



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

• DEPRIVATION  
OF HANDED  
WRINALS.

April 7, 2023

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

Dear Jeffrey Gambord:

FACILITY: Dept of State Hospitals - Coalinga D/P ICF  
COMPLAINT NUMBER: CA00824700

The Licensing & Certification Program (L&C) within the California Department of Public Health (State Agency) has completed an investigation of your complaint concerning Quality of Care / Treatment at Dept of State Hospitals - Coalinga D/P ICF. L&C made an unannounced visit to the facility on April 06, 2023 and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents. 39474, HFEN attempted to discuss the outcome of this investigation with you during a telephone call on April 06, 2023. Wanted to explain to you that we:

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

As discussed with you by 39474, 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.



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.

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

Sincerely,



for Edwin Hoffmark, RN, HFEM II  
District Manager  
State Facilities Section  
Licensing and Certification

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA630004081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/06/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DEPT OF STATE HOSPITALS - COALINGA D/P ICF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>24511 WEST JAYNE AVENUE COALINGA, CA 93210</b>
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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
1000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of the following complaints:</p> <p>CA00824877, CA00824872, CA00824700.</p> <p>Representing the California Department of Public Health: Health Facility Evaluator Nurses (HFEN):  39474</p> <p>The census on 2/7/23 was 25.</p>	1000	<p>A) A specific patient was not identified as having been affected by the deficient practice as the unit does not have patients who require disposable urinals. However, all patients had the potential to be affected. Patients requesting urinals were provided with plastic urinals and disposable briefs as necessary. Urinals were labeled to prevent cross contamination and were kept in the patient's room unless contraindicated. Patients were instructed to empty urinals into the toilet and if cleaning was required they would be rinsed in the hopper and cleaned with hospital-grade disinfectant. If a urinal was identified to be contaminated, a new urinal would be issued. Vernagel tabs are still encouraged to reduce spillage/weponization of urine.</p> <p>B) All patients had the potential to be affected. Patients requesting urinals were provided with plastic urinals and disposable briefs as necessary.</p>	
11285	<p>T22 DIV5 CH4 ART3-73321(a)(1) Nursing Service--Equipment and Supplies</p> <p>(1) Water pitchers, emesis basins, denture cups, ice caps, urinals, bedpans, thermometers, stethoscope, sphygmomanometer, ear syringe, hypodermic syringes and needles and scales for weighing patients.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure an adequate number of urinals were available for patient use for 3 of 25 patients.</p> <p>This failure resulted in patients' 1, 2, and 3, not provided handheld urinals. This failure had the potential for unsanitary conditions and exposure to urine-soaked clothing and bedding resulting in illness and or injury for a clinically compromised population.</p> <p>Findings:</p>	11285	<p>Urinals were labeled to prevent cross contamination and were kept in the patient's room unless contraindicated. Patients were instructed to empty urinals into the toilet and if cleaning was required they would be rinsed in the hopper and cleaned with hospital-grade disinfectant. If a urinal was identified to be contaminated, a new urinal would be issued. Vernagel tabs are still encouraged to reduce spillage/weponization of urine.</p> <p>C) Patient care procedures were conducted per NPP 339 where applicable and when available the disposable urinals were utilized with the vernal gel packets and disposed of via NPP 339. Training on NPP 339 was provided to unit staff and T&amp;D was completed.</p> <p>C) Upon discovering the facility was out of urinals in central supply, General Services reached out to various units in the hospital to find any urinals that were stored in bulk on the</p> <p>[Continued]</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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11285	<p>Continued From page 1</p> <p>During an observation on 2/8/23 at 10:15 AM with an Associate Mental Health Specialist (AMHS) in Unit 14, the Unit 14 designated "Supply Room" did not contain any urinals for patient care. AMHS stated, "This is where the urinals are stored in the event a patient needs one and the shelf is empty."</p> <p>During an interview on 2/8/23, at 10:35 AM, with two Psychiatric Technicians for Unit 14 (PT1) and PT2, PT1 and PT2 stated that the facility has been out of urinals since January, despite the many calls made to Central Supply (supplier of urinals to patient care units).</p> <p>During an interview on 2/16/23, at 2:07 PM, with the Hospital Administrative Officer (HAO), the HAO stated that the facility ran out of urinals following the loss of a purchase order (an order written to request needed supplies for the facility) in December 2022. The facility had several days delay where the supply of urinals ran out.</p> <p>During a review of the Purchase Order requesting the handheld urinals, dated 12/22/2022, the Purchase Order requested 400 cases of urinals and stated, "THIS IS AN EMERGENCY PURCHASE ORDER!"</p>	11285	<p>units. DSH-C also reached out to other State agencies. DSH-C borrowed 50 reusable plastic urinals from Pleasant Valley State Prison on February 9, 2023 and were able to borrow 18 cases (900) reusable plastic urinals from Department of State Hospitals-Atascadero (DSH-A) on February 15, 2023. DSH-C also completed a separate purchase order from a secondary vendor for paper urinals 12 cases (1440) until our original delayed purchase order from December could be received. This was enough to distribute to any patients who requested and/or required a urinal. General Services Management is updating our inventory process and providing additional training to appropriate staff.</p> <p>D) Materials and Stores Specialist assigned to Central Supply will inventory product on a monthly basis to ensure appropriate inventories are being completed, the Warehouse Manager will review monthly inventories for adequate supply. Warehouse Manager will also follow-up with Vendor or orders to catch any shipping and/or production delays timely. Process purchase orders timely, to ensure enough time for processing and shipping.</p>	