilated documentation of a use, heart monitor register 1 by MD 5, If evaluated 1 by MD 5	Patient 1's "Emergency ted 12/21/20, the document 1 (ED Resident Post GY] - a physician in training) at 11:00 PM. Patient 1 was and had an arterial line for blood pressure readings tory) with a blood pressure of vital signs temperature	A 08	3		
	(heart monitor locate to continuously mon	emetry and cardiac monitoring ed at the nurse's station, used itor a patient's heart rate and eal record indicated a				

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recording of Patient 1 [irregular rhythm], a h minute, and a BBB (b abnormal heart beat p was no documentation oxygen use, heart mosettings of Patient 1 b nursing. MD 5 verified Between 12:41 AM at was still a full code (n heart stops beating a resuscitation procedut them alive), was intubadmitted to the ICU. changed to "comfort of medical care. There wital signs, temperatur oxygen delivery, vent determine rate, rhythic (show brain is connect apnea test (determine own without a machina and nervous systems values. There were repols of (stands for Plus Life-Sustaining Treatment wishes for full resuscion resultant and/or patient physician. It requires evaluates the nervous palliative care [determined is eases when a patilive to end of life]) converified the findings.	's heart: "Atrial Flutter leart rate of 70 beats per condle branch block, an coath in the heart). There in of a patient assessment, conitor readings, or ventilator by MD 5, Resident 1 or ED id the findings. Ind 1:41 AM, Patient 1, who means that if a person's ind/or they stop breathing, all the will be provided to keep coated, and waiting to be patient 1's status was coare" and withdrawal of was no documentation of re, cardiac monitoring, illator use, ECG (heart test to mand function), reflexes coted to body motor function), it if patient can breathe on the examine the heart, lungs in or normal laboratory in documented orders for a mysician's Orders for ment- life directives stating itation, limited resuscitation must be signed by the representative, and a meurology [physician who is system] consult or inner medical care wishes for each has less than 2 years to insult for Patient 1. MD 5	A	083			
	CORRECTION ROVIDER OR SUPPLIER SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page recording of Patient 1 [irregular rhythm], a h minute, and a BBB (b abnormal heart beat pwas no documentatio oxygen use, heart mosettings of Patient 1 b nursing. MD 5 verified Between 12:41 AM at was still a full code (nheart stops beating a resuscitation proceduthem alive), was intubadmitted to the ICU. changed to "comfort of medical care. There wital signs, temperatu oxygen delivery, vent determine rate, rhythic (show brain is connect apnea test (determine own without a machinand nervous systems values. There were repols (stands for Plus Life-Sustaining Treatment and/or patient physician. It requires evaluates the nervous palliative care [determined is eases when a patilive to end of life]) converified the findings. During an interview of the control of the patient physician interview of the patient physician int	CONTINUED ROUTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 94 recording of Patient 1's heart: "Atrial Flutter [irregular rhythm], a heart rate of 70 beats per minute, and a BBB (bundle branch block, an abnormal heart beat path in the heart). There was no documentation of a patient assessment, oxygen use, heart monitor readings, or ventilator settings of Patient 1 by MD 5, Resident 1 or ED nursing. MD 5 verified the findings. Between 12:41 AM and 1:41 AM, Patient 1, who was still a full code (means that if a person's heart stops beating and/or they stop breathing, all resuscitation procedures will be provided to keep them alive), was intubated, and waiting to be admitted to the ICU. Patient 1's status was changed to "comfort care" and withdrawal of medical care. There was no documentation of vital signs, temperature, cardiac monitoring, oxygen delivery, ventilator use, ECG (heart test to determine rate, rhythm and function), reflexes (show brain is connected to body motor function), apnea test (determine if patient can breathe on own without a machine), examine the heart, lungs and nervous systems, or normal laboratory values. There were no documented orders for a POLST (stands for Physician's Orders for Life-Sustaining Treatment- life directives stating wishes for full resuscitation, limited resuscitation or natural death. This must be signed by the patient and/or patient representative, and a physician. It requires neurology [physician who evaluates the nervous system] consult or palliative care [determine medical care wishes for diseases when a patient has less than 2 years to live to end of life]) consult for Patient 1. MD 5	CORRECTION DENTIFICATION NUMBER: DELTA MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 94 recording of Patient 1's heart: "Atrial Flutter [irregular rhythm], a heart rate of 70 beats per minute, and a BBB (bundle branch block, an abnormal heart beat path in the heart). There was no documentation of a patient assessment, oxygen use, heart monitor readings, or ventilator settings of Patient 1 by MD 5, Resident 1 or ED nursing. MD 5 verified the findings. Between 12:41 AM and 1:41 AM, Patient 1, who was still a full code (means that if a person's heart stops beating and/or they stop breathing, all resuscitation procedures will be provided to keep them alive), was intubated, and waiting to be admitted to the ICU. Patient 1's status was changed to "comfort care" and withdrawal of medical care. There was no documentation of vital signs, temperature, cardiac monitoring, oxygen delivery, ventilator use, ECG (heart test to determine rate, rhythm and function), reflexes (show brain is connected to body motor function), apnea test (determine if patient can breathe on own without a machine), examine the heart, lungs and nervous systems, or normal laboratory values. There were no documented orders for a POLST (stands for Physician's Orders for Life-Sustaining Treatment- life directives stating wishes for full resuscitation, limited resuscitation or natural death. This must be signed by the patient and/or patient representative, and a physician. It requires neurology [physician who evaluates the nervous system] consult or palliative care [determine medical care wishes for diseases when a patient has less than 2 years to live to end of life]) consult for Patient 1. MD 5 verified the findings. During an interview on 03/23/2021 at 3:46 PM,	TOURTHEATON NUMBER: DELTA MEDICAL CENTER STEAM	A BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE	OSOMOTOR SUPPLIER DELTA MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST EE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 94 recording of Patient 1's heart: "Atrial Flutter [irregular rhythm], a heart rate of 70 beats per minute, and a BBB (bundle branch block, an abnormal heart beat path in the heart). There was no documentation of a patient assessment, oxygen use, heart monitor readings, or ventilator settings of Patient 1's heart state of 70 beats per minute, and a BBB (bundle branch block, an abnormal heart beat path in the heart). There was no documentation of a patient assessment, oxygen use, heart monitor readings, or ventilator settings of Patient 1's yet sop breathing, all resuscitation procedures will be provided to keep them alive), was intubated, and waiting to be admitted to the ICU. Patient 1's status was changed to "comfort care" and withdrawal of medical care. There was no documentation of vital signs, temperature, cardiac monitoring, oxygen delivery, ventilator use, ECG (heart test to determine rate, rhythm and function), reflexes (show brain is connected to body motor function), apnea test (determine fratient can breathe on own without a machine), examine the heart, lungs and nervous systems, or normal laboratory values. There were no documented orders for a POLST (stands for Physician's Orders for Life-Sustaining Treatment- life directives stating wishes for full resuscitation, limited resuscitation or natural death. This must be signed by the patient and/or patient representative, and a physician. It requires neurology [physician who evaluates the nervous system] consult or patient tenderal care wishes for diseases when a patient has less than 2 years to live to end of lifel) consult for Patient 1. MD 5 verified the findings. During an interview on 03/23/2021 at 3:46 PM,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 083	the "full code" was of MD 5 stated, Reside [Patient 1]". During an interview on 3/23/21 at 8:35 F (Resident 1) Patient reviewed. Resident documented orders Orders for Life Sust neurology consult (Noting and treat previous system). Or care is specialized right with a serious illnes "Nothing more accurate Resident 1 acknowled, intubated, and ICU. Resident 1 stated he did not spatient representation" is full code status to stated he "believes" physician, spoke with and "patient status", speak with MD 5 resistatus, nor did he dowith MD 5. Resident complete an assession viability or signs of I medical care. During a concurrent on 3/29/21, at 6:17 Physician (MD 18),	ge 95 code", but "can't recall" how changed to "comfort care". ent 1 was "taking care of and concurrent record review, PM, with ED Resident PGY 1 is 1's ED medical record was 1 was unable to find for a POLST (Physician aining Treatment) form, a Neurologists are doctors who problems with the brain and is a palliative care (Palliative medical care for people living is) consult. Resident 1 stated, rate than what is in the chart." ledged Patient 1 was a full id waiting to be admitted to the ated, he "decided" poor out care" for Patient 1. Resident speak with the family or we regarding changing Patient o "comfort care". Resident 1 MD 5, his supervising the family about "comfort care". Resident 1 stated he did not garding Patient 1's code occument any communication it 1 acknowledged he did not sment to determine Patient 1's ife, or reasons to withdraw Tinterview and record review, PM, with Critical Care Patient 1's "ED medical 21, the record indicated,	A	083			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLÉTIC
A 083	1] at 6:37 AM and w [Resident 4] did not [Patient 1]. [Resident care while in the ED with [ED] staff at bee spoke with Resident resident made Paties successful ROSC (recirculation), pending care withdrawn. MD informed as to why I from a full code. ME answers" and there 18 stated, he did not corner's case. MD 1 consulted on Patient to the ICU. MD 18 stinvolved with or president of the ICU. MD 18 stinvolved with or president 3/22/21, the moreon Total to the ICU. MD 18 stinvolved with or president 3/22/21, the moreon Total total total states are involved with or president 1's ED medical policy. The moreon Total total total states are involved with the Emergent (MD 7), Patient 1's ED medical policy. Patient 1's ED medical policy. Indicated, Modocumentation of vital states are supported to the involved with the Emergent (MD 7), Patient 1's ED medical policy.	ge 96 as co-signed by [MD 18]. provide a cause of death for at 4] documented "comfort. Patient passed peacefully diside". MD 18 stated he at 4 and was "surprised the nt 1 'comfort care' after a seturn of spontaneous ICU admission, and medical 18 stated he was not Patient 1's status "changed" D 18 stated, he "did not have was no documentation. MD at sign-off Patient 1 was not a stated the ICU team at 1 and was never transferred tated the ICU team was not sent at Patient 1's death. Patient 1's ED medical record, medical record indicated, MD ring for Patient 1 for a few and Patient 1 dead at 1:53 AM. Interview and review of cal record, on 3/29/21, at 7:05 sency Department Physician ED medical record, dated MD 7 was unable to find tal signs, temperature, oxygen delivery, ventilator	A 08	,	
	lungs and nervous s values. MD 7 acknown Patient 1's viability, withdraw medical cal were no intervention 1's life. MD 7 stated	apnea test, heart exam, systems, or normal laboratory wledged he did not determine or signs of life, or reasons to are. MD 7 acknowledged there as taken to persevere Patient he pronounced Patient 1's es informed him Patient 1 did			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 083	Continued From pag	ge 97	A 08	3		
	record did not indica	blood pressure. The medical te any documentation of vital signs after 12:41 AM on				
	at 3:30 PM, the vide taken at 2:12:22 AM	ne video footage on 3/30/21, o footage dated 12/21/20 I indicated, a social worker d Room 19, the room of deceased.				
	on 3/30/21, at 3:35 I Manager (SSM) and 1 identified the indiv stated after the deat office takes a report and determines if ar who was on scene of 1/Patient 2's resusci report. SO 1's report (RN 3) "informed se that she believed [S access to the drug be Propofol (anesthetic be given to a patient).	interview and video viewing, PM, with Security Services I Security Officer (SO 1), SO iduals in the video. SSM h of Patient 1, the sheriff's, speaks with the physician, a autopsy is needed. SO 1, during the events of SC tation and death, wrote a t indicated, Registered Nurse curity during our debriefing cribe SC 1/Patient 2] gained by filling two syringes with container that was meant to the in room 19 of the ED". SO 1 deeive any syringes from ED 1/Patient 2.				
	Detective, Tulare Co [Facility] "signed-off because [Patient 1] stated, he interviewed 3, and RN 16, and the (SOS 2) about the distated the ED staff rivere found with [SC	on 3/26/21, at 2:45 PM, with bunty (DET), DET stated the as a non-coroner case died of a cardiac arrest". DET ed ED staff RN 1, RN 2, RN ne Security Officer Supervisor eath of SC 1/(Patient 2). DET eported, "A couple of syringes 1/Patient 2]" and was pofol" and the medication				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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A 083	Continued From pag	ge 98	A 0	83		
		er patient". DET stated his d, MD 18 "signed off" as a				
	Agreement titled, "[IRestates Profession Emergency Departra Contract indicated, times comply with b policies and directiv Medical StaffCom Group will comply w procedures, and coagreement indicated personnel shall docelectronic medical reuses scribes, who a Group shall be entire scribes, and ensure procedures of the [Fand regulations".	ne Physician Contract Facility] Amended and hal Services Agreement hent", dated 8/20/20, the 'Medical Group shall at all ylaws, rules and regulations, es of the [Facility] and the haliance Program. Medical with all [Facility] policies, de of conduct. The d, the "Medical Group and its hument exclusively in the hecord If Medical Group re not clinical staff, Medical hely responsible for such that they follow all policy and facility], and all relevant laws he hospital's policy and				
	procedure (P&P) titl dated 12/21/20, the "to refrain from dele hospitalized patients qualified or adequat Resident); to refrain	ed, "Medical Staff Bylaws", P&P indicated, Providers are gating responsibility for s to any individual who is not ely supervised (Scribe, from deceiving patients as to idividual providing treatment				
	"Medical Staff Rules 12/21/20, the P&P in cases: "When an au provisional anatomic	ne hospital P&P titled, s and Regulations", dated ndicated Autopsy Coroner itopsy is performed a c diagnosis should be medical record within three				

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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		
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NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
				4	100 W MINERAL KING AVE		
KAWEAH	DELTA MEDICAL CENTE	ER			/ISALIA, CA 93291		
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(X4) ID		ATEMENT OF DEFICIENCIES	ID	137	PROVIDER'S PLAN OF CORRECTION	_	(X5) COMPLETION
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1710		,			DEFICIENCY)		
A 083	Continued From page	e 99	А	083			
	savs and the complet	te report should be made					
		ecord within 30 business					
	•	and Safety Code Sections					
		the medical certification of					
		ithin in the death certificate					
		the attending physician (or					
		15 hours of the tie of death					
		e considered for unusual					
	deathdeaths in whi						
	explain unknown or u						
		Idition if not otherwise					
	attainable from the pa						
		nt will discuss the case with					
		an (or his or her designee)					
		e autopsy so that the clinical					
	diagnosis and any co						
	infection hazards, car						
		e policy further indicated,					
		cian shall be responsible for					
	requesting a consulta						
		easonable attempts to					
		e consulting Practioner to					
	·	ion request". P&P indicated,					
		nically pertinent progress					
	notes shall be record						
		st be legible, dated, and					
		nented with a frequency					
		cuity of medical problems to					
	reflect patient's condi						
		nall always be written in a					
		rity and frequency that					
		could quickly understand the					
		ny complications must also					
	be documented"	.,					
	1b. During a concurre	ent interview and review of					
		the incident, on 3/26/21, at					
	_	rity Services Manager					
		'On 12/22/20, at 12:34 AM,					

			(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021
	AME OF PROVIDER OR SUPPLIER AWEAH DELTA MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 083 Continued From page 100 [SC 1] who is also [Patient 2], was observed entering [Patient 1's] room, in room 19. Near the door, (SC 1/Patient 2) was opening a drawer containing syringes and a drawer above it containing needles, and next (SC 1/Patient 2) discarded a small package into the trash." During an interview on 3/29/21, at 8:15 PM, with Security Officer (SO 1), SO 1 stated, he was on scene when SC 1/Patient 2 entered the ED public bathroom and started a report after SC 1/Patient 2's death. SO 1's report indicated, Registered Nurse (RN 3) "informed security during our debriefing that she believed SC 1/Patient 2 gained access to the drug by filling two syringes with Propofol (sedation medication) container that was meant given to a patient in room 19 of the ED". SO 1 stated he did not receive any syringes from the ED staff found with SC 1/Patient 2. During an interview on 3/30/31, at 3:30 PM, with SO 1, SO 1 identified the individuals in the video, which was later confirmed by the Emergency Department Nurse Manger (EDNM). EDNM also verified the small package SC 1/Patient 2 discarded into the trash was a wrapper of a	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION
A 083	[SC 1] who is also [I entering [Patient 1's door, (SC 1/Patient containing syringes containing needles, discarded a small patient of the containing an interview Security Officer (SC scene when SC 1/P bathroom and starte 2's death. SO 1's re Nurse (RN 3) "infort debriefing that she to gained access to the with Propofol (sedat was meant given to ED". SO 1 stated he from the ED staff for During an interview SO 1, SO 1 identifies which was later con Department Nurse Nursified the small paties and the containing and concurrent of the containing a concurrent of the containing a concurrent of the containing and concurrent of the containing a concurrent of the containing and concurrent of the containing a concurrent of the containing and concurrent of the containing a concurrent of the containing and concurrent of the containing a containing	Patient 2], was observed] room, in room 19. Near the 2) was opening a drawer and a drawer above it and next (SC 1/Patient 2) ackage into the trash." on 3/29/21, at 8:15 PM, with 1), SO 1 stated, he was on atient 2 entered the ED public ad a report after SC 1/Patient port indicated, Registered med security during our believed SC 1/Patient 2 a drug by filling two syringes ion medication) container that a patient in room 19 of the add did not receive any syringes and with SC 1/Patient 2. on 3/30/31, at 3:30 PM, with d the individuals in the video, firmed by the Emergency Manger (EDNM). EDNM also ckage SC 1/Patient 2 ash was a wrapper of a	A 08	3	
	Department Physiciand Physical (H&P) reviewed. MD 6, states as the cause of overbeen receiving med several years. The indicate MD 6 docur electronic medical results.	PM, with the Emergency an (MD 6), Patient 1's History dated 3/21/20, was ted he "considered ingestion" rdose. SC 1/(Patient 2) had ical care at the [Facility] for history and physical did not mented in SC 1/(Patient 2's) ecord information regarding , including major depression,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
		050057	B. WING			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
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A 083	or a complete medicinclude the syringes syringes and needle in the bathroom. ME why Propofol was neason for the overce. During an interview Emergency Departr stated the "whole rough the Resident Physic Propofol." EDT stated 1/Patient 2's resusof from room 21 [can't (milliliter, a unit of milled with what look MD 6 was notified. Was present and tol ml syringe with needle attached." A word on SC 1/(Patiwhich had enough medical was present and tol ml syringe with needle attached." A were over, RN 3 stated present when she resecurity, and EDNM instructed her to "the During an interview During an interview security, and EDNM instructed her to "the During an interview During D	generalized anxiety disorder, cation list. The H&P did not if filled with Propofol, empty se found with SC 1/(Patient 2) 0 6 stated he could "not recall" of included in the H&P or as a dose and death. on 3/31/21, at 6:50 PM, with ment Technician (EDT), EDT form- (RN 1, RN 3 RN 2, RN 4, irratory Therapist [RT 1], and cians)knew about the sed he witnessed, after SC itation in room 21, "someone recall who] bringing a 60 ml measure) syringe with a needle sed like Propofol. EDT stated The House Supervisor (HS) did the person to discard the 60 dile and "put in the sharp on 3/23/21 at 8:30 PM, with stated two syringes were ent 2), one 20-30 ml syringe, remaining in the syringe "to white milky substance" If, and the other filled with a later the resuscitation efforts atted another, a 20 ml syringe bund in room 21 on the did MD 7 and MD 6 were exported it to the police, I. RN 3 stated, the police	A 03	83			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 083	SC 1/(Patient 2). RN SC 1/(Patient 2)," how "white substances in smeared on the wall it the code we found meach owledged she dior corner with Propose found on SC 1/(Patient During an interview of RN 2, RN 2 stated two empty with a needle and Proposol in it", and Proposol" were found 2 acknowledged he dipolice or corner with Ineedles found on SC During an interview of MD 7, MD 7 stated Softhe ED public bathrood Zone 2 (ED Unit for comoved to room 21 for "needles" and "big sywere found. MD 7 acl provide security, policity syringes and/or need During interviews on 3/29/21 8:15 PM, with 2 stated, on 12/22/20 death, RN 3 also info debriesing that she be gained access to the with Proposol contains in room 19, Zone 2. Sone 2's restroom who will be substantial to the substantial room 19, Zone 2. Sone 2's restroom who will be substantial to the s	of the events" surrounding 1 stated "MD 6 knew about w he was found and the the syringes, and blood in n the bathroom, and during ore syringes". RN 1 d not provide security, police of syringes and/or needles nt 2). on 3/23/21 at 6:15 PM, with o 20 to 30 ml syringes; one attached and "could tell it d the other was "full of in SC 1/Patient 2's arm. RN id not provide security, Propofol, syringes and/or	A	083			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 083	During an interview of the Detective, Tulare on 3/22/20, at 4:06 Al following ED staff: RN Security Officer Superstated ED staff report were found with (SC informed it was "Propose stated ED staff report were found with (SC informed it was "Propose stated ED staff report were found with (SC informed it was "Propose stated ED staff report were found with (SC informed it was "Propose stated ED staff report were found with (SC informed it was "Propose stated ED stated the syringes and he was repose or medication testing and toxicology identify substances). Screening was not ordor During a review of SC Department Document physician notes indicated AM, [MD 6] complete [Patient 1] and docum was cardiac arrest (her During an interview of with MD 6, MD 6 stated his pocketsand sor Propose and death. Security, police or correctly police poli	that contained Propofol. In 3/26/21, at 2:45 PM with County (DET), DET stated M, he interviewed the M 1, RN 2, RN 3, RN 16, and rvisor Nights (SOS 2). DET ed, "a couple of syringes 1/Patient 2)" and was ofol" and the medication r patient". DET stated he vringes that contained If the hospital "disposed" of vas not able to pass on any ins to the pathologist for vascreen (laboratory test to DET stated Propofol dered by the pathologist. In 1/Patient 2's Emergency intation, dated 3/22/20, at 4:14 did the physician's note on mented the cause of death eart stopped beating)." In 3/24/2021, at 2:35 PM, ed, "syringes were found in meone might have said I", and could "not recall" why juded as a reason for the MD 6 did not provide mer with Propofol, syringes	A	083			

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		050057	B. WING			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 083	not aware of SC 1/Pa of severe depression or circumstances of Sc confirmed he did not needles containing P liquid. COR stated he toxicology screening, of the Propofol found not order the screening an error in the autops earlier. COR stated, venlafaxine (anti-dep level was within norm records reflected prevenlafaxine for over Seneed to review the m DET about the possible 2)'s death. During a review of the procedure (P&P) title	tent 2. COR stated he was attent's 2 past medical history and multiple prescriptions, SC 1/Patient 2's death. COR receive any syringes or ropofol or a milky white e ordered the standard but since he was unaware with SC 1/(Patient 2), he did ng. COR stated, there was sy report, he did not see SC 1/(Patient 2)'s ression medication) blood nal range. SC 1/(Patient 2)'s	A 08	33			
	"Autopsy Coroner caperformed a provision should be documented within three days and be made part of the rousiness days" "Posections 102800 and certification of the caldeath certificate will be attending physician (hours of the time of considered for unusuan autopsy may help unanticipated medical if not otherwise attain	ses: "When an autopsy is mal anatomic diagnosis ed in the medical record I the complete report should medical record within 30 er Health and Safety Code 102975 the medical use of death within in the pe completed by the or his designee) within 15 leathAutopsies should be all deathdeaths in which					

AND BLAN OF CORRECTION INTEREST IN THE CATION NUMBERS		` '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _		04	1/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	ITER		STREET ADDRESS, CITY, STATE, Z 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	CROSS-REFERENCED	ACTION SHOULD BE	(X5) COMPLETION DATE
A 083	his or her designed so that the clinical including any infect to the pathology stable pathology stable pathology stable pathology stable person practitioner to disconsistent with the reflect patient's commanagement, and manner with such another Practitione [patient's statusA documented" During a review of Agreement titled, "Restates Profession Emergency Depart physician contract Group shall at all tiand regulations, por [Facility] and the Merogram. Medical [Facility] policies, pronductneither Merogram shall act in any may violates the Standar comply with regulations (CCR) Pharmacy, CMS C	ith the attending physician (or e) prior to starting the autopsy diagnosis and any concern, tion hazards, can be provided aff The attending physician e for requesting a consultation ysician will make reasonable ally contact the consulting uss the consultation request	A	083		

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	' '	(X3) DATE SURVEY COMPLETED		
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 083	Continued From pa	ge 106	A 0	83			
		omplete accurate and timely service provided in the					
	procedure (P&P)) tir 64), dated 5/16/20′ law requires certain coroner. A nurse, p may report the case body under the juris released to a funeration from surgery or the upon explicit instruction office. Examples of the coroner's office suspected), homicic involving any crimin criminal act, drug act state cause of death patient is comatose physician attendance. During a review the "Autopsy, Arranging 10/30/2020, the P& postmortem examin of death. The hous responsible for make and sending "patient down the chart". During a review of the procedure (P&P) titled Theft/Loss", (KDEP) indicated, and outling the case of theft/loss chemicals listed in the case of the case	the hospital's policy and tled, "Coroner's Cases", (PC 18, the P&P indicated, "The cases to be reported to the physician, or unit secretary and indication of the Coroner be all establishment or removed emergency room, except stions from the coroner's deaths that are reported to are suicide (known or de (known or suspected), all action or suspicion of a addiction, physician unable to an and all deaths in which the throughout the period of se." Thospital's P&P titled, a for", (PC 38), dated P indicated, "An autopsy-a lation to determine the cause e supervisor shall be ing autopsy arrangements at's entire chart; do not break the hospital's policy and led, "Dangerous Drugs: 11), dated 6/19/19, the P&P ned the proper procedure in s of controlled substance, the Department of Justice chemicals, substances					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· '	1 ' '	PLE CONSTRUCTION IG	1, ,	(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 083	and Safety Code) or dangerous drugsF be taken by sites lice Enforcement (DEA) substances in List 1 the following mean: loss in transitPer A 110), the following at DEA Diversion Field form 106 "Report of Substance "within or discovery of a theft controlled substance within 3 business da or loss of any substated Health & Safety Cod Board of Pharmacy of discovery of any loss within 14 calendar delisses due to license to Business and Pro Profession licensing person confirmed to [Local] Police and /o agency. 6. California Health." 2. During an interviewith Certified Registe (CRNA 3), CRNA 3 setreated like "non-confirmed to license with Certified Register."	o Section 11100 of the Health significant quantities of other ederal law required action to ensed by the Drug should a loss of controlled chemicals occur by any of break-in, employee theft Administrative Policy (AP gencies will be notified: 1. Office by completing DEA Loss or Theft of Controlled the business day of the or significant loss of a e. 2. Department of Justice ys of the discovery of a theft ance regulated pursuant to be Section 11100. 3. State within 30 days from the stances or easys from the date of loss for ed employee theft (pursuant fessional Code 4104). 4. or certifying board of the have diverted drugs. 5. In other law enforcement and Department of Public who on 3/26/2021, at 4:30 PM, ered Nurse Anesthetist stated needles are locked and	AO	83			
	review, on 3/30/31 a of Emergency Service Emergency Departm	t 6:30 PM, with the Director ces (DES) and RN 4 in the cent Zone 2, Room 19 was cient 1 was cared for on					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
A 083	12/21/20 to 12/22/20 entered, as seen on 12/22/20 at 12:34 A of the entrance, was feet tall, and consist "C-locker" where int and blood tubing, al supplies, needles and in draw the syringes. The copen. All supplies w stated, "it should be when in the room cate the "C-locker access" of supplies, syringes. During an interview Emergency Departm stated the "C-locker access" of supplies, syringes. During an interview RN 3, RN 3 stated Semergency Departm unusual for SC 1 to RN 3 stated two syrone 20-30 ml (millilith had enough white sisyringe and the oattached." During an interview RN 2, RN 2 stated solocked in cabinets, "out", and "carts and 2 stated two 20 to 3 a needle attached a	o and the same room SC 1 video surveillance, on M. Inside room 19, to the left a mobile cabinet over six ed of nine drawers, called a ravenous fluids, intravenous cohol swabs, laboratory nd syringes, and others were e of the C-locker were the ver eight of the C-locker were abinet was unlocked and ere easily accessible. DES locked at all times except aring for a patient." on 3/31/21 at 6:50 PM, with ment Technician (EDT), EDT as are always openfor "easy including needles and on 3/23/21, at 8:30 PM, with ent", and it "would not be get supplies for the nurses." inges were found on SC 1, ier, a unit of measure) syringe ubstance remaining in the ther filled with a needle on 3/23/21, at 6:15 PM, with syringes and needles are but extra syringes can be left drawers are not locked." RN onl syringes; one empty with and the other was "full of medication)" were found in the	A 08	3	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
A 083	Continued From pa	ge 109	A 08	33	
	Emergency Depart	on 3/24/21, at 2:35 PM, with ment Physician (MD 6), MD 6 ere found in his [SC 1]			
	video footage, on 3 3/30/21, at 3:30 PM Manager (SSM), St 12:34 AM, SC 1 wa 1's room, room 19. opening a drawer of drawer above it cor 1 discarded a wrap There was a RN in identified. At the ro Department Techni Services (EVS) star During an interview Emergency Depart stated SC 1 was fo	t interview and review of the 1/26/21 at 10:18 AM and 1/26/21 at 10:18 AM at 1			
	the Security Officer individuals in the vi	on 3/29/21, at 8:15 PM with (SO 1) SO 1 identified deo and were later confirmed artment Nurse Manager			
	12:20 PM, the Chie stated, she was "av and needles in the 2020. CNO stated,interventional app	ng Board Meeting on 4/1/21, at if Nursing Officer (CNO) ware" of episodes of syringes ED bathrooms in December "took a rapid approach broach" for needles and is an "investigation."			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		050057	B. WING _			04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER		STREET ADDRESS, CITY, STATE, 400 W MINERAL KING AVE VISALIA, CA 93291	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORRECTIVE CROSS-REFERENCE	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)	
A 083	Continued From page	e 110	A	083		
	at 12:25 PM, the CEC the syringes and need department. During a review of the procedure (P&P) title for Drug diversion Ille Controlled Substance 8/24/20, the P&P indipatterns of activity or suspect f=drug diversinvestigation will be in President, or designed department will collable Resources, Pharmacon investigating the suspect Confirmed cases will Enforcement Agency	nitiated. 2. The Vice se, of the involved corate with Human y, and Risk Management in sected drug diversion. 3. be reported to: Drug - by Pharmacy; California				
	licensing or certifying confirmed to have divention of the law enforcement of the law enfor	verted drugs- by Human vertee Department and /or nt agency- by Pharmacy; nt of Public Health- by Risk				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		050057	B. WING _		0	4/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CE	NTER	•	STREET ADDRESS, CITY, STATE, ZIP (400 W MINERAL KING AVE VISALIA, CA 93291	CODE	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
A 083	PM, the email indi Subject: Drug Dividiversion is a term removes, takes, or prescribed for son him/herself. Exantwo pills - the person and keeps one pill an empty syringe tubing to inject intimedication and tasuspicious finding Syringes or empty trash, bathroom, on non-patient care a products in the trainfusingSyringe being kept in unsediscrepanciesuReporting findin well-being of ever findings can poter harm. For information of the pictures used similar to MIDAS in the pictures used in the picture of the picture of the pictures used in the picture of the pictures used in the picture of the picture	ent (DRM), dated 2/2/21 at 2:25 cated, "To: [Facility] Urgent, ersion Prevention. Drug a used when an individual r find medication) s) that ate meone else and used them for apples: A patient is prescribed son gives one pill to the patient of the for themselves person uses to remove medicine from an IV to themselves A person finds kes it home What are so r signs of drug diversion? If medication containers found in the counters, or other areas Blood and blood ash in patient care setting not so, needles, or medications ecure locations Count medications entitled patient pain gs is for the safety and ybody. Reporting suspicious attailly save a life and prevent atton see Policy HR 200". One end in the email, appear to be	A	083		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	rer .		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	·
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
A 083	scribe shall accompthe exam room and history, physical exaradiology results as providerThe scribe hands-on patient ca any orders, all order of the medical provider the medical providerThe scribe hands-on patient ca any orders, all order of the medical providerThe scribe for the medical providerThe scribes are generated to the medical provider to the medical provider to the medical provider to the medical contract a Group shall at all tin and regulations, pol [Facility] and the Me Program. Medical Group shall at all tin and regulations, pol [Facility] policies, product. The agree Group and its person exclusively in the elementation of the medical Group uses staff, Medical Group uses staff, Medical Group for such scribes, an policy and procedur relevant laws and rel	y medical providerThe any the medical provider into transcribe the patient's am and any laboratory and dictated by the medical e cannot provide any direct reThe scribe may not enter entries are the responsibility der." The Physician Contract Facility Amended and all Services Agreement ment," dated 8/20/20, the greement indicated "Medical nes comply with bylaws, rules icies and directives of the edical Staff Compliance froup will comply with all occedures, and code of ment indicated, the "Medical nnel shall document ectronic medical recordIf a scribes, who are not clinical to shall be entirely responsible densure that they follow all es of the [Facility], and all	A 083	3	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	rer .		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION	
A 083	Continued From page 3. During an intervie	ge 113 ew on 3/23/21, at 6:15 PM,	A 083			
	was aware of episo	ted in addition to SC 1, he des of used syringes and nce of a "white milky ".				
	RN 3, RN 3 stated, separate occasions syringes and needle sometimes blood in stated the syringes looked like Proporteported the episod	on 3/23/21, at 8:30 PM, with in addition to SC 1, on three is, she found contaminated es, alcohol swabs, and the ED bathrooms. She had "white substance foll" in them. RN stated she es to RN 16. RN 3 stated, RN se Supervisor (HS) of the				
	RN 1, RN 1 stated, bathroom with white bathroom SC 1 was code [resuscitation] RN 1 stated, she "n from Patient 1. RN 2 RN 2, RN 3, RN 14	on 3/25/21, at 8:50 PM, with "Syringes were found in a substance in them, not the found in, and during the we found more syringes". oticed Propofol was missing" I stated this triggered, her, all to look for SC 1. RN 1 e need to find him [SC 1],				
	with Security Office a report regarding the and was given new syringes and needle over the prior days. the investigation state with a milky white states	on 3/26/2021, at 10:18 AM (SO 1), SO 1 stated he wrote he 12/22/2020 events of SC 1, information regarding es found in ED bathrooms The report indicated "during iff members found syringes ubstance, alcohol wipes, and stroom outside of Zone 3 that prior. The nursing staff were				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	1 0 110 112021
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
A 083	drugs in this location incidents were not redepartment. SO 1 stiff syringes are found bathrooms, parking are foundglove-up, sharp containerno kept]". During an interview of Security Officer Supestated he did not tak on 12/22/21 regardir "similar episode" the occurred in "Zone 3" cameras, "needles at the bathrooms". SOS notified of all events and suspicious subs SOS 1 stated he did event. During an interview of Emergency Departments of the chargest of the charge	ember was potentially using a." SO 1 stated these sported to security tated, there are "no policies" on [Facility] grounds g lot, sidewalk if syringes, pick it up and throw it in the logs of syndromes [are on 3/26/21 at 6 PM, with ervisor (SOS 1), SOS 1 e the [Facility] security reporting SC 1, but there was a night before, on 12/20/20. It where there are no and syringes were found in S 1 stated security "should be regarding illegal substance tances" on hospital grounds. not have a report for the on 3/29/21, at 7:05 PM, with thent Physician (MD 7), MD 7 g found syringes" in a staff larified "not the bathroom [SC 0 7 stated the events were ge nurse, RN 3. MD 7 stated, it SC 1 was involved". On ed SC 1 was found in the ED 0 7 stated "needles" and "big	A 08	33	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER .	•	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 083	him. HS stated "it mu could not recall the decomplete an occurrer During a review of the "Urgent Message Drudated 2/8/21 at 2:25 Management (DRM), Management, the emenvironmental Service and ways to prevent a findings or signs of drand well-being of evelife". The email was seen who the email was seen During an interview of the Director of Environmental Service and Environmental Service (environmental Service) and Environmental Service (environmental Service) stated EVS (environmental Service) and Environmental Service) stated EVS (environmental Service) stated EV	rses who in turn notified st be staff". HS stated he ay of the events and did not not report. e electronic mail, titled ag Diversion Prevention," PM, from the Director of Risk provided by Risk ail included a picture from es Manager (EVSM) report and report "suspicious and diversion" "for the safety rybody You can save a sent to "District", but unclear ent to. n 3/21/21, at 2:50 PM, with namental Service/ Laundry ervice Manager (DEVS) and we received reports from service) staff that syringes od, dirty used syringes, were found in the ED staff ted he recalls one email odes, and forwarded them to ne process for any item of g use at [Facility], EVS staff communicate with and EVSM stated MIDAS (a workers to report near afety concerns) reports were of the events.	A	083			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER (X4) ID PREFIX TAG CAN DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A 083 Continued From page 116 Nurse Manager (EDNM). The photo content of the email had used syringes, wrappers and blood in an ED bathroom found by EVS staff. The email indicated EVS staff identified used syringes, wrappers, and blood, "found yesterday morning", and "ft was also said seen again this morning." The email indicated, CHRO wrote "another employee overdosed in a bathroom last night, but thinking it would have been another location." DEVS wrote, "Will follow-up with another staff member who also saw a syringe (not sure if it was the same location as yesterday morning". DEVS could not determine how many syringes and needles were found and on what days. No occurrence reports were written and there were no other email exchanges. During the Governing Board meeting on 4/1/2021 at 12:20 PM, the CEO stated he was not aware of the episodes of used syringes and needles in the ED bathrooms. During the Governing Board Meeting on 1/1/2021 at 12:20 PM, the CEO stated he was not aware of the episodes of used syringes and needles in the ED bathrooms in December 2020. CNO stated "took a rapid approachinterventional approach" for needles				
PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE COMPLETION
A 083	Nurse Manager (ED the email had used in an ED bathroom indicated EVS staff wrappers, and blood and "it was also said. The email indicated employee overdose thinking it would have DEVS wrote, "Will formember who also so was the same locati. DEVS could not det and needles were for occurrence reports in no other email exch. During the Governinat 12:20 PM, the CE the episodes of use ED bathrooms. During the Governinat 12:20 PM, the CE the episodes of use ED bathrooms. During the Governinat 12:20 PM, the Ch stated, she was "awand needles in the E 2020. CNO stated "approachintervent and syringes and the During a review of the 2:25 PM, from DRM [Facility] Urgent, Su Prevention. Drug divan individual removes) that ate prescribe them for him/herself	NM). The photo content of syringes, wrappers and blood found by EVS staff. The email identified used syringes, d, "found yesterday morning", d seen again this morning." CHRO wrote "another d in a bathroom last night, but we been another location." bllow-up with another staff aw a syringe (not sure if it on as yesterday morning)". The email and on what days. No were written and there were anges. In Board Meeting on 4/1/2021 and syringes and needles in the syringes and in pecember took a rapid cional approach" for needles ere is an "investigation". The email, dated 2/8/21, at the email indicated, "To: bject: Drug Diversion version is a term used when est, takes, or find medication) d for someone else and used for Examples: A patient is the person gives one pill to	A 083		

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DEPARTMENT OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		050057	B. WING _			4/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 083	remove medicine fro themselvesA perstakes it homeWhat signs of drug diversion medication container on counters, or other Blood and blood procare setting not infus medications being kelocationsCount discipation patient painReport and well-being of every suspicious findings of prevent harm. For interest 200". One of the pict appear to be similar. During a review of the procedure (P&P) title for Drug diversion Ille Controlled Substance 8/24/20, the P&P indepatterns of activity or suspect fedrug diversion villed be investigation will be in President, or designed department will colla Resources, Pharmacon investigating the suspicion controlled substance for the procedure of the proce	uses an empty syringe to m an IV tubing to inject into on finds medication and at are suspicious findings or on? Syringes or empty is found in trash, bathroom, non-patient care areas. In ducts in the trash in patient ing Syringes, needles, or expt in unsecure crepanciesuncontrolled ing findings is for the safety erybody. Reporting an potentially save a life and formation see Policy HR tures used in the email, to the MIDAS report. The hospital's policy and and the individual seed or explanation and the empty of the involved icated "1. When suspicious to their reasonable cause to sion is present an initiated. 2. The Vice the involved borate with Human by, and Risk Management in prected drug diversion. 3.	A 0			
	Enforcement Agency Board of Pharmacy- licensing or certifying confirmed to have di Resources; [local] Po other law enforceme	verted drugs- by Human blice Department and /or nt agency- by Pharmacy; nt of Public Health- by Risk				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		ATE SURVEY DMPLETED
		050057	B. WING _		,	04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
A 083	is: An admission of of Refusal to consent to a release of the test Policy HR 200 Drug suspected; Sufficient to terminate the perspatient harm or an ato the drug diversion. During a review of the procedure (P&P) title Process," (AP 10), or indicated, "Occurrent event, which may reharm to patients, stavisitors adverse drug the use of omission calls' or 'safe catched event related to an unusual of the process also encombehavioral issues Pr	dif after investigation there guilt by the person suspected; or drug testing or to authorize result per Human Resource is and Alcohol by the person it evidence of drug diversion is on suspectedEvidence of diverse event directly related in The hospital's policy and ed, "Occurrence Reporting lated 8/26/19, the P&P aces unusual or unexpected is ult in actual or potential aff members, or [Facility] and event a 'variant related to of a drug as well as 'close is.' Statement of Concern 'an unresolved interpersonal The Occurrence Reporting passes unresolved interpersonal The Occurrence Reporting passes unresolved individual event] reporting: When an event occurs the individual e situationshall complete orting form. The form will be (Risk Management) within 5 or at the time in which the install country in the control of the RM inusual event, which results	AC	183		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CE	NTER		STREET ADDRESS, CITY, STATE, ZIP COD 400 W MINERAL KING AVE VISALIA, CA 93291	ÞE		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 083	substances regular of the Health and a quantities of other required action to the Drug Enforcen controlled substant by any of the following DEA Diversion Fier form 106 "Report Substance "within discovery of a their controlled substant within 3 business or loss of any substance or loss of any substant within 14 calendar losses due to licer to Business and Profession licensing person confirmed [Local] Police and agency. 6. Califor Health." During a review of Free Work Place a 200), dated 4/29/2 "[Facility] has estant abuse of alcohol a controlled substant staff or volunteers substance abuses of the work environ	age 119 stice Manual ("List 1 Chemicals, ated pursuant to Section 11100 Safety Code) or significant dangerous drugsFederal law be taken by sites licensed by nent (DEA) should a loss of idea in List 1 chemicals occur wing mean: break-in, employee iPer Administrative Policy (AP agencies will be notified: 1. Id Office by completing DEA of Loss or Theft of Controlled one business day of the fit or significant loss of a idea. 2. Department of Justice days of the discovery of a theft stance regulated pursuant to ode Section 11100. 3. State by within 30 days from the cost of controlled substances or adays from the date of loss for insed employee theft (pursuant throfessional Code 4104). 4. Ingor certifying board of the to have diverted drugs. 5. I/or other law enforcement in Department of Public is the hospital's P&P titled, "Drug and Drug/Alcohol Testing", (HR in Drug/Alcohol Testing"), (HR	A	083			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
		050057	B. WING _			04	/01/2021
NAME OF P	ROVIDER OR SUPPLIER		l		STREET ADDRESS, CITY, STATE, ZIP CODE	1 0-11	701/2021
					400 W MINERAL KING AVE		
KAWEAH	DELTA MEDICAL CE	NTER			VISALIA, CA 93291		
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A 083	Continued From p	age 120	A	083	3		
	<u> </u>	olicy to detect users and					
		f drugs and alcohol and to					
		nd/or presence of these					
		workplace. Confirmed					
		liversion will be reported to the					
	_	ies[Facility] may suspend					
		t pay under this policy pending					
		ig test or investigation'lllegal					
		trolled substances' means any					
		s that is not legally obtainable;					
		able but has not been legally					
		een legally obtained but is					
		buted unlawfully 'Abuse of					
		ans the use of any legal drug:					
		her than the purpose for which					
		or manufactured'Reasonable					
		suspicion that is based on					
		bbservationsinformation					
		gement by an employee, by law					
		als, or by other persons					
		able; or suspicion based on					
		circumstance'Drug diversion'					
	means that an em	ployee has the substance on					
		or otherwise under his or her					
	controlDrug Use	Prohibitions: violation of					
	following will resul	t in reporting the employee to a					
	licensing board or	agency, law enforcement					
	agencies and /or /	disciplinary action , up to and					
	including terminati	on of employment. The					
	Director of Pharma	acy or designee will determine					
	the necessity of re	porting to Drug Enforcement					
	_	fornia Board of Pharmacy and					
		sources will report employee's					
		ing board as necessary. The					
	_	department will report to the					
		nent of Public Health as					
		e unlawful use, sale, purchase,					
	•	facture, distribution, or					
	dispensation of an	y drug or prescribed controlled					

l' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEI	NTER	,	STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	DE		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 083	against policy Tee Employees must see reasonable suspice suspicion testing in belief that an employer drugs in violation of things, such facts aupon: Direct observe report of drug use, credible sourceee used, possessed, drugs while working while operating [FarequipmentAudit issuesActions to There may be instemanagers have reemployee consum or reported to work both. In these instavenested drug tests sign the consent [farequest drug testing: As a condition up to and in employmentDrug testing: As a condition continued employr rehabilitation prograbuse must consent [farequest drug testing: As a condition of the programment of the prog	setry or during work time is sting of Current Employees: ubmit to a drug test if ion existsReasonable neans drug testing based on a oyee is using or has used of [Facility] policy. Among other and inferences may be based vationsabnormal conducta provided by a reliable and vidence that an employee has sold, solicited or transferred g or on[Facility] premises or acility] vehicles, machinery or findings or charting be taken by Management: ance where supervisors easonable cause to believe that ed drugs on [Facility] premises or under the influence of one or ances management may If the employee refuses to or drug testing] or provide a ll be subject to Disciplinary cluding termination of g-Free contract and follow-up tion of employment and /or ment, participants in a ram for drug and/or alcohol nt in writing via a [Facility] et to periodic unannounced ll up to two (2) years after	A	083			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION IG	_	(X3) DATE COMP	SURVEY LETED
		050057	B. WING _			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER		STREET ADDRESS, CITY, 400 W MINERAL KING A' VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 083	law, is not allowed to "[Facility] is entrusted providing quality care efficient working environmembers accidentall which they suspect in are to notify their marks Manager immed substance to Security [local] policeSecurit to the [Police] upon a possession of the illewrite a crime report Security Department to risk management.' During a review of the "Reporting Requirement"	stances, which individuals, by possess, use or distribute". It with the responsibility of e and a safe, healthy, and ronmentif [Facility] staff y find any unusual substance night be illegal drugs, staff nager, [Facility] security, and diatelystaff will provide the y staffSecurity will notify the ty will provide the substance arrival[Police] will take gal substance[Police] may .Security will prepare a Incident Report and forward	A	183			
	Abuse", (AP 110), da indicated "1. When so or other reasonable of diversion is present a initiated. 2. The Vice the involved departm Human Resources, F. Management in investiversion. 3. Confirm Drug Enforcement Ag. California Board of P. Professional licensing person confirmed to Human Resources; [I. /or other law enforced California Department Management. 4. Drug considered confirmed	ted 8/24/20, the P&P uspicious patterns of activity cause to suspect for drug an investigation will be President, or designee, of ent will collaborate with Pharmacy, and Risk stigating the suspected drug ned cases will be reported to: gency- by Pharmacy; harmacy- by Pharmacy; g or certifying board of the have diverted drugs- by local] Police Department and ment agency- by Pharmacy; at of Public Health- by Risk					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		400 W I	T ADDRESS, CITY, STATE, ZIP CODE MINERAL KING AVE IA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 083	a release of the test in Policy HR 200 Drugs suspected; Sufficient to terminate the person patient harm or an add to the drug diversion" except MBC) During a review of the "Personnel Managem Reporting Requirement 11/10/14, the P&P incompleted impairment extent it affects his or profession of occupation of occupation of the public when a lice or with the pharmacy be chemically, mentathe extent it effects his the profession or occupation of the ficense, or is discended in the theft, dangerous drugsin public, follows establic Resource Policy HR 2 Administrative Policy Requirements for Drug Substance Abuse or Abuse", and Reportin Pharmacy within 14 didevelopment of the foregards to any license.	drug testing or to authorize esult per Human Resource and Alcohol by the person evidence of drug diversion on suspectedEvidence of verse event directly related . (Hospital followed all of this e hospital's P&) titled, tent: Public Protection & nts", (KDEP 15), dated dicated "any recognized or ent of a staff member to the her ability to practice the ion authorized by his or her sed promptly. The policy for taking action to protect ensed individual employed by is discovered or known to ally, or physically impaired to so or her ability to practice upation authorized by his or overed or known to have diversion, or self-use of the interest of protecting the shed procedures: Human 200, 'Drugs and Alcohol"; AP 110, "Reporting g Diversion, Illegal Controlled Substance and to the California Board of	AC	83			
A 084	dangerous drugs, phy CONTRACTED SER	rsical or mental impairment." VICES	AC	84			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		E SURVEY MPLETED
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	ROVIDER OR SUPPLIER	[ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•	
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A 084	services performed in a safe and effective This STANDARD is Based on interview Governing Body fail Department (ED) Standard Compension who perform clerical tasks on befailure resulted in Standard Supplies (needles, standard control of the safe and the) must ensure that the under a contract are provided	A 0			
	access to Patient 1's anesthesia medicati unconsciousness ar inappropriate use cathe Intravenous (IV) and caused harm to Findings: During an interview the Graduate of Med Director, Emergency stated, physician sc Emergency Departm contracted to the homological patient's room without of the physician or thas finished medical specialized area or as a second s	s Propofol (a strong on used to provide and sedation, and the an lead to death) hanging on pole, which was detrimental SC 1. on 3/22/21, at 10:50 AM, with dical Education Program y Department (MD 9), MD 9 ribes are employees of the				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG		ATE SURVEY DMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
A 084	hours in the ED and of Physician and Re to touch the patients perform any other s with Physicians or to During an interview Emergency Departr EDNM stated, the noversight for the scr	Itime. They work six to eight I they are assigned to a Team esidents. They are not allowed s. They are not allowed to ervices other than working	AC	084			
	Administration Record the MAR indicated, a unit of measure) is measure) at 5 mcg/ "kg" kilogram, per mixem) infusion. Regist the infusion for Patin PM, but was stopped PM because Patient During an interview RN 1, RN 1 stated, the IV pole", for up to Patient 1 in Room to prevent others frowhen she was disconfusion, she "notice and she spoke with Pharmacist Emergerabout the missing Pishe reported the event being able to fin	Patient 1's Medication ord (MAR), dated 12/21/22, Propofol 2000 mg (milligrams, in 100 ml (milliliter (a unit of kg/min ("mcg' microgram per ninute) IV (intravenous -into stered Nurse (RN 1) started ent 1 in Room 19, at 10:07 ind two minutes later at 10:09 it 1 had no blood pressure. On 3/25/21, at 8:50 PM, with Propofol was left "hanging on to 6 hours and still connected in 19. The bottle is not secured on accessing it. RN 1 stated on ecting Patient 1's Propofol ad 3/4 of the bottle was empty" RN 3 and the Clinical ency Department (RPHED) propofol. RN 1 stated when ent, "something clicked" about d SC 1 for several hours. RN concerned and RN 3 said "we before he is dead"					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
A 084	Continued From pa	ge 126	A 084			
	RN 3, RN 3 stated, "pause" because Pa and may "restart" la Propofol was "left h. Patient 1" for severa secured to prevent video footage of the AM, with Security S stated, per the video entering Patient 1's door, SC 1 opened and a drawer above	on 3/30/21, at 8:15 PM, with Propofol was placed on atient had no blood pressure iter if necessary; thus, anging and attached to all hours. The bottle is not others from accessing it. It interview and review of the encident, on 3/26/21, at 10:18 ervices Manager (SSM), SSM of footage, SC 1 was observed froom, room 19. Near the a drawer containing syringes entite containing needles. A se discarded in the trash.				
	Registered Nurse (I a debriefing and we Propofol came from rooms that had Pr RN 2 stated SC 1's suspiciousever to."	on 3/23/21, at 6:15 PM, with RN 2) RN 2 stated, there was were asking where the erooms 19, 20, and 25 ropofol infusing for patients". behavior had "been different yone knew what he was up on 3/29/21, at 7:05 PM, with				
	Emergency Departr stated, Patient 1 in care" and RN 1 noti emptier than they sl obvious clues of wh on Propofol and the was taken from this	ment Physician (MD 7), MD 7 room 19 was on "comfort iced "the Propofol bottle was hould have beenthere were lat was takenroom 26 was ere were concerns Propofol				
	Security Officer (SC	on 3/29/2021 at 8:15 PM, with 0 1), SO 1 stated, during the ormed him that "she believed				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP C 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 084	syringes with Proporto be given to a patie then he went inside a ultimately injected hit During an interview of Detective, Tulare Control ED staff informed him	s to the drug by filling two ol container that was meant ent in room 19 of the ED and Zone 1 restroom where he	AC	084		
	another patient". During the Governin 12:20 PM, Chief Nur acknowledged she wobtained from patien During the Governin 12:20 PM, Chief Exet the events of "Propo"	g Board Meeting on, 4/1/21 at sing Officer (CNO), vas aware of "Propofol" being ts' IV lines in the ED. g Board Meeting on, 4/1/21 at secutive Officer (CEO) stated, fol" being obtained from environment that allowed it"				
	procedure (P&P) title Public Protection & F (KDEP 15), dated 11 "any recognized or s staff member to the ability to practice the	ne hospital's policy and ed, "Personnel Management: Reporting Requirements, " /10/14, the P&P indicated, elf-reported impairment of a extent it affects his or her profession of occupation her license will be addressed				
	"Dangerous Drugs: dated 6/19/19, the P the proper procedure	ne hospital's P&P titled, I heft/Loss", (KDEP 11), I heft/Loss", (KDEP 11), I heft/Loss of the case of theft/loss of the change in the case of the the				

AND DI AN OF CORRECTION INTERCATION NUMBER		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		050057	B. WING _		0	4/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CE	NTER	1	STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
A 084	substances regular of the Health and quantities of other required action to the Drug Enforcent controlled substant by any of the following the following the following the following and the following	age 128 stice Manual ("List 1 Chemicals, ated pursuant to Section 11100 Safety Code) or significant dangerous drugsFederal law be taken by sites licensed by nent (DEA) should a loss of ices in List 1 chemicals occur wing mean: break-in, employee sitPer Administrative Policy wing agencies will be notified: Field Office by completing DEA of Loss or Theft of Controlled one business day of the fit or significant loss of a ice. 2. Department of Justice days of the discovery of a theft stance regulated pursuant to ode Section 11100. 3. State by within 30 days from the ices of controlled substances or days from the date of loss for insed employee theft (pursuant to rofessional Code 4104). 4. Ingor certifying board of the to have diverted drugs. 5. I/or other law enforcement in Department of Public fithe hospital's P&P titled, ements for Drug Diversion Abuse or Controlled Substance dated 8/24/20, the P&P in suspicious patterns of activity le cause to suspect of drug int an investigation will be in the collaborate with its, Pharmacy, and Risk	A	084		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 084	diversion. 3. Confi Drug Enforcement California Board of Professional licent person confirmed Human Resource: /or other law enfort California Departed Management. 4. Econsidered confirmities: An admission of Refusal to consent a release of the tet Policy HR 200 Drususpected; Sufficito terminate the propatient harm or arto the drug diversite except MBC) During a review of "Clinical Information Emergency Depart 2/09/18, the P*P in Department (ED) [secretary transcripatient flow in the direct supervision all times] of the mot function indepWhile in the patitiscribe will be under assigned emerger scribe shall acconthe exam room and history, physical eradiology results as	vestigating the suspected drug irmed cases will be reported to: it Agency- by Pharmacy; of Pharmacy- by Pharmacy; sing or certifying board of the to have diverted drugs- by s; [local] Police Department and rement agency- by Pharmacy; ment of Public Health- by Risk Drug diversion will be med if after investigation there of guilt by the person suspected; at to drug testing or to authorize est result per Human Resource ags and Alcohol by the person ent evidence of drug diversion erson suspected Evidence of adverse event directly related on". (Hospital followed all of this on Assistant /Scribes in the thement", (ED 1013), dated andicated Emergency allows the use of Scribes ber of information] to support department while under the [physician must be present at edical provider. The scribe may endently at any time in the ED ent care environment, the er the direct supervision of the next medical provider The apany the medical provider into ad transcribe the patient's exam and any laboratory and as dictated by the medical cribe cannot provide any direct	A	084		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		050057	B. WING _			04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
A 084	any orders, all order	eThe scribe may not enter entries are the responsibility	AC	084		
	Emergency Department policy indicated, "Medicated, "Medicated policies and directives and are set of the set	e physician contract cility] Amended and I Services Agreement ent", dated 8/20/2020, the dical Group shall at all times ules and regulations, s of the [Facility] and the diance Program if the scribes, who are not clinical shall be entirely responsible ensure that they follow all s of the [Facility], and all				
A 130	indicated, "Providers delegating responsibility to any individual who adequately supervise refrain from deceiving any individual providing PATIENT RIGHTS: PAPLANNING CFR(s): 482.13(b)(1) The patient has the ridevelopment and imp	", dated 12/21/20, the P&P are "to refrain from lity for hospitalized patients	A 1	130		
	Based on interview a	not met as evidenced by: and record review, the are one of one sampled articipated in the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		050057	B. WING)4/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 130	Continued From pag	e 131	A 13	30		
	resulted in Patient 1	s plan of care. This failure not given the opportunity to ut his care, which negatively outcomes.				
	Findings:					
	Documentation," date Present Illness indicate ambulance at 6:56 P Department (ED). P Patient 1 had a respirate present in 12 to 18 broad breathing 12 to 18 broad breathing 12 to 18 broad broad is 95% to 100 138/60 (average nor tachycardia (heart be normal is 60 to 100 broad is 60 to 100 broad is 60 to 100 broad is 60 to 15 points for special problems), shortness two-three word sente colored skin due to late mergency Docume Registered Nurse (R Therapist (RT 1) "address indicate problems" in any times	rior to arrival to the ED ratory rate of 32 (normal reathes per minute), oxygen so known as SP02, which of oxygen in one's blood, 10%), blood pressure of mal is 120/80), sinus reating faster than normal, beats per minute), GCS 15 le/Score numeric ranking of rech, movement and highest possible reflecting no so of breath, can utter rences, and cyanosis (blue rack of oxygen). Patient 1's intation also indicated, N 1) and Respiratory vocated for intubation" for so because Patient 1 was piratory distress""had an				
	Registered Nurse (R was "critically ill" and room, "advocating m intubation and spoke	on 3/25/21, at 8:23 PM, with N) 1, RN 1 stated, Patient 1 she was "in and out of the any times" for Patient 1's with Emergency Resident 1 (a physician in				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
A 130	training) Resident 1 Physician (MD 5), w Attending/Supervisir stated, Patient 1 was breathingnot impl oxygen saturation up monitor] "patient During an interview of Respiratory Therapis specialize in respirat and airway problems "Patient 1 asked for 'can't breathe' and si RT 1 stated, Patientdeterioratingdes levels falling below in Positive Airway Presionair into the lungs to a work and not tolerate laboratory findings w on Patient 1's behalf and discussed intube 5. RT 1 stated RN 1 During an interview of MD 5, MD 5 stated in on arrival because it during a "reassessim 1] about intubation w patient requested to and RT advocated o stated he did not do and did not intubate. During a concurrent with ED Resident PC 3/23/2021 at 8:35 PI	and Emergency Department no was the g Physician on-duty. RN 1 s having a "hard time rovingdifficult getting of [oxygen level from SP02 couldn't breathe." on 3/25/21, at 7:05 PM, with st (health professionals who ory care, handling breathing s) (RT) 1, RT 1 stated, breathing tube voicing truggling". For several hours, 1 was in distress ating [desaturation, oxygen formal]BiPAP (Bi-level sure - a machine that pushes assist with breathing) didn't ed". RT 1 stated admission fere "horrible". RT 1 stated "advocated multiple times" ation with Resident 1 and MD was doing the same. on 3/23/21, at 3:46 PM, with the did not intubate Patient 1 was a "judgement call", but ent [MD 5] talked [to Patient while on BiPAP. Although the be intubated and the nurses in Patient 1's behalf, MD 5 cument the reassessment interview and record review,	A 130			

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION	
A 130	BiPAP". At 10:02 p. in the chart, Patient tolerate BiPAP and During a review of t		A 130			
	Regulations," dated "The responsibility of he/she will be responsibility of the/she will be responsible and treatment of the prompt and accurate medical record for responsible performs described in these forms during the patidentity of the attend documented in the notes: Clinically perecorded at the time legible, dated, and to with a frequency comedical problems to and plans for managuritten in a manner frequency that another understand the [pat complications must	also be documented.				
	procedure (P&P) titl Regulations," dated indicated, "The resp physician, he/she "v medical care and tro [Facility]prompt a portions to the medi is responsiblepe	he hospital's policy and led, "Medical Staff Rules and 12/21/2020, the P&P consibility of the attending will be responsible for the eatment of the patient while in and accurate completion of ical record for which he or she rforming all other duties Rules and Regulations. At all				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		3) DATE SURVEY COMPLETED 04/01/2021
		050057	B. WING _		0	4/01/2021
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
A 130	identity of the atte documented in the Records for paties setting or at an arinclude the inform relevant and appr Examples include language, information communication, whistory, allergies, diagnosis, diagnosis	page 134 patient's hospitalization, the ending physician will be clearly emedical record. All Medical ints receiving care in the hospital inbulatory care location will patient outlined in this section as opriate to the patient's care. Indentification, legal status, and consent, records of imergency care, admitting reason for admission, stic impression, medication on reports, response to care, vices provided, observations, ats. Progress notes: Clinically is notes shall be recorded at the on, and must be legible, dated, are documented with a frequency exacuity of medical problems to outdition and plans for a shall always be written in a clarity and frequency that it could quickly understand the cannot depend any complications must also of the hospital's policy and titled, "Code of Conduct for dvanced Practice Providers" 30/19, the P&P indicated, exa responsibility for the welfare and the safeguarding of patient paramount, and the Medical this policy with disciplinary over necessary. Examples of avior means conduct that is reasonable interpreted to be	A -	130		
	demeaning or offe	ensive. or blatant failure to				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 130	Emergency Department indicated, the "Medical require all Medical Grand services under this Agappropriate standards applicable federal and all applicable rules in Board of California, a American Board of EnComply with all apprules, regulations, policinal indicated in the service of the se	e Physician Contract acility] Amended and al Services Agreement ent", dated 8/20/2020, al Group shall and shall roup Personnel to : provide greement in accordance with s of clinical practice, all d state laws and regulations, regulations of the Medical and the Standards of the mergency Medicine dicable medical staff bylaws, licies and procedures of	A	130			
A 132	[Facility], dated 4/27/2 "Governing Body shat quality patient care repartlent RIGHTS: IN CFR(s): 482.13(b)(3) The patient has the ridirectives and to have practitioners who procomply with these directives and to have practitioners who procomply with these directives and to have practitioners who procomply with these directives and to have practitioners who procomply with these directives and to have practitioners who procomply with these directives are the factorial to the fac	icies and procedures dicable e hospital's policy and d, "District Bylaws" for 20, the P&P indicated the Il address issues related to egularly". IFORMED DECISION ght to formulate advance e hospital staff and vide care in the hospital ectives, in accordance with (Definition), §489.102 of this or providers), and §489.104 dates). not met as evidenced by: and record review, the	A	132			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
A 132	advance directive pro (all necessary medicilife) and medical suppatient (Patient 1). The full code directive code to "comfort carwithdrawal of medical wishes. Findings: During a review of Patient 1 was "critical indicated, "Between Patient 1 was "critical (medical record) indicated. At 10:37 PM, Facomplex tachycardial of heart beats] on the which was witnessed and Emergency Dep (Resident 1 physicial Cardiopulmonary resustaining efforts] was [return of spontaneor On 12/22/21, between the chart indicated, For a ventilator, and witnessive Care Unit (where critical patient status was changed measures and no me person's life). Neither attending/supervising Resident 1 document determine Patient 1's reason to withdraw in documentation of vital suppart of the complex in the complex	al interventions to sustain port for one of one sampled his failure resulted in Patient es being changed from full re (end of life care)", and al care against Patient 1's remergency at 12/21/20, the ED notes 7:01 PM and 9:44 PM, ally illin distress". The chart cated Patient 1 was a full Patient 1 "had a wide [life threatening malfunction e monitor and lost pulses If by Registered Nurse (RN 1) partment Resident PGY 1 in in training). Suscitation (CPR- [life ere initiatedand ROSC as circulation] was achieved. In 12:42 AM and 1:41 AM, Patient 1, who was intubated, waiting to be admitted to the aclinical area in the hospital is are cared for), full code to "comfort care" (comfort edical interventions to save a r, the ED	A 13	2		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A 132	Therapist (RT 1) or F documentation of vita cardiac monitoring, ouse, ECG (heart functest (test to determin without help), examin nervous systems, or There were no docur Order for Life Sustain directives stating for partial resuscitation, and it must be signed representative and p (physician who evalusystem) consult or partial resuscitation and it must be signed representative and p (physician who evalusystem) consult or partial resuscitation. During a concurrent on 3/25/21, at 6:15 F notes dated 12/21/20 Patient 1 was a "full Score (GCS- index for consciousness, number of speech, movement highest possible refleatert and oriented, for neurologic deficits, a RN 1 verified the fino During a concurrent on 3/23/21, at 8:35 F 1's ED notes dated 1 were reviewed. The lawar a "full code". I did not speak with the representative regarders.	RN 1. There was no al signs, temperature, exygen delivery, ventilator ection tracing), reflexes, apnea e if a person can breath nation of the heart, lungs and normal laboratory values. The mented orders, Physician ning Treatment (POLST-life wishes for full resuscitation, no code or natural death, d by patient and/or patient hysician) form, neurology nates the brain and nervous alliative care consult (medical lief from pain & other s). Interview and record review, PM, with RN 1, Patient 1's ED 200 to 12 /22/2020 indicated, code", with Glasgow Coma or evaluating the level of eric ranking of 0 to 15 points and alertness. 15 points exting no problems] of 15, llowing commands, no and able to make decisions". Single company of the property of th	A 13			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	_	(X3) DATE COMP	SURVEY LETED
		050057	B. WING _			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		STREET ADDRESS, CITY, S 400 W MINERAL KING AV VISALIA, CA 93291	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORR	R'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 132	about "comfort care" Resident 1 did not sp Patient 1's code statu communications with physician. During a concurrent i on 3/23/21, at with dated 12/21/2020 to The ED notes indicate Patient 1 was a "full of Coma Scale/Score al and where he was, at hospital]good decis verified the findings. I the sister on 12/21/20 documentation, "relay and difficult prognosis Patient 1's wishes to recall" how the "full of "comfort care". MD 5 "taking care of Patien During a concurrent i on 3/25/21, at 7:05 P Therapist (RT 1), Pat 12/21/2020 to 12 /22/ 1's ED notes indicate with GCS of 15. RT 1 acknowledged she di provided to Patient 1. Patient 1 had a GCS oriented, answered q followed commands. a "full code", until a p comfort care.".	"MD 5 spoke with the family and "patient status". eak with MD 5 regarding is, nor did he document any the MD 5, his supervising Interview and record review, MD 5, Patient 1's ED notes 12 /22/2020 were reviewed. ed, on arrival to the ED codeGCS 15 [Glasgow ert and oriented [knew who and why he was at the sion making ability". MD 5 MD 5 stated he spoke with 0 at 11:19 PM and per yed patient's critical condition is". MD 5 stated he "recalls" be a "full Code", but "can't code" was changed to 5 stated, "Resident 1 was it 1". Interview and record review, M, with Respiratory ient 1's ED notes dated (2020 were reviewed. Patient d, Patient 1 was a full Code, verified the findings. RT 1 d not chart any care that she RT 1 stated, she recalled	A ~	32			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
A 132	Critical Care Physic spoke with Residen resident made Paties stated he was not in status "changed" fro successful ROSC, a "comfort care". MD consulted on Patien transferred to the IC have answers" and documentation". M full code, and he "w comfort care unless Power Of Attorney (power to make decidocument before costated if a patient is "consideration for cwithdrawal of medic MD 18 stated he "w decision about com During an interview ED Physician (MD 6 know how a patient code, after success admission to "comformedical care. During a concurrent on 3/29/21, at 7:05 7), Patient 1's ED n/22/2020 were revied ocumentation. MD Patient 1 went from ROSC, and pending care". The chart (m MD 7 was assigned	cian (MD 18), MD 18 stated he t 1 and was "surprised the ent 1 'comfort care'". MD 18 nformed as to why Patient 1's om a full code, after a end pending ICU admission to 18 stated the ICU team at 1, but he was never CU. MD 18 stated, he "did not	A 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	B. WING		c	4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 132	Patient 1 on "comfor he "did not read the 18 regarding Patient status. MD 7 stated information about Pareviewed the chart a code, alert and orien deficits, but did not k "comfort Care" or reamedical care. During a review of the procedure (P&P) title Ordering Appropriate 6/22/18, the P&P indite patient's goal for interventions to those interventions consist efforts and interventi patient's life], Limited limitations must be n Care consult, and Paprovide continuing owith the patient's heat transfer can be accorreceived from some of the physician shall dindividual, the legal second procedure (P&P) title (Resuscitation Status the P&P indicated, "Adocument describing treatment decisions or designation of a shealth care decisions	cout indicated MD 5 placed to care". MD 7 acknowledged chart" or "consult" with MD 1's care plans or code he "received second hand tient 1's code status". MD 7 and stated, Patient 1 was a full ted, GCS of 15 and no now why Patient was made asons to withdrawal of the hospital's policy and ed, "Resuscitation Status: e (OARS) (PC 238), dated icated, "OARS recognizes care and match e goalsOARS of Full Resuscitation [full ons taken to save the difference of Resuscitation of which oted in the order, Comfort alliative care consult are to the patient consistent alth care instructions until mplished. When consent is one other than the patient, occument the identity of that status of the individual". The hospital's policy and ed, "Do not Resuscitate is a legal and advance Directive is a legal."	A 13.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	B. WING		,	04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER .	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
A 132	Treatment (POLST) prommunicate patient treatment [full treatment across preferences be follow physician It comple Advance Directives. Directive efforts will be patient's stated wisher During a review of the procedure (P&P) title Physician Determinate Accommodations", (FP&P indicated, "A demade in accordance standards When an indead by determining sustained an irrevers of the entire brain the Section 7181) The Neurology (AAN) public delineate the medidetermination of brain parameters emphasis findings necessary to cessation of all funct the brain stem are: correflexes and apnea that brain death may examination and condeath is done. An indibrain death by a secolaw Prerequisite clestablished prior to e	ers for Life Sustaining provide a mechanism to preferences for end-of-life ent to limited treatment to treatment settings and the yedmust be signed by a sements but does not replaceAbsence an Advance se made to honor the es". The hospital's policy and d, "Brain Death Patient, tion of , and Family PC 220), dated 12/1919, the termination of death must be with acceptable medical individual is pronounces that the individual has ible cessation of all functions there should be independent there physician as required by alth and Safety Code American Academy of blished practice parameters cal standards for in death. The AAN zeed that three clinical	A 13			

AND BLAN OF CORRECTION INTERPRETATION NUMBERS		1 ` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
A 132	neuro-imaging or o depressant drug eff drug levels below the level below 0.8% blocking agents imbalance, acid-base evidenced by laboratemperature".	shed by history, examination, ther tests Absence of CNS ects drug screen serum herapeutic levels alcohol	A 13:		
	determination of De the United States in legally be declared code State of Califo et., (a) An individu (1) irreversible cess respiratory functions of all functions of th brain stem, is dead, must be made in ac medical standards as the Uniform Dete https://leginfo.legisla	ath act UDDA, approved for 1981 when an individual may dead and Health Safety rnia Chapter 3 section 7180 al who has sustained either ation of circulatory and s, or (2) irreversible cessation e entire brain, including the A determination of death accordance with accepted . (c) This article may be cited ermination of Death Act. ature.ca.gov/faces/codes_disp wCode=HSC§ionNum=71			
	Death Act (UDDA"th "model state law tha States in 1981 by th Commissioners on cooperation with the Association, the Am the President's Con Ethical Problems in	he "Uniform Determination of the Act indicated, "It is a set was approved for the United the National Conference of Uniform State Laws, in the American Medical the American Bar Association, and the Study of Medicine and Biomedical and the Act has since been			

,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	•		
KAWEAH	DELTA MEDICAL CENTI	ER		400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 132	provide a comprehent basis for determining Brain death is a differ vegetative state. If the little to no chance of loved ones may seek patient from life suppethe patient or someon has signed a "do not in the absence of a chospital is obligated through artificial meas Someone who's med meaning there is zero considered dead. A punlikely" to live beyon having gone through diagnosed as being i state. https://healthcare.find-death-vs-persistent-egal-difference.html. During a review of the procedure (P&P) title Service" (PC 258), do indicated, "Palliative dedicated to providin compassionate, high serious, life-limiting if of care, clarification to ensure alignment if patient/family goals, physician completes Physician Order Entr Consultation. (Additi	states and is intended "to sive and medically sound death in all situations".[1] rent condition than persistent e doctors believe there is recovery, then family and a court order to remove the ort (which is not necessary if ne with power of attorney resuscitate," or DNR, order). ourt order or a DNR, the to keep the patient alive ns until further notice. ically declared brain dead to brain activity is legally beatient considered "highly and a vegetative state, after rigorous testing, may be not a persistent vegetative. Illaw.com/patient-rights/brain vegetative-state-what-is-the-lacessed 4/24/2021." The hospital's policy and down "Palliative Medicine ated 6/14/19, the P&P Medicine program is governor-centered values care to patients with linesses assist with goals and Advance Care Planning order in Computerized by (CPOE) for Palliative onal orders are managed by	A 1	32			
	of care, clarification to ensure alignment I patient/family goals. physician completes Physician Order Entr Consultation. (Additi Palliative Medicine S	and Advance Care Planning Detween care plan andReferrals: Attending order in Computerized y (CPOE) for Palliative					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01	1/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER .		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	, 0			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
A 132	[Palliative] team me to schedule and cor and /or family meeti	mber contacts patient/family aduct an initial assessment	A 13	32				
	(PC 245), dated 5/5 of the End of Life Opatients [Facility] an referral for Palliative goals of care clarific current pain and syr [Facility] may not kn facilitate physician - provide, deliver, adradministration of an	/17, the P&P indicated, "Use otion for currently hospitalized and medical staff will consider to Consultation to assist in eation and assessment of mptom management owingly participate in or assisted death and may not minister, or assist with the y medication intended for death, or be present."						
	procedure (P&P) titl Process", (AP 10), of indicated, " Californi CCR, Division 17. 1 describing the "Occ that supports [Facili Improvement, Patie and Compliance act may result in actual staff members, or [F defined Occurrence unexpected event; a "variant related to th as well as 'close cal Statement of Conce unresolved interpers "Occurrence Report	nt Safety, Risk Management ivitiesOccurrences which or potential harm to patients, facility] visitors" The policy as an "unusual or adverse drug event as a see use of omission of a drug ls' or 'safe catches'"; rn as "an event related to an sonal (behavioral) issue. The ing process also						
	encompasses unres of Concern" reportir	solved behavioral "Statement ng, compliant and grievance adverse drug event] reporting						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CORRESTIVE ACTION C	SHOULD BE	(X5) COMPLETION DATE	
A 132	"When an incident or individual most familic complete the Occurre form will be submitted Management) within time in which the everence telephone the RM De event, which results in During a review of the procedure (P&P) title Adverse Event Responsive Event Respon	unusual event occurs the ar with the situationshall ence Reporting form. The d to the RM (Risk 5 days of the event, or at the nt is discoveredStaff will epartment of any unusual in patient injury immediately". The hospital's policy and d, "Sentinel Event and onse and Reporting", (AP in P&P indicated, "For the ey, Sentinel Events and in be considered as one". The erse events are "the list of erse events is defined by Safety Code Section is 'Sentinel Events' in all Quality Forum's 'never ents are "a Patient Safety and results in any of the manent harm; sever intervention required to be cy indicated the process for ents and near misses follows an event the is potentially a near miss occurs or mediately notify RM agement Department will an initial assessment	A 1	32			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		40	TREET ADDRESS, CITY, STATE, ZIP CODE DO W MINERAL KING AVE ISALIA, CA 93291		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIOE DEFICIENCY)			(X5) COMPLETION DATE
A 132	Continued From page cause the death or se personnel, or visitor." MEDICAL STAFF CFR(s): 482.22	e 146 Prious disability of a patient,		132			
	The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital. This CONDITION is not met as evidenced by: Based on observation, interview, and record review, the Medical Staff failed to ensure the medical staff functions reflect the rules, regulations, and its by-laws in the provision of quality medical care to 311 hospital patients, including eligibility and selection of all practitioners, oversight and supervision, as well as the overall accountability to the Governing Body as evidenced by: 1. The Medical staff/ Medical Executive Committee failed to enforce controlled substance and dangerous drug policy and procedures for three of three Anesthesia Residents (physicians in training, Resident 5, Resident 6, and Resident 7) who were required to give-up their responsibility and accountability in the administration and control of controlled substances and directed to hand the controlled substances to their attending/supervising physician [doctor who supervises physicians in training) without regard for the controlled substance chain of custody (tracks controlled substances from the moment they are acquired to the moment they are administered and wasted). This failure resulted in the Anesthesia Residents acting as potential proxies for the attending						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		050057	B. WING	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER .	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 338	in which five of 73 sa 73, 69, 65, and 29) h of medications given minutes). (Refer to A 2. The Medical Staff hospital policy and property of the profession of the provider (MD 1). This being allowed to consider (Refer to 3. The Medical Staff three emergency dep MD 6, MD 7) had phyprovide safe medical. This failure had the providing services did and vetted privileges or render the service care. (Refer to A034'4. The Medical Staff staff bylaws/ and or creappointments and for three of three emphysicians who did numedical bylaws requiresulted in MD 5, MD emergency medical of certifications required A0341).	obtain controlled substances, mpled patients (Patient 4, ad documented larger doses for short procedures (4-7 0021). Office failed to follow rocedures and bylaws when sional conduct and I Staff Bylaws for one of one failure resulted in MD 1 tinue to practice medications of A0340). Failed to ensure three of partment physicians (MD 5, visician privileges required to care to patients. The other is when physicians is when physicians is when physicians is when physicians is a not have the appropriate to perform the procedures is needed to meet patient I). Failed to adhere to medical contractual agreements for for continued membership ergency department of meet contractual and	A 338			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION	
A 338	concerns regarding s and/or impairment for 1). This failure allowed the Director of Medical Concerns regarding drug use, substance use of 6. The Medical Staff is supervising physician to one Emergency De (physician in training, residency program for resulted in an inexpercare for a critically ill resulted in the delay into the windpipe to none's breathing) and ventilator (a breathing lungs working) post in Patient 1 died in the Bhours after he was breathing that the potential to neafety of all patients series.	te, analyze, and address ubstance disorder, diversion one of one Provider (MD of the Medical Staff Office, al Staff (DMS) to make dical Executive Committee of diversion, illegal substance isorder. (Refer to A0347). Tailed to ensure a provided direct supervision epartment Resident Resident 1) who was in the r six months. This failure rienced resident physician to patient (Patient 1), which of intubation (inserting a tube maintain airway and help	A 3:	38		
A 340	CFR(s): 482.22(a)(1) The medical staff must appraisals of its mem This STANDARD is its memory of the standard of the standar	not met as evidenced by: fice failed to follow hospital	A 3-	40		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING	B. WING		04/01/2021	
	NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER			4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 340	provider (MD 1). This being allowed to cont while impaired (compright decision for medications for self-undited for self-undi	sional conduct and I Staff Bylaws for one of one failure resulted in MD 1 inue to practice medicine romised ability to make the lical care) and diverting rsonal use or sale) patients' ise. Sew Committee (CRC) at 7:15 AM, Chief Executive the contracted staff, "abide ures, contracts and medical and the Governing Body has staff and contracted staff for vices and safety. CEO aff office "refused" to make it sue" and refer MD 1 to be. Medical Board of in and theft of controlled ted, the Governing Body cal Executive Committee "CEO stated MD 1 in, and since there was need to suspend [MD 1]" a report to the Medical ECO stated, the "intervention" and to Well-Being Committee ssists physicians with evention of impairment and the with particular attention to diction, mental illness, or leave of absence. CEO	A	340			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE //SALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
A 340	Continued From page	ge 150 eting on 3/24/21, at 7 AM, the	А	340				
	Guidelines 805.01 v acknowledged, MD	r Policy and the Reporting vere reviewed. CEO 1 "admitted" to diversion and by 2020 to January 2021. CEO						
	stated since MD 1's to patients" and "did and "no danger to p							
	completed. CEO sta "805 [CA Business I	iplinary action by MEC was ated reporting guidelines for Professional Code requires thin 15 days if staff privileges						
	are denied or reject cause or reason]" a	ed for medical disciplinary and the "Impairment Provider to MD 1. The "Impaired						
	alcohol and or contr the ability of medica	icated, "use and abuse of colled substances may impair il staff member and may dual, his or her co-workers,						
	patients and public. designee shall prom	The Chief of Staff or ptly conduct or supervise the Screening Physical Exam of						
	practitioner to agree other testing"Any	and] ask the suspect to a drug test or alcohol or violation of this policy" "shall"						
	(CA Business Profe examples of ground	porting Guidelines for 805.01 ssional Code" indicated for reporting to the licensing ompetence, or gross or						
	repeated deviation the extent such mar	from the standard of care, to nner as to be dangerous or son or to the public; the use of						
	or prescribing for or herself, any controll	administering to himself or ed substances"; however, an EC disciplinary action must						
	also occur. CEO store or move to disciplinate	ated, MEC did not investigate ary action. Of note, the CEO ade aware of MD 1's MIDAS						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		050057	B. WING	B. WING		04/01/2021	
	NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER			40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 340	misses' and patient sidiversion for "first time meeting. During an interview or Director of Medical Staff makes 1 "returns to practice, DMS acknowledged to closed MD 1's MIDAS further action was recommended to MD 1's diversion, improvider became "cortor Office has no obligation board, investigate or MD 1 is on a "leave or privileges are on hold work, privileges can be During an interview of stated, Medical Staff that directly mentione "provider" were applied stated [Facility] Patien Administration Policies providers. DMS was a required to follow Policies providers and Alcohol (H. Requirements for Drus and Alcohol (H. Requirements for Drus Substance Abuse or (AP 110), Drug Free Manesthesia System (F. Medication Administra Sedation (Moderate) Theft/Loss (KDEP 11) 67). DMS stated thes	are workers to report 'near afety concerns) reports and a the 3/31/21 MEC In 3/24/21, at 7:15 AM, with aff (DMS), DMS stated the determination" when MD no matter what condition." he medical staff office are reports and deemed no quired. DMS, stated once "Well-Being Committee," airment and substance use affidential," and Medical staff on to refer to the Medical refer to MEC. DMS stated f absence" and his absence and his are turned back on. In 3/31/21, at 11 AM, DMS Bylaws and Facility] polices do "medical staff" or cable to medical staff. DMS and Care (PC) polices and as (AP) did not apply to asked if providers were acy and procedures such as, R 200), Reporting g Diversion, Illegal Controlled Substance Abuse Work Place (HR 200), Pyxis PAS)", (RX 7.50.0), ation (PC 19), Procedural (PC 240), Dangerous Drugs: h, Medication: Narcotics (PC)	A	340			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	, , , , , , , , , , , , , , , , , , , ,
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
A 340	"determine what a part Medical Staff (MS) Guidelines for 805. Code, Code of Con Advanced Practice Provider Policy" (M Well-Being Commit During an interview Chief of Staff (MD 2 [MD 2] boss""Co-office. MD 2 stated the authority as Memedical staff, she "handles all of it." M was to refer to [DM need to know about disorder or diversion of control "attention in July 20 from Providers and January 2021. MD for 15 years, knows other's houses ne 2 stated he did not because he "had a "with fentanyl (narc midazolam (sedatic he "approached" M substance use diso "believed him [W relationship." MD 2 [by his first name] v going to stop." ME	S stated the "core" privileges physician can do" and certain polices, like Reporting D1 (CA Business Professional duct for Medical Staff & Providers (MS 47), Impaired S 40), Medical Staff tee" (MS 02). Ton 4/1/21, at 8:10 AM with D2 MD 2 stated, DMS is "my boss" of the medical staff Governing Body "gives DMS dical Staff Director" to manage runs the show", and "DMS D 2 stated, his responsibility S], Governing Body "did not to the medical staff of the medical staff of the substance use n. Storn-up about MD 1," and the tect" MD 1. MD 1 overuse and the substance came to his pool on "separate occasions" resurfaced at the start of 2 stated he "has known MD 1 is him socially, been to his each ever seen him impaired." MD ask MD 2 specific questions good idea what was going on out to pain medication) and on medication)." MD 2 stated D 1 and MD 1 denied any reder. MD 2 stated he,	A 34		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER .	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291	·
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
A 340	7/22/20, 1/8/21 and Committee (PRC) of Committee (MEC), a Staff Office. MD 2 arinitiate controlled su or monitoring on ME 2021. MD 2 stated, substance theft, diversity with the Chief of De (MD3), MD 3 stated about it". MD 3 stated arose, MD 1 continus schedule starting on stated, MD 1 was so "decrease suspicion obvious keep up [a were not any action review, disciplinary 1's diversion and im patient care. MD 3 schange artists" when are concerned. MD the Well-being committee "confidential" and arreview, MEC review investigation stopped During an interview Director of Pharmac stated [Facility]" is p "confessed to divers from May 2020 to Ja impairment, and "felichoice." DPS stated used fentanyl. DPS	reports filed for event dates 1/20/21 to the Peer Review reports filed for event dates 1/20/21 to the Peer Review reports filed for event dates and were "closed" by Medical cknowledged he did not betance audits, investigation of 1 in July 2020 or January MD 1 "admitted" to controlled ersion, and impairment. on 3/24/2021, at 5:25 PM, partment of Anesthesia, MD 1, "protectedcan't talk end after concerns of diversion and to be on the anesthesia of January 14, 2021. MD 3 cheduled as "vacation" to a of absence not make it and image." MD 3 stated there regarding PRC review, MEC faction, or investigation of MD pairment while providing stated, there are "short in reconciliation and diversion 3 stated, after MD 1 joined mittee, it all became my action regarding PRC, disciplinary action, and	A 340		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING _	(X3) DATE SURVEY COMPLETED			
		050057	B. WING		04/01/2021	
	NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER			TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
A 340	about other controllused and accessed acknowledged that medications on MD investigated or audipharmacy department worked with MD 1 fm MD 1's behalf. During an interview Certified Registered CRNA 1 stated, [Farel "diverting versed arrelayed her and oth 1's behavior, overus and diversion in the January 2021 to MD stated after the compact 2020, MD 1 continuresidents (physician CRNAs. During the MEC mewith Medical Director 11), MD 11 stated, Frelated to patient sa	took a look no S stated he did not inquire ed substances or Propofol by anesthesiologist." DPS residents who obtained	A 340			
	regarding diversion, and impairment. ME aware of MD 1's MI forward them to PR MEC. During a concurrent 4/1/21 at 10:30 AM,	controlled substance misuse, 0 11 acknowledged he was DAS reports but did not C (peer review committee) or tinterview and review, on with MD 11, MD 1's MIDAS 20, 1/8/21 and 1/11/21 were				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _		0	4/01/2021	
	NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIF 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIE	'STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
A 340	submitted a MIDAS possible substance receiving a compla was marked as a "Near miss safety ephysician does no require a screening issue." Medical State a medical staff per Staff Office did not There was no RCA process of discover the problem in ord solutions). MD 1 ppending an investifindings. 2. On 1/11/2021, esubmitted a MIDAS of Risk Management of CDPH. Medical (MD 11) reviewed. event "from a medicose." Medical State or MEC. The privileges were no investigation. MD 3. On 1/21/2021, esubmits a MIDAS admission to diver January 20, 2021 substance abuse.	age 155 ent date 7/22/20, MD 2 S report about concerns of enduse by MD 1, after aint from a CRNA. The report report in the repor	A:	340			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	B. WING		,	04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ĒR		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	DE		
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
A 340	Medical staff office remedical staff perspect Staff Office did not remedical staff perspect Staff Office did not remedical staff perspect or GB of concerns absolute controlled substance investigation or RCA suspended pending a verified the findings. During a review of the procedure (P&P) title (MS 8710.PR), dated "The Medical Staff as practitioner's profess behavior as part of its safety, credentialing, action responsibility, and appropriate document of the Medical (MEC) and members Chief of Staff Cases staff peer review may is not all inclusive, Or Safety Committees, Or Safety Coordin Medical Director or Coinitial reviewer indical interest, Peer Review case to next reviewer make the final decision The PRC will meet medical to the process and so forth.	agement (DRM). A to CDPH on 2/5/2021. eviewed and marked "from a ctive, may close." Medical fer MD 1 to PR (Peer I did not notify the pharmacy	A 34				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	40	REET ADDRESS, CITY, STATE, ZIP CODE 0 W MINERAL KING AVE SALIA, CA 93291	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION		
A 340	days. The PRC assisted determination. Resulting a range from ide enhancing care/doctopportunities of criticare. System level of Practioner issues in During a review of the procedure (P&P) tit (MS 40), dated 5/3′ "Substance abuse of care and workplace alcohol and or control the ability of medical practice providers (PAs) to provide selindividual, his or he public Whenever a observes evidence member of the medical hospital premises, the immediately inform shall inform the CEIC Chief of Staff or desor supervise the ad Physical Exam of the suspect practitioner alcohol or other test policy" "shall" required buring a review of the procedure (P&P) tit Medical Staff & Adv. (MS 47), dated 1/30 practitioners have a of their patients to the procedure of the protection of the patients to the procedure of the procedure of the patients to the procedure of the pro	aff member for reply within 30 signs a final care alts of the peer review process intified opportunities for sumentation to identified ical importance for improving opportunities or individual may be identified". The hospital's policy and led, "Impaired Provider Policy" I/18, the P&P indicated, can adversely impact patient esafety. Use and abuse of rolled substances may impair al staff member and advance APP, include CRNAs, NPs, evices and may endanger the reco-workers, patients and a hospital staff members of possible impairment by a lical staff or APP, while on the staff member shall his or her supervisor who O or representative The signee shall promptly conduct ministration of a Screening ne practitioner[and] ask the to agree to a drug test or tingAny violation of this	A 340				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN		E CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		0	4/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•			
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A 340	measures whenever "inappropriate behave unwarranted and reademeaning or offens respond to patient comparison of the procedure (P&P) title 805.01 (CA Busines 33), dated 6/26/18, to reporting actions unlicensing board, cert recommendations or Committee covered four elements 1. Declinical privileges of Recommendation by Committee; 3. Followand 4. MECs that are occurred. For examor repeated deviation to the extent such minjurious to any persor prescribing for or herself, any controlled of clearly excessive misconduct with one	s policy with disciplinary recessary." Examples of vior means conduct that is asonable interpreted to be sive," or "blatant failure to are needs or staff requests" The hospital policy and received and received are needs or staff requests are needs or staff requests. The hospital policy and received and received and received and to the applicable ain final decisions or a final decisio	A 34	<u>'</u>				
	dated 12/21/20, the to apply initial appoin the Medical staff physurgeons, podiatrist, among other require convicted of, or enter contest, to any felor	ed, "Medical Staff Bylaws," P&P indicated, "To be eligible intment or reappointment to visicians, dentists, oral and psychologists must iments, "have never been red a plea of guilty or no ny (CRNA, not active staff to bylaws, thus need MD); or						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE	<u> </u>	
KAWEAH	DELTA MEDICAL CEN	NTER		400 W MINERAL KING AVE VISALIA, CA 93291			
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A 340	any misdemeanor substances, illegal eligibility requiremedinical privileges in an are exclusive contract, requirements set for who are not board application must be examination procesinitial applicants existing Medical Strecertification may obtain certification additional time per The "Medical Staff" Factors for Evalual limited to clinical juture of their profession, competently perfor commitment to quare Responsibilities are condition of being reappointment and membership, every the following," but continuous and timpatients for whom responsibility, effects and Rules and Responsibility, effects and Rules and Responsibility, effects and Rules and Responsibility and must be report agencies or patient changes in the pracompletely exercise.	relating to controlled drugsmeet any current ents that are applicable to the seing sought applying for ea that is covered by an meet the specific orth in that contractapplicants certified at the time of e actively participating in the ss leading to board certification who are not board certified and taff members seeking request additional time to or recertification for one iod not to exceed two years". Bylaws" further indicated the ation," which include, but not adgement, adherence to ethics good character, and safely, rm clinical privileges, and ality care Basic and Requirements. "As a granted appointment or I a condition of ongoing of member specifically agrees to not limited to, provide nely quality of care to all	A:	340			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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A 340	limited to, impairment use, or other similar referred for review uppolicy); to immediace evaluation, which makes allowed and/ordelegating responsibilities to any individual who adequately supervise patients as to the ideproviding treatment of consultation wheneved complete in a timely medical and other reinformation required with the Chief of State good faith. The MEC members appointed review the quality of	sues, including, but not t due to addiction, alcohol issue (all of which shall be nder the Impaired Provider y submit to an appropriate ay include diagnostic testing or urine; to refrain from ility for hospitalized patients o is not qualified or ed; to refrain from deceiving intity of any individual	A	340			
	Chief of Staff shall up that the MEC fails to response to concern Staff member's comprofessional conduct article and the Board decisions is contrary evidence, the Board initiate such an invest committee" shall have relevant documents investigating commit mental and/or behave individual by health of	may direct the MEC to stigationThe investigation e the authority to review and interview individual." The tee "may require a physical, ioral examination of the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A 340	investigation and isst the commencement MEC may accept, no recommendations it investigating comming of the Chief of Staff. Peer Review respondirectly to the Board Staff appointment a Medical Staff appointment a Medical Staff appointment a Medical Staff appointment of the Voting member, "she individual patient's of been compromised. The Medical Bylaws for Evaluation," which clinical judgement, a profession, good choompetently perform commitment to qual question has been recompetence or clinical the Medical Staff, in management of a proper care being poly any staff members and ard of [Facility to the Chief of Staff the chair of the stand of the sta	rable effort to complete the sue its report within 30 days of of the investigation The nodify, or reject any receives from an ttee." The MEC "shall consist Vice Chief of Staff, Chair of nsibility: recommending on such items as Medical not reappointment and interest termination Peer y Chief of Staff, never as a sall review cases in which an eare has been or may have by the care provider".	A 340				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	ITER	•	400 W	T ADDRESS, CITY, STATE, ZIP CODE MINERAL KING AVE LIA, CA 93291			
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A 340	sufficient credibility if so, shall forward action taken pursu constitute an invest MEC fails to initiate to concerns raised member's competer professional conductionarticle and the Boardecisions is contral evidence, the Boardecisions is contral evidence, the Boarderinitiate such an investigating commental and/or behalf investigating commental and/or behalf individual by health acceptable to it." I shall make a reason investigation and is the commencement MEC may accept, recommendations investigating commental investigating comm	the question raised has to warrant further review and, it in writing to the MEC." "No ant to this Article shall tigation." "In the event that the e an investigation in response about a Medical Staff ence, performance, or not in accordance with this and determines that such rry to the weight of the ad may direct the MEC to estigation." "The committee estigation, the investigation have the authority to review as and interview individual." The nittee "may require a physical, avioral examination of the in care professional(s) The investigating committee enable effort to complete the essue its report within 30 days of ant of the investigation." "The modify, or reject any it receives from an	A	340				

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	ER	1	STREET ADDRESS, CITY, STATE, ZIP COD 400 W MINERAL KING AVE VISALIA, CA 93291		
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the individual ceutical service and others person orders with a recurate atton All vidual the names of and implementated with the practitioner. It is review of the practitioner of the cell and implementated with the practitioner. It is review of the practitioner of the cell and implementated with the practitioner. It is the cell of the cell of the practitioner of the cell of the practitioner of the practitioner. It is the cell of the practical cell of th	al responsible for the ce, to the Chief Executive or medical staff policy Il be entered directly into the cord by the ordering and complete medication erbal orders will include the ry into the medical record, of the individual who gave, ented the order, and then be e date and time by the december of the controlled substance, the Department of Justice dicals, substances regulated although the december of the Proper procedure in the controlled substance, the Department of Justice dicals, substances regulated although the Drug should a loss of controlled chemicals occur by any of oreak-in, employee theft or Administrative Policy (AP gencies will be notified: 1. Office by completing DEA Loss or Theft of Controlled the business day of the or significant loss of a controlled regulated pursuant to be Section 11100. 3. State	A 3	40		
IN THE TERM CONTINUED OF A CONTROL OF A CONT	R SUPPLIER SUMMARY STEACH DEFICIENCE EQULATORY OR ed From pag the individual ceutical service and others perion orders with the names of and implement at the names of and implement of a review of the practitioner of a review of the fire (P&P) title poss," (KDEP of a could be coul	IDENTIFICATION NUMBER: 050057 R SUPPLIER EDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL	DENTIFICATION NUMBER: D50057 B. WING_ SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) ed From page 163 the individual responsible for the ceutical service, to the Chief Executive and others per medical staff policy ion orders will be entered directly into the iic medical record by the ordering in accurate and complete medication iation All verbal orders will include the id time of entry into the medical record, the names of the individual who gave, did and implemented the order, and then be ideated with the date and time by the gractitioner." a review of the hospital's policy and the (P&P) titled, "Dangerous Drugs: Dess," (KDEP 11), dated 6/19/2019, do "outlined the proper procedure in the theft/loss of controlled substance, also listed in the Department of Justice (List 1 Chemicals, substances regulated at to Section 11100 of the Health and Code) or significant quantities of other bus drugsFederal law required action to not by sites licensed by the Drug ment (DEA) should a loss of controlled ces in List 1 chemicals occur by any of wing mean: break-in, employee theft in transitPer Administrative Policy (AP et of of loss or Theft of Controlled ces in List 1 chemicals occur by any of wing mean: break-in, employee theft in transitPer Administrative Policy (AP et of of of the of of other or in the of the office by completing DEA of "Report of Loss or Theft of Controlled chee" within one business day of the office by completing DEA of a safety Code Section 11100. 3. State of Pharmacy within 30 days from the	A BUILDING DENTIFICATION NUMBER: B. WING	OSO 15 PRIFICATION NUMBER: 050057 S. WING

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		050057	B. WING _			04/	01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER		STREET ADDRESS, CI 400 W MINERAL KIN VISALIA, CA 9329					
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A 340	losses due to license to Business and Prof Profession licensing person confirmed to [Local] Police and /or agency. 6. California Health. Review of policy and "Personnel managen Reporting Requireme 11/10/14, the P & P is self-reported impairm extent it affects his or profession of occupa license will be addres "outlined procedures the public when a lice or with the pharmacy be chemically, mentathe extent it effects he had profession or occupaticense, or is discensed in the theft, dangerous drugs in the public, follows es Human Resource Po Alcohol"; Administrat Requirements for Drusubstance Abuse or Abuse," and Reporti Pharmacy within 14 of development of the foregards to any licens with the pharmacy": the dangerous drugs, phromator of the foregards to any licens with the pharmacy": the dangerous drugs, phromator of the foregards to grups.	ays from the date of loss for d employee theft (pursuant essional Code 4104). 4. For certifying board of the have diverted drugs. 5. To other law enforcement in Department of Public in Department of American in Department of Department of American in Department of Dep	AS	40					

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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N.		VISALIA, CA 93291				
TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
165	A 3	340				
I, "Drug Free Work Place ing," (HR 200), dated cated, "The "[Facility] has on the use or abuse of gs or other controlled vees, contract staff or otherwise, substance ingers the safety of the work as our patients and the dility] has established this and remove abusers of the to prevent the use and/or estances on the workplace. If drug diversion will be oriate agencies[Facility] eses without pay under this cults of a drug test or drugs or other controlled my drug or substanc3e that lee; or is legally obtainable lly obtained; or has been being sold or distributed from any purpose other than it was prescribes or conable suspicion includes don specific personal mation provided to imployee, by law or by other persons cronsponding to the substance on the wise under his or her obibitions: violation of reporting the employee to a ency, law enforcement						
	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 165 I, "Drug Free Work Place ing," (HR 200), dated cated, "The "[Facility] has on the use or abuse of gs or other controlled vees, contract staff or otherwise, substance ingers the safety of the work as our patients and the lity] has established this and remove abusers of It to prevent the use and/or ostances on the workplace. If drug diversion will be oriate agencies[Facility] eses without pay under this cults of a drug test or drugs or other controlled my drug or substanc3e that le; or is legally obtainable lly obtained; or has been being sold or distributed If any legal drug' means the for any purpose other than it was prescribes or conable suspicion includes d on specific personal mation provided to imployee, by law or by other persons it; or suspicion based on umstance'Drug diversion' ove has the substance on therwise under his or her ohibitions: violation of reporting the employee to a	D50057 R TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 165 I, "Drug Free Work Place ing," (HR 200), dated cated, "The "[Facility] has on the use or abuse of gs or other controlled rees, contract staff or otherwise, substance ngers the safety of the work as our patients and the dility] has established this and remove abusers of It to prevent the use and/or ostances on the workplace. If drug diversion will be oriate agencies[Facility] eses without pay under this ults of a drug test or drugs or other controlled ny drug or substanc3e that le; or is legally obtainable ley obtained; or has been being sold or distributed If any legal drug' means the for any purpose other than it was prescribes or conable suspicion includes d on specific personal nation provided to mployee, by law or by other persons ; or suspicion based on umstance'Drug diversion' ree has the substance on therwise under his or her ohibitions: violation of reporting the employee to a ency, law enforcement ciplinary action, up to and	A SOLUTIONS STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	R STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291 TEMENT OF DEFICIENCIES "MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 165 A 340 1, "Drug Free Work Place ing." (FIR 200), dated cated, "The "[Facility] has on the use or abuse of ger or ther controlled exes, contract staff or otherwise, substance gers the safety of the work as our patients and the lity) has established this and remove abusers of Ito prevent the use and/or stances on the workplace. If drug diversion will be priate agencies[Facility] sees without pay under this ults of a drug test or drugs or other controlled by drug or substanc3e that le; or is legally obtainable ly obtained; or has been being sold or distributed fany legal drug' means the for any purpose other than it was prescribes or onable suspicion includes d on specific personal ation provided to mployee, by law or by other persons ; or suspicion based on umstance "Drug diversion" ree has the substance on therwise under his or her ohibitions: violation of reporting the employee to a ency, law enforcement iplinary action, up to and		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	(X3	(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEI	NTER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	DE		
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A 340	the necessity of re Agencies, the Calir Police. Human resilicensing or certifyit Risk Management California Departmappropriate. 1. The possession, manudispensation of an substance on propagainst policy Te Employees must see reasonable suspicion testing in belief that an emplodrugs in violation of things, such facts aupon: Direct observe report of drug use, credible source eused, possessed, adrugs while workin while operating [Faequipment Audit Actions to be tak may be instance whave reasonable of consumed drugs or reported to work upoth. In these instrequest a drug tessign the consent [fasample, he/she will action up to and in employment Drutesting: As a condicontinued employr	age 166 acy or designee will determine porting to Drug Enforcement fornia Board of Pharmacy and sources will report employee's ing board as necessary. The department will report to the nent of Public Health as e unlawful use, sale, purchase, facture, distribution, or y drug or prescribed controlled verty or during work time is esting of Current Employees: ubmit to a drug test if ion existsReasonable neans drug testing based on a oyee is using or has used of [Facility] policy. Among other and inferences may be based vationsabnormal conducta provided by a reliable and evidence that an employee has sold, solicited or transferred g or on[Facility] premises or findings or charting issues the by Management: There where supervisors /managers ause to believe that employee in [Facility] premises or nace the influence of one or ances management may toIf the employee refuse to or drug testing] or provide a libe subject to Disciplinary cluding termination of ug-Free contract and follow-up tion of employment and /or ment, participants in a ram for drug and/or alcohol	AS	340			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		-	(X3) DATE SURVEY COMPLETED	
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A 340	Drug-Free Contract to testing for a period up returning to work." During a review of the procedure (P&P) titled for Drug Diversion Illed Controlled Substance 8/24/20, the P&P indipatterns of activity or suspect drug diversion will be initiated. 2. The designee, of the involutional collaborate with Humand Risk Managemer suspected drug diversions be reported to: Drug I Pharmacy; California Pharmacy; Profession board of the person of drugs- by Human Resupperturent and /or of agency- by Pharmacy; Public Health- by Risl diversion will be consinvestigation there is: person suspected; Resuper Human Resource Alcohol by the person evidence of drug diversion suspectedE	n writing via a [Facility] o periodic unannounced o to two (2) years after hospital's policy and d, "Reporting Requirements gal Substance Abuse or Abuse," (AP 110), dated cated "1. When suspicious other reasonable cause to n is present an investigation the Vice President, or wed department will an Resources, Pharmacy, the in investigating the sion. 3. Confirmed cases will Enforcement Agency- by hal licensing or certifying confirmed to have diverted sources; [local] Police ther law enforcement tr; California Department of the Management. 4. Drug idered confirmed if after An admission of guilt by the efusal to consent to drug a release of the test result Policy HR 200 Drugs and a suspected; Sufficient rision to terminate the evidence of patient harm or actly related to the drug	A 3				
A 341	CFR(s): 482.22(a)(2)	EDENTIALING	AS	M 1			

1 '		IDENTIFICATION NUMBER:		PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
A 341	all eligible candidates membership and mal governing body on the candidates in accordincluding scope-of-prostaff bylaws, rules, all who has been recome and who has been appody is subject to all and regulations, in accontained in this sect This STANDARD is Based on interview as Medical Staff failed to 1. Ensure three of the physicians (MD 5, MI privileges required to 311 hospital patients potential to put patient when physicians provide appropriate and with the procedures or remeet patient care. 2. Adhere to medical contractual agreement or continued members and MD 7) who did not medical bylaws requiresulted in MD 5, MI emergency medical coertifications required	st examine the credentials of a for medical staff ke recommendations to the se appointment of the ance with State law, actice laws, and the medical and regulations. A candidate mended by the medical staff opointed by the governing medical staff bylaws, rules, addition to the requirements sion. The energency department of the energency department of the provide safe medical care to this failure had the ents' safety and health at risk widing services did not have wetted privileges to perform the services needed to staff bylaws and or ents for reappointments and reship for three of three ent Physicians (MD 5, MD 6, ot meet contractual and rements. This failure of the appropriate of the job and resulted in respectively.	A 34			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		. ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CE	NTER	'	STREET ADDRESS, CITY, STATE, ZIF 400 W MINERAL KING AVE VISALIA, CA 93291	•		
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A 341	with Graduate Me Director, Anesther physicians need to Propofol (sedation and fatal when us stated, Propofol wairways" by the M (MEC). MD 4 state [has] planes of an [sedation]— able to [voice]deep [segeneral [anesther [patient] will not read physicians need to practitioners must anesthesia." MD 4 Staff Rules and R general or regional anesthesia care of Sedation (Moderal "anesthesia involved medications to properception (analgemovement; autonomemory and/or con 3/23/21, at 3:3 Department Phys Medical Staff Emeral Anesthesia Priviles 5 verified he does sedation or anestiphysicians have proposed to sedation state of the sedation or anestiphysicians have proposed to sedation or anestiphysicians have	view on 3/29/21, at 4:05 PM, dical Education Program sia (MD 4), MD 4 stated, to be "qualified" to administer in medication that is divertible ed inappropriately). MD 4 vas "signed off to secure edical Executive Committee ed, "Propofol IV [intravenous] esthesiamoderate to respond to verbal stimuli dation]-move to noxious [pain] esia]-need to control ventilation, espond to noxious stimuli" ed privileges for moderate, anesthesia. MD 4 stated per ociety of Anesthesia) guidelines, to be "qualified to give 4 stated according to Medical egulations, "Anesthesia means all anesthesia, monitored or deep sedation." Procedural telepolicy and procedure, ves the administration of coduce a blunting or loss of pain esia; voluntary and involuntary omic function [automatic]; and	A	341			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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A 341	intubated patients pulmonary resusci measures of breat MD 5 acknowledg Propofol infusion a maintain unrespor intubated (breathir to Medical Staff Ri "Anesthesia mean anesthesia, monits sedation." Procedure, de administration of riblunting or loss of voluntary and invofunction [automatic consciousness." Propofol infusions are not listed on the privilege form and Propofol infusions are not listed on the privileges for deep palliative care, neutrical care." During a concurre on 3/24/21 at 2:35 Department Physic Emergency Medic Forms were review have Anesthesia publications of the privileges at CPR, airway management and privileges at CPR, airway management intustion of the privileges at CPR, airway management intustions of the privileges at CPR, airway management intustion	age 170 In with Propofol management of a airway management, cardio itation (CPR, life saving thing and chest compressions). It	A	341			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) I IDENTIFICATION NUMBER: A. BL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 341	acknowledged presinfusion and he give maintain unresponsintubated (breathing acknowledged he wanesthesia privilege Rules and Regulating general or regional anesthesia care or Sedation (Moderate defined "anesthesia medications to properception (analges movement; autonor memory and/or conthe ED privileges lis not have privileges airway management privileges do not incanesthesia, hospice infusions and deep not listed on the emform. During a concurrent on 3/29/21, at 7:05 Department Physicis Emergency Medicir Forms were review was not approved for stated he has ED proceduring management resuscitations, and acknowledges he under the services for proceduring management resuscitations, and acknowledges he under the services for proceduring management resuscitations, and acknowledges he under the services for proceduring management resuscitations, and acknowledges he under the services for proceduring management resuscitations, and acknowledges he under the services for proceduring management resuscitations, and acknowledges he under the services for proceduring management resuscitations, and acknowledges he under the services for proceduring management resuscitations, and acknowledges he under the services for proceduring management resuscitations.	Propofol as needed. MD 6 cribing orders for Propofol es pain medications to siveness while a patient is g tube in windpipe). MD 6 vas not approved for es. According to Medical Staff ons, "Anesthesia means anesthesia, monitored deep sedation." Procedural e) policy and procedure, a involves the administration of luce a blunting or loss of pain sia; voluntary and involuntary mic function [automatic]; and sciousness." MD 6 reviewed est for MD 6 and stated he does for intubation, Propofol, CPR, at. MD 6 acknowledged ED clude palliative care, e, neurology. Propofol and general anesthesia are hergency department privilege at interview and record review PM, with Emergency ian (MD 7), the hospital's he and Anesthesia Privilege ed. MD 7 acknowledged he for anesthesia privileges. MD 7 rivileges and provides ures, moderate sedation, at, Cardiopulmonary (CPR) ultrasound. MD 7 ses anesthesia medications ol, Rocuronium), medications	A 341			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	' '	(X3) DATE SURVEY COMPLETED	
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A 341	medications to main a patient is intubated. According to Medica Regulations, "Anest regional anesthesia or deep sedation." If (Moderate) policy ar "anesthesia involves medications to produperception (analges movement; autonom memory and/or consprivileges for Proportingeneral anesthesia and Emergency Department ultrasound and modulo not locate all of the on the Emergency MD 7 stated "will fol staff."	nfusion and gives pain tain unresponsiveness while d (breathing tube in windpipe). al Staff Rules and hesia means general or monitored anesthesia care Procedural Sedation and procedure, defined is the administration of uce a blunting or loss of pain ia; voluntary and involuntary nic function [automatic]; and sciousness". MD 7 verified fol infusions and deep and	AS	,			
	procedure (P&P) title dated 12/21/20, the physician' as a mem clinical privileges who supervise or collaboratice Provider arfor the actions of the actions of the actions of the specialty that require training, and/or experequired for core pridemonstrate competer initial appointment Medical staff physicials.	ed, "Medical Staff Bylaws," P&P indicated "Supervising aber of Medical Staff with no has agreed in writing to rate with an Advanced ad to accept full responsibility e Advanced Practice Provider I Privileges' means privileges core privileges for a given e additional education, erience beyond that is					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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A 341	entered a plea of gui felony (CRNA, not ac according to bylaws, misdemeanor relatin illegal drugsmeet a requirements that are privileges being soug in an area that is cov contract, meet the sp in that contractapp certified at the time of participating in the ex to board certification not board certified ar members seeking re additional time to obt	never been convicted of, or lty or no contest, to any ctive staff members thus need MD); or any g to controlled substances, ny current eligibility e applicable to the clinical ghtif applying for privileges ered by an exclusive pecific requirements set forth licants who are not board of application must be actively examination process leadinginitial applicants who are not existing Medical Staff certification may request	A 34	11		
	Emergency Departmindicated "Physicians Emergency Medicine pursuing Board Certimedicine" "All phy successfully complet Surgeons Advanced course, and all non-Emaintain current ATL shall require all Mediprovide services und accordance with app practice, all applicability regulations, all applications and accord of	acility] Amended and al Services Agreement ent," dated 8/20/20, the P&P is shall be Board certified in e or eligible to and actively fication in emergency sicians must have ed the American College of Trauma Life Support (ATLS) Board Physicians shall S statusMedical Group cal Group Personnel to: er this Agreement in ropriate standards of clinical le federal and state laws and cable rules in regulations of				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	1, ,	
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A 341	staff bylaws, rules, r procedures of the Fronduct and conflict proceduresCompl standards. During a review of the procedure (P&P) titl dated 12/21/20, the Evaluation," which in clinical judgement, a profession, good choompetently perform commitment to qual timely quality of care individual has respondividual has	with all applicable medical egulations, policies and acility], including code of of interest policies and y with all applicable The hospital's policy and ed, "Medical Staff Bylaws," P&P indicated "Factors for include, but not limited to adherence to ethics of their aracter, safely, and in clinical privileges, and ity care continuous and et to all patients for whom the insibility" The hospital's policy and ed, "Surgery/Procedures at ines and Documentation for Urgent/Emergency", dated 5/24/16, the P&P are attending, proceduralist with current perform the desired ee the medical management the procedure, This will algesia, airway management ement, and hemodynamic ble" informed consent will onlysician preforming the ed consent is waived in the	A 34			

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e re wa a e con Tricci p con con p a b to D p (1) 2 m p p N E si ir w con ta d con e re fu	who are not board ce pplication must be a xamination process ertification. The Medical Bylaws for Evaluation", which linical judgement, ac rofession, good chard competently preform ommitment to quality neans privileges that rivileges for a given diditional education, eyond that is require to demonstrate compouring a review of the rocedure (P&P) titled Moderate): Adults are 40), dated 10/22/20, noderate procedural erformed by faculty a hysicians and assist lurse (RN) and applications and assist lurse (RN) and application patients resport ommands, wither alcactile [touch] stimulations ciousness during asily aroused, but respeated or painful stepuire assistance in	eet the specific in that contractapplicants riffied at the time of ctively participating in the leading to board further indicate the "Factors include, but not limited to therence to ethics of their racter, and safely, clinical privileges, and y care 'Special Privileges' fall outside the core specialty that require training, and/or experience et for core privileges in order etence" The hospital's policy and d, "Procedural Sedation and Pediatric Patient," (PC athe P&P indicated sedation is only to be anesthesiologist or Qualified ed by a Qualified Registered es to adults in the ent. Moderate as defined as "a drug of consciousness during and purposeful to verbal one or accompanied by light tion". Deep sedation was duced depression of g which patients cannot be espond purposefully following imuli [touch] Patients may maintaining ventilatory may be impaired If deep	A3	341		

				(X3) DATE SURVEY COMPLETED		
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	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	STREET ADDRESS, CITY, STATE, ZIP CODE		
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to demonstrate comsedation.	petence for moderate					
	ROVIDER OR SUPPLIER BELTA MEDICAL CENT SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page Anesthesiology sho During a review of the procedure (P&P) title Permitted in the Em 1001), dated 5/17/1 anesthesia "will not emergency department of accurrent file review, on 3/31/2 Medical Staff (DMS) department physicial credential files were department physicial requirements as foll a) MD 5, MD 6, required Advance Totraining program for management of accurrent physicians with for immediate mana Certifications. b) MD 7 did not cardiac Life Support clinical algorithms for cardiac arrest, stroke (also known as a healife-threatening cardiac certification c) MD 7 did not certification for Emergency and the physicians of the cardiac certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate mana certification for Emergency and the physicians with for immediate certification for Emergency and the physicians with for immediate certification for Emergency and the physicians with for immediate certification for Emergency and the physicians with for immediate certification for Emergency and the physicians with for immediate certification for Emergency and the physicians with for immediate certification for Emergency and the physicians with for	DELTA MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 176 Anesthesiology should be consulted". During a review of the hospital's policy and procedure (P&P) titled, "Procedures Not Permitted in the Emergency Department," (ED 1001), dated 5/17/18, the P&P indicated general anesthesia "will not be permitted in the emergency department (ED) at any time". 2. During a concurrent interview and credential file review, on 3/31/21, at 11 AM, with Director of Medical Staff (DMS), three emergency department physicians (MD 5, MD 6, and MD 7) credential files were reviewed. The emergency department physicians did not meet contractual requirements as follows: a) MD 5, MD 6, and MD 7 did not have the required Advance Trauma Life Support (ATLS - a training program for medical providers in the management of acute trauma cases, and provide the physicians with a safe and reliable method for immediate management of injured patients) Certifications. b) MD 7 did not have the required Advanced Cardiac Life Support (ACLS-refers to a set of clinical algorithms for the urgent treatment of cardiac arrest, stroke, myocardial infarction (also known as a heart attack), and other life-threatening cardiovascular emergencies) Certification c) MD 7 did not have the required board certification for Emergency Medicine. d) MD 5 was approved without assessment to demonstrate competence for moderate	Continued From page 176 Anesthesiology should be consulted". During a review of the hospital's policy and procedure (P&P) titled, "Procedures Not Permitted in the Emergency Department," (ED 101), dated 5/17/18, the P&P indicated general anesthesia "will not be permitted in the emergency department (ED) at any time". 2. During a concurrent interview and credential file review, on 3/31/21, at 11 AM, with Director of Medical Staff (DMS), three emergency department physicians (MD 5, MD 6, and MD 7) credential files were reviewed. The emergency department physicians idn on the et contractual requirements as follows: a) MD 5, MD 6, and MD 7 did not have the required Advance Trauma Life Support (ATLS - a training program for medical providers in the management of acute trauma cases, and provide the physicians with a safe and reliable method for immediate management of injured patients) Certifications. b) MD 7 did not have the required Advanced Cardiac Life Support (ACLS-refers to a set of clinical algorithms for the urgent treatment of cardiac arrest, stroke, myocardial infarction (also known as a heart attack), and other life-threatening cardiovascular emergencies) Certification c) MD 7 did not have the required board certification for Emergency Wedicine. d) MD 5 was approved without assessment to demonstrate competence for moderate	ROUNDER OR SUPPLIER DELTA MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 176 Anesthesiology should be consulted". 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During a review of the hospital's policy and procedure (P&P) titled, "Procedures Not Permitted in the Emergency Department," (ED 1001), dated 81/1718, the P&P Indicated general anesthesia "will not be permitted in the emergency department (ED) at any time". 2. During a concurrent interview and credential file review, on 3/31/21, at 11 AM, with Director of Medical Staff (DMS), three emergency department physicians (MD 5, MD 6, and MD 7) credential files were reviewed. 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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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A 341	Continued From pa	ge 177	A 34	1		
	· · · · · · · · · · · · · · · · · · ·	, MD 7, and MD 14 did not Propofol for deep sedation or				
	privileges do not inc	gency room physician core clude anesthesia privileges for general anesthesia."				
	· '	MD 5, MD 6, MD 7, and MD 14 did not in writing to supervise residents.				
	procedure (P&P) tit Regulations," dated "The responsibility he/she "will be resp	the hospital's policy and led, "Medical Staff Rules and I 12/21/20, the P&P indicated, of the attending physician, consible for the medical care e patient while in the [Facility]"				
	procedure (P&P) tit Management and C Program" (HR 213) indicated, "Compet ability to integrate ti attitude required in settingAll employ complete all require establishedDocur recorded in the HR documentation may	Competency Assessment , dated 12/19/19, the P&P ency is the demonstrated he knowledge, skills, and a designated role or ees must successfully ed training by the due dates mentation of completion is				
	agreement titled, "[i Restates Profession Emergency Departi physician contract a	the physician contract Facility] Amended and nal Services Agreement ment," dated 8/20/2020, the agreement indicated, e Board certified in Emergency				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
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A 341	Board Certification i physicians must hav American College of Life Support (ATLS) Physicians shall mattatusMedical Grow Medical Group Persunder this Agreeme appropriate standar applicable federal a all applicable rules i Board of California, American Board of MedicineComply of Staff bylaws, rules, in procedures of the Fooduct and conflict proceduresComply standards." During a review of the procedure (P&P) titl dated 12/21/20, the physician as a men clinical privileges where supervise or collabor practice Provider ar for the actions of the" Defined "Special that fall outside the	n emergency medicine All ve successfully completed the f Surgeons Advanced Trauma course, and all non-Board intain current ATLS pup shall and shall require all connel to: provide services int in accordance with ds of clinical practice, all and state laws and regulations, in regulations of the Medical and the Standards of the Emergency with all applicable medical regulations, policies and acility], including code of	AS				
	training, and/or experience for core pridemonstrate comperinitial appointment of Medical staff physic podiatrist, and psychological prize for training and psychological staff physic podiatrist, and psychological staff physic podiatrist, and psychological staff physic podiatrist, and psychological staff physical staff ph	erience beyond that is					

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A 347	felony (CRNA, not ac according to bylaws, misdemeanor relating illegal drugsmeet ar requirements that are privileges being soug in an area that is covered contract, meet the spin that contract appropriately	ty or no contest, to any tive staff members thus need MD); or any to controlled substances, by current eligibility applicable to the clinical htif applying for privileges ered by an exclusive ecific requirements set forth olicants who are not board a fapplication must be actively amination process leading initial applicants who are dexisting Medical Staff ertification may request ain certification or additional time period not to according to the well organized and everning body for the quality rovided to the patients. In the governing body. If has an executive of the members of the poctors of medicine or		341			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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A 347	medicine, when perm State in which the ho- (iii) A doctor of poo- permitted by State law hospital is located.	otal surgery or dental hitted by State law of the spital is located. diatric medicine, when w of the State in which the	A	347			
	Based on interview a Medical Staff Office for and reliable processes investigate, analyze, regarding substance impairment for one procaused the Medical Staff (DMS Medical Executive Co.	not met as evidenced by: and record review, the ailed to have an accountable as for staff and providers to and address concerns disorder, diversion and/or rovider (MD 1). This failure staff Office and the Director by to make decisions without ammittee's review regarding substance use, substance					
	with the Chief Execut Review Committee (C and the hospital's chi unusual incidents) Me contracted staff, "abid contracts, and medical Governing Body has staff including contract services provided, an stated, the medical st it a "disciplinary level Chief of Department of Medical Board. The	n 03/24/2021, at 7:15 AM, ive Officer (CEO) on Case CRC, a group of physicians ef nursing office to evaluate eetings. The CEO stated the de by policy and procedures, al staff requirements. The "responsibility" to oversee all cted staff's behavior, medical d patient safety. The CEO raff office "refused" to make issue" and did not refer the of Anesthesia (MD 1) to the CEO stated, the Governing rmed of MD 1 using illegal					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	(X:	3) DATE SURVEY COMPLETED
		050057	B. WING _			04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CE	NTER	•	STREET ADDRESS, CITY, STATE, ZIP COD 400 W MINERAL KING AVE VISALIA, CA 93291	PE	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
A 347	Committee (MEC, monitor and review and patient safety stated, MD 1 was test or go to Well-which assists physically prevention of impate health, with particular prevention of impate health, with particular prevention addiction. The CEO stated, I Well-Being Commirchabilitation, and absence." The CE do a drug test" or stated, since there to suspend [MD 1] is enrolled in "Well no need to take an stated, using illegation [Facility] polices to	ot request the Medical Executive a team of physicians that w physician behavior, conduct) to investigate." The CEO given a choice to take a drug Being Committee (a committee sicians with matters related to airment and maintenance of ular attention to substance a, mental illness, or behavior). MD 1 "self-reported to ittee, enrolled in inpatient took a voluntary leave of CO stated, MD 1 did not "need to "be suspended." The CEO was "interventiondon't need I." The CEO stated, once a staff I-Being Committee," there was ny further actions. The CEO al substance was a violation of to commit a crime, falsify records O stated, MD 1 did not "violate"	AS	347		
	Director of Medica "medical staff mak MD 1 "returns to p condition." DMS s of the MEC." The office is not "satisf medical staff office "MEC." The DMS closed MD 1's dru further action requ MD 1 was referred MD 1's diversion, becomes "confide"	w on 3/31/21, at 11 AM, with the all Staff (DMS), the DMS stated, uses the determination" when wractice, no matter what stated she was acting on "behalf DMS stated, if medical staff fied" with physician's progress, will refer the provider to stated, the medical staff office g diversion report and no wired. The DMS stated, once at to "Well-Being Committee", substance use disorder intial" and Medical staff has no to the Medical Board. The				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER .	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
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A 347	Committee (PRC, a for investigating pat complaints or concectinical care or serving recommendations for appropriate).	red to MEC or Peer Review committee that is responsible ient, member or practitioner erns about the quality of ce provided and to make or corrective actions, if	A 34	7	
	the "my [MD 2] boss medical staff office. Body "gives DMS the director to manage show," and DMS "his responsibility was Medical Staff (DMS need to know about disorder or diversion staff office is "not sat DMS would refer Midiversion and staff the did not initiate convestigation, or moor January 2021. Moontrolled substancimpairment. MD 2 s "leave of absence" Committee, reporting not be required. MD adverse events," safrom MD 1's drug di	ID 2), MD 2 stated, DMS is and "Co-boss" of the MD 2 stated, the Governing the authority as medical staff medical staff" and "runs the andles all of it." MD 2 stated, as to refer to Director of the Governing Body "did not of the Governing Body "did			
	determined "no prot outcome was "satist During an interview Director of Pharmac	plem" identified and the			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
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A 347	at the meeting when diversion" of control impairment from 5/2 Medical Staff Office because, "I was sur stated, it would be r MD 1 to PRC and MD 1 to PRC and MD 1 to PRC and MD 1 to discus diversion and misus "Drug testing was s refused. MD 4 and Committee, and MD Committee, and MD Committee, and MD Committee. MD 4 si became "confidentiathe Well-Being Com 1 to Peer Review or 1 diverting controlle During a review of t Medical Director Qu Chief of Departmen Critical Care (MD 8) were reported to MB a) On 7/22/20, ever submitted a report a substance abuse by complaint from a CF as a "physician issue event." The report if that the physician (I	f office. DMS and MD 1 were in MD 1 "confessed to led substance and 20 to 1/20/21. DPS stated, the was aware of the diversion immoned by DMS." DPS medical staff's decision to refer MEC. on 3/29/21, 4:05 PM, with iducation Program Director ief, Department of Anesthesia d, he and MD 2 had a meeting is controlled substance is complaints. MD 4 stated, suggested" to MD 1, but MD 1 MD 1 discussed Well-Being in 1 self-referred to Well-Being in 1 self-referred to Well-Being in once the provider enters inmittee. MD 2 did not refer MD in MEC of concerns about MD ind substances and impairment. The MEC meeting minutes with itality/Patient Safety (MD 11), it of Anesthesia (MD 3), Vice it of Anesthesia (MD 4), MD in and the following events	A 3	47		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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A 347	Office marked the eperspective, may clinot refer MD 1 for Pwas no further invessolutions. The Medisuspend MD 1's print b) On 1/11/21, even Registered Nurse A a report about MD 1 controlled substance patient safety. The safety event. No known report was reviewed Management (DRM Quality/ Patient Safe Office marked the eperspective, may clicosed the event an Review or MEC. The investigation to iden Medical Staff Office privileges. c) On 1/21/2021, even submits a report registred in the deciral staff office privileges. c) On 1/21/2021, even submits a report registred in the marked as a "nown was reviewed by the Management (DRM reviewed the report staff perspective, moffice did not refer to the Medical Staff Office In M	asn't an issue." Medical Staff vent "from a medical staff ose." Medical Staff Office did eer Review or to MEC. There stigation to identify appropriate cal Staff Office did not vileges. It date 1/8/21, a Certified nesthetist (CRNA 1) submits overusing and diverting es. CRNA 1 had concerns on report was marked as "not a now adverse outcome." The diby the Director of Risk of the Medical Director ety (MD 11). Medical Staff ose." Medical Staff Office did not refer MD 1 to Peer ere was no further entify appropriate solutions. The did not suspend MD 1's erent date 1/20/2021, DPS garding MD 1's admission to 2020 to Jan 20, 2021, and substance abuse. The report tot a safety event." The report	A 347		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A 347	During an interview of MEC, a Critical Care was the most senior stated the MEC resp monitor patient safet behavior, and detern 8 stated, the MEC sh Governing Board. Mi and patient care con an electronic occurre reach Peer Review Creview. MD 8 stated, diversion should hav MEC and [Facility]. In reconciliation and diversity data is collect investigations and act shortages. MD 8 stated, he was not act and the material stated, and the material stated, and the material stated, and the medical Board." Medical Staff Office over the medical states supervise physicians "secretary." DMS "coarranges rooms and During an interview of the MEC, MD 11 states occurrence report for	al Staff Office did not leges. on 4/1/21, at 11 AM, with the Physician (MD 8) stated, he physician on the MEC. MD 8 consibilities are to review and y concerns and physician nine disciplinary actions. MD lares findings with the D 8 stated, provider behavior cerns need to be entered in ence reporting system to committee or for MEC substance use disorder and the "high" priority for review by MD 8 stated, when the ersion are concerned, atted on physician liverse actions, and drug ted, MEC was notified of MD stright (3/31/21). MD 8 ware of the reports for event D, and 12/20/20 until last stated, the reports were first and Medical Staff Office. MD	A 34'	7		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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A 347	1's diversion, drug substance disuse, a MD 1 was not refer because he went o stated, MD 1 was "During an interview the Chief of Depart MD 3 stated, DMS and was not a mem DMS was a secreta medical staff office concerns and patie reported using the concerns would "not and there would be MD 3 stated, the M use the electronic reproviders to Peer R review and possible During a concurren on 3/30/21, at 9:30	ed" information regarding MD paraphernalia, controlled and impairment. MD 11 stated, red to MEC or Peer Review in a leave of absence. MD 11 not a risk to patient safety." I on 4/1/21, at 11:45 AM, with ment of Anesthesia (MD 3), did not supervise physicians aber of MEC. MD 3 stated, ary, did paperwork and ran the MD 3 stated, if physician int safety issues were not electronic report system, the but be known" to MEC or PRC, "no monitoringno trends." edical Staff Office needed to eporting system to refer leview Committee or MEC for	A 347		
	provider, the incide electronic occurren address medication concerns. RMS 1 s reviewed by Risk (F forwarded to Medica Staff Office were "ruthe reports and refe affecting patient sai to Peer Review Constated, had the reports."	were "any problems" with a int should be reported via an ice reporting system to is, patient safety, or behavior itated, the reports would be Risk Department) and ial Staff Office. RMS 1 stated, il Staff (MD 2) and the Medical responsible for the review of ier adverse events, behavior fety, or patient safety concerns mmittee or MEC. RMS 1 ort referred to Peer Review mmittee would review and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A 347	Once Peer Review of disciplinary action we would be referred to the report was not remarked by the reported to PRC or reach root cause and During a review of the procedure (P&P) title [Facility name] "support the safety and service[and] conduction business practices, excellenceQuality Board mustUnder responsibility for the nurses and other induction of the responsibilities and r	ary action was required. Committee determined as required, the provider the MEC. RMS 1 stated, if eferred to Peer Review or ould not reach RCA (the ng the root causes of d "won't appear on adverse tisk Management I stated, MD 1 was not MEC, and thus would not alysis. The hospital's policy and ed, "District Bylaws" for ad 4/27/20, the P&P indicated, mission and vision are to and quality of care, treatment mmitted to ethical and legal integrity, accountability and oversight responsibilities, the estand and accept actions of all physicians dividuals who perform their faction's facilitiesCarefully utions of the Medical	A3			
	and standardstak appropriateunder roles and function o Medical Staff and m and hospital bylaws Chief Executive Offi of the Governing Bo	e corrective action when stand and communicate the fthe Board, committees, anagementEnforce Board rules and regulationsThe cer (CEO) 'shall act on behalf				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	` '	X3) DATE SURVEY COMPLETED	
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A 347	any employee of the any individual with The CEO shall knew developments administration are The [Facility nanaccountable to the "medical staff" also physicians who are an IPA, a medical component society Well-Being Commembers. In any of Committee serves mechanisms physicians phy	In have authority to discharge the [Facility name] other than the title or equivalent function eep abreast and be informed of as in the medical and the as of the hospital administration the programmed of the medical and the as of the hospital administration the programmed of the coverning body, the term to refers, for example, to the the members of a Medical Group, aspecialty society, or a coverning the context, of the context, the well-Being the as one of an array of the context, the Well-Being the as one of an array of the medical Executive to the Medical Executive to the Medical Executive the hospital's policy and the fitted, "Reporting Guidelines for the programmed the programmed to the applicable to the Medical Executive the Medical	A	347			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
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A 347	of clearly excessive misconduct with one During a review of the	ed substance; repeated acts prescribing; or sexual or more patients."	A	347		
	Committee" (MS 02) indicated, "The resp Committee is adviso substitute for person bodyIt will report physician in question should serve only as body, conducting incomaking reports to the necessary. The Comsupport and advocation assume responsing agencies. Of the me	ed, "Medical Staff Well-Being I, date 6/26/17, the P&P onsibility of the Well-Being Iry in nature and not a stall physician of a disciplinary to the MEC and to the Inc				
	procedure (P&P) title (MS 8710.PR), dated "The Medical Staff a practitioner's profess behavior as part of it safety, credentialing action responsibility, and appropriate doc Peer Review commit member of the Medi (MEC) and members Chief of Staff Case staff peer review mais not all inclusive, C Safety Committees,	ne hospital's policy and ed, "Peer Review Process" d 2/09/21, the P&P indicated, ssess each credentialed sional performance and its ongoing quality and patient privileging and corrective including clinical judgement, umentation. The Chair of the tee (PRC) will be a regular cal Executive Committee is will be appointed by the es recommended for medical y be generated from, the list occurrence reports, Patient Quality/Safety Departments, repartment, Midas Reporting				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		NSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A 347	Peer Review are p Review (PR) Coord Medical Director or initial reviewer indi- interest, Peer Revi- case to next review make the final deci- The PRC will meet make a preliminary forwarded to the st days. The PRC as determination. Re process may range for enhancing care opportunities of cri care. System level Practitioner issues During a review of procedure (P&P) ti (MS 40), dated 5/3 "Substance abuse care and workplace alcohol and or con- the ability of medic practice providers PAs,) to provide s individual, his or he public Wheneve observes evidence member pf the men hospital premises, immediately inform shall inform the CE Chief of Staff or de or supervise the ac Physical Exam of t	th. Cases recommended for reliminarily screened by Peer dinator and presented to the Chief Medical Officer If cates potential conflict of ew (PR) coordinator will assign ver. The Chief of Staff will sion on referral to peer review. monthly, evaluate cases, and determination which will be aff member for reply within 30 signs a final care sults of the peer review errom identified opportunities documentation to identified opportunities or individual	A	347				

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A 347	procedure (P&P) titl Medical Staff & Adv (MS 47), dated 1/30 "Practitioners have to of their patients care and safety is p Staff will enforce this measures wheneve "inappropriate beha unwarranted and redemeaning or offens respond to patient of indicated, "the Chiese CEO, in the event the investigation in respabout a Medical State performance, or produced accordance with this determines that such weight of the evider MEC to initiate such committee conducts investigating commit to review relevant dindividual." The inverequire a physical, rexamination of the inprofessional(s) according the committee shall males.	ing" The hospital's policy and ed, "Code of Conduct for anced Practice Providers" /19, the P&P indicated, a responsibility for the welfare. The safeguarding of patient aramount, and the Medical spolicy with disciplinary recessary". Examples of vior means conduct that is asonable interpreted to be sive", or "blatant failure to are needs or staff requests." The Medical Staff Bylaws, it for Staff shall update the mat the MEC fails to initiate an onse to concerns raised ff member's competence,	A3	347		
	within 30 days of the investigationThe reject any recomme	e commencement of the MEC may accept, modify, or ndations it receives from an ttee." The MEC "shall consist				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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A 347	Peer Review respondirectly to the Board Staff appointment at Medical Staff appointment at Medical Staff appointment at Medical Staff appointment at voting member, "shindividual patient's been compromised Medical Bylaws furthe Evaluation", which clinical judgement, profession, good characteristic competently perform commitment to qual question has been competence or clinical staff, in management of a proper care being publication by any staff member standard of [Facility referred to the Chiedepartment, the characteristic control of the department	ge 192 f. Vice Chief of Staff, Chair of insibility: recommending don such items as Medical and reappointment and intment termination Peer by Chief of Staff, never as a sall review cases in which an care has been or may have by the care provider". The ther indicate the "Factors for include, but not limited to adherence to ethics of their naracter, and safely, in clinical privileges, and lity care Whenever a serious raised regarding: the clinical ical practice of any member of including care, treatment to retien to patients; the safety or provided to patients; conduct the considered lower than the referred the Chief of Staff, the chair of the sair of the standing committee, board becomes aware of sees concern about any Medical be referred the Chief of Staff, the chair of the concern about any Medical be referred the Chief of Staff, the chair of the concern about any Medical be referred the Chief of Staff, the chair of the concern about any Medical be referred shall conduct or which shall include the Chief of whether the question raised belity to warrant further review ward it in writing to the MEC". It is until the concern and the concern an	A	347			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A 347	professional conduction article and the Board decisions is contrart evidence, the Board initiate such an investigation the investigating complysical, mental and the individual by he acceptable to it." The shall make a reason investigation and is the commencement MEC may accept, in recommendations it investigating commodure (P&P) title Regulations, dated responsibility of the "will be responsible treatment of the patand accurate complementation and accurate complementations and Regulations, and Regulations	ct in accordance with this and determines that such by to the weight of the damay direct the MEC to estigation". "The committee stigation, the investigation are the authority to review and interview individual." committee "may require a door behavioral examination of alth care professional(s) the investigating committee hable effort to complete the sue its report within 30 days of the investigation". "The modify, or reject any in receives from an	A 34	7			
	pharmaceutical sen Officer and others p Medication orders v electronic medical r physicianaccurat	al responsible for the vice, to the Chief Executive per medical staff policy will be entered directly into the ecord by the ordering e and complete medication verbal orders will include the					

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 347	Continued From page	e 194	A S	347			
	identify the names of received and impleme authenticated with the ordering practitioner." Review of policy and	y into the medical record, the individual who gave, ented the order, and then be e date and time by the procedure (P&P) titled, ent: Public Protection &					
	11/10/14, indicated "a	nts", (KDEP 15), dated iny recognized or ent of a staff member to the					
	extent it affects his or profession of occupat license will be addres "outlined procedures the public when a lice	her ability to practice the ion authorized by his or her sed promptly". The policy for taking action to protect ensed individual employed by					
	be chemically, menta the extent it effects hi the profession or occi her license, or is disc	is discovered or known to lly, or physically impaired to s or her ability to practice upation authorized by his or overed or known to have diversion, or self-use of					
	dangerous drugsir the public, follows est Human Resource Pol Alcohol"; Administrati	n the interest of protecting ablished procedures: icy HR 200, 'Drugs and ve Policy AP 110, "Reporting					
	Abuse", and Reportine Pharmacy within 14 c	Controlled Substance ng to the California Board of					
	regards to any license with the pharmacy": t	ed individual employed by or heft, diversion, or self-use of vsical or mental impairment."					
	procedure (P&P) titled and Drug/Alcohol test	e hospital's policy and d, "Drug Free Work Place ting", (HR 200), dated ndicated, "The "[Facility] has					

PRINTED: 04/29/2021 FORM APPROVED OMB NO. 0938-0391

OE: TIEIT	O T OTT INLEDIO THE G	WILDIO/ WD OLITATIOLO					7. 0000 000 1
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY
		050057	B. WING			04/	01/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	DELTA MEDICAL CENT	-n		4	00 W MINERAL KING AVE		
KAWEAH	DELTA MEDICAL CENTI	ER		١v	'ISALIA, CA 93291		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	AIE	DAIL
	•						
A 347	Continued From page	e 195	А	347			
	established this polic	y on the use or abuse of					
		ugs or other controlled					
	substances by emplo	yees, contract staff or					
	volunteers. At work o	r otherwise, substance					
	abuse seriously enda	angers the safety of the work					
	environment, as well	as our patients and the					
	general public [Fa	cility] has established this					
	policy to detect users	and remove abusers of					
	drugs and alcohol an	d to prevent the use and/or					
	I	bstances on the workplace.					
		of drug diversion will be					
	1	priate agencies [Facility]					
		ees without pay under this					
		sults of a drug test or					
		al drugs or other controlled					
		iny drug or substance that is					
		e; or is legally obtainable but					
		obtained; or has been legally					
	_	sold or distributed unlawfully					
		I drug' means the use of any					
	legal drug: for any pu purpose for which it w						
	1 7	sonable suspicion includes					
	I .	ed on specific personal					
	observations inforr						
	management by an e						
	enforcement officials						
		e; or suspicion based on					
		cumstance'Drug diversion'					
		yee has the substance on					
		otherwise under his or her					
		rohibitions: violation of					
	_	reporting the employee to a					
		ency, law enforcement					
		ciplinary action , up to and					
	including termination						
		or designee will determine					
		rting to Drug Enforcement					

Agencies, the California Board of Pharmacy and

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
KAWEAH	DELTA MEDICAL CEI	NTER			00 W MINERAL KING AVE		
				•	/ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
A 347	Continued From page	age 196	A	347			
	·	sources will report employee's					
		ing board as necessary. The					
		department will report to the					
	_	nent of Public Health as					
		e unlawful use, sale, purchase,					
		facture, distribution, or					
		y drug or prescribed controlled					
		perty or during work time is					
		esting of Current Employees:					
		submit to a drug test if					
	reasonable suspic	ion existsReasonable					
	suspicion testing n	neans drug testing based on a					
	belief that an empl	loyee is using or has used					
	drugs in violation of	of [Facility] policy. Among other					
	things, such facts	and inferences may be based					
	upon: Direct obser	vationsabnormal conducta					
	report of drug use,	provided by a reliable and					
	credible sourcee	evidence that an employee has					
		sold, solicited or transferred					
	drugs while workin	ng or on[Facility] premises or					
		acility] vehicles, machinery or					
	equipmentAudit	findings or charting issues					
		cen by Management: There					
		here supervisors /managers					
		ause to believe that employee					
		on [Facility] premises or					
	•	nder the influence of one or					
		ances management may					
		tIf the employee refuse to					
		or drug testing] or provide a					
		ll be subject to Disciplinary					
	•	cluding termination of					
		ug-Free contract and follow-up					
		ition of employment and /or					
		ment, participants in a					
		ram for drug and/or alcohol					
		nt in writing via a [Facility]					
		ct to periodic unannounced					
	testing for a period	l up to two (2) years after					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CE	NTER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	DE		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIAT		
A 347	procedure (P&P) to for Drug Diversion Controlled Substa 8/24/20, the P&P in patterns of activity suspect drug diversion will be initiated. 2 designee, of the incollaborate with H and Risk Manager suspected drug diversion will be reported to Pharmacy; Califor Pharmacy; Califor Pharmacy; Profes board of the person drugs- by Pharman Department and Adagency- by Pharman Department and Adagency- by Pharman Public Health- by diversion will be convestigation there person suspected testing or to author per Human Reson Alcohol by the per evidence of drug of person suspected an adverse event diversion". During a review of procedure (P&P) to P&P indicated, "M shall consist of the Staff, Chair of Peerson Suspected and P&P indicated, "M shall consist of the Staff, Chair of Peerson Suspected and P&P indicated, "M shall consist of the Staff, Chair of Peerson Suspected Staff, Chair of Peerson Staff, Chair of Peerson Staff, Chair of Peerson Suspected Staff, Chair of Peerson Staff, Chair of Pe	-	A 3	47			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 356	Staff appointment terri Committee: "shall received health, well-being, or practitioners and,in received by the committee that the health or knows that the health or knows taff member poses a harm to [Facility] paties be referred to the ME for Recusal: "When doin a particular situation Staff or committee that Interested Member full and fair discussion ORGANIZATION OF CFR(s): 482.22(c)(3) [The bylaws must:] (3) Describe the orgation of the standard failed to physician provided discussion provided	as Medical Staff opointment and Medical mination." Well-Being eive reports related to the impairment of credentialed the event information nittee clearly demonstrates wn impairment of a Medical an unreasonable risk of ents, that information may C for formal action." Rules etermining whether recusal n is required, the Chief of air shall consider whether er's presence would inhibit n of the issue."		347			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04	/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	·	400	EET ADDRESS, CITY, STATE, ZIP CODE W MINERAL KING AVE ALIA, CA 93291	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 356	Emergency Documer old male, with past m (chronic obstructive p progressive [gets work which causes airflow breath), CHF (conges condition in which the heart's function as a supply adequate amound brought in by ambula worsening shortness Emergency Medical Shad an oxygen saturation blood. A reading indicates an extremel oxygen saturation is air, and only improve of measurement) with mask- a device used higher concentration were: HR (heart rate) minute), RR (respirat pressure) 138/114. He patient is working has coarse breath so and is in moderate di unable to tolerate BIF	ambulance. attient 1's "Emergency ed 12/21/20, at 7:19 PM, the ntation indicated, "A 58 year edical history of COPD nulmonary disease - a rse over time] lung disease, blockage and shortness of stive heart failure -a coump is not enough to nunt of blood to the body), ance for 10 hours of acutely of breath. Per the Services (EMS), the patient ation of 60 (oxygen level in of 60 % [percent] or below by low oxygen level. Normal anything over 95%) on room d to 70 with 15 L (liters, unit n NRB (non-rebreathing to assist in the delivery of of oxygen) Vital signs	AS	356	DEFICIENCY)		
	medical record indica switched from BIPAP and back to BIPAP, v	's breathing)." The ED ted Patient 1 had been to high flow nasal cannula, which he cannot tolerate. distressstruggling for air.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP 400 W MINERAL KING AVE VISALIA, CA 93291	CODE	04/01/2021	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIAT	DATE	
A 356	on 3/23/21, at 8:35 1's laboratory results of indicated, Patient of indicated, Patient of indicated: 1. High of muscle injury or he 2. High BNP 3100 normal less than 1 (normal 4.5 to 19.8 with breathing and dioxide (waste pro 5. Low oxygen blooheart muscle injury latter three reflecte enough oxygen to breathing tube). Re Resident 1 stated, ECG results. for a 1 stated he did not During a review of (AAO), dated 12/2 no orders from ED Physician to switch a non-rebreather in During an interview Resident 1, Reside critically ill I was him [Patient 1] was him	nt interview and record review, in PM, with Resident 1, Patient lits were reviewed. The little dated 12/21/20 at 7:19 PM, it's laboratory findings reponin 0.13 (test for heart eart attack, normal is 0 to 0.4), in 70 (test for heart failure, in 70), 3. Critical lactic acid 8.2 responsions, air exchange), 4. High carbon duct of breathing oxygen) and in old levels. The first two indicate of and heart failure; and the respiratory failure (not have sustain life and needs a resident 1 verified the findings. In othoughts about the lab or a critically ill patient. Resident it discuss the labs with MD 5. Patient 1's "All Active Orders" 1/20, it was noted there were Resident 1 between BiPAP and	AS	356			

l' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	4	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
A 356	1's ED Documentation reviewed. The ED in "Patient 1 had "exact failure]acute renafunctioning normally not able to pump en Resident 1 verified in During an interview Respiratory Therapi [Patient 1's laborate Patient 1 was "voici struggling for air	nedical record indicated, perbation of CHF [heart and failure [kidneys stop and plood to sustain life]." The findings. on 3/25/21, at 7:05 PM, with st (RT 1), RT 1 stated, and for breathing tube." For stated, she was "in and out of 1 was in distress. I was doing the same. I was doing the same. I interview and record review, PM, with Registered Nurse 1 was doing the same. I interview and record review, PM, with Registered Nurse 1 was doing the same. I interview and record review, PM, with Registered Nurse 1 was doing the same. I interview and record review, PM, with Registered Nurse 1 was doing the same. I interview and record review, PM, with Registered Nurse 1 was doing the same. I interview and record review, PM, with Registered Nurse 1 was doing the same. I interview and record review, PM, with Registered Nurse 1 was doing the same. I interview and record review, PM, with Registered Nurse 1 was doing the same.	A 356			
		ted 12/21/20, the Emergency ord indicated, "Resident 1				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		050057	B. WING _			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 356	During a concurrent on 3/23/21, at 9 PM, ED medical record v stated, he intubated could not state the v intubated patient. R order oxygen." Resi who orders oxygen. oxygen needs with (shoulddidn't order know who would o a ventilator or oxyge Patient 1 was "on 10" "that was an assum was on oxygen." Remedical record and documented." Resid recall' if Patient 1 was "During an interview Emergency Physician (MD 5), M taking care of Patier "not recall" if he or Forders" for a ventilator MD 5 stated, he did ventilator, ventilator MD 5 stated, he left intubation because he roomrunning code unable to find docum ventilator settings, o repeated blood gase "Resident 1 is a lear	interview and record review, with Resident 1, Patient 1's vas reviewed. Resident 1 [Patient 1] at 10:02 PM, but entilatory requirements for an esident 1 stated, he "did not ident 1 stated, "don't know didn't discuss [patient] MD 5)don't know why I ventilator settingsdon't don't know who should order in." Resident 1 stated, 20% oxygen then later said, 20% oxygen then 1 stated, 20% oxygen the said [Patient 1] 20% oxygen to 20% oxygen then averaged as settings or oxygen therapy. 20% oxygen therapy. 20% oxygen the oxygen to be delivered, or 20% oxygen to be delivered, or 20% oxygen to 20% oxy	A3	56			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	rer	4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291	,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION		
A 356	record review, on 3/Emergency Departm Patient 1's Emerger reviewed. EDNM was documentation regal ventilator orders, velor Patient 1's responsibility of Pati	23/21, at 6:15 PM, with the ment Nurse Manager (EDNM), and Documentation was as unable to locate ording oxygen therapy orders, intilator use, ventilator settings are to intubation. Interview and record review, PM, with Director of so (DRS), Patient 1's sentation was reviewed. The 1 was present for Patient 1's bation was completed by 5. DRS was unable to locate orgarding oxygen use, bag in providing oxygen via a hand-tor orders, ventilator settings are to intubation, and ment. Interview and record review PM, with Resident 1, Patient locumentation was reviewed. Were no orders by the entilator settings. Resident 1 or required after Patient 1's and stated, he did not know who	A 356				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER .	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE VISALIA, CA 93291	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION
A 356	ordered by the physical know what is needed ventilator, and ventilator, and ventilator, and intubation before these procedures. During an interview RN 1, RN 1 stated, 1] was placed on a portable BiPAP made BiPAP, and the made ventilator. RN 1 stated physician orders for ventilator or ventilator should have docum and provided respiration. Por ventilator or ventilator. RN 1 stated, and physician orders for ventilator or ventilator or ventilator. RN 1 stated, and physician orders for ventilator or ventilator. RN 1 stated, and physician orders for ventilator. RN 1 st	dician. ED residents should d for intubation oxygen, a lator settings." MD 6 stated, we "training" on ventilators re they are allowed to provide on 3/25/21, at 8:50 PM, with she could not "recall if [Patient ventilator. RN 1 stated, a chine was used for Patient 1's chine could not be used as a ted she could not locate any vital signs, oxygen therapy, or setting. RN 1 stated, RT ented "ventilator and settings atory care". on 3/31/21, at 10:30 AM, with the (Resident 8), Resident 8 require oxygen therapy, need tesident 8 stated first year a supervision, second and third re "indirect supervision for" interview and record review, AM, with the Director of GME Education), the Resident eet was reviewed. The ted, there were three levels of tents based on the review by ination. The Director of GME to 1 was in the program only	A 356		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 356	learn to document the communication with the communication with the communication with the procedure (P&P) titled Regulations", dated 1 "The responsibility of he/she "will be responsible the medical record for responsible the medical record for responsible the perform described in these Rumedication orders will electronic medical reconciliation the medical reconciliation the medical reconciliation the physician that we date, and time of entridentify the names of received and implement authenticated with the ordering practitioner". SUPERVISION OF CCFR(s): 482.23(b)(6) All licensed nurses we hospital must adhere procedures of the hospi	st year residents were to sir own notes and maintain heir supervising physician. The hospital policy and d., "Medical Staff Rules and 2/21/20, the P&P indicated, the attending physician, asible for the medical care potatient while in [Facility] the completion of portions to rewhich he or she is ming all other duties and Regulations The entered directly into the cord by the ordering and complete medication arbal orders will include the region of the individual who gave, and then be the date and time by the control of the order, and then be the date and time by the control of all nursing are within the responsibility of the degardless of the mechanism personnel are providing bital employee, contract,		356			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		050057	B. WING	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 398	staff members: Respi Registered Nurse (RM Supervisor (HS) were manner. This failure is patient care when em evaluations were not to ensure employees the position and funct goals and expectation 2. Ensure staff trainin competency (a perso tasks or skills at a tan Medication Administra Registered Nurses (F Nurse Manager]) in th were completed. This Propofol (sedation me unattended and not d later inadvertently acc Findings: 1. During a concurrer record review, on 3/2 Director of Human Re Therapist (RT) 1's "per reviewed. The persor was hired on 3/24/14 evaluation was comp performance evaluati least close to the date employee transferred position, promoted, o employee evaluation	ce evaluations for four of 12 ratory Therapist (RT)1, N) 2, RN 13, and House completed in a timely had the potential to affect aployees' performance communicated or analyzed meet the requirements of the organization. If and demonstration of the organization of the organization. If and demonstration of the organization of the organization of the enditor for three of six the standard performs and the edication of the edication	A	398			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		,	04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 398	record review, on 3/3 Registered Nurse (R was reviewed. The p RN 2 was hired on 7/2 performance evaluat 10/21/20. DHR verific this evaluation is late During a concurrent record review, on 3/3 DHR, RN 13's "persor The personnel record on 11/16/15. The per completed on 12/18/ During a concurrent record review, on 3/3 House Supervisor (H reviewed. The persor initially hired on 1/7/0 which changed his hip performance evaluat 5/15/20. DHR verified evaluation is also late During a review of th procedure (P&P) title Management and Co Program," dated 12/2 2. During an interview with the Emergency	interview and personnel (1/21, at 11 AM, with DHR, N) 2's "personnel record" ersonnel record indicated (16/18. The latest ion was completed on ed the findings and stated et, at least three months late. Interview and personnel (1/21, at 11:30 AM, with onnel record" was reviewed. Indicated RN 13 was hired formance evaluation was 19. DHR verified the findings. Interview and personnel (1/21, at 4:50 PM, with DHR, S)'s "personnel record" was nnel record indicated HS was 12 but took a military leave, fire date to 3/20/02. The ion was completed on did the findings and stated, this et, at least two months. The hospital's policy and (1/21, at 3:15 PM, Department Clinical Educator did Medication Administration encies for all of the	A 39	98		

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		050057	B. WING	 		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 405	During a concurrent record review, on 3/2 RN 1's "personnel record" in complete her Medica competency due 3/2 findings. During a concurrent record review, on 3/2 3's "personnel record personnel record ind complete her Medica competency due 3/2 findings. During a concurrent record ind complete her Medica competency due 3/2 findings. During a concurrent record review, on 3/2 EDNM's "personnel record ind complete his Medica competency due 3/2 findings. During a review of the procedure (P&P) title Services," dated 8/10 Annual Competency competency is evalumember's performant on the job description identified competency Core Curriculum Pat	interview and personnel 29/21, at 3:30 PM, with DHR, cord" was reviewed. The idicated, "RN 1 did not ation Administration 1/21." DHR verified the 29/21, at 4 PM, with DHR, RN 2" was reviewed. The icated, "RN 3 did not ation Administration 1/21. DHR verified the 29/21, at 4:15 PM, with DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR verified the 29/21, at 4:15 PM, with DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR verified the 29/21, at 4:15 PM, with DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR verified the 29/21, at 4:15 PM, with DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR verified the 29/21, at 4:15 PM, with DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR verified the 29/21, at 4:15 PM, with DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR verified the 29/21, at 4:15 PM, with DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR verified the 29/21, at 4:15 PM, with DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR, record" was reviewed. The icated, "EDNM did not tion Administration 1/21. DHR, record" was reviewed. 1/21. DHR, record" was reviewed. 1/22. DHR, record" was reviewed. 1/23. DHR, record" was reviewed. 1/24. DHR, record" was reviewed. 1/25. DHR, record" was reviewed. 1/26. DH	A 39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	B. WING			4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 405	administered in acco State laws, the order practitioners respons specified under §482 standards of practice (i) Drugs and biological administered on the control of specified under § practitioners are actillaw, including scope policies, and medical regulations. (2) All drugs and biological administered by, or use or other personnel in and State laws and responsible licensing responsible licensible licensible licensible licensible licensible licensible licensible licensible responsible licensible lice	cals must be prepared and rdance with Federal and sof the practitioner or sible for the patient's care as 1.12(c), and accepted sof cals may be prepared and process of other practitioners 1.482.12(c) only if such and accordance with State of practice laws, hospital staff bylaws, rules, and sogicals must be under supervision of, nursing accordance with Federal egulations, including requirements, and in approved medical staff res. The proposed medical staff res. The proposed in the procedures for the safe and ing of Proposed (sedation of 72 sampled patients at 2). The patient 1's Proposed drip to unattended, which led to the tuse and access of the resulted in Patient 2's and procedure on Medication of 72 sampled patients and procedure on Medication of 72 sampled patients	A 40	5			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		' '	(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04	/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER		400 V	ET ADDRESS, CITY, STATE, ZIP CODE V MINERAL KING AVE NLIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 405	independent double nurses independent administered safely vein) insulin (a medi sugar, and a high ris highest risk of harm prescribed for Patient B. Nursing staff did for Patient 20's med measurement numb progress toward a g	rs in documenting nursing check (means two licensed ly checked if medication was and accurately) for IV (into cation to control the blood sk drug (drugs that pose if not used properly) nt 22. not follow physician's order ication parameters (set of ers used to monitor patients	A	405			
	Documentation," da Emergency Docume old male, with past r (chronic obstructive progressive [gets wowhich causes airflow breath), CHF (conge condition in which this not enough to supblood to the body), for 10 hours of acute breath. Per the Eme (EMS), the patient h (Oxygen level in the or below indicates a Normal oxygen satured.	Patient 1's "Emergency ted 12/21/20, at 7:19 PM, the entation indicated, "A 58 year medical history of COPD pulmonary disease - a price over time] lung disease, or blockage and shortness of estive heart failure -a per heart 's function as a pump poply adequate amount ofbrought in by ambulance ely worsening shortness of ergency Medical Services and an oxygen saturation of 60 blood. A reading of 60 mmHg in extremely low oxygen level. ration is anything over 95% bir, and only improved to 70					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 405	(non-rebreathing mathe delivery of higher Vital signs were: HR per minute), RR (respressure) 138/114. If the patient is working has coarse breath so and is in moderate diunable to tolerate BII Pressure, a device though to improve one cannula, and eventually and eventually attent was then late failure and inability to the During a review of Parogress Notes" (CCPM, the CCPN indicate department, [Patient hypotensive (low blow) (rapid respiratory rate heart rate). The Interwas consulted and the toundergo CTA (Corangiography- an image arteries that supply be possible PE (pulmon which a blood vessel by a blood clot). While reported to have a we patient coded (medicing found to be unrespirationally and after of CPR (cardiopulmon emergency lifesaving the heart stops beating spontaneous circulations.)	of measurement) NRB sk- a device used to assist in concentration of oxygen) (heart rate) 128 bpm (beats piratory rate) 40, BP (blood ligh physical exam indicated g extremely hard to breathe, punds bilaterally (both sides), stressthe patient was PAP (BiLevel Positive Airway nat can push air into the c's breathing), high flow nasal cally taking off the NRB mask. cr intubated for respiratory of tolerate BIPAP." attent 1's "Critical Care cPN), dated 12/21/20, at 11 ated, "In the emergency	A 4	05			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER .		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,
(X4) ID PREFIX TAG	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION
A 405	(milliter, a unit of me (micrograms per kild measurements) for puring a review of P Documentation," dai the Reexamination/Resident Attestation indicated, "ED RI rhythm on the monit Compressions starte Epi/Bicarb/Amiodard medications) given. spontaneous circula minutes of downtime MD 7 documented N care with [Patient 1's his sister's wishes, p Care Status. MD 7 a (narcotic pain medic (intravenous-into the endotracheal tube (a placed through the r (windpipe) to open the breathe), and mechat the leps a patient (any medication that pressure) support. Note and at 1:53 AM." During an interview Registered Nurse (F) Department Nurse N stated, "I started a F (miligram, a unit of medical/21/20, at 10:07 F)	easurement) at 5mcg/kg/min ogram per minute - units of post-intubation sedation." Patient 1's "Emergency ted 12/21/20, at 11:19 PM, Reevaluation Notes and documented by MD 5 N reported wide complex or and she noted no pulses. ed immediately. one (emergency life-saving ROSC (return of tion) after approximately 10 e. On 12/22/20, at 1:54 AM, MD 5 discussed the patient's significant of sister extensively, and per placed [Patient 1] on Comfort administered Fentanyl	A 40:	5	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		050057	B. WING			0.	4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	•	400 V	ET ADDRESS, CITY, STATE, ZIP CODE V MINERAL KING AVE ILIA, CA 93291	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
A 405	Resident 1 who was could not recall who not get an order, ar paused the Propose patient alive, which out of the room to g to increase the blood pneumatic tube system and reliable way of relatively large distance and reliable way of relatively large distance and the propose of	s managing the patient, but I at Resident 1 said, and I did ad I did not chart. As soon as I oldrip, I was trying to keep the she described as going in and set the "pressors" (medications of pressure) from the tem (a fast, simple, secure, transporting small objects in ances). I did not ask [Resident of with the Propofol drip, and I octor's order. I was so busy I of on the IV pole. The discontinued and taken down AM, after Patient 2's at 10:10 PM, in retrospect, Propofol is discontinued, I go to the med room and	A	405				
	EDNM, EDNM state The staff explained the restroom. They revive him. I was to white substances. Heropofol that cause During an interview RN 2, RN 2 stated, locked for several hunlock the bathroor someone on the flobeen down for a white floor, with his fa his knees, with his toilet. He was dark	on 3/23/21, at 6 PM, with ed, "I was called at 2:30 AM. [Patient 2] was found down in did CPR and was not able to ld they found two syringes with he injected himself with d his demise." on 3/23/21, at 6:30 PM, with "The bathroom door was fours. Security guard had to m door. RN 16 and I saw or, who appeared to have hille. The person was sitting on the forward, hunched over on face on the ground on the blue in color. When we rolled old to the touch. RN 1, RN 2,						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ĒR	•	4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 405	2 called a code. We re [Patient 2 was SC 1]. not acting himself, he was outgoing and but stated, "We found two empty syringe next to was full with a needled. During an interview of RN 1, RN 1 stated, "A when I took down the the bottle of Propofol [Clinical Pharmacist Emissing Propofol. I let times after I stopped left alone and unatter. The hospital policy are administration and satisfied but none was provided there was no written procedure. During a review of the procedure (P&P) title Administration," dated indicated, "14. HOLD interrupt therapy for a changes in the patier procedures. Orders of without a specified do will be discontinued to	the bathroom. RN 1 and RN recognized the person, That night [Patient 2] was a was distant; normally, he bbly." At 6:40 PM, RN 2 to 20-30 ml syringes; one to his body and the other one of his body and his body an	A	405			
	2A. During a concurre interview, on 3/24/21						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	ΓER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
(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 CROSS-REFERENCED TO THE APPROFIDERICS)	D BE COMPLETION	
A 405	in the hospital for payith Registered Nurobserved adjusting He measured patier computerized softw. Glucommander, wh dosage adjustment 17 subsequently, chound for a new dospatient's body. RN Nurse (CVICUM-Cadouble check the inthe computer and othat helped with saft the body). RN 17 st blood sugar every hinsulin dose based of (PO), on 3/26/21, at Pharmacist-IT (RPI computer backgroun order, dated 03/15/2 check blood sugar etc. 22's blood sugar numg/dl ("mg" and "dl medical record documentation's as 3/17/21: Insulin dos 04:26 AM for a 00:43/17/21: Insulin dos 04:26 AM for a 02:00 04:26 AM for	nsive Care Unit (CVICU-a unit atients with heart problems) se (RN 17), RN 17 was IV insulin dose for Patient 22. Int's blood sugar and used a gare program called ich directed the insulin based on doctor's order. RN thanged the setting on the e of insulin delivered into the IT then, asked Registered ardiovascular ICU Manager) to sulin dosage change in both in the drug pump (a device the delivery of medication into lated that he measured the our to keep a tight control of the latest and the latest area at latest a	A 405			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		ATE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 405	3/18/21: Insulin dose 05:30 AM for a 20:0 Patient 22's insulin a indicated, the blood 2:50 AM, was 76 mg targeted range as of The review, addition sugar was drawn tw 5:31 AM when docto blood sugar every h low level of blood su (which was less that mg/dl and required the AM, 7:12 AM, and 7 included stopping the medication (same acconcentrated sugar help normalize the brange of 100-140 mexplanation for the country and interview, RN 18 in the Intensity the hospital where medication time of double verification was should have comedication monitoring record. During an interview, ICU Nursing Director independent double	AM dose on 3/17/21 e adjustment recorded at 0 PM dose on 3/17/21 adjustments records sugar drawn on 3/17/21, at g/dl and was not within the redered by the medical doctor. hally, indicated the next blood o and one-half hours later at or's order was to check the our. Patient 22 experienced ligar between 62 to 67 mg/dl in target range of 100-140 creatment) on 3/17/21 at 6:49 :39 AM. The treatment he Insulin and use of rescue antidote- or use of to counter insulin effect) to blood sugar to the desired	A 2	105		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONS	STRUCTION	(X3) DATE COMP	SURVEY PLETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER .		400 W N	TADDRESS, CITY, STATE, ZIP CODE MINERAL KING AVE IA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 405	(medication that could administered correctly check included the procedure (page and the vital ameasurements, such temperature, or blood state of a patient's estordered by the doctor. During a review of the procedure (P&P) title. Acute Patient Care", indicated, "Nursing docommunications, obstand outcomes related. Information reflecting plan of care and othe should be documented record in an ongoing manner Principles chart: To record nursi responses as soon at 2B. During a review of Orders, with RPHIT at order, dated 3/13/21, sedative narcotic med mL ("mcg' and "ml" at Sodium Chloride 0.99 medication) IV (into the sedatedAdjust by 2 (hr). Maximum dose: to 0 (RASS stands for Sedation Scale, a valid to assess patients' lessedation] to 0 [alert, contents of the sedation] to 0 [ale	high risk medications d pose significant harm if not y). DICU added, the double imp setting for dosage signs (vital signs are clinical as mental alertness, I sugar that indicated the sential body functions) e hospital's policy and d, "Documentation, Nursing: dated 12/15/20, the P&P ocumentation should reflect ervations, decisions, actions I to patient centered care. the nursing process, patient in pertinent information and in the individual patient accurate, timely and legible of Documentation: When to ng action and individual fer they occur as possible." of Patient 20's Physicians and RN 5, the physicians and RN 5, the physician's indicated, "Fentanyl (a dication) 2,500 mcg in 250 are unit of measures) of (a base solution to mix the ne vein) to keep the patient 25 mcg/hr every one hour 200 mcg/hr, Goal: RASS -2 ar Richmond Agitation and idated and reliable method vel of drowsiness; -2 [light	A 2	.05			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		STRUCTION	(X3) DATE COMF	SURVEY
		050057	B. WING _			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		400 W	T ADDRESS, CITY, STATE, ZIP CODE MINERAL KING AVE LIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE .	(X5) COMPLETION DATE
A 405	(MAR) with RPHIT ar 3/13/21, indicated, from the fentanyl dose was increments from 25 m 15 minutes. The doct change to be done ex RASS score. RPHIT affindings. During a review of Paramonitoring parameter PM, with RPHIT and unable to find RASS chart for 12 hours (3/ at 6 AM). On 3/14/21 documented a RASS means unresponsive stimulation) with no differ fentanyl. On 3/14/21, was not documented the fentanyl dosage of ICU Nursing Director nursing staff collaborate that were stationed in in patient's condition the patients. DICU act follow the parameters the standard medicat specific needs of the have contacted the mor parameters. Additional than the medical doctor verbatthe medical record.	on Administration Record and RN 5, the MAR dated om 10:54 AM to 12:15 PM, is increased in 25 mcg/hr ncg/hr to 175 mcg/hr every or's order indicated dosage very one hour based on and RN 5 verified the attent 20's Fentanyl record, on 3/29/21, at 4:06 RN 5, RPHIT and RN 5 were score documented in the 13/21 at 6 PM until 3/14/21 (6 AM - 5 PM) nursing score of -5 (minus 5, which to voice or physical osage modification for (6 PM - 12 AM) RASS score in the medical record and was continued at 200 mcg/hr.	A 2	105			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		050057	B. WING				04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER	•	400 W	TADDRESS, CITY, STATE, ZIP CODE MINERAL KING AVE LIA, CA 93291	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 467	Acute Patient Care", indicated, "Nursing decommunications, obstand outcomes related Information reflecting plan of care and other should be documented record in an ongoing mannerPrinciples chart: To record nursing responses as soon at CONTENT OF RECOORDERS,NOTES,RECFR(s): 482.24(c)(4) [All records must documented appropriate:] All practitioner's orded treatment, medication laboratory reports, and	d, "Documentation, Nursing: dated 12/15/20, the P&P ocumentation should reflect servations, decisions, actions d to patient centered care. The nursing process, patient or pertinent information ed in the individual patient accurate, timely and legible of Documentation: When to ing action and individual fter they occur as possible." DRD: EPORTS		467			
	Based on interview a Hospital failed to: 1. Ensure Registered in the medical record assessment, nursing and report of treatme patients (Patient 1) w started to decline up "coded" (a medical et found to be unresport	not met as evidenced by: and record review, the I Nurse (RN) 1 documented s vital signs, nursing notes, physician's orders, ant for one of 72 sampled when Patient 1's condition to the time when Patient 1 mergency in which one is asive, pulseless, and not nedication propofol (used for					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	40	REET ADDRESS, CITY, STATE, ZIP CODE 10 W MINERAL KING AVE ISALIA, CA 93291	,
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
A 467	given through a tub known as a "drip"), on an IV pole in Pa the potential for clir information necess: care and monitoring. 2. Ensure First Yea Attending/Supervisidocumented their pertinent clinical information pertinent pertinent pertinent clinical information," da Emergency Documentation," da Emergency Documentation, de information pertinent progressive lung displockage and short (congestive heart formation pertinent p	administered intravenously (IV, se directly into a vein, also stopped, and left unattended tient 1's room. This failure had nicians to miss pertinent ary for safe and appropriate g of Patient 1's condition. Tresident (Resident 1) and ing Physician (MD 5) shysician's orders and other formation for one of 72 Patient 1) during his care in the ment. This failure had the dinformation, which could tient care when physician ordered and not documented. The Patient 1's "Emergency ated 12/21/20, at 7:19 PM, the entation indicated, "A 58 year medical history of COPD expulmonary disease - a sease, which causes airflow ness of breath), CHF ailure -a condition in which the apump is not enough to mount of blood to the body) Ilance for 10 hours of acutely so of breath. Per the Il Services (EMS), the patient uration of 60% (% of oxygen 30% or below indicates an en level. Normal oxygen ng over 95% on room air), and 30% with 15 L (liters, unit of 3 (non-rebreathing mask- a	A 467		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	ITER	•	STREET ADDRESS, CITY, STATE, ZI 400 W MINERAL KING AVE VISALIA, CA 93291	P CODE			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE O THE APPROPRIA	COMP	X5) PLETION ATE	
A 467	concentration of ox (heart rate) 128 bp about 60-100), RR about 12-18), BP (normal is about 12 indicated the paties breathe, has coars (both sides), and is patient was unable Positive Airway Prair into the lungs to high flow nasal car the NRB mask. Pa (a tube is inserted windpipe to assist failure and inability During a review of Documentation," d the Critical Care N indicated, " The an organ system wimminent or life thr patient's condition. oxygen in the brair of breathing. He wis sentences. He rem 15 LPM (liters per BIPAP and High FI Patient became modern (Emergency Depaid dropping. Dobutam blood pressure) starting a review of During a review of	ist in the delivery of higher (ygen) Vital signs were: HR m (beats per minute, normal is (respiratory rate) 40 (normal is blood pressure) 138/114 (20/80). High physical exam not is working extremely hard to be breath sounds bilaterally in moderate distress the sto tolerate BIPAP (BiLevel essure, a device that can push of improve one's breathing), inula, and eventually taking off tient was then later intubated down the throat and into the with breathing) for respiratory to tolerate BIPAP." Patient 1's "Emergency ated 12/21/20, at 11:27 PM, of the stock of the probability of the eatening deterioration in the composition of the present hypoxic (lack of the present hypoxic (lack of the present hypoxic (lack of the present hypoxic) (lack of the	A	467				
	Critical Care Progr	ess Notes indicated, "In the ment, [Patient 1] was found to						

AND DLAN OF CORRECTION LIDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		(X3) DATE			
		050057	B. WING _			04/0	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	ITER	1	STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	DE		-
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE IE APPROPRIA		(X5) COMPLETION DATE
A 467	(rapid respiratory	w blood pressure), tachypneic, ate), and tachycardic (rapid ensive Care Unit (ICU) Team the team requested for patient omputerized Tomography naging test that looks at the blood to one's heart) for onary embolism -a condition in sel in the lung(s) gets blocked hile in the ED, [Patient 1] was n wide-complex rhythm (a type of heartbeat). The patient minutes and five rounds of nary resuscitation - an ng procedure performed when ating), achieved return of ation. Patient 1 was placed on 0 mg (milligram, a unit of 00 ml (milliliter, a unit of mcg/kg/min (micrograms per e - units of measurements) for	Α.	467			
	the medical record different oxygen th	of the doctor's orders for the erapies used, nursing he condition of the patient, and					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	, ,	ATE SURVEY OMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
A 467	therapy was change continued to have do not speak full sente my assessment and doctor." During an interview stated, "The patient immediately after the started the Propofol stopped it at 10:09 I Resident 1 said but the Propofol, nor to did not ask Resident Propofol drip once I trying to save the pathe room getting the pressure from the psimple, secure, and small objects in relative propofol was left hat left unattended." During an interview EDNM, EDNM statemonitoring paramete to be in the room will running. There are noom with the patier.	evel every time oxygen ed. RN 1 stated, "[Patient 1] ifficulty breathing and could nces but I did not document d my communication with the on 3/25/21, at 9:45 PM, RN 1 's blood pressure dropped e Propofol drip was started. I drip at 10:07 PM and PM. I cannot recall what I did not get an order to stop hold, or discontinue the drip. I it 1 what to do with the stopped it. I got so busy atient's life. I was in and out of e medications for his blood neumatic tube system (a fast, reliable way of transporting atively large distances). The langing on the IV pole and was on 3/25/21, at 9:53 PM, with ed, "The doctor did not order ers. The nurse does not have hen the Propofol drip is not enough nurses to sit in the	A 4	467		
	emergency departm upon by nurses to a their presentation in level of care). RN 1	ty Index - a five-level, nent triage program relied assess patient acuity based on the ED and the expected stated, "ESI 1 means the uring that time, I had three				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER .	•	STREET ADDRESS, CITY, STATE, ZIP C 400 W MINERAL KING AVE VISALIA, CA 93291	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
A 467	the hallway awaiting to During a review of Paraddinistration Record the MAR indicated, "P 5 mcg/kg/min at 10:00 discontinued at 10 discontinued at 10 discontinued assessment Flowsher EDNM were unable to baseline assessment restlessness, agitation pain level prior to admand EDNM were unable to discontinued at 10 discontinued at 10 discontinued at 10 discontinued at 10 discontinued and allowed at 10 discontinued at 12 dis	one in Room 20, and one in for admission bed." Itient 1's "Medication d" (MAR), dated 12/21/20, ropofol was administered at 7 PM and Propofol was PM." Interview and record review, with RN 1 and EDNM, by Documentation Nursing et" was reviewed. RN 1 and for find documentation of a for level of consciousness, in, anxiety, vital signs, and ininistration of Propofol. RN 1 bole to find documentation in the physician's desired level ted we (referring to ED Richmond Agitation-Sedation	A 4	467	<u> </u>		
	procedure (P&P) titled Acute Patient Care," indicated, "Nursing do communications, obs	d, "Documentation, Nursing dated 12/15/20, the P&P ocumentation should reflect					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	DE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
A 467	actions and individual they occur as possible Symptoms, 2. Observing situations until resolve outcomes of interacting providers 6. Changactions/responses to changes II. A. The subsequent assessment findings significant normal fine per the clinician's clir. 2. During a concurrent review on 3/23/21, at Patient 1's "Emergent 12/21/20, was review to find documentation different oxygen treat on, monitoring param reassessment of Patient 1's blood presiow, and an order to propofol. Resident 1 by Emergency Medic [which means] the President immediately. The patient of	hart 1. To record nursing all responses as soon after le	A 4	67				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	(X3) DATE : COMPL	
		050057	B. WING _		04/0	01/2021
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(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
A 467	tolerate BIPAP. I g medication) 1 mg was placed on BIF but he did not tole was intubated by r He was started on post-intubation set stopped, two minu Patient 1's blood p by RN 1. At 8:47 F very nervous takin During an interview RN 1, RN 1 stated room at 10 PM [or been intubated. Ri order from Reside in 100 ml at 5 mcg the Propofol drip a minutes later, at 1 1 that Patient 1's b remember Reside Patient 1. There w physician's order t Propofol." During a review of dated 12/21/20, at Order indicated, "F 2000 mg in 100 m 10 mcg/kg/min eve During a review of procedures (P&P) Regulations," date "3.2 Content and Documentation: a)	age 226 ically ill. He was unable to lave him Ativan (sedation to calm him down. [Patient 1] PAP, NRB, High Flow Oxygen rate it. At 10 PM, [Patient 1] me with MD 5 at the bedside. propofol drip at 10:07 PM for dation and the drip was tes later, at 10:09 PM because pressure dropped as reported PM, Resident 1 stated, "I felt g care of a critically ill patient." N on 3/25/21, at 9:31 PM, with h, Resident 1 was in Patient 1's h 12/21/20]. Patient 1 had just N 1 stated she received an ht 1 to start Propofol 2000 mg h/kg/min. RN 1 stated, "I started ht 10:07 PM and stopped it two h0:09 PM. I reported to Resident h0:000 pressure dropped. I don't h1 coming in to assess has no verbal or written h0 stop, hold, or discontinue Patient 1's "Physician's Order," h10:01 PM, the Physician's Resident 1 ordered Propofol hat 5 mcg/kg/min. Adjust by 5 - hery 5 minutes. Goal -2 to 0." The hospital's policy and h1:1 titled, "Medical Staff Rules and h1:2/21/20, the P&P indicated, h1:2 meliness of Medical Record h1:2 Responsibility of Attending h1:2 meliness of Medical Record h1:3 Responsibility of Attending h1:4 responsibility of Attending h1:4 responsibility of Attending h1:5 meliness of melical record	A 2	467		

STATEMENT OF AND PLAN OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER ELTA MEDICAL CENTE	R	•	40	REET ADDRESS, CITY, STATE, ZIP CODE 0 W MINERAL KING AVE SALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 489	each patient. The atteultimately responsible record. b) General Rediagnostic and theraptest, and results 14 prescribed, or adminisobservations, diagnosestablished during the and services d) Mobe entered directly intrecord by the ordering (Computerized Physican application that all use a computer to direlectronically in inpatisettings) 4.8. Order Oxygen is a medication of the time of legible, dated, and time with a frequency consequency that another understand the [patien complications must all condition of Participates (S): 482.25	e responsible for the plete medical record for anding physician of record is a for completing the medical equirements: 12. eutic orders, procedures, 4. medications ordered, stered 19. relevant ses, or conditions e course of care, treatment, edical Orders: 1) orders will to the electronic medical gractitioner utilizing CPOE cian/Provider Order Entrybows health care providers to ectly enter medical orders ent and ambulatory ers for Oxygen Services: on and should be prescribed method Progress notes: orgess notes shall be of observation, and must be ned, shall be documented effect patient's condition ement, and shall always be eith such clarity and er Practioner could quickly ent's status Any so be documented" tion: Pharmaceutical Se		467			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050057		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		050057	B. WING			04/01/2021	
	NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		DE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
A 489	a registered pharmac storage area under of medical staff is responde developing policies and drug errors. This fund be delegated to the high pharmaceutical servit. This CONDITION is Based on observation review the hospital failed evaluation (or performassessment in which employee's work perstrengths and weaking sets goals for future technicians (pharmac the supervision of a prepare and distributing reviewed and signed leadership position for pharmacy staff memior than the position for pharmacy technicing was not communicated licensed pharmacist to A0491) 2. The hospital failed A. Implement a system controlled drug waster reconciled and account and provided patients (Pa 28, Patient 31, and Pa 28, Patient 31, and Pa 28, Patient 31, and Pa 30 and P	cist or a drug competent supervision. The consible for cond procedures that minimize cition may cospital's organized ce. cont met as evidenced by: con, interview, and record consilled to ensure safe ces were provided and met citient as evidenced by: consure performance companies and formance, identifies coses, offers feedback, and corresponding to accurately consured to accurately consured to accurate to accurate to a paramacist in consurt two of three sampled cores (RXT 1 and RXT 2). contential for unsafe oversight consumer to a paramacist in consumer that all co	A 48	39			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021	
	NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER		4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION	
A 489	(Refer to A0494). B. Develop policies accurate reconciliation waste, which include refractometer works refraction through licinto a liquid it slows of each drug (index) returned waste) use hospital patients. The result in diversion of could affect patient of A0494). C. Develop a system up on controlled drughospital patients. The result in hospital state (Refer to A0494). D. Develop and implication by diversion system, which will be diversion thresult in hospital state (Refer to A0494). 3. The hospital failed temperatures were refused to two medic temperatures were refused to the potential for unsafe administer medication (Refer to A0500).	and procedures for the on of diluted controlled drug ed refractometer (a using the principle of light quids. As light passes from air down, thus a known sample is used to compare with the for 311 is failure had the potential to controlled drugs, which care outcome. (Refer to a for closing out and following g losses for 311 is failure had the potential to ff diverting controlled drugs.) ement a controlled drug outprice would readily detect and oughout the hospital for 311 is failure had the potential to ff abusing controlled drugs.	A 489			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021
NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER		4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE /ISALIA, CA 93291	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
A 489	registered pharmac and oversight for int medication services on sterile (germ-free (mixing medications). These failures had tunsafe sterile medic patients. (Refer to A 5. The hospital faile inject into the vein) medication) was see access for one of or failure resulted in in diversion of IV Proppersonnel, as well a and safety of the IV Patient 1. (Refer to 6. The hospital faile medications, zolpide medication) for one (Patient 72) and mu (sedation medication container during ins pharmacy. These faresult in unauthorize controlled substance channeling of regula sources to the illicit (Refer to A503). 7. The hospital faile medications (medications (medications (medications) and Beyond-Use-Date (dispensed products).	procedures that assured a sist provide safe supervision travenous or IV (into vein) to meet the safety standards e) medication compounding s) for 311 hospital patients. The potential of providing cations for use by hospital (0501). If the ensure Intravenous (IV-medication Propofol (sedation cured to prevent unauthorized the patient (Patient 1). This creased tampering and (ofol by unauthorized as compromised the integrity medication administration for A0502). If the ensure controlled the endication administration for A0502). If the ensure controlled the endication of the main controlled the endication from legal marketplace).	A 489		

AND DUAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY LETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 489	failure had the potent ineffective medication to A0505). 8. The hospital failed which required ordere reviewed, reordered, with the drug manufa standards of practice patient (Patient 68). To result in a patient medical care and affer (Refer to A0507). The cumulative effect had the potential for uservices and potential hospital. PHARMACY ADMINICFR(s): 482.25(a) [§482.25 Condition of Pharmaceutical Services and proceduminimize drug errors delegated to the hospital pharmaceutical services and Administration	11 hospital patients. This tial for contaminated or nouse in the hospital. (Refer to implement a system, and medications to be and stopped in accordance currer's specification and for one of one sampled. This failure had the potential acceiving less than optimal acceptance of these systemic failures cursafe pharmaceutical all drug diversion in the acceptance. STRATION If Participation: incessis responsible for developing rest that acceptance and the contamination of		489	DETICIENCY)		
	Based on interview a	not met as evidenced by: and record review, the ure performance evaluation					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	1 04/01/2021	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION	
A 491	which a manager e performance, identi weaknesses, offers future performance technicians (RXT 1 under the supervisi accurately prepare were reviewed and leadership position for unsafe oversigh performance when evaluated by a licel position. Findings: During a review of 1s electronic perfor 9/15/20 was review evaluation did not il licensed pharmacis During a review of 2s electronic perfor 3/19/21 was review evaluation did not il licensed pharmacis During an interview evaluation did not il licensed pharmacis During an interview the Assistant Direct Services (ADPS), A requirement for phaperformance review that the Pharmacy who was not a phaland signed the performance that the electron t	view, a formal assessment in valuates an employee's work ifies strengths and if feedback, and sets goals for if or two of two pharmacy and RXT 2), who worked on of a pharmacist to and distribute medications, signed by a pharmacist in if it is failure had the potential it of pharmacy technician's it was not communicated and insed pharmacist in leadership in the performance evaluation dated in management position. RXT 1s "Personnel File", RXT imance evaluation dated in management position. RXT 2s "Personnel File", RXT imance evaluation dated in management position.	A 49			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '		(X3	3) DATE SURVEY COMPLETED	
	050057	B. WING _			04/01/2021	
NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	((EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
the pharmacy and dissignature by the licen During an interview of ADPS, ADPS stated, something about the evaluating pharmacy evaluation." During a review of the Director of Pharmacy description indicated, is responsible for the operation This incl personnel, and quality Responsibilities: The responsible for all per department including During a review of the Assistant Director of Pharmacy department including Current and productivity of the description functions, pharmacy department PHARMACY DRUG FOR CFR(s): 482.25(a)(3) Current and accurate receipt and distribution This STANDARD is reasonable and productivity and hospital failed to: A. Implement a systematical and an accurate and accur	I not allow for a second sed pharmacy manager. In 4/1/21, at 6:35 PM, with "We are going to do process of pharmacist technician performance I "Job Description for the detection of Pharmacy oversight of pharmacy udes drug distribution, of operation Job Director of Pharmacy is sonnel actions in the employment, evaluation " I "Job Description for the Pharmacy" dated 6/23/20, dicated, "Job process actions, performance estaff to assure meeting job vision, and direction of the t." RECORDS RECORDS Records must be kept of the nof all scheduled drugs. Interest a sevidenced by: I sevidence a sevidence a sevidence a sevid					
John Glica drug waste	naa boon aboulately					
	CORRECTION ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page the pharmacy and did signature by the licen During an interview of ADPS, ADPS stated, something about the pevaluating pharmacy evaluation." During a review of the Director of Pharmacy description indicated, is responsible for the operation This incl personnel, and quality Responsibilities: The responsible for all per department including During a review of the Assistant Director of Fithe job description incresponsibilities: Over and productivity of the description functions, pharmacy departmen PHARMACY DRUG FICER(S): 482.25(a)(3) Current and accurate receipt and distribution This STANDARD is real accurate receipt and distribution. A. Implement a system	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 233 the pharmacy and did not allow for a second signature by the licensed pharmacy manager. During an interview on 4/1/21, at 6:35 PM, with ADPS, ADPS stated, "We are going to do something about the process of pharmacist evaluating pharmacy technician performance evaluation." During a review of the "Job Description for the Director of Pharmacy," dated 6/24/20, the job description indicated, "The Director of Pharmacy is responsible for the oversight of pharmacy operation This includes drug distribution, personnel, and quality of operation Job Responsibilities: The Director of Pharmacy is responsible for all personnel actions in the department including employment, evaluation" During a review of the "Job Description for the Assistant Director of Pharmacy" dated 6/23/20, the job description indicated, "Job Responsibilities: Oversee actions, performance and productivity of the staff to assure meeting job description functions, vision, and direction of the pharmacy department." PHARMACY DRUG RECORDS CFR(s): 482.25(a)(3) Current and accurate records must be kept of the receipt and distribution of all scheduled drugs. This STANDARD is not met as evidenced by: Based on interview and record review, the	CORRECTION D50057 B. WING_ ROVIDER OR SUPPLIER DELTA MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 233 the pharmacy and did not allow for a second signature by the licensed pharmacy manager. During an interview on 4/1/21, at 6:35 PM, with ADPS, ADPS stated, "We are going to do something about the process of pharmacist evaluating pharmacy technician performance evaluation." During a review of the "Job Description for the Director of Pharmacy," dated 6/24/20, the job description indicated, "The Director of Pharmacy is responsible for the oversight of pharmacy operation This includes drug distribution, personnel, and quality of operation Job Responsibilities: The Director of Pharmacy is responsible for all personnel actions in the department including employment, evaluation" During a review of the "Job Description for the Assistant Director of Pharmacy" dated 6/23/20, the job description indicated, "Job Responsibilities: Oversee actions, performance and productivity of the staff to assure meeting job description functions, vision, and direction of the pharmacy department." PHARMACY DRUG RECORDS CFR(s): 482.25(a)(3) Current and accurate records must be kept of the receipt and distribution of all scheduled drugs. This STANDARD is not met as evidenced by: Based on interview and record review, the hospital failed to: A. Implement a system to ensure that all	CORRECTION DENTIFICATION NUMBER: A BUILDING B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021
NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION
A 494	Continued From pag	ge 234	A 49	4	
	(Patient 26, Patient 2 and Patient 59), reconding the potential to a controlled substance patient care. B. Develop policies a accurate reconciliating waste, which include refractometer (a develight refraction through from air into a liquid sample of each drug with the returned was (MD) 1's audit recompotential to result in which could affect patients. This failure hospital staff diverting. Develop and implication of the patients of the patients of the patients. This failure hospital patients. The patients of the patients of the patients of the patients of the patients. This failure hospital patients. The patients of the patients of the patients of the patients of the patients. The patients of the patients. The patients of t	rice that uses the principle of gh liquids. As light passes it slows down, thus a known y (index) is used to compare iste), for one of one physician ds. This failure had the diversion of controlled drugs, atient care, in for closing out and following g losses for 311 hospital had the potential to result in			
	A. During a concurrer review, on 3/22/21, a of Pharmacy Service Drug Discrepancies/The log indicated sediscrepancies/lossesemails between the	ent interview and record at 10:30 AM, with the Director es (DPS), the "Controlled 'Losses Log" was reviewed. veral controlled drug s remained unresolved, as Pharmacy staff had not riate hospital staff responsible			
	for resolving the con	trolled drug discrepancies for			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		TE SURVEY MPLETED		
		050057	B. WING			4/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 494	months or longer: 1. For Patient 26, Or prescribing provider controlled drug) 250 measurement) / 5 ml Operating Room (OF Dispensing device (Athis dose or the wast never recorded in the more than one year. 2. For patient 27, On prescribing provider ml vial from the OR Adevice. The administ waste of this medicathe patient's medical year. DPS confirmed 3. For patient 59, On prescribing provider /2 ml vial from the Ol Dispensing device. The dose or the waste of recorded in the patient than 4 months. DPS 4. For patient 28, On	wing controlled drug ned unresolved for several 1/6/20, at 6:22 AM, one removed Fentanyl (a mcg (micrograms - unit of (milliliters) vial from the R) Automated Drug ADD). The administration of e of this medication was e patient's medical record for DPS confirmed the findings. 1/6/20, at 7:44 PM, one removed Fentanyl 250 mcg/5 Automated Drug Dispensing ration of this dose or the tion was never recorded in record for more than one the findings. 1/1/15/20, at 7:45 AM, one removed Fentanyl 100 mcg	A 4!	94			
	Automated Drug Dis administration of this medication was never	dose or the waste of this er recorded in the patient's ore than 4 months. DPS					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION	
A 494	prescribing provider /2 ml vial and Midaz mg/ml vial from the Dispensing device. doses or the waste onever recorded in the more than 7 months During a review of the procedure (P&P) title System," dated 2/17 "Discrepancy Docur Medication - Control of controlled substances of med resolution of control is a matter of param Substances discrepance of significant control of co	n 7/6/20, at 4:25 PM, one removed Fentanyl 100 mcg olam (a controlled drug) 2 OR Automated Drug The administration of these of these medications were e patient's medical record for DPS confirmed the findings. The hospital's policy and ed, "Pyxis Anesthesia Pyxis Anesthesia Pyxi	A 494			
	B. During a concurre review, on 3/22/21, hospital's weekly ref drugs were reviewed controlled drugs, da 4/7/20, 4/21/20, and indicated, "Hydromo and Midazolam (Ver diluted by some producted by	ent interview and record at 10:50 AM, with DPS, the fractory audits for controlled d. The refractory audits for ted 3/17/20, 3/25/20, 4/1/20, between 5/19/20 and 1/2/21 orphone (Dilaudid) 2 mg/ml resed) 5 mg/ml, had been viders for cases in the OR. ne waste from the diluted I had been returned back to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 494		waste, has been diluted and	A 494	1	
	by the provider, fron hospital's weekly ret hospital failed to foll discrepancies. The	rug could have been diverted in the hospital. During the fractometry audits, the ow up on these waste following were noted in the rug waste audits using the fractometer:			
	(Versed) 5 mg/ml was Pharmacy's refracto determine that this r	1 returned diluted Midazolam aste to the Pyxis. The meter was unable to returned controlled drug waste plam. DPS verified the			
	(Versed) 5 mg/ml was Pharmacy's refractor determine that this of	1 returned diluted Midazolam aste to the Pyxis. The meter was unable to controlled drug waste was DPS verified the findings.			
	(Sublimaze) 50 mcg Pharmacy's refracto determine that this of	returned diluted Fentanyl y/ml waste to the Pyxis. The meter was unable to controlled drug waste was PS verified the findings.			
	(Versed) 5 mg/ml was Pharmacy's refractor determine that this of	returned diluted Midazolam aste to the Pyxis. The ometer was unable to controlled drug waste was DPS verified the findings.			
	(Versed) 5 mg/ml was Pharmacy's refractor determine that this of	1 returned diluted Midazolam aste to the Pyxis. The ometer was unable to controlled drug waste was DPS verified the findings.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021	
	NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	, 5.10.1221	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	
A 494	Continued From pao	ge 238	A 494	1		
	more returns of Mida which could not be a refractometer as "re DPS verified the find." 7) Between 5/19/202 more returns of Fen which could not be a refractometer as "re DPS verified the find. During a review of the procedure (P&P) title. Procurement/Inventing the P&P indicated, "is responsible for the pharmaceuticals for quantity, and source the hospital. Special current ASHP (Ame Systems Pharmacis pharmaceutical mar.) During a review of the procedure (P&P) title. Department of Pharmindicated, "The FenoursIt shall adheregulations, licensur professional standar nationally recognize in medication use sy of Health Systems Fenouring a review of Applications are review of Applications.	20 and 1/2/21, MD 1 had 2 tanyl waste to the Pyxis, analyzed by the Pharmacy's all' controlled drug waste. dings. The hospital's policy and ed, "Drug ory Control," dated 9/19/18, A. The pharmacy department e acquisition of the hospital for quality, e of supply of all drugs used in a consideration is given to the rican Society of Health ts) Guidelines for selecting furfacturers and suppliers." The hospital's policy and ed, "Standard and Services: macy, dated 9/19/18, the P&P Tharmacy will operate 24 ere to all applicable laws and e, and strive to achieve the rds of practice outlined by d organizations with expertise externs (e.g. American Society Charmacists,).				
	"Pharmacist's Role i Prevention, Education	n Substance Abuse on, and Assistance," the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING		04/01/2021
NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER		40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291	, 002021	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODER (PROCED TO THE APPRODE)	JLD BE COMPLETION
A 494	should be involved by performing the for Working with medic substances of abus specimen collection knowledge of the plabused substances laboratory tests to consulted with a metest their diluted was standards of practic C. During a review Diversion Events" with the list of controlled indicated, "On 1/8/2 ml) of Oxycodone 2 hospital by the drug of 19 milliliters (ml) hospital contacted to local police departmassigned by the drug of 19 milliliters (ml) hospital contacted to local police departmassigned by the drug missing Oxycodone days) the facility hamanufacturer to defice the controlled drug wou hospital would be controlled drug would be	, "Prevention: Pharmacist in substance abuse prevention ollowing activities: 6. al laboratories to (a) identify e (b) establish proper a procedures based on narmacokinetic properties of , and (c) select proper letect the suspected e and to detect tampering of ospital never used or edical laboratory to properly ste as outlined in ASHP's	A 494		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(2	(X3) DATE SURVEY COMPLETED	
		050057	B. WING _	B. WING			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	·	400 W MINI	DRESS, CITY, STATE, ZIP CODE ERAL KING AVE CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	E	(X5) COMPLETION DATE
A 494	Operating Room (OF educational training on 1/7/21. As a resul concerns regarding on one of the OR practif drug diversion. On 1 Report") had been of and submitted to MD MD 4 interviewed MI 1/20/21 took place w DMSS and DPS. MD DPS. MD 1 had comhad been diverting of medications from the working at the hospit (over an 8 month per been documenting in used the total amour had been taken from Drug Delivery Device storage cabinet), sim Teller Machine). MD share how he had be controlled drugs with hospital's-controlled also wanted the hospital's wanted the hospital's wanted the hospital's could put an which could prevent happening again, in 1 indicated that his in controlled medication aside 1/3 of each par later personal consuladdiction. The hospit system never picked technique, which this	concern regarding MD 1. The R) staff had received an on controlled drug diversion it of this training, new MD 1 resurfaced for at least tioners regarding controlled /11/21, (the second "Midas ompleted by a practitioner of 2. On 1/13/21 MD 2 and of 2. On 1/13/21 MD 2 and of 3. An additional meeting on with MD 1 being present with of 1 shared with DMSS and the forward to self-report he controlled narcotic the hospital drug supply, while that between 5/2020 to 1/2021 criod). MD 1 indicated he had an each patient's chart he had not of controlled drug, which the hospital's Automated to (Pyxis is an automated drug nilar to an ATM (Automated 1 indicated that he wanted to	A 2	.94				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION DING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER .			DRESS, CITY, STATE, ZIP CODE ERAL KING AVE CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD PROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
A 494	DPS, DPS stated the or implemented a cor system, which would the hospital to the typ which MD 1 had beer undetected for at least administrative staff at has failed to develop account for all control failed to develop a systemding controlled driversion. During an interview of the Assistant Director (ADPS), ADPS confir have systems in place trends for their control loss. During a review of the procedure (P&P) title for Drug Diversion Ille Controlled Substance P&P indicated, "4. Dr considered confirmed is: a. An admission of suspected; b. Refusa or to authorize a releation authorize a releation authorize a releation of the person suspected and termination have bee Resources Policy HR REQUIREMENTS, P.	utive Officer (CEO) and hospital still has not develop introlled drug diversion have prevented or alerted be of diversion technique, in using and had been at 8 months. The hospital's and the pharmacy exhowledged the hospital a system to effectively as a system to effectively as a system for tracking and ug losses for future. In 4/1/21, at 6:15 PM, with the of Pharmacy Services and the hospital did not be to monitor the losses and alled substance use and as a system of the losses and alled substance Abuse or a Abuse," dated 8/24/20, the ug diversion will be a figuilt by the person are of the test results per colicy HR.200 Drugs and an suspected; c. Sufficient arision to terminate the dill appeals to that an exhausted per Human	A	194				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER		40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
A 494	WITHOUT PAY FOR AND DEMOTION '	MINATION, SUSPENSION MORE THAN FIVE DAYS	A	194				
A 500	DELIVERY OF DRUG CFR(s): 482.25(b)		A	500				
	biologicals must be or distributed in accordary standards of practice. Federal and State law This STANDARD is represented by the Based on observation review, the hospital fattemperatures were metwo out of two medicals. Emergency Department that treated medical expone 2 in accordance had the potential for using administer medical potency. Findings: During an observation the ED Zone 2, the logical standard in accordance in a control of the secondary.	atient safety, drugs and controlled and conce with applicable and consistent with v. not met as evidenced by: n, interview, and record controlled and recorded in controlled and recor						
	device that allows dru and dispensed near t refrigerator for medica	comated Dispensing imputerized drug storage ligs to be stored, tracked, the point of care) and a ation storage. Both the ED IM) and the Director of						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	40	TREET ADDRESS, CITY, STATE, ZIP CODE DO W MINERAL KING AVE ISALIA, CA 93291	,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION		
A 500	a thermostat that m During an interview EDNM, EDNM state kept a daily log of th medication rooms. I department was ver conditioning system During a review of t titled, "Temperature Vaccines," dated 3/ indicated, refrigerat medication refrigerat medication refrigerat refrigerator in Zone day. The temperatur monitoring of the m During an interview the Assistant Direct (ADPS), ADPS state monitor room temperatur areas, including me ADPS added, no or expressed any neer temperature monitor During a review of t procedure (P&P) tit Medications," dated "All medications aremedication integris shall be stored at all During a review of t Health-System Pha Minimum Standard	on 3/25/21, at 12:21 PM, with ed, pharmacy tracked and he temperature readings in all EDNM stated the entire hillated through a central air h. the temperature-monitoring log or temperature monitoring for ator in Zone 1 and medication 2, were documented twice a lare log did not indicate edication room temperature. on 3/31/21, at 12:23 PM, with or of Pharmacy Services ed her staff did not record or ceratures in medication storage edication rooms in the ED. he in the pharmacy or the ED did for medication room	A 500				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		050057	B. WING	B. WING		04/	01/2021
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
A 500	shall be suitable facili storage, and preparate proper conditions of s moisture, ventilation, ensure medication into throughout the hospit	and Preparation Areas ties to enable the receipt, tion of medications under sanitation, temperature, light, segregation, and security to tegrity and personnel safety al."	A	500			
A 501	S482.25(b)(1) - All codispensing of drugs a biologicals must be upharmacist and perfoconsistent with State This STANDARD is reasonable to that assured a register supervision and overs (into vein) medication standards on sterile (compounding (mixing of 311 hospital patien). The Pharmacy Techange gloves in betwand restocking of unspotential to result in compounding to the compounding of 311 hospital patien.	ander the supervision of a rmed and Federal laws. not met as evidenced by: n, interview, and record ailed to provide ces, including procedures ered pharmacist provide safe sight for intravenous or IV a services to meet the safety germ-free) medication medications) for a census ts as evidenced by: hnician (RXT 1) did not ween medication preparation sterile products. This had the	A	501			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MI A. BUIL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE 'ISALIA, CA 93291			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION		
A 501	change the disposa fluids from a sterile needle for the next potential to result re IV admixture. 4. Safety check for a particulate matter (ficloudiness of the strainished IV product at the potential to result practice. 5. One Environment the hospital responsions housekeeping) Staffin cleaning the spector provided cleaning sof providing unsafe 311 hospital patient. Findings: 1. During a concurre on 3/22/21, between pharmacy clean roomedications were penvironment), RXT gloves when leaving multiple medications medication products alcohol (antiseptic) between tasks. RXT	echnician (RXT 1) did not ble needle after removing IV solution and reused the same IV admixture. This had the esult in cross-contamination of clarity or presence of a loating small particles or erile fluid) was not done on a after compounding. This had alt in unsafe compounding tal Services (a department in sible for cleaning and f (EVS 1) who had no training cialized pharmacy clean room ervices. This had the potential sterile medications for use of	A 501				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	, 0.10.1/2021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION		
A 501	room to supervise or (refers to practices properly spread of germs and environment) practice activities (the process altering ingredients to tailored to the needs. During an interview of RXT 1, RXT 1 stated prepared were remote by the pharmacist us called DoseEdge (a imaging check systemetely by a pharm. During an interview of the Assistant Director ADPS stated the obsepharmacy staff work room were conducted (a validation of known employee role and journed the staff can perform added, for ongoing mactivity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform added, for ongoing mactivity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform added, for ongoing mactivity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform added, for ongoing mactivity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform activity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform activity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform activity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform activity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform added, for ongoing mactivity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform added, for ongoing mactivity inside the claneded to do more of oversight. ADPS stated the observed in the staff can perform added to do more of oversight. ADPS stated the observed in the staff can perform added to do more of oversight. ADPS stated the observed in the staff can perform added to do more of oversight. ADPS stated the observed in the staff can perform added to do more of oversight. ADPS stated the observed in the staff can perform added to do more of oversight.	racist stationed in the clean monitor aseptic technique erformed to prevent the maintain a sterile es during compounding is of combining, mixing, or o create a medication of a patient). On 3/22/21, at 10:21 AM, with the sterile products she tely reviewed and approved sing a computer technology computerized system using im to approve IV preparation racist). On 3/26/21 at 4:08 PM, with the of Pharmacy (ADPS), servation and assessments of practices inside the clean diduring annual competency reledge and skills specific to be responsibility to make sure in the job proficiently.) ADPS monitoring of the daily work the an room, pharmacists be bervation and provide more ted, they were in the process at to supervise the IV clean the pharmacy's Policy and led, "Infection Control," dated dicated, "Pharmacy personnel led procedures to reduce the icrobial contamination into	A 50				

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A 501	Continued From page	ge 247	A 50	01			
	Supportive personn Registered Pharma aseptic technique." 2. During an observing the pharmacy condoming Area of supplies containing multiple vials of meaning contaminated using the HEPA filtered air that the During an interview RXT 1, RXT 1 state medications inside the used frequently through the protection of explain if those	erm-free) preparation. el are supervised by a cist for strict adherence to ration on 3/22/21, at 10:12 AM, mpounding area, the Direct (DCA) was blocked by a box ng needles, alcohol pads, and dications. The DCA area ounded IV medication from I by uninterrupted clean air er (High Efficiency Particulate raps harmful particles). on 3/22/21, at 10:12 AM, with d the supplies and vials of the compounding hood were oughout the day. RXT 1 could items could affect the					
	3. During an observe in the pharmacy's control of the pharmacy of the	ration on 3/22/21, at 10:14 AM, lean room workflow, with RXT a disposable (one time use) connected to a pump that a sterile IV solution of Normal germ-free salt and water medications.) RXT 1 was same needle to remove e next IV solution of Normal nedication compounding. on 3/22/21, at 10:15 AM, with d that it was not required to ble needle for the same 1 added, she would remember le with a different IV fluid.					

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	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	O BE COMPLETION		
A 501	Procedure (P&P), tit 2/20/20, the P&P ind shall follow establish risk of introducing method distribution syste (germ-free) technique preparing sterile (ge Supportive personne Registered Pharmac aseptic technique." 4. During an observation in the pharmacy's of practices were observed medication in the observation in the clean room for dispensing. During an interview Registered Pharmac RPHINPT stated the scan the IV bag in th	ne pharmacy's Policy and led, "Infection Control," dated dicated, "Pharmacy personnel ned procedures to reduce the icrobial contamination into	A 501				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	4	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE /ISALIA, CA 93291	,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION		
A 501	Inpatient (RXTIP 1) dispensing of an IV observed picking up pharmacy's clean ro it into the computer for dispensing. RXT or possible particles prescription label co and RXTIP 1 did no for cloudiness or ins particulate matter. During an interview Registered Clinical RPHICU stated she preparation via Dos her computer remot was difficult to see s an IV solution bag a using the computer During an interview ADPS, ADPS stated responsibility to che matter or cloudiness products. She state observation and ove activity. ADPS adde process of hiring a p responsibility on ste During a review of t procedure (P&P) titl Preparation Service indicated, "The pha Compounded Sterile medications prepare	Pharmacy Technician processed the labeling and medication. RXTIP 1 was an IV product from the com window; he then scanned system to get the final label IP 1 did not inspect for clarity inside the IV solution. The overed one side of the IV bag to turn the bag around to look spect for presence of on 3/24/21, at 9:51 AM, with Pharmacist (RPHICU), often checked the IV product eEdge imaging technology in rely. RPHICU acknowledged it small particulate matter inside after it had been compounded, imaging system remotely. on 3/26/21 at 03:12 PM, with did, it is the technician's resched to do more with resight of the daily work and detect particulate so of the compounded IV do they needed to do more with resight of the daily work and the hospital was in the coharmacist with focused will compounded Sterile remacy department will provide the Perparation (CSP - red from ingredients in sterile res. Patients will receive CSPs	A 501				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED OF THE	D BE COMPLETION		
A 501	by the pharmacist for final labeled prepara pharmacist for end completed end procedurity, color change coring of stopper (wrubber stopper breacontents of a sterile approves the compuse, the pharmacist the dose in the IV W (the hospital's compaystem)." During a review of the procedure (P&P) title Program: Compount 8/21/20, the P&P in for patient use, even initialed, or approve accurate preparations for expected appear (e.g. the presence of	ge 250 y, which have been checked or appropriateness The ation are left for the product verification The lucts are visually inspected for a, integrity of container, and when a small piece of a vial's lks off and contaminates the solution) If the pharmacist bunded sterile preparation for initials the label or accepts workflow Management System buter and imaging check the hospital's policy and led, "Quality Assurance ding Medications," dated dicated, "Prior to dispensing by dose is inspected, and d by a pharmacist to assure and labeling. Compounded shall be visually examined rance and physical integrity of particulate matter) and not bensed when such matter is	A 50				
	medication and pati "Guidelines for Safe Sterile Preparation," Guidelines indicated Procedures (SOP-s for compounding ar utilized and are suff process variation in	he Institute for Safe s Guidelines (ISMP-a leading ent safety organization), titled, Preparation of Compounded accessed on 4/5/21, the d, "Standard Operating ame as policy and procedure) d checking all CSPs are iciently detailed to prevent practice among staff. When					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		050057	B. WING	B. WING		04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	40	REET ADDRESS, CITY, STATE, ZIP CODE 10 W MINERAL KING AVE ISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 501	ensure that the final of been completed prior pharmacist possessir with the technology." 5. During a concurrer on 3/22/21, at 11:59 / Manager (RXM), in the room area, a cleaning the door. RXM stated (or EVS- a departmeresponsible for cleaning documented their cleaning that the door. RXM stated daily basis. Additional personnel with special remove trash, sweep the clean room. RXM stated the pharmacy of the EVS staff where pharmacy to service to the EVS staff where pharmacy to service to the EVS 1) who perform 3/13/21, 3/14/21,3/20 the eligible list of staff pharmacy clean room. During an interview of ADPS, ADPS stated responsible for assuring an interview of pharmacy's clean room. During an interview of EVS Manager (EVSM)	cations have SOPs that check of the preparation has to dispensing by a graining and experience of the control of the Environmental Services of the surfaces, and sanitize of EVS of the surfaces, and sanitize of the clean room. EVS document titled, the clean room. EVS document titled, the clean room. EVS document titled, the clean room of allowed to clean the of the cleaning tasks on 21, and 3/21/21 was not on allowed to clean the of the EVS management was fing the trained EVS staff the ening and sanitizing	A	501			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTR		1, ,	(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04	1/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	400 W MIN	DDRESS, CITY, STATE, ZIP CODE NERAL KING AVE , CA 93291	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
A 501	had one week of shade EVS staff member. E weekly and monthly of pharmacy's clean roof EVS cleaning log did time or a time-stamp. During a review of the document titled, "Phatevaluation," undated, "The last step in clear room requires that EV on the log sheet, inclusignatures." SECURE STORAGE CFR(s): 482.25(b)(2) §482.25(b)(2)(i) - All of the locked when app. This STANDARD is a Based on interview at the staff of the staff of the locked when app.	EVS 1. EVSM stated EVS 1 dowing with another trained VSM was not aware of a cleaning requirements for om. EVSM acknowledged not include the length of for the cleaning process. E EVS staff training ormacy Clean Room Suite or the document indicated, ning of the compounding //S staff document cleaning uding time, date and (i) drugs and biologicals must rea,		501				
	vein) medication Proposals vein) medication Proposals vein was secured to prevent this failure had the proposals tangering and diversunauthorized personner the integrity and safe administration for Patering and Patering a review of Patering a review of Patering a review of Patering and Pate	pofol (sedation medication) ent unauthorized access. otential to result in increased ion of IV Propofol by hel, as well as compromised ty of the IV medication hiert 1. attent 1's "Emergency notes), dated 12/21/20, the Patient 1 was a 58-year-old						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER .		4	STREET ADDRESS, CITY, STATE, ZIP CODE 100 W MINERAL KING AVE //ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 502	2,000 mg (milligrams- (micrograms-unit of m of measure)/min (min mcg/kg/min every 5 m [Richmond Agitation- scale used to measur level of a person] sco [alert and calm]" During a review of Pa Administration Record 12/21/20, the MAR So was administered at So and Propofol was disc During a telephone in PM, with Registered I acknowledged she in administration using a measure) Propofol bo minutes later. RN 1 so administration and left hanging on the pole in went in and out of the 12/22/21, at 1:50 AM (approximately 75 ml) missing and notified r police report. RN 1 st looked on the floor, d patient was passing a spoke with another co brought up that the so notes for the physicia was not himself [S	atient 1's "Physician's 20, at 10:01 PM, the cated, "Propofol additive unit of measure)5 mcg neasure)/ kg (kilograms-unit ute)]Adjust by 5-10 ninGoal RASS Sedation Scale- a medical te the agitation or sedation re of -2[light sedation] to 0 ditent 1's "Medication do (MAR) Summary", dated ummary indicated, " Propofol 5 mcg/kg/min at 10:07 p.m., continued at 10:09 PM." Iterview on 1/29/21 at 5:24 Nurse (RN) 1, RN 1 ditated Propofol a 100 ml (milliliters- unit of bottle and stopped it two tated she paused Propofol in Patient 1's room as she	A	502			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
A 502	Continued From pa	ge 254	A 502			
	hospital, the police indicated, a healthc overdose on Propor	he police report filed by the report, dated 1/21/21, are worker died from an following that he had usion that was intended for a				
	MD 7, MD 7 stated computer station, by supervision the entite SC 1 was his scribe he did not see SC 1 respond when MD found SC 1 with a state of the	on 2/3/21 at 1:50 PM, with scribes typically stayed at their ut were not under direct re time. MD 7 acknowledged on 12/21/2020. MD 7 stated for 2 hours, and SC 1 did not 7 paged him. MD stated staff syringe in the restroom and SC rdiac arrest (heart stops urity unlocked the restroom.				
	document, "Job De: December 2017, the indicated, "A scribe enters information in record (EMR) or chi	he contracted company's scription for Scribes", revised e "Job Description for Scribes" is an unlicensed person who not the electronic medical art at the direction of a oner. A scribe functions under on of the provider."				
	Emergency Departr EDNM acknowledge	on 2/3/21, at 3:04 PM, with ment Nurse Manager (EDNM), ed SC 1 was not authorized to m without a physician.				
	RN 2 and EDMN, R unresponsive in one early morning of 12 30 ml each, one full	on 3/22/21 at 6:38 PM, with IN 2 stated SC 1 was found to of the ED restrooms in the 1/22/21 with two syringes about 1/21 with milky substance and 1/21 with				

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		050057	B. WING		04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	ITER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	1 040112021	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
A 502	most likely Propofotobeen in critical care like." RN 2 stated it nurse should have and wasted it in the During an interview EDMN and RN 3, Foresent in the early SC 1 was found un restrooms. RN 3 strestroom and he [State of think there was me traumatic event	i. EDMN acknowledged it was I. EDMN stated, "If you have a you know what Propofol look if Propofol was discontinued, a taken down the medication medication waste bin. If on 3/22/21, at 7:45 PM, with RN 3 acknowledged she was if morning of 12/22/2020, when responsive in one of the ED ated, "We opened door to it is in the wall. I saw a syringe, I dication there It was a red to a patient. EDMN a patient. EDMN a patient. EDMN a should have removed that it is room and properly	A 50	2		
	Resident (physician acknowledged he was night of 12/21/20. From the seen Propofol hands for Propofol, he was to take it out of the from being used in the buring a follow up 3/25/21, at 9:31 PM medical records, day Patient 1's medical	on 3/22/21, at 9:53 PM, with in training) 2, Resident 2 was working in the ED, on the Resident 2 stated if he had ging on a pole in the patient's placed a discontinuation order uld advise the patient's nurse room to prevent the Propofol correctly. Interview and record review, on M, with RN 1, Patient 1's pated 12/21/20, were reviewed. The records indicated, on the proposition of the propos				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED		
		050057	B. WING			04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTI	ER		STREET ADDRESS, CITY, STATE, ZIP COL 400 W MINERAL KING AVE VISALIA, CA 93291)E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 502	to hold or discontinue not ask the physician Propofol. RN 1 states of Propofol. RN 1 states of Propofol for Patier to get a blood pressus she left the Propofol after she stopped the busy trying to keep P. During a review of "Drecognized drug refedrug dependence an manufacturer states, abuse of propofol for improper purposes, values and other in self-administration of professionals have a have resulted in fatal Inventories of propoformanaged to prevent including restriction of procedures as appropriately approached to procedure (P&P) title Administration," date indicated, "I.A.14. How interrupt therapy for a changes in the patier procedures. Orders prescriber without a sof doses will be discoorders are received to modify the medication.	at 1's Propofol. RN 1 and not get a physician's order a Patient 1's Propofol and did a what to do with Patient 1's at she stopped administration at 1 because she was unable are for Patient 1. RN 1 stated afor Patient 1 on the IV pole a infusion because she was attent 1 alive. AvailyMed," a nationally arence, regarding Propofol ad abuse, Propofol drug "There are reports of the arecreational and other avhich have resulted in a juries. Instances of a propofol by healthcare also been reported, which attenties and other injuries. Another injuries. An	A 50	2			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED	
		050057	B. WING				04/01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	•	400 V	ET ADDRESS, CITY, STATE, ZIP CODE V Mineral King ave Ilia, ca 93291	·		
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
A 502	at Zone 2 in the ED overdosed. SO ack incident report regard overdosed. SO stated Zone 1 [in the ED] be closed for some time the scribe [SC 1] who bathroom opens out of me in the corner toilet it looked like straight into the curkind of curved toward unresponsive, there his head, he was probehind me immediated blue [medical emer yelling for people for reviewed the video 1900 [7 PM] 12/22/Room 19 at 00:32. Both at 10:32. Both at 10:34. him enter that room reviewing Zone 1 comeras because the bathroom [RN 3] debriefing that she to the drug by filling container that was in Room 19 of the EZone 1 restroom whimself with the druburing a review of Report", dated 12/2 2:33 AM, "the "Incidence and the process of the straight and the straight a	D), SO stated he was working on 12/21/20, when SC 1 nowledged he documented an ording the night SC 1 need, "I received a call to go to eathroom because it was he When I opened the door, has on the floor door to not not not not not not not not not	A	502				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021	
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER	•	400 V	ET ADDRESS, CITY, STATE, ZIP CODE V MINERAL KING AVE ILIA, CA 93291	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
A 502	restroom. The restra a couple of hours at when staff knocked on the door with no door cautiously and down in the corner of around him Durilearned that staff mowith a milky substar in the staff restroom and the night prior. The member was potent location [RN] also our debriefing that is access to the drug to Propofol container to a patient in Room 1 the Zone 1 restroom himself with the drug learned that [SC 1] [thirty minutes past and entered the Zone [thirty-four minutes past and entered the Zone Thirty-four minutes past and entered the Zone "Complete Drug Screen: Venlafaxine detected Venlafaxine detected Venlafaxine detected Venlafaxine e 0.16 g/L	graccess to the Zone 1 com was reportedly locked for and nobody would answer . Upon my arrival, I knocked response. I then opened the witnessed employee [SC 1] of the room with some blooding the investigation, it was embers had found syringes note, alcohol wipes, and blood is outside of Zone 3 this night. They had concerns that a staffitially using drugs in that so informed security during she believed [SC 1] gained by filling two syringes from a hat was meant to be given to 9 of the ED and went inside of an where he ultimately injected grace. After video review, it was entered Room 19 at 0032 midnight]. He left Room 19 at 1 restroom at 0034 hours past midnight]." It interview and record review, the tective (DET), SC 1's reen Report", dated 12/23/20, Report dated 1/7/20, were	A	502				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED			
		050057	B. WING _			04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	,	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 502	(0.25-0.75 mg/L) was no documentati Screen Report" date 1's blood specimen DET stated he was to Coroner's office that picked up SC 1. DE Propofol was not increport and had inclu DET acknowledged report regarding the During a review of th Incident Report", da Department Incident [hospital staff] told in the ER as a Scribe f staff] further told me syringes were found syringes was full wit empty. ER staff add needles in his pants me soon after [SC 1 a Propofol bottle, wh previous patient, had DET stated hospital the syringes and dis when he arrived so to unable to determine During a review of T from the Coroner's C indicated:)Effective Level: Sum " DET acknowledged there on on the "Complete Drug ed 12/23/20 that indicated SC had been tested for Propofol. The detective from the went out to the hospital and T stated he did not know why eluded in the drug screen ded Propofol in his report. he completed an incident	AS	502		
	toxicity" Venlafax Desmethylvenlafaxir = 0.16 g/L					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER .		STREET ADDRESS, CITY, STATE, ZIP COD 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
A 502	(0.25-0.75 mg/L) The "Final Autopsy I amount of Venlafaxi in SC 1's blood spectange. During a review of State Documentation Rep Report" indicated, State Use history for Venlarelease oral capsules During a concurrent on 3/30/2021 at 3:29 Manager (SSM), the 00340001 (Video 1) 12:34:04 AM to 12:3 File 00340002 (Video Starting 12:34 AM to Video File 0212000 starting 2:12 AM to 3 Video File 0212000 starting 3 File 0212000 starting	Report" indicated, the total ne and Desmethylvenlafaxine cimen was within effective CC 1's "Emergency ort", dated 12/22/20, the "ED C 1 had a home medication afaxine 75 mg, extended at the cimen was within effective PM, with Security Services at "North Camera Video File "," dated 12/22/20 starting 87 AM, "South Camera Video File "," dated 12/22/2020 at 12:37 AM, "North Camera 1 (Video 3) dated 12/22/2020 at 12:37 AM, and "South Camera 2 (Video 4) dated 12/22/2020 at 12:37 AM were reviewed. Walks in Room 19 as two by door of Room 19 in Room 19 with doors to gray upplies open	A 5	,		
	with Zone 1 public re	l female staff in red scrub				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 502	2:12:49 AM, hospital walks into alcove and 2:12:52 AM, hospital run out of alcove behiscrubs 2:12:57 AM, several hinto alcove, 6th hospital 2:14:00 AM, SC 1 is from alcove, being metallway while staff per 2:14:21 AM, SC 1 is to During a review of the procedure (P&P) titled Patient Care Areas", kindicated, "I. H. 1. Per [Nursing personnel, F	male staff in black scrubs female staff runs out female staff in black scrubs ind female staff in red hospital staff members run tal staff runs in 12:13:01 seen on gurney coming oved to trauma bay in rform chest compressions aken into Room 21 hospital's policy and d, "Medication: Security in dated 9/23/2019, the P&P ersonnel listed in I, B, 3 harmacy personnel] of the proper security of es, including during	A	502			
A 503	Assistant Director of I ADPS stated, medica only be accessible to ADPS acknowledged personnel and should Patient 1's Propofol n facility did not handle control substance, an did not have an effect monitoring of Propofo	GS KEPT LOCKED	A	503			

(X3) DATE SURVEY COMPLETED	
04/01/2021	
ECTION (X5) HOULD BE COMPLETION PROPRIATE DATE	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED			
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED OF THE	D BE COMPLETION
A 503	are units of measur During an interview Pharmacy Manager hospital was in the boxes inside the lar lorazepam stock. R of the stock did not inside the secured recontrolled substance. During a review of the procedure (P&P) tithe Medication", dated "Medications with see provided an add supply of controlled the pharmacy CII See system that stores, controlled-substance access limited to enidentification (biomedication) (biomedicat	e) injectable vials. on 3/22/21, at 11:09 AM, with (RXM), RXM stated, the process of installing locked ge refrigerator to secure the XM added, the large quantity fit in the small refrigerator narcotic room where most e medications were stored. the hospital's policy and led, "Storage and Security of 2/17/21, the P&P indicated, ignificant abuse potential shall led level of control. The main substances shall be stored in afe System (a computerized tracks and monitors the e inventory in hospital), with the try via password or biometric etric identification consists of intity of a person who access	A 503	3	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY DMPLETED
		050057	B. WING _	·····		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 503	sealed bags on top of cabinet. One sealed to Patient 72. The secontain a controlled (a sedative sleep metabottle for zolpidem wistorage bag. There with the outer bag of zolp. During an interview of Pharmacy Manager were logged on a transport of the hospital narcotics were count staff for safe storage room (a room in the regulated narcotics aboth nursing and phacounting and security medication. During a review of the procedure (P&P) title Patient Care Areas, indicated, "Patient's be secured by the horeturned to the family. During a review of the procedure (P&P) title Personal Medication indicated, "All controcounted and verified medications are placed belongings enveloped.	there was an overflow of of an alphabetically labeled bag of medications belonged ealed bag was noted to medication named zolpidem edication). The prescription was visible through the clear was no quantity specified on oidem. On 3/23/21, at 12:25 PM, with (RXM), RXM stated POMs exciting binder upon patient's and ealed by nursing the inside pharmacy's narcotic hospital pharmacy where all the armacy staff had missed and Patient 72's own narcotic deed, "Medication: Security in dated 9/23/19, the P&P personal medications shall ospital when they cannot be	A 5	03		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ĒR	•	40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W MINERAL KING AVE ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 505 A 505	This STANDARD is a Based on observation review, the facility fail medications (expired may not have full effer accurately tracked be defined as the date a product should no lor medications from actipharmacy for the cent when: 1. The expired packet called atovaquone (kind medication used to the stock along with mult without "date open" (liquid medication bott 2. A compounded medication without "date open" (liquid medication bott 2. A compounded medication bott 3. A compounded medication beyond These failures had the or ineffective medication in the main pharmager (RXM), the	ated, mislabeled, or drugs and pe available for patient use not met as evidenced by: an, interview and record led to remove expired means when the medication pet when used) and eyond-use-date (BUD is fiter which a dispensed riger be used by a patient) of ive stock in the main issus of 311 hospital patients at sof a liquid medication nown as Mepron, a peat infection) were in active i-use medications bottles date open is the date when a decision (means manually medications) called folic is a required vitamin meet the compounding		505			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		ONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	•	400	EET ADDRESS, CITY, STATE, ZIP CODE W MINERAL KING AVE ALIA, CA 93291	TE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 505	medication bottles we opened for use) of me the active storage are *Atovaquone oral susneeds shaking before antiparasite medication pneumonia - infection (milligram or 'mg' and measure) with expirat *Ziduvudine oral sustreat a type of virus in open date labeling. *Furosemide (water pwith no open date labeling. *Vitamin D supplement supplement) with no of *Vitamin E oral drop were unit of measure supplement) with no of *Poly-Vi-Sol with Iron infant and toddler) with *Digoxin liquid (heart with no open date labe *Infant Gas Relief droreduce gas in stomacolabeling. During an interview of Pharmacy Technician 1 acknowledged there labeling the multi-use date open or beyond some bottles of mediciliquid (medication use year beyond use date	ere not dated when first edications were observed in ea: spension (liquid medication to use - an antifungal and on to treat pneumocystitis of the lungs) 750 mg/5 ml milliliter or 'ml' are units of tion date of 1/2021. pension (liquid medication to ifection) 10mg/ml with no offection) 10mg/ml with no iffection in the ling. It drops (liquid vitamin open date labeling. It liquid form for this vitamin open date labeling. (a vitamin supplement for the interpretation open date labeling. (a vitamin supplement for the medication) 0.05 mg/ml eling. In medication) 0.05 mg/ml eling. In medication to open date In 3/23/21, at 11:06 AM, with Inpatient (RXTIP 1), RXTIP is was inconsistency on medication container for use date. RXT 1 stated cation like promethazine and for cough), he used one is: In 3/23/21, at 11:36 AM, with	A	505			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	,
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
A 505	multi-use liquid med opened for use. During a review of t States Pharmacope enforceable in the L Drug Administration safety of medicatior stability consideratic accessed on 4/7/21 the extent to which specified limits and storage and use should avoidcon excessive physical decomposition of dr During a review of "Health-System Pha "minimum Standard last accessed on 4/shall be received, sproper conditions of	he 2014 version of United bia (or USP, a drug standards United States by the Food and (FDA), which regulates in use) chapter 1191 on on in dispensing practice, last indicated, "The stability as a preparation retains, within throughout its period of "Furthermore, Pharmacists ditions that could result in deterioration or chemical	A 50	5	
	safety." The guideling stocks of medication to ensure the abserve recalled, or mislable conditions that would deterioration, storage contribute to medical issues shall be assected." 2. During an observe in the main pharmace.	ntegrity and personnel ne further indicated, "All ns shall be inspected routinely nce of outdated, unusable, led products. Storage ld foster medication ge arrangements that might ation errors, and other safety essed, documented, and ration on 3/23/21, at 3:55 PM, cy, with RXM, a bottle of medication was observed in			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		050057	B. WING		04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	ΓER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
A 505	Continued From page 268		A 505	5	
	medication was labe PED Susp" (a liquid use by a child or info of measure). The ar white powder and w surfaces. The label preparation (the dat and expiration date longer safe to use):	re storage area. The liquid eled as "folic acid oral 1mg/mL medication or suspension for ant; "mg" and "ml" were units mber color bottle had sticky rater stain on the outer on the bottle had the following e that the product was mixed) (date when the product is no "Printed (medication 15:42, Expires: 05/12/21			
	RXM, RXM stated the bottle was a stock soused to draw up sm for multiple patients master formula (mawith description of homedication) docume solution. RXM acknowled the printed on the solution of the soluti	on 3/23/21, at 3:59 PM, with the compounded folic acid colution, which means it was aller doses of the medication. RXM added, hospital used a ster formula is a document now to prepare and mix the cent to prepare the stock cowledged the beyond used bottle was more than 14 days on the outer surfaces were sess and spills.			
	Assistant Director o stated the pharmac	on 3/26/21, at 4:08 PM, with f Pharmacy (ADPS), ADPS y would review the master in the beyond use date of the ication.			
	States Pharmacope compounding stand States by the Food which regulates safe 795 on non-sterile (he 2014 version of United ial (or USP, a drug ards enforceable in the United and Drug Administration ety of medication use) chapter clean) preparations guidance cations, last accessed on			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE S COMPL	
		050057	B. WING _			04/0	1/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	R		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	I	(X5) COMPLETION DATE
A 505	oral (taken by mouth) than 14 days when st temperatures."	indicated, "The BUD Date) for water-containing formulations to be no later ored at controlled cold	A 5				
A 507	stopped after a reaso time that is predeterm This STANDARD is repaired on interview a hospital failed to implired ordered medical care and affect ordered. This failed to implired ordered, and stopped drug manufacturer's sof practice for one of (Patient 68). This failed result in a patient recommedical care and affect orders. During a review of Paradministration Record PM, the MAR indicated orders' for most of his been reviewed or rento one year (365 days).	and biologicals not d as to see must automatically be nable sined by the medical staff. not met as evidenced by: nd record review, the ement a system, which ideations to be reviewed, and in accordance with the expecifications and standards one sampled patient are had the potential to eiving less than optimal ct patient safety. Itient 68's Medication of (MAR), on 3/23/21, at 3:40 and, "Patient 68 had 'stop a medications, which had not ewed by the physician for up	A 5	07			
	with the Nurse Manag (NMSU), and Registe Technology (RPHIT),	ger of the Surgical Unit red Pharmacist Information Patient 68's MAR was ndicated all medications had					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	1, ,	E SURVEY PLETED
		050057	B. WING _		04	/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	, ,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 507	Continued From page a 365 day stop order and stated, "All home be any medications stop order for all page of the page of the angle of t	ge 270 er. NMSU verified the findings he medications, (which could had been given a 365 day tients system wide." interview and record review, with Assistant Director of (ADPS), of the hospital's Formulary List," undated, the indicated, "There are several top dates per manufacturer's package insert ted, "the usual duration of 10 days," yet the hospital had order date for this drug. Eation for heartburn and helps ind esophageal ulcers), the kage insert dated 5/2012, is indicated in adults and re years of age and older forment (up to eight weeks) in inptomatic relief of erosive se adult patients who have het weeks of treatment, an	A 5	,		
	considered. Safety weeks in pediatric pestablished". The order date of 365 da 3. Imitrex (Sumatrip migraine headaches the manufacturer's indicated, "The max (milligram, a unit of period. The safety of the sa	ek course of Protonix may be of treatment beyond eight hatients has not been hospital assigned a stop hays for this drug. Itan-medication used to treat and/or cluster headaches), backage insert dated 12/2020, himum daily dose is 40 mg measurement) in a 24-hour of treating an average of more in a 30-day period has not				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	1, ,	ATE SURVEY OMPLETED
		050057	B. WING			04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	<u>'</u>	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 507	Continued From pa	ge 271	A 50	07		
	verified the hospital dates on their drug medications in acco manufacturer's reco safety.	edged the findings and has not re-evaluated the stop orders for some of the ordance with the drug ommendations for patient				
	ADPS, ADPS stated policy and procedul more accurately refustandard, as the hostop order date renallowed the prescrit	on 3/22/21, at 10:45 AM, with d, prior to 2019, the facility's re for medication stop orders lected the community spital had a 45 day medication ewal for all drugs. This pers in the hospital to review cation order, for the				
	clinical decision about medical need for eatherse medications. needing to re-evaluations, including the medications, including the medications of	re receiving and make a cout whether there was a check patient to continue on Other reasons for continually ate each patient's e: changes in patient pairment (when the kidneys				
	fail to properly filter products from the b impairment (the live normal metabolic fu interactions (combin	toxins and other waste loodstream) or hepatic er is unable to perform its inctions), drug-to-drug ned effect of drugs taken all of which helps to optimize				
	During a review of t procedure (P&P) tit Administration," dat indicated, "G. Autor 1. All patient care o renewed every 365 all patient care setti	he facility's policy and				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	·	400 V	EET ADDRESS, CITY, STATE, ZIP CODE W MINERAL KING AVE ALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 507	a. Neuromuscular blo Parental chemotheral days, d. Antibiotics- 7 INFECTION CONTRO	ch will expire as listed below: cking agents-24 hours, b. by- 24 hours, c. Ketorolac- 5 days"		749			
	program, as documer procedures, employs controlling the transm the hospital and betw institutions and setting. This STANDARD is r Based on observation review, the hospital facontrol practices as etcontrol p	not met as evidenced by: n, interview, and record hiled to implement infection videnced by: tilators (a breathing machine hall breaths very rapidly (180 nute to help with opening of had an outdated clean tags 27/19 and two Respironics ho clean tags but were ction of the respiratory ge room. Pespiratory supplies were floor inside the respiratory ge room. Left hanging in the corner of of clean respiratory supplies equipment and storage					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		050057	B. WING			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ĒR	•	40	REET ADDRESS, CITY, STATE, ZIP CODE 10 W MINERAL KING AVE ISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 749	masks of different siz manufacturer's storag room temperature an stored in the respirator room that was not month humidity control. These failures had the infectious diseases. Findings: 1. During a concurrer on 3/30/21, at 7:12 P. Therapist (RT) 2 and Therapy Manager (Alventilators were found tags. One oscillator vice 6/13/18, and the other tag dated 8/27/19. Alventilators are no lon ARTM verified the fin. 2. During a concurrer on 3/30/21, at 7:25 P. there were 11 boxes stored directly on the remove them. During a concurrent of 3/31/21 at 10 AM, with the 11 boxes found la remained stored on the findings. 3. During a concurrer on 3/30/21, at 7:30 P.	and helps one breathe) des containing specific ge specifications related to d humidity control were dry equipment and storage conitored for temperature and despectation and interview M, with Respiratory the Assistant Respiratory RTM), two oscillator d to have outdated clean dentilator had a tag dated der oscillator ventilator had a RTM stated, "Those ger being used." RT 2 and	A	749			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		050057	B. WING	·····	04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODER (PROCEDURE)	JLD BE COMPLETION
A 749	and connectors, were the three-tiered rack supplies. There was room, which read, "Foutside." ARTM verif "That should have be 4. During a concurre on 3/30/21, at 7:35 F several BIPAP mask the three-tiered rack and storage room. A had manufacturer's related to temperatur requirement. ARTM documentation of a transfer control log for that room thermostat in this monitored this room control." During an interview of the Building Automat stated the thermal-in facility used to check temperatures were in they were off by 2-6 "This room does not thermostat is located Service Office, which respiratory equipment have no logs for the control for this room.	in tubings, ventilator tubings in tubings, ventilator tubings, ventilator tubings in tubings, ventilator tubings in tubings, ventilator tubings are left hanging in the corner of with clean respiratory a large sign posted in the please throw your trash fied the findings and stated, een thrown outside." In the observation and interview of the respiratory equipment in the supplies ecommendations for storage of eand humidity control was unable to provide emperature and humidity for and he stated, "We have room and we had not for temperature and humidity for the respiratory end humidity in the stated degrees. The BAT stated degrees at the room the in the Environmental in was adjacent to the interperature and humidity." EMERGENCY SERVICES	A 74		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		TE SURVEY MPLETED
		050057	B. WING			4/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1103	Continued From page 275 [If emergency services are provided at the		A110	3		
	hospital]	st be integrated with other				
	Based on observati review, the hospital defibrillator units (de to restart and makes rhythm during an entop of the emergency wheels equipped will emergency medicati Department (or ED, provides urgent and 4th Tower Telemetry where patients with	not met as evidenced by: on, interview, and record failed to safely maintain two evices that send electric shock is the heart to go to a normal inergency situation) located on by crash carts (drawers on th life-saving equipment and ions) in the Emergency a unit in hospital that quick care) Zone 1 and the r Unit (a hospital department medical conditions requiring of vital signs, heart rhythm, by:				
	and the 4th Tower To completed. 2. The defibrillator of Zone 1 was not plug keep the device read These failures had to	cart check for the ED Zone 1 elemetry Unit were not n top of the ED crash cart in ged into an electrical outlet to dy for emergency use. he potential for this life saving				
	event of an emerger	ready and available in the ncy.				
	on 3/24/21, at 2:43 F Telemetry Unit, with	ent observation and interview, PM, in the 4th Tower Registered Nurse (RN) 9, the rved to have a laminated				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		050057	B. WING _			04/01/2021	
NAME OF PROVIDER OR SUPPLIER KAWEAH DELTA MEDICAL CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		•	1 04/01/2021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTII CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A1103	defibrillator. RN 9 state defibrillator check and to actually check the required to document. During an interview of Nurse Manager (NM defibrillator and pace on the crash cart log to perform weekly mathe defibrillator device to make sure the device to make sure the device (DES) and (EDNM), the defibrillator crash cart number 26 electrical outlet. The device that indicated off or dark indicated off or dark indicating and EDNM verified the During an interview of EDNM, EDNM stated and why the defibrillator and why the defibrillator and why the defibrillator and staff document function of the defibril EDNM was not award defibrillator and pacenturing staff. During a review of the defibrillator and pacenturing staff.	weekly manual check of the sted, weekly manual displayed pacer testing required us device but we were not stit. on 3/24/21, at 2:45 PM, with 2, NM 2 stated weekly richeck was not documented NM 2 stated the procedure anual testing was posted on se, and she trusted her stafficie was in a good working tion on 3/25/21, at 11:31 AM, she the Director of Emergency she ED Nurse Manager attor device on top of the 3 was not plugged into an agreen check marks on the readiness to be used was it was not plugged in. DES the findings. on 3/25/21, at 11:42 AM, with the was not sure how long stor was unplugged. He automatically performed roper functioning when call outlet. EDNM stated the inted the readiness and llator on the crash cart log.	A11	03			

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		1, ,	(X3) DATE SURVEY COMPLETED	
050057	B. WING _		04	4/01/2021	
R	·	STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	ODE		
MUST BE PRECEDED BY FULL	ID PREFI TAG	X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
ach unit will assign a staff crash cart integrity, nctionality and sign the anual Test Procedure:	A1	103			
provided under the orders ased practitioner who is the of the patient, acting a of practice under State dized by the hospital's the services in accordance and procedures and State and procedures and State are Resident 1 (a first year a graduate medical and aging the respiratory care (Patient 1) in relation to the allities/therapies, intubation and the throat and into the abreathing), mechanical that helps a patient titings (describe the pattern patient), and arterial blood the dest that measures its and carbon dioxide) d by a physician. This all to place Patient 1 at risk are no specific physician's	A1	163			
		DENTIFICATION NUMBER: 050057 B. WING R TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 277 ach unit will assign a staff crash cart integrity, nctionality and sign the anual Test Procedure: r weekly defibrillator and IRATORY SERVICES A1 Provided under the orders used practitioner who is re of the patient, acting of practice under State rized by the hospital's the services in accordance and procedures and State of met as evidenced by: not record review, the re Resident 1 (a first year or graduate medical did a procedure of the patient to the shifties/therapies, intubation with the throat and into the or breathing), mechanical that helps a patient titings (describe the pattern patient), and arterial blood lest that measures its en and carbon dioxide) and to place Patient 1 at risk were no specific physician's agement and the safe	DENTIFICATION NUMBER: A. BUILDING	DENTIFICATION NUMBER: 050057 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 33291 TEMENT OF DEFICIENCIES INUST BE PRECEDED BY FILL SCIDENTIFYING INFORMATION) TAG PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A1103 A1104 A1105 A1105 A1106 A1107 A1107 A1108 A1108 A1108 A1109 A1109	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		050057	B. WING _			04/	01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER .		STREET ADDRESS, CITY, STATE, ZIP CO 400 W MINERAL KING AVE VISALIA, CA 93291	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE
A1163	Emergency Documer old male, with past m (chronic obstructive p progressive lung dise blockage and shortne (congestive heart failt heart's function as a p supply adequate amobrought in by ambula worsening shortness Emergency Medical Shad an oxygen satural level in the blood, 60° extremely low oxyger saturation is anything only improved to 70% measurement) NRB (device used to assist concentration of oxyg (heart rate) 128 bpm about 60-100), RR (reabout 12-18), BP (blochormal is about 120/indicated the patient is breathe, has coarse to (both sides), and is in patient was unable to Positive Airway Press	atient 1's "Emergency and 12/21/20, at 7:19 PM, the station indicated, "A 58 year edical history of COPD sulmonary disease - a ase, which causes airflow ass of breath), CHF are -a condition in which the boump is not enough to bunt of blood to the body)	A11				
	high flow nasal cannuthe NRB mask. Patien (a tube is inserted do	nprove one's breathing), ula, and eventually taking off nt was then later intubated wn the throat and into the h breathing) for respiratory					

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		(X3) DATE SURVEY COMPLETED
	050057	B. WING		04/01/2021
ROVIDER OR SUPPLIER DELTA MEDICAL CEN	TER		100 W MINERAL KING AVE	
(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
failure and inability During an interview Respiratory Therap Respiratory Therap stated, "[Patient 1] distress, with very le [Patient 1] was usin breathe (an indicate he stated, 'I could n was placed on BIPA (makes breathing ir pressure (makes it not receive orders frestless and always caused his oxygen [Patient 1] was place therapies BIPAP, not that enables the de oxygen), high-flow of the patient was not therapies. The Patie claustrophobic (abrolosed or narrow specient land on't' rememb conversation with the if I called them to the intubated the patient During a review of I Department Flowshe 1 and ARTM, the Electric Flowsheet indicated 37, BIPAP, 94 % of the patient of	to tolerate BIPAP." on 3/25/21, at 7 PM with ist (RT) 1 and the Assistant ist Manager (ARTM), RT 1 came in severe respiratory ow oxygen saturation level. In the second of the second o	A1163		
	CORRECTION SUMMARY: (EACH DEFICIEN REGULATORY OF COntinued From partial failure and inability) During an interview Respiratory Theraphers Respiratory Theraphers atted, "[Patient 1] distress, with very legrated, "[Patient 1] distress, with very legrated, "I could new as placed on BIPA (makes breathing in pressure (makes it not receive orders for restless and always caused his oxygen (Patient 1] was placed on the patient was not therapies BIPAP, not that enables the de oxygen), high-flow of the patient was not therapies. The Patic claustrophobic (abrolosed or narrow special to the patient was not the patient and a Roman and the patient and ARTM, the Elowsheet indicated 37, BIPAP, 94 % of HR 128, RR 40, no HR 128, RR 40, no	CORRECTION IDENTIFICATION NUMBER: 050057	DENTIFICATION NUMBER: 050057 B. WING ROVIDER OR SUPPLIER DELTA MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 279 failure and inability to tolerate BIPAP." During an interview on 3/25/21, at 7 PM with Respiratory Therapist (RT) 1 and the Assistant Respiratory Therapist (RT) 1 and the Assistant Respiratory Therapist Manager (ARTM), RT 1 stated, "[Patient 1] came in severe respiratory distress, with very low oxygen saturation level. [Patient 1] was using his accessory muscles to breathe (an indicator of respiratory distress), and he stated, 'I could not breathe.' Initially, [Patient 1] was placed on BIPAP at 16 inspiratory pressure (makes breathing in easier) and 8 expiratory pressure (makes breathing in easier) and 1 did not receive orders for. [Patient 1] was very restless and always takes his mask off, which caused his oxygen span pressure (makes breathing in easier) and the pressure (makes breathin	ROWIDER OR SUPPLIER DELTA MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 279 failure and inability to tolerate BIPAP." During an interview on 3/25/21, at 7 PM with Respiratory Therapist Manager (ARTM), RT 1 stated, "Platient 1] came in severe respiratory distress, with very low oxygen saturation level. [Patient 1] was using his accessory muscles to breathe (an indicator of respiratory distress), and he stated, "I could not breathe.' Initially, (Patient 1] was placed on BIPAP at 16 inspiratory pressure (makes it easier to exhale), which 1 did not receive orders for, [Patient 1] was very restless and always takes his mask off, which caused his oxygen saturation level to drop more. [Patient 1] was placed on several oxygen therapies BIPAP, non-rebreather mask (a device that enables the delivery of high concentrations of oxygen), high-flow oxygen by nasal cannula, but the patient was not tolerating any of the oxygen therapies BIPAP, non-rebreather mask (a device that enables the delivery of high concentrations of oxygen), high-flow oxygen by nasal cannula, but the patient was not tolerating any of the oxygen therapies BIPAP, non-rebreather mask (a device that enables the delivery of high concentrations of oxygen), high-flow oxygen by nasal cannula, but the patient was not tolerating any of the oxygen therapies BIPAP, non-rebreather mask (a device that enables the delivery of high concentrations of oxygen), high-flow oxygen by nasal cannula, but the patient was not tolerating any of the oxygen therapies BIPAP, non-rebreather mask (a device that enables the delivery of high concentrations of oxygen), high-flow oxygen by nasal cannula, but the patient was not tolerating any of the oxygen therapies BIPAP, and the patient with MD 5 in the room. During a review of Patient 1's "Emergency Department Flowsheet," dated 12/21/20, with RT and ARTM, the Emergency Department Flowsheet," dated 12/21/20, with RT and ARTM,

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		050057	B. WING		04/01/2021		
	AME OF PROVIDER OR SUPPLIER (AWEAH DELTA MEDICAL CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		1 040112021		
PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE COMPLETION		
A1163	46, High flow nasal RR 42 BP 70/48 (rig RR 44, BP 123/80 (RR 44, non-rebreatl (percent). At 9:24 Pdistress). At 9:44 Pl non-rebreather mas intubated by Reside During a concurrent Patient 1's "Respirar reviewed. RT 1 and physician's order fohigh flow oxygen by the mechanical versand the arterial blood RT 1 stated, "There draw arterial blood gintubation. Typically the order." RT 1 and During a review of t procedure (P&P) titl dated 12/18/19, the Physician Order: The frequency, specific is therapies necessary focused respiratory. During a review of t procedure (P&P) titl dated 12/18/19, the (immediately, with mafter the NRB is pla. During a review of t procedure (P&P) titl dated 12/18/19, the (immediately, with mafter the NRB is pla.	cannula. At 8:25 PM, HR 122, tht leg). At 8:54 PM, HR 106, right leg). At 9:15 PM, HR 107 her mask, O2 saturation 90% M, nailbeds dusky (a sign of M, HR 116, RR 38, k. At 10 PM, [Patient 1] was nt 1. interview and record review, tory Therapy Record" was ARTM were unable to find a reference to the BIPAP, the NRB, the nasal cannula, the intubation, tilator and ventilator setting, digases after NRB is placed. were also no orders given to gases before and after, the physician would enter dia ARTM verified the findings. The hospital's policy and ed, "Airway Management," P&P indicated, "A. Complete e physician shall specify the interventions and concomitant of to provide comprehensive care" The hospital's policy and ed, "Non-Rebreather Mask," P&P indicated, "II. Station delay) ABG will be obtained	A1163				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		050057	B. WING _		04/01/2021		
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	ER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION		
A1163	percentage, or desir	ed SpO2 to meet the f the patient. Monitoring or pulse oximetry should be	A11	63			
A1164	RESPIRATORY SER CFR(s): 482.57(b)(4 All respiratory care s documented in the p		A11	64			
	Based on interview failed to ensure all roone of one sampled documented in the pfailure had the poter	not met as evidenced by: and record review, the facility espiratory care services for patient (Patient 1) were patient's medical records. This stial for missed information e appropriate patient care.					
	Documentation," dat Emergency Docume old male, with past r (chronic obstructive progressive [gets wo which causes airflow breath), CHF (conge condition in which the is not enough to sup blood to the body), . for 10 hours of acute breath. Per the Eme	atient 1's "Emergency red 12/21/20, at 7:19 PM, the entation indicated, "A 58 year nedical history of COPD pulmonary disease - a price over time] lung disease, or blockage and shortness of estive heart failure -a re heart 's function as a pump ply adequate amount ofbrought in by ambulance ely worsening shortness of rgency Medical Services and an oxygen saturation of 60					

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONS	STRUCTION		E SURVEY IPLETED
		050057	B. WING			04	1/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENT	rer	·	400 W N	ADDRESS, CITY, STATE, ZIP CODE MINERAL KING AVE A, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
A1164	or below indicates a Normal oxygen satu [percent]) on room a with 15 L (liters, unit (non-rebreathing mathe delivery of higher. Vital signs were: HI per minute), RR (respressure) 138/114. It the patient is workin has coarse breath sand is in moderate of unable to tolerate B. Pressure, a device to lungs to improve on cannula, and eventually and eventually and inability to the patient was then late failure and inability to During a review of F. Department Flowshows Respiratory Therapi Respiratory Manage Department Flowshows Respiratory Rayonon-rebreath 113, RR 46, High flow HR 122, RR 42 BP HR 106, RR 44, BP HR 107 RR 44, saturation 90% (perdusky. At 9:44 PM, I	blood. A reading of 60 mmHg n extremely low oxygen level. Tration is anything over 95% air, and only improved to 70 to f measurement) NRB ask- a device used to assist in the concentration of oxygen). R (heart rate) 128 bpm (beats spiratory rate) 40, BP (blood High physical exam indicated g extremely hard to breathe, ounds bilaterally (both sides), distress the patient was IPAP (BiLevel Positive Airway hat can push air into the e's breathing), high flow nasal ually taking off the NRB mask. For intubated for respiratory to tolerate BIPAP." Patient 1's "Emergency eet," dated 12/21/20, with st (RT) 1 and Assistant for (ARTM), the Emergency eet, and Assistant for (ARTM), the Emergency eet indicated, "At 7:08 PM, PAP, 94 % oxygen saturation. At 7:21 PM distress. At 8:16 PM, HR 115 finer mask. At 8:23 PM, HR town asal cannula. At 8:25 PM, 70/48 (right leg). At 8:54 PM, 123/80 (right leg). At 9:15 non-rebreather mask, O2 cent). At 9:24 PM, nailbeds HR 116, RR 38, k. At 10 PM, Resident 1	A1	164			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF P	ROVIDER OR SUPPLIER	1	-	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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KAWEAH	DELTA MEDICAL CENTE	≣R			/ISALIA, CA 93291		
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A1164	Continued From page	e 283	A1	164			
		on 3/25/21, a 7 PM with	/ / /	104			
		t (RT) 1 and the Assistant					
		Manager (ARTM), RT 1					
		ame in severe respiratory					
		v oxygen saturation level.					
	-	his accessory muscles to					
		ed, 'I could not breathe.'					
	· ·	as placed on BIPAP at 16					
		makes breathing in easier)					
	, , ,	sure (makes it easier to					
	exhale), which I did n	•					
	[Patient 1] was very r	estless and always takes his					
	mask off, which caus	ed his oxygen saturation					
	level to drop. [Patient	1] was placed on several					
		PAP, non-rebreathing mask,					
		nasal cannula, but the patient					
	, , , , , , , , , , , , , , , , , , , ,	y of the oxygen therapies.					
	The Patient was in di						
	. ,	rmal dread of being in					
		ces). [Patient 1] needed to					
		ssed this with the physician					
	but I don't' remember						
		physician. I don't remember room. At 10 PM, Resident 1					
		with MD 5 in the room. I					
	· •	the patient on the ventilator					
		documenting it. I also don't					
		tor setting because I did not					
		led to see another patient					
		ent. ARTM stated the staff					
		ment their observations,					
	interventions, and co						
		time of therapy initation.					
	During a concurrent i	nterview and record review,					
	_	M, with RT 1 and ARTM,					
		ory Therapy Record" was					
	reviewed. RT 1 and A	ARTM were unable to find					
	respiratory assessme	ents, documentation of					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
		050057	B. WING _			04/01/2021
	ROVIDER OR SUPPLIER DELTA MEDICAL CENTE	ER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W MINERAL KING AVE VISALIA, CA 93291		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1164	oxygen saturation aftinitiated, documentation delivery for the device patient's condition du documentation of me ventilator settings. Rifindings. During a review of the procedure (P&P) titled Care," dated 12/18/19 patients with prescrib interventions will have assessment complete initiation by a Respiration by a Respiratory Care Pra assessments will be of frequently as dictated General Documentation documentation will be patient chartIII. De patient outcomes, addithe patient's health stothe RN and when a physician. This committee documented assessments of the procedure (P&P) titled dated 12/18/19, the Fixeeping: A. Online documelted with each respiratory Care sectimedical record. This windows.	er oxygen therapy was on of specific oxygen e used, documentation of ring and after intubation, chanical ventilator and its 1 and ARTM verified the e hospital's policy and d, "Documentation: Patient P, the P&P indicated, "All ed respiratory care e their initial respiratory ed at the time of therapy et at the time of therapy extroy Care Practitioner. All soing assessments by a cititioner Ongoing completed once a shift, or by patient's acuity. I. on A. Respiratory Therapy e performed in the online eviations from anticipated exerse reactions, or decline in atus must be communicated appropriate the attending nunication will be added to essment by the RCP." The hospital's policy and d, Airway Management," The hospital's policy and documentation will be intervention in the on of the patient's electronic will be utilized to complete sumenting breath sounds, rief assessment of	A11	64		