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

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

GAVIN NEWSOM
Governor

• FAILURE TO ADMINISTER HEPATITIS-A VACCINE SECOND DOSE, AS ORDERED BY DOCTOR.

May 1, 2023

Jeffery Gambord
Unit 14
24511 W. Jayne Ave
Coalinga, CA 93210

Dear Jeffrey Gambord:

FACILITY: Dept of State Hospitals - Coalinga
COMPLAINT NUMBER: CA00833332

The Licensing & Certification Program (L&C) within the California Department of Public Health (State Agency) has completed an investigation of your complaint concerning Infection Control at California Medical Facility - Correctional Treatment Center. L&C made an unannounced visit to the facility on October 22, 2020, and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents. HFEN attempted to discuss the outcome of this investigation with you during a telephone call on October 22, 2020, to explain 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.

As attempted to be discussed with you by HFEN, the basis for this finding is as follows:

_x_ 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 statement of deficiencies has been sent to the provider for documenting their plan/s of correction. If you would like a copy of this document, please call the District Office at 855-804-4205 and request a copy.

Section 1227 and 1278 of the Health and Safety Code (HSC) authorizes any duly authorized officer, employee, or agent of the State Agency to enter and inspect any licensed health facility to secure compliance with, or to prevent a violation of any statute or regulations applicable to California Medical Facility - Correctional Treatment Center.

Current law authorizes L&C to make a final determination when investigating complaint allegations in CTC. Our final decision is based on onsite investigation including direct observations, interviews, and review of documents. This decision is not subject to any further administrative review.

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 preference.

Should you have any questions, please contact the Health Facilities Evaluator II Supervisor, Andrea Patten, at 855-804-4205.

Sincerely,

For Rumia Sagala, RN, HFEM I
District Administrator
State Facilities Section
Licensing and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA630004081	A. BUILDING: _____ B. WING _____	C 04/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEPT OF STATE HOSPITALS - COALINGA D/P ICF	24511 WEST JAYNE AVENUE COALINGA, CA 93210

(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
I 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation for Complaint: CA00833332 Representing the California Department of Public Health: 39982, Health Facilities Evaluator Nurse (HFEN). The inspection was limited to the specific Complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for Complaint CA00833332. Refer to § 73313(a).	I 000	RECEIVED MAY 22 2023 BY:	
I1110	T22 DIV5 CH4 ART3-73313(a) Nursing Service--Drug Administration Nursing service shall include but not be limited to the following, with respect to the administration of drugs: (a) Medications and treatments shall be administered as prescribed and shall be recorded in patient's health records. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to provide a second dose of Hepatitis A vaccine to Patient 1 as ordered by the attending physician. This failure had the potential for the vaccine to be ineffective at preventing an infection for Patient 1. Findings: A complaint was made by Patient 1 on 3/27/23. Patient 1 indicated the second dose of Hepatitis A virus vaccine was not given.	I1110	a) Per CDC guidelines, the Hepatitis A vaccination is a 2-dose series, and first dose must be given 6-12 months apart before administering the 2nd dose. On 3/28/23, the PCP wrote an order for the second dose. Patient received the second dose on 3/29/23. b) Although there was a potential for other patients to be affected by the deficient practice, no other patients on the unit were noted to be affected. c) All Unit 9, medication-certified PT staff, will receive training on monitoring the Medication Administration Record (MAR) daily, during med pass, every shift, to ensure medication and ordered treatments (including vaccinations) are given at the correct time, are valid (not expired), as per the PCP orders. Vaccination orders are to be faxed to Pharmacy. Pharmacy will pre-print, monthly, multi-series vaccinations on the MAR, and will include the vaccination type, vaccination ordered date, the expiration date, indications on when the second (or additional) doses are to be given. The... [Continued on Pg. 2]	03/29/23 05/08/23 05/31/23

APOC 5/22/23 CW

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I1110	Continued From page 1 A review of Patient 1's record titled "Monthly Orders For Renewal" dated 3/8/23, indicated an order for Hepatitis A virus vaccine. The order expired on 3/15/23 at 9:30 am. A review of Patient 1's Medication Administration Record (MAR) dated March 2023 showed the vaccine was not given before or on 3/15/23. The MAR showed a handwritten notation which indicated the vaccine order was discontinued on 3/15/23 at 9:30 am. An interview and concurrent record review with Registered Nurse (RN) was conducted on 4/13/23 at 1 pm. RN reviewed Patient 1's record and stated she gave the first dose of Hepatitis A vaccine on 9/2/22. RN stated the second dose was due six month after the first dose was given. RN stated the second dose of the vaccine was not given before the order expired on 3/15/23. RN stated she did not notify the doctor of the missed dose. RN stated she did not document Patient 1 missed the second vaccine dose. RN stated licensed nurses only document when a vaccine was given to monitor for adverse side effects. An interview with Pharmacist (Pharm) was conducted on 4/13/23 at 2:30 pm. Pharm stated the pharmacy department did not receive notification from the unit for the second dose of vaccine before 3/15/23. Pharm stated it was the expectation of the unit staff to notify pharmacy when a vaccine was ordered. A review of administrative directive titled "Medication, Treatment and Procedure Orders" dated 2/28/23, indicated, " ...Nursing Staff Responsibilities ...licensed nursing staff shall: i. Verify that the medication order is complete ...Fax the medication order to Pharmacy ..."	I1110	... pre-print stops on the month following the expiration date. For any expired medication/treatment (including vaccinations) discovered in the MAR, and that have not been given per Physicians Orders, the Med-Room staff are to notify the RN/Shiftlead, who will communicate with the Physician for further follow-up. Training will be provided to all med-certified RN and PT staff, on all of the listed policies. Training will be provided on NPP 522 - "Immunizations", with emphasis on the following : Section IV (B) (2) (b) (i) - All vaccine orders are valid for 10-days from the written date, any vaccine not given within 10 days shall be returned to pharmacy and the medical provide notified for follow-up; and section IV (B) (2) (b) (ii) - Notify the medical provider of vaccine(s) not given. Training will be provided on AD 538 - "Medication, Treatment and Procedure Orders", with emphasis on the following sections in policy: Section VI (C) (2) (b) (i) - Verify that the medication order is complete according to NPP 500; and Section IV (C) (2) (b) (iii) - Fax the medication order to the Pharmacy. Training will also be provided on NPP 500 – "Administration of Medication and Treatment – General Rules" with emphasis on the following sections in policy: Section IV (E)(1) - 1. Review all charts within the first 2 hours of each shift to ensure all orders are noted; Section IV (E) (3) - 3. Transcribe the order exactly as written by the prescriber onto the Medication and Treatment Record (MH 5764) (MAR) within 2 hours from when the order is written; Section IV (E) (8) - 8. Administer medications/treatments within 1 hour before or after the administration time ordered, unless otherwise indicated in the order; and Section IV (E) (12) - 12. Immediately document on the MAR or PRN Medication Record (DSH-C 047) following medication/treatment administration. In addition, training will be provided to all med-certified PT staff on NPP 524 - "24-Hour [Continued on Pg. 2]	

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I1110	Continued From page 2 A review of nursing policy and procedure titled, "Immunizations" dated 4/26/22, indicated, " ...All vaccine orders are valid for 10 days from the written date ...notify the medical provider of vaccine(s) not given ..."	I1110	...NOC Shift Audit" with emphasis on Section IV (A-F), "The audit is meant to serve as a verification system to ensure early detection of medication/treatment related to the prescription, transcription, administration, and documentation of physician orders written within the previous 24-hour period. It is also a tool meant to ensure completion of the specific processes and documentation standards identified in the medication room." This includes vaccinations are given when ordered, are to be monitored by staff so they do not expire. A Training and Development will be completed and submitted to the QID. d) The Unit Supervisor will ensure that the 24-Hour Medication Room Audit has been completed daily and will confirm all identified variances have been remedied or corrected by signing the form. The review will include identifying vaccinations be given prior to expiring. This will be ongoing. Any identified issues will be corrected in real time. Training will be provided as indicated to any identified staff not following policy. The Unit Supervisor will spot check two patients' MARs per week to ensure that all ordered vaccines, medications, and treatments are given as ordered. The US will specifically emphasize identifying any upcoming scheduled vaccines. All discrepancies will be immediately reported to the NC and an MVR will be generated. The US will utilize the 24-hour Medication Room Audit Form to conduct these spot checks, indicating the names of the two patients audited. The audit will be submitted to the NC weekly and will be completed for 60 days (ending 7/1/23). Additional training/education will be provided to staff, as indicated. [End.]	05/31/23 Ongoing