



State of California-Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

• NOTIFICATION TO PATIENTS OF ABNORMAL / NORMAL LAB RESULTS

December 20, 2022

Jeffrey Gambord
Unit 9
24511 W. Jayne Ave
Coalinga, CA 93210

• MEETING WITH PATIENTS PRIOR TO WRITING ORDERS FOR NEW MEDICATION.

Dear Mr Gambord:

FACILITY: Dept Of State Hospitals - Coalinga D/p lcf
COMPLAINT NUMBER: CA00793834

The Licensing & Certification Program (L&C) within the California Department of Public Health (State Agency) has completed an investigation of your complaint concerning Resident/ Patient/Client Abuse at Dept Of State Hospitals - Coalinga D/p lcf. L&C made an unannounced visit to the facility on December 12, 2022 and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents. We:

- have substantiated your complaint.
- substantiated other, unrelated violation(s) not specific to your complaint allegation(s).
- were not able to substantiate your complaint.

The basis for this finding is as follows:

- L&C validated the complaint allegation during the onsite visit.
- L&C was not able to validate the complaint allegation, but did identify other unrelated violations during the onsite visit.
- L&C validated the complaint allegation, but determined through direct observation, interviews, and/or review of documents that the facility did not violate any State and/or Federal laws or regulations.
- L&C was not able to validate the complaint allegation through direct observation, interviews, and/or review of documents. In addition, no other unrelated violations of regulations were observed.

The 2567 has been sent to the provider for documenting their plan/s of correction. Please find a copy of the CMS-2567 attached for your information.

Section 1421(a) of the California Health and Safety Code provides any duly authorized



officer, employee, or agent of the State Agency to enter and inspect any long-term health care facility, including, but not limited to, interviewing residents and reviewing records, at any time to enforce the provisions of any applicable statutory and regulatory requirements.

Section 1420(b) of the California Health and Safety Code (HSC) provides that you have the right to an informal conference if you are dissatisfied with the SA's findings. To exercise this right, you must notify this office in writing within thirty (30) Calendar days of receipt of this notice. If you request an informal conference, the State Agency will offer the facility licensee an opportunity to participate. The informal conference will be scheduled to take place on the first available date that is agreeable to all parties. Within ten (10) working days following the informal conference, the State Agency will notify you and the licensee in writing of the results.

Should you have any questions, please contact Colleen Witham, Health Facilities Evaluator Supervisor, at 855-804-4205.

Sincerely,

Ed Hoffmark, RN, HFEM II
District Administrator

California Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA630004081 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 12/12/2022 |
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| NAME OF PROVIDER OR SUPPLIER DEPT OF STATE HOSPITALS - COALINGA D/P ICF | STREET ADDRESS, CITY, STATE, ZIP CODE 24511 WEST JAYNE AVENUE COALINGA, CA 93210 |
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| I 000 | <p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of a complaint.</p> <p>Complaint: CA00793834 and CA00793830</p> <p>Representing the California Department of Public Health: 36804, Health Facilities Evaluator Nurse (HFEN)</p> <p>The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for complaint: CA00793834 and CA00793830</p> | I 000 | <p>The CPS1 a.k.a., Assistant Medical Director (AMD) statement quoted in the findings, is to include that he did not agree only diagnostic slips were to be completed in instances abnormal results are noted. The expectation is the 103 form be used as outlined in policy and face-to-face assessment is not required for normal diagnostic test results (including labs). If abnormal results are noted, the PCP is to conduct a face-to-face assessment with the patient to discuss the abnormal results and plan of care. In addition, DSH-C Nursing Policy, and Procedure "601 - Tracking of Diagnostic Reports" was shared with the surveyor on 11/15/22. Policy outlines the procedure of when/how to use the Notification of Diagnostic Test Results form (CNS 27-103).</p> | |
| I4870 | <p>T22 DIV5 CH4 ART4-73519(a)(1) Administrative Policies and Procedures</p> <p>(1) Written management and personnel policies to govern the administration of the intermediate care facility shall be established and implemented. Job descriptions detailing the functions of each classification of employee shall be written and available to all personnel.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to follow its policy and procedures for documentation standards, and physician communication to inform Patient A of diagnostic test results or changes in medications. These failures prevent Patient A from being fully informed of his care.</p> <p>Findings:</p> | I4870 | <p>a) On 7/12/22 Labs for were reviewed by the PCP and based on the results, mag oxide was ordered for only 15-days. On 7/12/22, the RN met with the patient to notify and provide education for new med order. Education material was provided to the patient and verbalized understanding. On 7/27/22, the medication was dc'd. On 7/29/22, identified patient was assessed by the unit PCP for a face-to-face Annual Review. On 8/2/22, patient refused to see MD for assessment and vitals. The patient was also assessed by PCP and specialists on the following dates: 8/29/22; 9/6/22; 9/19/22; 12/6/22; 12/20/22; 12/28/22. No harm/injury reached the patient from this deficient practice. Currently the identified patient is being treated by a new PCP.</p> <p>b) No other patients verbalized a similar... [Continued on Pg. 2.]</p> | <p>07/29/22</p> <p>10/12/22 Ongoing</p> |

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Brandon Bueno, SCC (A)

(X6) DATE
2/15/23

California Department of Public Health

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| 14870 | <p>Continued From page 1</p> <p>During an interview with Patient A, on 9/6/22, at 9:10 AM, Patient A stated that the lab slips he gets from the doctor are not legible and no one will answer his questions, doctor will not see him on sick call. Physician 1 told him he does not have the right to see him. Physician 1 stated he doctor decides when the patient is to be involved in their care.</p> <p>During review of the clinical record for Patient A, the notification of diagnostic test results form was reviewed from 2/8/22 to 10/11/22, (a form used to communicate diagnostic test results to patients). None of the forms reviewed were signed by Patient A acknowledging receipt. In the signature line for patients to sign, a handwritten note indicated, "A copy of this form has been placed in patient's mail folder. Please see registered nurse if any questions." Most of the forms with additional comments from the provider were not legible.</p> <p>During an interview on 10/4/22, at 11 AM, with the Chief Physician/Surgeon (CPS 1), he stated he has asked Physician 1 to speak with Patient A. CPS 1 stated he did not agree that the diagnostic slips were adequate. CPS 1 stated that the standard of care is that Physician 1 should have conversations with patients about their labs/diagnostic tests to inform, plan, and discuss the available treatments for the problems identified.</p> <p>During an interview with Physician 1 on 10/4/22, at 11:30 AM, Physician 1 stated he had a face to face with Patient A, two months ago. Physician 1 stated he had no time to go over lab results. He determines when it is appropriate to speak to patients. Physician 1 stated that good handwriting was his disability.</p> | 14870 | <p>... compliant following the identified patient's complaint. On 10/12/22, the identified PCP was moved to a different unit (leaving the unit where the identified patient resides). No similar complaints have been noted or verbalized by patients residing on the unit.</p> <p>c) Administrative Directive (AD) 538 - "Medication, Treatment, and Procedure Orders", section 5., A., will be updated as follows: "For medications prescribed for medical issues, the prescriber will meet with each patient to inform them of their medication. Prior to ordering the medication, the Prescriber will discuss the following: PRN's and the rationale for prescription; desired effects; possible side effects; and precautions, in terms the patient is able to understand. Prescriber shall document the interaction in the PPN (Physician Progress Note), at the time of starting the medication." The AMD will complete training with all PCP's (including the identified PCP), on the expectation to meet face-to-face with patients, specifically when new medications are ordered, as this is the standard of care in the community and a requirement outlined in policy. Completion of policy will be after 30-days (3/17/23). Approval within 45-days (3/31/23). Training will be completed 4/17/23 (after completion and approval). Also, education will be provided to all RN staff as well following the approval (3/31/23) of changes made to AD 538. Training will be completed on 4/17/23 after completion and approval of policy</p> <p>c) AD 509 - "RN Nurse and Physician ... [Continued on Pg. 3.]</p> | <p>3/17/23 3/31/23 4/17/23</p> |

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| 14870 | <p>Continued From page 2</p> <p>During review of the clinical record for Patient A, interdisciplinary note dated 7/13/22 indicated, "Patient wants to know why his magnesium (Mg) (A mineral involved in many processes in the body including nerve signaling, the building of healthy bones, and normal muscle) is low." He stated, "I want to know what is wrong with my 62-year-old body. Do I have to take this the rest of my life?... There are six kinds of Mg. Why am I on Mg oxide?" (a supplement that contains magnesium and oxygen ions). Interdisciplinary note dated 7/14/22 indicated, "Patient A stated, "My F***** unit put me on some medication ... and nobody talked to me about it at all."</p> <p>During review of the notification of diagnostic test results forms dated 8/31/22 to 10/4/22, Patient A had seven notifications of diagnostic test results forms that according to Physician1's own statement was not reviewed with Patient A. The facility policy and procedure titled, "Documentation Standards" dated 9/22/21, "IV. Method C. Documentation should directly relate to the patients' care, treatment, progress, interventions, activities, and outcomes. G. All medical record entries must be legible ..."</p> <p>During an interview on 11/22/22 at 4 PM, with Registered Nurse 1 (RN1), stated that communication from the physician to the patient is up to the patient to ask to be placed on sick call in order to see the physician for clarification of tests performed. There is no clear direction of when to use the diagnostic test results form and when not to. RN1 also stated that physician legibility has caused problems for nurses as well as the patients.</p> | 14870 | <p>... Communication about a Change in Condition" will be updated to include a section designated for lab/diagnostic testing PCP follow-up. In this section it will include the following for patients unavailable due to not being in-house (eg., OTM, OTC, etc): a. After PCP reviews and the results are deemed of critical concern or have an urgent indication, the PCP will notify the Chief Physicians and Surgeons on the results. The Chief physician and Surgeons will review the results and determined if outside contact with the outside provided is indicated. They will make the appropriate arrangements, to provide the holding Facility's Physician with the results. The holding facility will continue the plan of care as required; and b. For abnormal, non-emergent diagnostic/lab results and patients are The PCP will review the results with the patient and discuss the plant of care upon their return to the facility. The AMD will complete training with all PCP's (including the identified PCP), on the expectation to meet face-to-face with patients, specifically when new medications are ordered, as this is the standard of care in the community and a requirement outlined in policy. Completion of policy will be after 30-days (3/17/23). Approval within 45-days (3/31/23). Training will be completed 4/17/23, after completion and approval of policy.</p> <p>c) Nursing Policy and Procedure (NPP) 601 - "Tracking Diagnostic Reports" - section G.,1 - 6, outlines the process upon receiving notification of abnormal, critical ..</p> <p>[continued on pg. 4.]</p> | <p>3/31/23 4/17/23</p> <p>3/27/23 3/31/23 4/17/23</p> |

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| | | | <p>... results, when diagnostic reports received are of clinical concern. Pertaining to abnormal labs, the RN will notify the provider or MOD/PMOD (via the NOD after hours) of abnormal results. The RN and provider shall collaborate to determine if the patient's change in physical status is emergent (15 min), urgent (2 hrs.), or non-urgent (24 hrs.) and enter it in the sick call log (the PCP will meet with the patient in the allotted time frame as outlined in AD509, to discuss results in sick call). The RN shall document the corresponding provider notification information in the lab, radiology and consultation tracking logs. The RN shall document what action was taken for the results received out of therapeutic range with clinical concern. Per Sections I., 1 - 2 (in NPP 601) for normal diagnostic test results (including labs), the PCP will complete a Notification of Diagnostic Test Results (CNS 27-103) form for all patients not seen face-to-face to review results with. After the provider signs and dates this form, the RN shall review and sign the form with the patient. The patient is to be informed if further follow-up is needed. A copy of the of the 103 from shall be provided to the patient for their record. The RN will document this interaction/education provided in the IDN and in the Teaching Record. NPP 601 will be updated to clarify the 103 form is only to be completed for normal results. The 103 forms will be updated to reflect that it only be used to notify the patient for normal lab results and to streamline the use of the form. The AMD will complete training with all PCP's (including the identified PCP), on proper use of the 103 forms as outlined in NPP 601, the prescriber meeting face-to-face with patients for abnormal ...</p> <p>[continue on Pg. 5.]</p> | |

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| | | | <p>... diagnostic/labs test results. Completion of policy will be after 30-days (3/17/23). Approval within 45-days (3/31/23). Training will be completed 4/17/23 (after completion and approval). Also, Training will be provided to all RN, US, PT staff as well following the approval (3/31/23) of changes made to NPP 601 and the appropriate us of the 103 form. Training will be completed on 4/17/23 after completion and approval of policy.</p> <p>c) The AMD will provide training to the identified PCP on the following policies: AD 146 - "Administrative Rules", Section V., A., 12., with emphasis regarding expectations in delivering care and treatment services; and AD 590 - "Documentation Standards", Section G, with emphasis regarding all medical record entries must be legible.</p> <p>d) A second Physician and Surgeon was appointed to the Medical Department. Supervisory/Managerial duties will include oversight of the Hire/Peer Review Committee. The Committee will conduct a comparative analysis of the community standard of care the Physician's (employed by our facility) provide to patients and ensure National Guidelines are being followed and Hospital Policy and Procedure. Training and recommendations will be provided to PCP's in real time. This will ensure oversight on PCP treatment rendered to patients and ensure facility Policy is being followed (including processes outlined, and not limited to, the following hospital policies: AD 538; AD 509; AD 590; NPP 601; CNS 27-103 form; AD 146). This committee is expected to commence reviewing PCP cases, tentatively April 2023.</p> | <p>03/17/23 Ongoing</p> <p>3/17/23 Ongoing</p> |

[continue on Pg. 6.]

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| | | | <p>d) Each shift, the RN and med-room staff are jointly responsible for the completion of all labs, radiology and consultation tracking logs. They will alert the Unit Supervisor or Shiftlead/designee of the following issues so that appropriate action can be taken: 1. Results that have not returned to the unit in a timely manner; and 2. abnormal or critical results of clinical concern with no immediate action. The NOC shift conducts a 24-hour audit capturing these issues as well with notification of issues to the Shiftlead/designee. Education on this process will be covered with the NPP 601 as mentioned in section "c", and with the identified disciplines. Additional monitoring and notification will be implemented for 90-days (ending 7/17/23) regarding noted issues. On NOC shift, shiftlead/designee will notify the US. In all instances the US will elevate issues to Program Management. Program Management will notify the Medical Director, Assistant Medical Director, and the Physician and Surgeon for follow-up issues involving the PCP. Issues identified involving the RN will be addressed by Program Management. Continued oversight will be completed as indicated.</p> | 3/27/23 |
| | | | <p>d) The treatment team reviews all medical concerns with the patient at each regular meeting. If patients have any questions about the care they are receiving or conflicts with treatment providers this is the appropriate venue. The team RN leads this component of the meeting, and as a required member will be present at all meetings, along with a physician (team psychiatrist). The full team is ...</p> <p>[continued on Pg. 7.]</p> | 3/17/23 ongoing |

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| | | | <p>... responsible for responding to patient concerns and recording this in the treatment plan at each session, with a written treatment plan delivered to the patient at that time, signed by the patient. Primary care physicians/ nurse practitioners can be invited to these meetings as needed.</p> <p>[End.]</p> | |