



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

• REGISTERED
NURSE EXCEEDING
AUTHORITY WHEN CANCELLING
OUTSIDE APPOINTMENT
WITHOUT A DOCTORS
ORDER.

October 6, 2023

Jeffery Gambord
PO Box 5003
Unit 9
Coalinga, CA 93210

Dear Mr. Gambord:

FACILITY: Dept of State Hospitals - Coalinga D/P ICF
COMPLAINT NUMBER: CA00845220 and .CA00844964

The Center for Health Care Quality (CHCQ) within the California Department of Public Health (State Agency) has completed an investigation of your complaint concerning Quality of Care at Dept of State Hospitals - Coalinga D/P ICF. CHCQ made an unannounced visit to the facility on August 22, 2023 and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents. 39818, HFEN discussed the outcome of this investigation with you during a telephone call on August 22, 2023. 39818, HFEN explained to you that we:

- X 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:

- X CHCQ validated the complaint allegation during the onsite visit.
- CHCQ was not able to validate the complaint allegation, but did identify other unrelated violations during the onsite visit.
- CHCQ 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.
- CHCQ 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.



Please find a copy of the State Form-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.

Thank you for sharing your concerns. We will continue our efforts to ensure that patients receive care, services and reside in an environment in accordance with their needs and preferences.

Sincerely,

Courtney A.

For: Karen Eggleston, RN, HFEM I
District Administrator

Enclosure (*State Form 2567*)

California Department of Public Health

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 08/22/2023
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NAME OF PROVIDER OR SUPPLIER DEPT OF STATE HOSPITALS - COALINGA D/P	STREET ADDRESS, CITY, STATE, ZIP CODE 24511 WEST JAYNE AVENUE COALINGA, CA 93210
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	<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: CA00844964 and CA00845220.</p> <p>Representing the California Department of Public Health: 39818, 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>Deficiencies were issued for complaint: CA00844964 and CA00845220.</p>	1 000	<p>a) The canceled appointment (scheduled 5/26/23) was rescheduled, by the PCP, for a later date of 6/1/23.</p> <p>b) No other patients were identified to be affected by the deficient practice as this has been identified as an isolated incident based on data pulled from 12/1/22 - 6/30/23.</p>	
14870	<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 staff interview and facility document review, the facility failed to ensure implementation of policies, procedures, or specific protocols when the Registered Nurse (RN) failed to follow the physicians order for Patient 1 (P1) and cancelled P1's medical appointment without notifying the Physician. This failure had the potential to negatively impact Patient 1's physical health.</p>	14870	<p>c) Program 1 Management, has drafted a memo of understanding (9/28/23), to instruct the identified R&R Nurse to comply with requirements outlined in AD 538, Page 2, section (B) (1) (2). In addition, the expectation will be set to nursing staff (assigned in R&R) who are completing their required assessments, to elevate in real time, should a situation arise that causes concerns related to a safety/security risk of our patients (and staff escorts) who are scheduled to attend OTM appointments. This notification shall include the PD, PA or NC during business hours (0700-1630). In the event this situation/concern arises outside of the listed hours, the PM/NOC SRN, POD, HSS, MOD, and/or PMOD will be contacted for further instruction. The training will be documented and sent to the QID on 10/28/23).</p> <p>[continued on Pg. 2]</p>	

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

TITLE

(X6) DATE

California Department of Public Health

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14870	<p>Continued From page 1</p> <p>Findings:</p> <p>A review of Patient 1's clinical record titled, "Treatment Plan" (record containing patients' personal information), indicated P1 had been admitted to the facility on 9/19/2006, with diagnoses which included Headache, Lung lesion (a nodule in the lung), and Radiolucent stones (Kidney stones).</p> <p>During a review of P1's "Physicians Orders" (PO), dated 5/16/23, written by DRH, the PO indicated, "Outside Radiology Appointment ...Friday, 5/26/23 for CT Head, CT Chest low dose, and CT of ABD and Pelvis...."</p> <p>During an interview on 7/5/23 at 9:16 a.m., Registered Nurse B (RNB) confirmed he had witnessed P1's anxiety and outburst issues on 5/26/23, during the OTM (Out To Medical - off grounds) process and cancelled P1's medical appointment. RNB did not notify the physician nor management that he cancelled the appointment.</p> <p>During an interview on 8/9/23 at 10:43 a.m., Acting Program Director I (APDI) stated RNB acted out of his scope of practice by cancelling an ordered appointment. APDI stated in order to cancel a Physician order for a medical appointment, it had to be elevated to management.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Medication, Treatment and Procedure Orders" dated February 28, 2023, the P&P indicated, "B. Prescriber 1. Medication and medical treatments may be prescribed or discontinued only by those privileged to do so by the medical staff, and only to the extent of their privileges ...Medical Providers, those handling medical issues ..."</p>	14870	<p>c) Training will be provided to all PA1 RN staff (including assigned R&R nursing staff) on AD 538 Pg. 2 section (B) (1) and (2). Completion of training will be provided to the QID.</p> <p>d) Clinic Staff LVN tracks and monitors all cancellations for OTM appointments. A 098 form is completed and an email sent out that the appointment has been canceled. The PCP and Psychiatrist of each missed or declined service will be notified and the appointment rescheduled. This has been identifying as an isolated incident. For 60 days, once a week, the R&R US will conduct a random spot check for canceled OTM appts, in the com log, maintained by R & R assigned staff. Program Management will conduct the same check monthly and elevate to Program Director the findings. After the 60-days if 100% compliance is not reached, monitoring will be extended for an additional 60-days and will continue to be extended until compliance is met. Any identified issues will be corrected. Training will be provided as necessary. Program Management will assist with appropriate follow-up (during business hours) with the Physician, for situations involving the need to cancel an ordered OTM appointment (for Safety and Security). The PM/NOC SRN, POD, HSS, MOD and/or PMOD will be contacted after hours for further instruction when needing to cancel OTM scheduled appointments for safety and security reasons.</p> <p>[End.]</p>	

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