

French Hospital Medical Center
Perinatal Services Licensing
CA00653882

E1056 Intensive Care Newborn Nursery Service

Oversight Accountability: Chief Operating Officer / Chief Nursing Executive

Immediate Corrective Actions:

1. A discussion was held with hospital leadership on site at French Hospital Medical Center at the time of survey. The discussion concerned Title 22, California Code of Regulations, Article 6, and the current scope and services of perinatal medicine (October 1, 2019). It was firmly agreed upon by administrators and physician leaders that until a program flex is in place all patients under the age of 35 weeks gestation will be stabilized and transferred to a higher level of care.
2. A decision was made to submit a program flexibility form regarding the scope and services at French Hospital Medical Center pertaining to Article 6, section 70481 and 70485, Title 22, California Code of Regulations (October 1, 2019).
3. A Program flexibility form was submitted pertaining to Article 6, section 70481 and 70485, Title 22, California Code of Regulations (October 9, 2019).
4. Physicians admitting to French Hospital Medical Center Family Birthing Center were immediately informed regarding the gestational age requirement pertaining to our current licensure. Until a program flexibility is approved physicians admitting to French Hospital Medical center are clear that any patient <35 weeks will be stabilized and transferred to a higher level of care (October 1, 2019).
5. The Admission Criteria Policy was revised (October 1, 2019).
6. A transfer process was put in place for infants meeting criteria for transfer as follows: Infants requiring umbilical line placement or blood transfusions that are completed beyond emergency care. Infants who remain unstable. Infants that do not respond and improve to treatment of care. Infants anticipated needing sub-specialty services on an urgent basis (October 1, 2019).

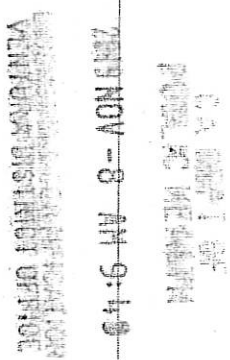
Systemic Corrective Actions:

1. Our policy and procedures have been reviewed to ensure they meet the minimum requirements (October 4, 2019).
2. The revised Admission Criteria Policy has been reviewed and approved by the Director of Perinatal Services, Chief Nursing Executive/Chief Operating Officer, Pediatric Chairperson, Obstetrics Medical Staff Committee, and Board Eligible Neonatologist (October 23, 2019).
3. Staff education regarding admission criteria and criteria for transferring newborns to a higher level of care was provided (starting October 1, 2019, completed October 4, 2019).

Monitoring Plan:

The Director of Perinatal Services or designee monitors every infant born < 35 weeks gestation to ensure the proper procedures for stabilization and transfer are implemented. Any opportunities for improvement are immediately addressed with actions and are reported to the Chief Operating Officer/Chief Nursing Executive. A summary is reported to the Perinatal Safety Committee if there are significant issues or patterns of performance needing action (October 1, 2019).

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA050000016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/28/2019
NAME OF PROVIDER OR SUPPLIER FRENCH HOSPITAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1911 JOHNSON AVE SAN LUIS OBISPO, CA 93401			
(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	
E 000	Initial Comments The following reflects the findings of the California Department of Public Health-Licensing and Certification during an investigation of a complaint. Complaint: CA00653882 Substantiated Representing the Department: 39520 - HFEN The inspection was limited to the investigation of the complaint and does not reflect the findings of a full inspection of the facility.	E 000			
E1056	T22 DIV5 CH1 ART6-70481 Intensive Care Newborn Nursery Service Defini An intensive care newborn nursery service means the provision of comprehensive and intensive care for all contingencies of the newborn infant. Infant transport services are an indispensable part of an intensive care newborn nursery service. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have a state license for operating a level II special care nursery. This failure had potential to put infants at risk when the facility is not licensed to provide higher level of care services. Findings: The American Academy of Pediatrics guidelines: "Levels of Neonatal Care" dated 2012, indicated in part, "In order to maximize perinatal outcomes,	E1056		<div style="text-align: center;">  </div>	

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6699

9LWQ11

If continuation sheet 1 of 6

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA050000016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/28/2019
NAME OF PROVIDER OR SUPPLIER FRENCH HOSPITAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1911 JOHNSON AVE SAN LUIS OBISPO, CA 93401		
(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	
E1056	<p>Continued From page 1</p> <p>delivery of preterm infants should occur at facilities capable of providing the appropriate level of neonatal resuscitative and supportive care commensurate with the gestational age...the American Academy of Pediatrics has recently redefined levels of neonatal care providing recommendations to ensure each newborn infant is delivered and cared for in a facility most appropriate for his or her needs...the updated classification consists of: basic care (level I), specialty care (Level II), and subspecialty intensive care (level III and level IV).</p> <p>level I (basic):</p> <p>provide neonatal resuscitation at every delivery, evaluate and provide postnatal care to stable term newborn infants, stabilize and provide care for infants born 35-37 weeks' gestation who remain physiologically stable, stabilize newborn infants who are ill and those born at < 35 weeks until transfer to a higher level of care.</p> <p>level II (Specialty Care):</p> <p>level I capabilities plus provide care for infants born > 32 weeks and weighing > 1500 grams who have physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis, provide convalescent care after intensive care, provide mechanical ventilation for a brief period < 24 hours, stabilize infants born before 32 weeks and weighing < 1500 grams until transfer to a neonatal intensive care facility.</p> <p>During a tour of the perinatal unit and concurrent interview with the director of nursing (DON), on 10/1/19, at 9:18 a.m., the director of nursing</p>	E1056			

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA050000016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2019
NAME OF PROVIDER OR SUPPLIER FRENCH HOSPITAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1911 JOHNSON AVE SAN LUIS OBISPO, CA 93401		
(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
E1056	<p>Continued From page 2</p> <p>(DON) indicated there are nine perinatal LDRP rooms (labor, delivery, recovery, postpartum rooms) an operating room, and an acute care nursery (ACN), with four beds. The DON indicated that after a normal delivery the newborns stay with mom in the room (rooming-in). The DON further indicated that babies that need ongoing observation or care, go to the acute care nursery.</p> <p>During a tour of the acute care nursery, on 10/1/19, at 10:00 a.m., the nursery had four beds. The beds were equipped with oxygen, suction, cardiac monitoring, pulse oximetry at each bedside. The nursery had a neonatal emergency cart. There were no infants currently admitted to the nursery.</p> <p>During an interview with the DON, and the chief nursing officer (CNO), on 10/1/19, at 10:15 a.m., the DON indicated the admission criteria to the acute care nursery (ACN) are infants greater than 32 weeks. If infants are less than 32 weeks, the infants are transferred out to a higher level of care (hospital with a NICU-neonatal intensive care unit). When asked what level of care the acute care nursery was, the CNO indicated there was no such thing as a level of care number for their nursery.</p> <p>During an interview with the licensed nursery nurse (LN 1), on 10/1/19, at 10:30 a.m., LN 1 indicated the infants that are admitted are grower feeders (babies that are in NICU to learn to feed and gain weight), the acuity level is one nurse to three infants (1:3) or one nurse to two infants (1:2) depending on the needs of the infant. LN 1 indicated the nursery provides oxygen therapy, IV (in the vein) therapy, gavage feedings (a feeding through a small plastic tube passed through the</p>	E1056		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA050000016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2019
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRENCH HOSPITAL MEDICAL CENTER

**1911 JOHNSON AVE
SAN LUIS OBISPO, CA 93401**

(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
E1056	<p>Continued From page 3</p> <p>nose or mouth to the stomach), TPN (total parenteral nutrition-fluids given into the vein to provide the body with nutrients), and transfusions. LN 1 further indicated the nursery manages infants that are low birth weight, hypothermic (has low body temperatures), hypoglycemic (low blood sugars), and have hyperbilirubinemia (too much bilirubin [when red blood cells break down] in the blood).</p> <p>The facility policy and procedure titled, "Acute Care Nursery Admission Criteria" dated 9/19, indicated in part, "The purpose of this policy is to determine which babies shall be admitted to the Acute Care Nursery for evaluation and stabilization...transfer out to a higher level of care maybe considered at any time or by 48 hours of age for any infant who remains unstable...the Acute Care (level II) Nursery is available for any newborn needing a higher level of care...admission criteria: gestational age less than 35 weeks, respirations consistently greater than 70 breaths/min or less than 30 breaths/min and a decrease in oxygen saturation, per criteria of neonatal hypoglycemia algorithm, two temperature readings less than 97.5 °F (36.4 °C), neonate with continuous oxygen therapy requirements, IV therapy, gavage feedings, PH less than 7 or base deficit greater than 13, seizure activity, and blood transfusion."</p> <p>During a review of the facility policy and procedure and concurrent interview with the DON, on 10/1/19, at 10:50 a.m., the DON indicated that the level II nursery is a typo and we are not a level II nursery.</p> <p>During a review of the facility state license and concurrent interview with the CNO, on 10/1/19, at 10:52 a.m., the license indicated the facility has</p>	E1056		

Licensing and Certification Division

STATE FORM

6899

9LWQ11

If continuation sheet 4 of 6

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA050000016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2019
NAME OF PROVIDER OR SUPPLIER FRENCH HOSPITAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1911 JOHNSON AVE SAN LUIS OBISPO, CA 93401		
(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
E1056	<p>Continued From page 4</p> <p>nine perinatal beds. When asked if the four beds in the Acute Care Nursery are included on the license the CNO indicated no, they fall under the perinatal unit. The CNO further indicated the nursery is not a NICU and they did not have a program flex.</p> <p>During a review of Title 22 regulations, under Article 6 supplemental services for the perinatal unit and the intensive care newborn nursery unit, and concurrent interview with the CNO, on 10/3/19, at 9:36 a.m., the CNO acknowledged the Acute Care Nursery is providing the services of a level II nursery and these services are not on the current state license. The CNO further indicated the facility would apply for a program flex for their license.</p> <p>According to the California Children's Services Manual of Procedures titled: Standards for neonatal intensive care units, dated 1/99, indicated in part, "For the purpose of the California Children's Services (CSS) program, an intermediate Neonatal Intensive Care Unit (NICU) shall be defined as a nursery within a CCS-approved Pediatric Community, General Community or Special Hospital that has the capability of providing neonatal care services (intermediate and continuing care) for sick neonates and infants who do not require intensive care but require care at a higher level than provided by a general nursery...may include infants requiring intravenous medication, exchange transfusion, feedings by nasogastric tube, parenteral nutrition, oxygen therapy, and short term ventilator assistance (approximately less than or equal to four hours)...a hospital with a NICU wishing to participate in the CCS program as an intermediate NICU, for the care of sick infants shall be licensed by the Department of</p>	E1056		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA050000016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/28/2019
NAME OF PROVIDER OR SUPPLIER FRENCH HOSPITAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1911 JOHNSON AVE SAN LUIS OBISPO, CA 93401			
(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	
E1056	Continued From page 5 Health Services (DHS), Licensing and Certification Division under the California Code of Regulations (CCR), Title 22, Division 5, Chapter 1 as an: acute general hospital, Article 1, Sections 70003, 70005; and Intensive Care Newborn Nursery (ICNN), Article 6, Sections 70483 through 70489."	E1056			