



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 NOTIFY
EMERGENCY CONTACT WHEN
PATIENT TRANSPORTED TO
OUTSIDE HOSPITAL.

● FAILURE TO PERFORM
ANNUAL / QUARTERLY PHYSICAL
EXAM.

May 2, 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: CA00823111

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 at CSH. L&C made an unannounced visit to the facility on April 27, 2023, and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents. HFEN called to discuss the outcome of this investigation with you during a telephone call on April 26, 2023, 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 attempted to be discussed with you by HFEN, 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 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, Colleen Witham, at 855-804-4205.

Sincerely,

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

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 04/27/2023
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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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1000	<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: CA00823111</p> <p>Representing the Department: Health Facilities Evaluator Nurse # 33922</p> <p>The inspection was limited to the specific complaint and does not represent the findings of a full inspection of the facility.</p> <p>Two deficiencies were issued for this complaint investigation.</p>	1000		
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 interview and record review, the facility failed to follow their Administrative Directive when they failed to notify Patient 2's emergency contact, when Patient 2 was transferred to an outside hospital. As a result of this failure, Patient 2's emergency contact was unaware of a potential threat to Patient 2's health and wellbeing.</p> <p>Findings:</p> <p>During an interview with Patient 1 on 1/26/23,</p>	14870	<p>a) The emergency contact was aware of the patient going OTM. Per documentation found in the medical record, on 11/28/23, the emergency contact followed-up with unit staff to get details on the reason patient was sent OTM. The MOD did not have info at the time to provide and patient was informed. On 11/30/22. The MD meet with emergency contact and the patient to discuss concerns with medical condition and course of tx.. The identified patient went OTM on 11/28/22 at 1740, signed out AMA while OTM, and returned to the facility on 11/29/22 at 1430. The patient returned within 24hrs.</p> <p>b) There was a potential for other patients to be affected by the deficient practice; no other patents were noted to be affected by the deficient practice.</p> <p>c) Administrative Directive 515, section IV (B) (i), will be revised to clarify the responsibility of the MOD. The MOD will notify the emergency contact while the patient is in the UCR. If contact is unsuccessful, the MOD will contact .. [continued on Pg. 2]</p>	<p>11/28/22 11/29/22 11/30/22</p> <p>06/08/23</p> <p>07/01/23 07/15/23 07/31/23</p>

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

[Redacted Signature]

TITLE

(X6) DATE

6/12/23

California Department of Public Health

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I4870	<p>Continued From page 1</p> <p>Patient 1 stated he was Patient 2's emergency contact and advocate. Patient 1 stated, Patient 2 had become sick in November of 2022 and was sent to a local emergency department (ED). Patient 1 stated the facility did not inform him that Patient 2 was sent to the ED and when he called Patient 2's unit for an update, staff refused to provide any information.</p> <p>Review of Patient 2's record revealed:</p> <p>"Authorization for Release of Patient Information" form signed by Patient 2 on 3/18/22, listed Patient 1 as a person authorized to receive information including verbal disclosure of treatment and hospital course.</p> <p>"Notifications and Contacts Identification" form signed by Patient 2 and the facility social worker on 3/3/22, indicated Patient 1 was Patient 2's emergency contact.</p> <p>"Physician Transfer to Outside Facility for Emergency or Other Services" form dated 11/28/22 at 4:20 pm indicated, Patient 2 required transfer to the ED for a higher level of care.</p> <p>The facility's "24 Hour Report", dated 11/28/22, indicated Patient 2 was picked up by ambulance at 7:40 pm and transferred to the ED.</p> <p>During an interview on 2/23/23 at 1:40 pm with the Supervising Psychiatric Social Worker (SW 1), SW 1 stated the social workers were the liaison between the facility and the emergency contact during business hours. He stated social worker's hours were Monday through Friday from 8 am to 5 pm and it was their responsibility to notify the emergency contact when a patient was transferred during business hours. He stated,</p>	I4870	<p>... the Unit Social Worker to follow-up on the next business day. Policy will be completed by 07/01/23 and submitted for approval. Policy to be reviewed, approved, and published by 07/15/23. Training will be provided to PCP's, NOD's, and SW's on the updates outlined in AD 515. In addition, the NOD staff will be informed of the location of the patient Release -Of-Information (ROI) form, to assist the MOD in locating the form to verify appropriate notification to the emergency contact and in efforts to prompt notification to the emergency contact. A T&D will be completed and submitted to the QID.</p> <p>c) Signage (reminding the MOD to notify the emergency contact), will be posted in the Urgent Care Room (UCR) walls. This will serve as an additional reminder to the MODs to complete the notification to the emergency contact after business hours and weekends. A list of all Social Workers, per unit, will be posted in the UCR wall, for MOD to review, as needed. Any updates/movement will be provided to the Medical Department to update existing list.</p> <p>d) All unplanned OTM transports, conducted during business hours (Mon-Fri from 0800-1630), are routed to Executive via email. The Executive team has included the Supervising Social Workers in the correspondence. The Supervising Social Workers (SSW) will delegate to the SW on the unit/designee, to notify the emergency contact. Verification of completion is routed to the SSW and the Executive Head.</p> <p>d) The Chief Physicians and Surgeons will review the 24-hour report to identify patients being transported after hours and weekends. They will ensure the MOD made attempt to notify the emergency contact. If contact was attempted and unsuccessful, the MOD will ... [continued on Pg. 3]</p>	<p>07/01/23</p> <p>12/01/22 Ongoing</p> <p>07/01/23 ongoing</p>

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14870	Continued From page 2 after hours, it was the Medical Officer on Duty's (MOD) responsibility to notify the emergency contact. During an interview on 2/23/22 at 2:10 pm with the Chief Physician and Surgeon (MD 1), MD 1 stated he was the MOD on 11/28/22. MD 1 stated he was unaware it was the MOD's responsibility to notify the emergency contact when a patient was transferred at the time of Patient 2's transfer. The facility's policy, "Administrative Directive No. 515 Transfer to and Return from Another Facility for Evaluation and or Medical or Surgical Treatment", dated 12/20/22, indicated, "Procedure for an Unplanned Transfer ... During business hours, the clinical social worker shall notify the patient's emergency contact of the transfer ... Note: After hours and during the weekend, unit staff are expected to contact the MOD when the clinical social worker is unavailable. The MOD shall call the patient's emergency contact to medically explain the situation ..."	14870	... ensure the Medical Department is notified. The Medical Department will notify the SSW Supervisor for appropriate follow-up.	
15535	T22 DIV5 CH4 ART4-73547(a)(6) Content of Health Records (6) Current history and physical examination or appropriate health evaluation. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure annual and quarterly History and Physical examinations (H & P) were completed by a physician for two of three sampled patients (Patient 1 and Patient 2). This failure resulted in incomplete medical records and the potential risk for Patient 1 and Patient 2's medical needs not	15535	a) Patients 1 and 2 did not have an updated H and P on record. Patient 1 is placed on sick call to be seen June 2023, for his quarterly evaluation (tentative 6/12/23). Patient 2 had a completed quarterly evaluation on 2/13/23. Patient 2 is no longer in the facility. b) A list, outlining all patient admission dates, quarterly and annual due dates, is provided to the Medical Department monthly. Each month the list contains Quarterly and Annual evaluations due for the month. The Medical Department will forward the list to the PCP assigned to each patient (as required per the due date). All patients will be identified (including units 9 and 14) and placed on sick call for review. The list will be scheduled to be completed by 07/01/23. The Chief's will follow up with the unit PCP's at the end of month, for status of completion. [continued on Pg.4]	02/13/23 06/30/23 07/01/23 08/01/23 Ongoing

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I5535	<p>Continued From page 3</p> <p>being met due to the lack of a comprehensive H & P.</p> <p>Findings:</p> <p>1. During an interview with Patient 1 on 1/26/23 at 11:49 am, Patient 1 stated his quarterly H&P was due to be completed in December 2022 and he was not able to see the physician for his quarterly H&P.</p> <p>Review of Patient 1's record indicated, Patient 1 was admitted on 9/19/06. Patient 1's annual H&P was completed on 7/29/22. No H&P was found in the patient's record for the last quarter of 2022.</p> <p>2. Review of Patient 2's record indicated, Patient 2 was admitted on 4/30/07. A quarterly H&P was completed on 9/27/22; no other quarterly H&Ps were found for the year 2022. In addition, no annual H&P was found for the year 2022.</p> <p>During an interview with the Unit Supervisor (US 1) on 2/7/23 at 10 am, US 1 stated patients should receive an annual H&P the month prior to their admission date and additional H&P examinations each quarter. US 1 stated, every month, the Unit Coordinator sent a list of patients who were due for their H&P, and she placed those patients on the sick call log (list of patients who required physician services) so that they would be seen by the physician. US 1 stated, each month she conducted an audit to determine if any H&Ps were not completed and notified the Unit Coordinator and the Licensing Coordinators when any were missed. US 1 stated, "We do have a lot missed."</p> <p>During an interview on 2/23/22 at 2 pm with the Chief Physician and Surgeon (MD 1), MD 1</p>	I5535	<p>c) Training will be provided to all PCP's on AD 512 - "Patient Medical And Psychiatric Examinations", with emphasis on section IV (C) (A) complete medical H and P examination shall be performed and recorded on each patient annually, but within 30 days prior to the anniversary of their admission. This will include appropriate Lab tests and a PPD. Training and Development record will be provided to the QID.</p> <p>c) DSH-C will explore the possibility of modifying AD 511 - "Provision of Medical Care to Patients", section IV (B) (3) (a) (ii), to change the requirement for quarterly re-assessments. Instead of being required every quarter (per policy); quarterly assessment will be completed, "as clinically indicated by the PCP for ongoing medical conditions." Research will be completed on 06/16/23. Proposal will be submitted to legal for review and final determination by 06/17/23.</p> <p>Upon review of licensing regulations (title 22, Division 5, Chapters 2 and 4) and Health and Safety Code sections (outlined in chapters 2 and 4), quarterly assessment's conducted by the PCP are listed as a requirement.</p> <p>c) If policy changes are approved by legal, DSH-C policy will updated to reflect the change (tentative 7/1/23). Policy will be routed for review and internal approval (tentative 7/30/23). Training will begin with all the PCP's and completed by (tentative 8/15/23). If policy changes are denied by legal, DSH-C will resume current process and provide training to all physicians on current/unchanged policy. Training to be completed by 7/30/23). Training and Development record will be provided to the QID.</p> <p>d) The Medical Department will monitor and ensure completion of quarterly and annual assessments. PCP's will receive direction ... [continued on Pg.5]</p>	<p>07/01/23</p> <p>06/16/23 06/17/23</p> <p>07/01/23 07/30/23 08/15/23</p> <p>06/01/23 09/01/23 ongoing</p>

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I5535	<p>Continued From page 4</p> <p>confirmed timely H&P completion had been an issue at the facility. MD 1 stated, physicians triaged the sick call log to ensure the sick patients were seen and cared for causing H&P examinations to be delayed or missed.</p> <p>During an interview on 2/23/22 at 2:30 pm with Licensing Coordinator (LC 1), LC 1 stated timeliness of H&P examination completion had been an issue at the facility. LC 1 reported, according to monthly audits, the facility's compliance with completing H&P examinations according to policy was approximately 80% facility wide.</p> <p>The facility's policy titled, "Administrative Directive No. 512 ...Subject: Patient Medical and Psychiatric Examinations", dated 11/8/22, indicated, "A completed medical H&P examination shall be performed and recorded on each patient annually, but within 30 days prior to the anniversary of their admission..."</p> <p>The facility's policy titled, "Administrative Directive No. 511", dated 12/20/22, indicated, "The primary care provider (PCP) shall complete quarterly re-assessments of patients with ongoing medical conditions ..."</p>	I5535	<p>... and training as required/needed. The medical department has an RN auditor position allotted to them. The RN auditor will review the list for all patients, with annual and quarterly exams requiring to be completed for the month. A patient list, outlining all patients with Incomplete exams, will be forwarded to the Medical Department for review and appropriate follow-up. Training will be offered, as well as other Management processes will be utilized as deemed appropriate, by the Medical Department. This plan will be monitored for 90-days and re-evaluated for effectiveness as needed.</p> <p>[End.]</p>	