

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 054055	(X1) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER COLLEGE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 10802 College PI Cerritos, CA 90703 LOS ANGELES COUNTY		
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			(X5) COMPLETE DATE

<p>The following reflects the findings of the Department of Public Health during an inspection visit:</p> <p>Complaint Intake Number: CA00931732 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 48212, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of a facility.</p> <p>Health and Safety Code Section 1280.3(g): For purposes of this section "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of Complaint # CA00931732 Representing the California Department of Public Health: Health Facility Evaluator Nurse #48212</p> <p>Complaint Number: CA00931732- Substantiated</p> <p>HEALTH AND SAFETY CODE (HSC) § 1280.3 (h) For purposes of this section, "immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is</p>			
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likely to cause, serious injury or death to the patient. CALIFORNIA CODE OF REGULATIONS, TITLE 22 § 71213. Psychiatric Nursing Service General Requirements. (a) Written policies and procedures shall be developed and maintained by the director of nursing in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate. § 71507. Patients' Rights. (a) All patients shall have rights which include, but are not limited to the following: (10) All other rights as provided by law or regulation. § 71545. Restraint of Patients (b) Patients shall be placed in restraint only on the written order of a licensed health care practitioner acting within the scope of his or her professional licensure. This order shall include the reason for restraint and the type of restraint to be used. In a clear case of emergency, a patient may be placed in restraint at the discretion of a registered nurse and a verbal or written order obtained thereafter. If a verbal order is obtained it shall be recorded in the patient's medical record and be signed by the licensed health care practitioner on his or her next visit.				
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§ 71549. Medical Record Content (a) Each inpatient medical record shall consist of at least the following: (8) Nurses' notes which shall include but not be limited to the following: Welfare & Institutions Code § 5325.1 The facility Same rights and responsibilities guaranteed others. It is the intent of the legislature that persons with mental illness shall have rights including, but not limited to, the following: (b) A right to dignity, privacy, and humane care. (c) A right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect. On 01/21/2025, the California Department of Public Health (CDPH or Department) conducted an unannounced visit at an acute psychiatric facility to investigate an anonymous complaint regarding the facility's excessive and inappropriate use of seclusion and restraints. The complainant indicated the facility was using seclusion as a form of discipline on patients and using restraints as a convenience for facility staff. Based on observation, interview and record review, the facility failed to: 1. Ensure its nursing staff obtained a complete seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving)/restraint (any method, physical or chemical, or mechanical device, material, or			
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	<p>equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body) order for each seclusion/restraint use for each of three of 30 sampled patients (Patient 10, 14 and 15), in accordance with facility's policy and procedure regarding seclusion and restraints when:</p> <p>1.a. Patient 10 was placed in seclusion without a seclusion order for three hours and five minutes and was placed on 5-point restraints (restraints applied to patient's bilateral wrists, ankles, and chest) without a renewal order for one hour and five minutes on 6/15/2024.</p> <p>1.b. Patient 14 was placed in seclusion and restrained for three hours and fifty minutes without a physician order on 3/5/2024 as required by the facility's policy regarding "Seclusion and Restraint Physical Hold Policy."</p> <p>1.c. Nursing staff initiated seclusion for Patient 15 without a physician order on 4/19/2024 at 5:45 p.m. and the renewal seclusion/restraint order was incomplete on 4/20/2024 at 1:45 a.m.</p> <p>These deficient practices resulted in Patients 10, 14 and 15 being placed in seclusion and being restrained without a proper physician order and had the potential of placing the patients (Patients 10, 14 and 15) at risk for unnecessary and inappropriate seclusion/restraint use, psychological harm and at risk for injury such as strangulation and poor circulation.</p>			

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<p>2. Ensure physician orders included the indication for restraints, why ankle restraints were necessary during transportation, for one of 30 sampled patients (Patient 16), in accordance with the facility's policy regarding restraints.</p> <p>This deficient practice had the potential for restraints to be applied unnecessarily, thus putting Patient 16 at risk for injury such as slips, trips, or falls.</p> <p>Findings:</p> <p>During a review of Patient 10's "Psychiatric and Mental Status Examination (Psych Eval, a formal and complete assessment of the patient and the problem done by Psychiatrist [physician specializes in mental health])," dated 2/24/2024, the Psych Eval indicated, Patient 10, a 14-year-old, was admitted to the facility with diagnosis of disruptive mood dysregulation disorder (a mental health condition characterized by persistent irritability, anger, and frequent intense temper outbursts). During an interview on 1/22/2025 at 10:49 a.m. with the Shift Supervisor (QRN 2), QRN 2 stated a physician order was required for seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving) and restraint QRN 2 also stated each seclusion/restraint order was good for two (2) hours for youth (9-17 years old) patients.</p> <p>During a concurrent interview and record review on 1/24/2025 at 1:46 p.m. with Nurse</p>				
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<p>Manager (NM) 3, Patient 10's "Seclusion and Restraints Assessment Packet (S&R Assessment)," dated 6/15/2024, was reviewed. The S&R Assessment indicated, Patient 10 was placed in seclusion and restraint on 6/15/2024 at 9:35 p.m. The S&R Assessment also indicated Patient 10 was released from restraint and seclusion on 6/16/2024 at 12:40 a.m. NM 3 stated Patient 10 was in seclusion and restraint for three (3) hours and five (5) minutes. NM 3 stated there should be physician order for seclusion and restraints during the start and another seclusion and restraint renewal order two (2) hours after the initiation of seclusion and restraint.</p> <p>During a concurrent interview and record review on 1/24/2025 at 2:10 p.m. with NM 3, Patient 10's physician orders, dated 6/15/2024, was reviewed. The physician orders indicated the following:</p> <ul style="list-style-type: none"> - "On 6/15/2024 at 9:38 p.m.: initial order: time limited order 2 hours for age 9 - 17; initial order: the patient needs to be released from seclusion/restraints by 11:35 p.m. or a new order to be obtained; - type of seclusion/restraints: 5 points restraint (restraints applied to a patient's both wrist, ankles, and chest); - describe the precipitating incident: patient (Patient 10) biting left forearm, pulling own teeth off own mouth. Not following any redirection from staff." 			
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During the same interview on 1/24/2025 at 2:10 p.m., NM 3 stated the following: each restraint order should specify the type of restraint. There was no seclusion order when Patient 10 was placed in a seclusion room on 6/15/2024 at 9:35 p.m. It would be considered as restraining patient without a physician order. Nursing staff should contact physician to obtain restraints renewal order by 11:35 p.m. because each restraint order was only good for two (2) hours for youth patients. Patient 10 was over restrained because the facility failed to obtain a renewal order for one (1) hour and five (5) minutes (from 11:35 p.m. to 12:40 a.m.).				
During a review of Patient 14's "Psychiatric and Mental Status Examination (Psych Eval, a formal and complete assessment of the patient and the problem done by Psychiatrist [physician specializes in mental health])," dated 3/3/2024, the Psych Eval indicated, Patient 14, a 17-year-old, was admitted to the facility with diagnosis of psychosis (severe mental condition involving abnormal thinking, perceptions, and loss of contact with reality).				
During an interview on 1/22/2025 at 10:49 a.m. with the Shift Supervisor (QRN 2), QRN 2 stated a physician order was required for seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving) and restraint (any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body). QRN 2 also stated each seclusion/restraint				

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	<p>order was good for two hours for youth (9-17 years old) patients.</p> <p>During a concurrent interview and record review on 1/23/2025 at 11:40 a.m. with the Nurse Manager (NM 2), Patient 14's "Seclusion and Restraints Assessment Packet (S&R Assessment)," dated 3/5/2024, was reviewed. The S&R Assessment indicated, Patient 14 was placed on physical hold (any manual and physical method of holding a patient against patient's will that restricts freedom of movement or normal access to one's body) and seclusion on 3/5/2024 at 6:22 p.m. and restrained on 3/5/2024 at 7:35 p.m. Patient 14 was released from seclusion and restraint on 3/5/2024 at 10:10 p.m.</p> <p>During the same interview on 1/23/2025 at 11:40 a.m. with the Nurse Manager (NM) 2, NM 2 stated Patient 14 was on seclusion and was restrained for three (3) hours and fifty (50) minutes.</p> <p>During a concurrent interview and record review on 1/23/2025 at 11:50 a.m. with NM 3, Patient 14's physician orders, dated 3/5/2024, was reviewed. The physician order indicated the following:</p> <p>-On 3/5/2024 at 6:25 p.m.: Physical Hold ordered: yes; To prevent imminent physical or emotional harm to others because of threats, attempts, or other acts the patient overly or continually makes or commits.</p>			

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<p>-On 3/5/2024 at 8:22 p.m.: Renewal Order #1: time limited ordered: 2 hours for ages 9 - 17; specific behavior or requiring restraints/seclusion: danger to others, patient continues to scream, cursing at staff, unable to make a safety plan for when patient (Patient 14) is released.</p> <p>During the same interview on 1/23/2025, at 11:50 a.m. with Nurse Manager (NM) 2, NM 2 stated that there was no physician order when seclusion and a restraint were initiated at 6:22 p.m. and at 7:35 p.m., respectively. NM 2 also stated there was the renewal order at 8:22 p.m. but it did not indicate what type of restraints to be continued. NM 2 stated Patient 14 was on seclusion and restrained from 6:22 p.m. to 10:10 p.m. (3 hours 50 min) without a physician order. NM 2 stated nursing staff could not restrain without physician orders. NM 2 stated physician orders should be obtained within minutes upon seclusion and restraint initiation.</p> <p>During a review of Patient 15's Psychiatric and Mental Status Examination], " dated 4/17/2024, the Psych Eval indicated, Patient 15 was admitted to the facility with diagnosis of bipolar disorder (a mental illness that causes unusual shifts in mood, energy, and concentration), mixed with psychotic (severe mental condition involving abnormal thinking, perceptions, and loss of contact with reality) features.</p> <p>During an interview on 1/21/2025 at 1:52 p.m. with the Nurse Manager (NM 1), NM 1 stated a physician order was required for any seclusion and restraint. NM 1 also stated each restraint</p>				
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order was good for four (4) hours for adult patients (18 and older). During a concurrent interview and record review on 1/23/2025 at 3:22 p.m. with Nurse Manger (NM) 3, Patient 15's "Seclusion and Restraints Assessment Packet (S&R Assessment)," dated 4/19/2024, was reviewed. The S&R Assessment indicated, Patient 15 was placed in physical hold, seclusion and restraints on 4/19/2024 at 5:45 p.m., released from restraints on 4/20/2024 at 2:45 a.m. and seclusion on 4/20/2024 at 3:45 a.m. NM 3 stated Patient 15 was in restraints for nine (9) hours and seclusion for ten (10) hours. During a concurrent interview and record review on 1/24/2025 at 2:56 p.m. with NM 3, Patient 15's physician orders, dated 4/19/2024, was reviewed. The physician orders indicated the following: - "On 4/19/2024 at 5:45 p.m.: initial order: time limited order: 4 hours for age 18 or older; type of seclusion/restraint: therapeutic/physical hold (any manual and physical method of holding a patient against patient's will that restricts freedom of movement or normal access to one's body); type of seclusion/restraint: 5 points restraints (restraints applied to a patient's both wrist, ankles, and chest); specific behavior or requiring restraints/seclusion: danger to others, Patient (Patient 15) attacked 1:1 staff and continued to attack staff that arrived at the code grey (hospital emergency response when someone is acting violently, aggressively or threateningly), patient (Patient				
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NAME OF PROVIDER OR SUPPLIER COLLEGE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 10802 College PI Cerritos, CA 90703 LOS ANGELES COUNTY		
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	<p>15) continued made threats throughout whole interaction."</p> <p>-"On 4/19/2024 at 9:45 p.m.: renewal order #1: time limited order: 4 hours for age 18 or older; type of seclusion/restraint: 5 points restraints; type of seclusion/restraint: seclusion; specific behavior or requiring restraint/seclusion: danger to others ..."</p> <p>-"On 4/20/2024 at 1:45 a.m.: renewal order #2: time limited order: 4 hours for age 18 or older; specific behavior or requiring restraint/seclusion: danger to others ..."</p> <p>During the same interview on 1/24/2025 at 2:56 p.m. with Nurse Manager (NM) 3, NM 3 stated the following: there was no seclusion order when Patient 15 was placed in seclusion on 4/19/2024 at 5:45 p.m. Also, the renewal order #2 on 4/20/2024 at 1:45 a.m. was missing the type of restraint/seclusion.</p> <p>During a concurrent observation and interview on 1/21/2025 at 2:54 p.m., in the DDMI Youth Unit (unit for minors who are developmentally delayed with mental illness), Patient 16 walked into the unit wearing restraints to both ankles. Nurse Manager (NM) 3 stated Patient 16 just returned from a doctor's appointment and had been placed on restraints during transportation due to Patient 16's high AWOL (absent without leave, a mental health patient leaves a facility without permission) risk.</p> <p>During an interview on 1/22/2025 at 4:10 p.m. with the Chief Nursing Officer (CNO), the CNO</p>			

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<p>stated that restraint orders should include the type of restraints to be used and the indications or reasons for the restraints. Each restraint order should stand alone.</p> <p>During a concurrent interview and record review on 1/22/2025 at 4:18 p.m. with Nurse Managers (NM) 3 and 4. NM 3 and NM 4 stated the following: Patient 16 was 17 years old. Patient 16 was placed in ankle restraints on 1/21/2025 from 9:30 a.m. to 2:45 p.m. during transportation to a clinic appointment because Patient 16 was an AWOL risk. Restraint orders for minors (ages 9 - 17) expire in 2 hours and require a new physician's order. The physician ordered restraints on 1/21/2025 at 9:13 a.m., 11:23 a.m., and 1:12 p.m. NM 3 and NM 4 verified that orders written at 9:13 a.m. and 11:12 a.m. did not have an indication or reason for the ankle restraints.</p> <p>During a review of Patient 16's "Psychiatric and Mental Status Examination," dated 11/29/2023, the Examination indicated the following: Patient 16 was admitted on involuntary status (against ones will) for danger to self, danger to others, and gravely disabled (a person is unable to meet their basic needs) on 11/27/2023.</p> <p>During a review of Patient 16's physician's order dated 1/21/2025 at 9:13 am, the physician's order indicated the following: Type of Seclusion/Restraint: Walking Restraints/ - Transport. Associated problems: Blank (no documentation of problems).</p> <p>During a review of Patient 16's physician's</p>				
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order dated 1/21/2025 at 11:23 a.m., the physician's order indicated the following: Type of Seclusion/Restraint: Walking Restraints/Transport. Associated problems: Blank (no documentation of problems). During a review of Patient 16's physician's order dated 1/21/2025 at 1:53 p.m., the physician's order indicated the following: Type of Seclusion/Restraint: Walking Restraints/Transport. High AWOL risk. During a review of Patient 16's "Seclusion & Restraints Flow Sheet," dated 1/21/2025, the Flow Sheet indicated Patient 16 was placed on ankle (walking) restraints from 9:12 a.m. to 2:42 p.m., during transport. During a review of the facility's policy and procedure (P&P) titled, "Seclusion and Restraint Physical Hold Policy," dated 10/2023, the P&P indicated, "The physician or Registered Nurse (RN) can initiate the need for restrictive intervention, obtain a written or telephonic order from the physician for the seclusion/restraints (S/R), and document on the Seclusion/Restraint Order form as follows: A. Time Limits: 1) Adults 18 and older up to four (4) hours; 2) Youth 9 - 17 up to two (2) hours ... B. The physician's orders specify the reason for restraint and seclusion usage, the type of restraint, and their duration. The S/R can be ordered for less than above stated maximum. The length of the S/R is limited by the continued need for the intervention rather than the length of the order ... In an emergency, the Nursing Supervisor, Shift				
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<p>Supervisor, or a trained Registered Nurse may initiate a S/R as a protective measure provided that a physician order is obtained immediately within minutes."</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Seclusion and Restraint Physical Hold Policy," dated 10/2023, the P&P indicated the following: The Hospital considers a patient a high risk for AWOL during transportation outside of the facility to be an imminent risk for harm to self or others (community). In this situation, with a physician's order, the patient may be placed in transport restraints while outside the facility ...The same procedure ...will be used for transport restraints including but not limited to: obtaining MD (physician) order ...The physician or Registered Nurse can initiate the need for restrictive intervention, obtain a written or telephonic order for the restraints/Seclusion (S/R). Time Limits: ...Youth 9 - 17 (years of age) up to two (2) hours. The physician's orders specify the reason for restraint and seclusion usage, the type of restraint, and their duration ...Reassessment / Continuation Protocol. Physician/Qualified Registered Nurse (RN) reassesses patients for continuation of S/R ...as follows ... Youth 9 - 17 (of age) at two (2) hours ...Ensures a new order is written on the Seclusion Restraint Continuation Order justifying continuation of S/R.</p> <p>Based upon the above findings, the facility failed to:</p> <p>1. Ensure its nursing staff obtained a complete</p>			
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<p>seclusion (any involuntary confinement of a patient alone in a room or area where he or she is physically prevented from leaving)/restraint (any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body) order for each seclusion/restraint use for each of three of 30 sampled patients (Patient 10, 14 and 15), in accordance with facility's policy and procedure regarding seclusion and restraints when:</p> <p>1.a. Patient 10 was placed in seclusion without a seclusion order for three hours and five minutes and was placed on 5-point restraints (restraints applied to patient's bilateral wrists, ankles, and chest) without a renewal order for one hour and five minutes on 6/15/2024.</p> <p>1.b. Patient 14 was placed in seclusion and restrained for three hours and fifty minutes without a physician order on 3/5/2024.</p> <p>1.c. Nursing staff initiated seclusion for Patient 15 without a physician order on 4/19/2024 at 5:45 p.m. and the renewal seclusion/restraint order was incomplete on 4/20/2024 at 1:45 a.m.</p> <p>These deficient practices resulted in Patients 10, 14 and 15 being placed in seclusion and being restrained without a proper physician order and had the potential of placing the patients (Patients 10, 14 and 15) at risk for unnecessary and inappropriate seclusion/restraint use, psychological harm and</p>				
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	<p>at risk for injury such as strangulation and poor circulation.</p> <p>2. Ensure physician orders included the indication for restraints (any method, physical or chemical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move or access any part of his/her body) for one of 30 sampled patients (Patient 16), in accordance with the facility's policy regarding restraints.</p> <p>This deficient practice had the potential for restraints to be applied unnecessarily, thus putting Patient 16 at risk for injury such as slips, trips, or falls (an event where a patient unintentionally comes to rest on the floor or another lower level. This includes slips, trips, loss of balance, or legs giving out. Falls can result in serious injuries, including fractures, head injuries, and even death).</p> <p>This facility failed to prevent the deficiency(ies) as described above that caused, or is likely to cause, serious injury or death to the patient, and therefore constitutes an immediate jeopardy within the meaning of Health and Safety Code Section 1280.3(g).</p>			

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