Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	051172	08/22/2019
Name of Provider or Supplier	**Street Address, City, State**	
Clinicas Del Camino Real Inc. El Rio	2600 East Vineyard Avenue, Oxnard, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	The following reflects the findings of the California Department of Public Health during an investigation of a complaint. Complaint number: CA00648012- Substantiated Representing the Department: 40469- HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.
J0140	PROVISION OF SERVICES CFR(s): 491.9(d) 491.9(d) Services provided through agreements or arrangements. (1) The clinic . . . has agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including: (i) Inpatient hospital care; (ii) Physician(s) services (whether furnished in the hospital, the office, the patient's home, a skilled nursing facility, or elsewhere); and (iii) Additional and specialized diagnostic and laboratory services that are not available at the clinic or center. (2) If the agreements are not in writing, there is evidence that patients referred by the clinic or center are being accepted and treated. This STANDARD is not met as evidenced by: Based on record review and interview, the clinic failed to: 1. Provide comprehensive referrals in an unexpected and unwanted pregnancy for one of one patient (Patient 5). This failure had the potential to limit the mother's option

/alternatives in an unwanted pregnancy.

2. Implement their referral policy on termination of pregnancy before 20 weeks in one of one patient (Patient 5) who was at 21 weeks of pregnancy. Patient 5 was referred to a pregnancy termination clinic beyond the allowable weeks of termination. This failure resulted in P5 not being able to terminate the pregnancy and not knowing available options to termination of pregnancy.

Findings:

Review of Saunders Elsevier, 5th Edition, Foundations of Maternal-Newborn and Women's Health Nursing, page 37, box 3-1, indicated people have the right to self-determination including the right to respect, privacy, and information necessary to make decisions based on their personal values and beliefs. Page 47 ...Informed Consent indicated patients need full information to make wise decisions about treatment options.

1. Review of the clinical record for Patient 5, indicated an initial nurse visit date of 3/6 /19. A pregnancy test thru urine sampling was conducted and Patient 5 was found pregnant at 21 weeks. The clinical record further indicated the patient's preferred language was Spanish.

The "Consult notes" dated 3/6/19, had documentations of the Health Worker Translator Educator (HWTE) informing Patient 5 in preferred language of the positive pregnancy results. The patient then indicated to the HWTE, the pregnancy was unplanned ,unwanted, and desired termination. Patient 5 was provided the name of the designated local clinic providing pregnancy termination services.

The facility's policy and procedure titled,"Family Planning Protocols" revised 8/2014, indicated, #6. The clinic health worker presents options that are discussed in an unbiased manner. If the test is positive, referrals for prenatal, adoption, and abortion should be given as appropriate. List of all options should be provided to each patient so that (patient) will have relevant resources should (patients) change their mind.

Aside from the documentation of the HWTE regarding the referral to a pregnancy termination clinic no other documentation was located indicating Patient 5 was referred to other agencies/options such as counseling, 211 -help line, adoption procedure, safe surrender program.

During an interview on 7/25/19 at 4:32 p.m. with the health education associate director (HEAD), the HEAD indicated no documentation of referrals from the clinic to the California Safe Surrender Law information and adoption referral information could be found in Patient 5 medical chart. The HEAD further indicated referrals should have been provided as options for infant safety and as indicated in the facility perinatal and family planning protocols program policy and procedure guide.

2. During a review of the clinical record for Patient 5, "Pregnancy Test Verification" dated 3/6/19 and subsequent "Obstetrical Ultrasound" (image of infant inside of mother) dated 4/3/19, indicated the patient was twenty-one weeks pregnant at the first visit to the clinic on 3/6/19.

The facility policy and procedure titled, "CPSP Perinatal Protocols" dated 10/2018 page 32 indicated in part ..."The clinic refers patients who are less than 20 weeks

	pregnant seeking termination of pregnancy to policy designated outside sources for termination of pregnancy and organizations to assist in decision making." The "Consult notes" dated 3/6/19, indicated the Health Worker Translator Educator (HWTE) informed Patient 5 of the positive pregnancy results. The patient then indicated to the HWTE, the pregnancy was unplanned ,unwanted, and desired termination. Patient 5 was provided the name of the designated local clinic providing pregnancy termination services. During a review of the hospital notes, the progress notes dated 7/19/19, indicated on 7 /18/19 at 10:20 a.m., Patient 5 gave birth to a live newborn. At 1:30 p.m. on 7/18/19, mother and baby were roomed in. Further review of the progress notes indicated on 7 /18/19 at 10:02 p.m., the baby was found lifeless in the crib with Patient 5 in the room. The newborn baby was rushed and admitted to the hospital's neonatal intensive care unit (NICU) without signs of life, no heart rate , pulse, or breathing noted.