STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050541	A. BUILDING _____ B. WING _____	C 03/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAISER FOUNDATION HOSPITAL - REDWOOD CITY	1100 VETERANS BOULEVARD REDWOOD CITY, CA 94063

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A 000	INITIAL COMMENTS The following represents the findings of the California Department of Public Health during a Complaint Validation Survey from 3/13/2023 to 3/17/2023. Complaint number CA00829585. The census on 3/13/2023 was 75. The total number of patients sampled was 12. Representing the California Department of Public Health: Health Facilities Evaluator Nurse, 39421 Health Facilities Evaluator Nurse, 31794 A0528- 483.26 Radiologic Services- COP was not met.	A 000		
A 528	RADIOLOGIC SERVICES CFR(s): 482.26 The hospital must maintain, or have available, diagnostic radiological services. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications. This CONDITION is not met as evidenced by: Based on observation, interview, and available record review the hospital failed to provide radiologic services in a safe manner as evidenced by: 1. Two hospital personnel (one Registered Nurse and one Patient Care Technician) entered Zone III with an Intensive Care Patient (ICU) on a ferromagnetic bed and were left unsupervised by MRI personnel. non-MRI (Magnetic Resonance Imaging) personnel while two staff (one registered Nurse , RN 1 and one Patient Care	A 528	A528 Finding #1 Immediate Actions 1. The Magnetic Resonance Imaging (MRI) suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was non-operational following the event.	2/23/23

M.S/19/23 POC accepted

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Shail Costa — SVP/AHM — 5/16/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 528	Continued From page 1 Assistant, PCT 1) and an one patient (P1) were in the Zone III of the MR area. 2. The entrance door to the Magnetic Room (Zone IV) was left opened. 3. The MRI safety alarm system, (called Ferroguard, a wall mounted metal detector that provides a clear, simple, early warning of risk items approaching the magnet room, together with lowest audible alarm rates), located oneither side of the entrance to Zone IV (area where the magnet is located) did not function when the hospital bed as pulled through the entrance to Zone IV. 4. The RN, PCT, and patient were not screened prior to entering Zone III, in accordance with the hospitals policy and procedure regarding screening. 5. The RN was level II MR safety trained and continued to move the patient in an ICU bed into Zone IV (area where magnet is located) without stopping in Zone III for a second screening and transferring patient to non-Ferromagnetic bed/table. 6. The MRI technician did not quench ("in MRI, quenching refers to rapid expulsion of the liquid cryogen used to maintain the MRI magnet in a superconducting state") the Magnet during an emergency situation in accordance with the hospitals policy and procedure "MRI Safety Guidelines..." 7. The hospital's policy and procedure did not include MRMD and MRSO required MR safety training in their policy and procedure "MRI Safety Guidelines..." and as referenced in the Academy of Radiology MRI Safety Guide as referenced in their policy and procedure for MRI safety Guidelines. 8. The required screening of one patient and two non-MRI personnel was not performed in	A 528	Finding #1 (continued) 2. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines (RAD 13.08) of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following: a. MRI Safety Guidelines RAD 13.08 • Align better with American College of Radiology (ACR) Manual on MR Safety 2020. • Include additional MRI safety measures and workflows to ensure patient and staff safety. • Include Magnetic Resonance Medical Director (MRMD), Magnetic Resonance Safety Officer (MRSO), and Magnetic Resonance Safety Expert (MRSE) roles and responsibilities. b. Staff education and training materials • Add simulation of Rapid Response and Code Blue drills from Zone IV to Zone II, practicing calling for help/getting emergent assistance • Add orientation for non-MRI staff/providers to include safety practices review including MRI Safety Screening Questionnaire occurring in Zone II, gauss line provisions, waiting for direction to enter Zone III or IV from MRI technologist, and non-MRI staff remaining in direct line of sight of MRI staff.	2/23/23

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		A528	Finding #2 Immediate Actions 1. The MRI suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was non-operational following the event. 2. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following: a. MRI Safety Guidelines • Align better with ACR Manual on MR Safety 2020. • Include additional MRI safety measures and workflows to ensure patient and staff safety. • Include MRMD, MRSO, and MRSE roles and responsibilities. b. Staff education and training materials • Add simulation of Rapid Response and Code Blue drills from Zone IV to Zone II, practicing calling for help/getting emergent assistance • Add orientation for non-MRI staff/providers to include safety practices review including MRI Safety Screening Questionnaire occurring in Zone II, gauss line provisions, waiting for direction to enter Zone III or IV from MRI technologist, and non-MR staff remaining in direct line of sight of MRI staff.	2/23/23 2/23/23

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A 528	Continued From page 1 Assistant, PCT 1) and an one patient (P1) were in the Zone III of the MR area. 2. The entrance door to the Magnetic Room (Zone IV) was left opened. 3. The MRI safety alarm system, (called Ferroguard, a wall mounted metal detector that provides a clear, simple, early warning of risk items approaching the magnet room, together with lowest audible alarm rates), located oneither side of the entrance to Zone IV (area where the magnet is located) did not function when the hospital bed as pulled through the entrance to Zone IV. 4. The RN, PCT, and patient were not screened prior to entering Zone III, in accordance with the hospitals policy and procedure regarding screening. 5. The RN was level II MR safety trained and continued to move the patient in an ICU bed into Zone IV (area where magnet is located) without stopping in Zone III for a second screening and transferring patient to non-Ferromagnetic bed/table. 6. The MRI technician did not quench ("in MRI, quenching refers to rapid expulsion of the liquid cryogen used to maintain the MRI magnet in a superconducting state") the Magnet during an emergency situation in accordance with the hospitals policy and procedure "MRI Safety Guidelines..." 7. The hospital's policy and procedure did not include MRMD and MRSO required MR safety training in their policy and procedure "MRI Safety Guidelines..." and as referenced in the Academy of Radiology MRI Safety Guide as referenced in their policy and procedure for MRI safety Guidelines. 8. The required screening of one patient and two non-MRI personnel was not performed in	A 528	Finding #4 (continued) b. Zone III: Restricted access area where screening of MRI patients and personnel continues and is finalized under supervision by MRI technologists in preparation for entry into Zone IV. • Will complete an MRI Screening Safety Questionnaire before being allowed entrance into Zone III. o Any "yes" answers will be discussed with MRI Level 2 personnel for consideration of potential/actual risk of scanning. • All Non-MRI personnel needing to enter Zone III must first complete an MRI safety questionnaire that has been reviewed by MRI staff before entering Zone III. o Patients and visitors will not be allowed in the MRI area (Zone III and IV) unless escorted and screened by an MR technologist, radiologist, or other trained Level 2 MRI personnel. o All patients having an MRI procedure will complete and sign an MRI Safety Screening form before being allowed into Zone III. o Any question answered "yes" will be investigated and resolved before the patient is allowed into Zone III. 3. Developed an MRI Safety Stop process which includes the following steps: a. Before proceeding to the Zone IV door, confirm the following: absence of ferrous objects and equipment is MRI safe. b. Only enter Zone IV when MRI personnel is present and when instructed to enter.	3/29/23

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			5. Initial orientation for all new MRI staff to include education on MRI Guidelines, annual online MRI Safety Learning Module, adherence to proper workflow, MRI Safety Checklist, and MRI Safety Stop.	Ongoing
			6. All elements above to be included in the MRI annual competency.	Ongoing
			7. Part-time/per diem and staff on leave to be re-educated on MRI Guideline, annual online MRI Safety Learning Module, adherence to revised work and MRI Safety Checklist prior to participating in patient care duties.	Ongoing
			Monitoring 1. Monitor the completion of active MRI staff re-education regarding screening of non-MRI personnel prior to entering Zone III until 100% completion.	8/31/23
			2. Completion of 30 direct observational audits monthly for correct use of screening of non-MRI personnel prior to entering Zone III utilizing the MRI Safety Checklist	8/31/23
			3. Data to be reported monthly to MRISC and QMC which reports to MEC, until the target is met for 4 consecutive months.	9/30/23
			4. For sustainability after reporting target is met, ongoing compliance to be reported quarterly to the MRI leadership, MRISC, QMC, and MEC.	Ongoing

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		A528	Finding #5 Immediate Actions 1. The MRI suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was non-operational following the event. 2. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following: a. MRI Safety Guidelines • Align better with ACR Manual on MR Safety 2020. • Include additional MRI safety measures and workflows to ensure patient and staff safety. • Include MRMD, MRSO, and MRSE roles and responsibilities.	2/23/23 2/23/23

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A 528	Continued From page 1 Assistant, PCT 1) and an one patient (P1) were in the Zone III of the MR area. 2. The entrance door to the Magnetic Room (Zone IV) was left opened. 3. The MRI safety alarm system, (called Ferroguard, a wall mounted metal detector that provides a clear, simple, early warning of risk items approaching the magnet room, together with lowest audible alarm rates), located oneither side of the entrance to Zone IV (area where the magnet is located) did not function when the hospital bed as pulled through the entrance to Zone IV. 4. The RN, PCT, and patient were not screened prior to entering Zone III, in accordance with the hospitals policy and procedure regarding screening. 5. The RN was level II MR safety trained and continued to move the patient in an ICU bed into Zone IV (area where magnet is located) without stopping in Zone III for a second screening and transferring patient to non-Ferromagnetic bed/table. 6. The MRI technician did not quench ("in MRI, quenching refers to rapid expulsion of the liquid cryogen used to maintain the MRI magnet in a superconducting state") the Magnet during an emergency situation in accordance with the hospitals policy and procedure "MRI Safety Guidelines..." 7. The hospital's policy and procedure did not include MRMD and MRSO required MR safety training in their policy and procedure "MRI Safety Guidelines..." and as referenced in the Academy of Radiology MRI Safety Guide as referenced in their policy and procedure for MRI safety Guidelines. 8. The required screening of one patient and two non-MRI personnel was not performed in	A 528	Finding #6 (continued) under immediate supervision of a Level 2 MRI personnel. 2. Development of the MRI Quenching Learning Module to provide increased detail specific to evaluation prior to, evacuation for, activation of, and reporting with quenching of the MRI magnet in progress. a. Module to be assigned to all active MRI technologists for completion. 3. Revised the MRI Safety Guidelines to clarify and provide increased detail specific to evaluation prior to, evacuation for, activation of and reporting with quenching of the MRI magnet. a. Revised policy to be submitted to MEC for approval. b. Training of all active MRI technologists to be completed. 4. Initial orientation for all new MRI technologists to include education on MRI Quenching Learning Module. 5. Part-time/per diem and staff on leave to be educated on the MRI Safety Guidelines and MRI Quenching Learning Module prior to participating in patient care duties. Monitoring 1. Monitor the completion of review of the revised MRI Safety Guidelines by all active MRI staff until 100% of staff have completed review. 2. Monitor the completion of the MRI Quenching learning module by all active MRI technologists with a target of 100%.	5/01/23 5/08/23 5/08/23 5/15/23 Ongoing Ongoing 8/31/23 8/31/23

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		A528	Finding #7 Immediate Actions 1. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following:	2/23/23

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A 528	Continued From page 2 accordance with the hospital's policy and procedure titled "MRI Safety Guidelines..." 9. The hospital did not have a patient interview/clinical screening area that provided privacy for patient's and non-MR personnel. Zone II (where screening of patient's and non-MR personnel takes place and provides an intermediary space or buffer between Zone I (general public area) and the more strictly controlled MRI zones III(area outside of the magnet room; restricted to only trained MR personnel who have successfully screened patients and non-MR personnel) and Zone IV (where the scanner/magnet is located). The facilities Zone II was located in a hallway used as a pathway by people entering the Radiology Department leading to other Radiologic services. (see hospital physical layout/Radiology Department) (refer to A-0535) The hospital did not provide evidence of the MRMD/MRSO MR safety annual education or Level II MR safety training and did not provide the credential file for the MRMD/MRSO as requested. During an interview with the Imaging Director and the Assistant Medical Group Administrator on 3/13/23 at 13:30 stated that the MRMD was the Chief of Radiology. When queried about the appropriate training for the MRMD, the responsible person was changed to "two MRMD's." (see org chart for radiology). The Imaging Director indicated an MRMD for musculoskeletal imaging and an MRMD for Neurological imaging. (Refer to A0538). During a review of the Imaging Services Redwood City MRI organizational chart showed the following: "Imaging Svcs Chief, MRI MSK Sub-Chief and Imaging Svcs Asst Chief, Neuro	A 528		
		A528	Finding #9 Immediate Actions 1. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following: a. MRI Safety Guidelines • Align better with ACR Manual on MR Safety 2020. • Include additional MRI safety measures and workflows to ensure patient and staff safety. • Include MRMD, MRSO, and MRSE roles and responsibilities. b. Staff education and training materials • Need to add simulation of Rapid Response and Code Blue drills from Zone IV to Zone II, practicing calling for help/getting emergent assistance • Add orientation for non-MRI staff/providers to include safety practices review including MRI Safety Screening Questionnaire occurring in Zone II, gauss line provisions, waiting for direction to enter Zone III or IV from MRI technologist, and non-MRI staff remaining in direct line of sight of MRI staff.	2/23/23

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A 528	Continued From page 2 accordance with the hospital's policy and procedure titled "MRI Safety Guidelines..." 9. The hospital did not have a patient interview/clinical screening area that provided privacy for patient's and non-MR personnel. Zone II (where screening of patient's and non-MR personnel takes place and provides an intermediary space or buffer between Zone I (general public area) and the more strictly controlled MRI zones III(area outside of the magnet room; restricted to only trained MR personnel who have successfully screened patients and non-MR personnel) and Zone IV (where the scanner/magnet is located). The facilities Zone II was located in a hallway used as a pathway by people entering the Radiology Department leading to other Radiologic services. (see hospital physical layout/Radiology Department) (refer to A-0535) The hospital did not provide evidence of the MRMD/MRSO MR safety annual education or Level II MR safety training and did not provide the credential file for the MRMD/MRSO as requested. During an interview with the Imaging Director and the Assistant Medical Group Administrator on 3/13/23 at 13:30 stated that the MRMD was the Chief of Radiology. When queried about the appropriate training for the MRMD, the responsible person was changed to "two MRMD's." (see org chart for radiology). The Imaging Director indicated an MRMD for musculoskeletal imaging and an MRMD for Neurological imaging. (Refer to A0538). During a review of the Imaging Services Redwood City MRI organizational chart showed the following: "Imaging Svcs Chief, MRI MSK Sub-Chief and Imaging Svcs Asst Chief, Neuro	A 528	Finding #9 (continued) Systemic Actions 1. Reviewed physical space within the MRI department in relation to workflows and identified additional space (room 1N96) to meet privacy requirements in Zone II. 2. All active MRI staff were re-educated on the MRI Safety Guidelines policy. The importance of the following safety measures was reviewed and reinforced with staff to ensure patient and staff safety during MRI diagnostic visit. a. Patients and staff must be screened using MRI Safety Screening Questionnaire in Zone II (room 1N96). b. Patients and staff must remain in line of sight or under immediate supervision of a Level 2 MRI personnel, and wanded in Zone III. c. Door to Zone IV must be closed at all times, except when entering or exiting or participating in patient care. In addition, patients must remain in line of sight or under immediate supervision of a Level 2 MRI personnel. 3. Evaluated the workflow for patient screening while in Zone II and made amendments to ensure privacy is maintained. The new workflow for hospital patients includes interview/clinical screening in room 1N96. 4. Created MRI Safety Checklist as visual aids to ensure all pertinent safety measures are addressed and in place before transporting a patient to MRI and within Zones II, III and IV. 5. Training on MRI Safety Checklist for active PCS and ancillary staff who transport patients to MRI.	3/13/23 3/21/23 3/29/23 4/07/23 4/30/23

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A 528	Continued From page 3 MRI Sub-Chief, CSP Rad Lead. The Imaging Director hand wrote the MRMD/MRSO designations for the Radiologist she was indicating as the two designated MRMD's. (refer to Imaging services org. chart). The Imaging Service Director indicated that one of the Radiologists was the MRMD and the MRSO. During an interview with the Chief of Radiology on 3/15/23 at 14:05, stated that the MRMD received MR safety training in their Residency and Fellowship programs. (Refer to A0538). The cumulative effect of these systemic problems resulted in the facility's failure to provide care to their patients and hospital personnel in a safe environment.	A 528		
A 535	SAFETY POLICY AND PROCEDURES CFR(s): 482.26(b) [§482.26 Condition of Participation: Radiologic Services §. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.] §482.26(b) Standard: Safety for Patients and Personnel The radiologic services, particularly ionizing radiology procedures, must be free from hazards for patients and personnel. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the safety of the patient and staffs when:	A 535		

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A 535	Continued From page 4 1. There was no supervision of non-MRI (Magnetic Resonance Imaging) Personnel while two staff (one registered Nurse , RN 1) and one Patient Care Assistant, PCT 1) were in Zone III of the MR area. 2. The entrance door to the Magnetic Room (Zone IV) was left opened. 3. The MRI safety alarm system, (called Ferroguard, a wall mounted metal detector that provides a clear, simple, early warning of risk items approaching the magnet room, together with lowest audible alarm rates), located on either side of the entrance to Zone IV (area where the magnet is located) did not function when the hospital bed as pulled through the entrance to Zone IV. 4. The RN, PCT, and patient were not screened prior to entering Zone III, in accordance with the hospitals policy and procedure regarding screening. 5. The RN was level II MR safety trained and continued to move the patient in an ICU bed into Zone IV (area where magnet is located) without stopping in Zone III for a second screening and transferring patient to non-Ferromagnetic bed/table. 6. The MRI technician did not quench the Magnet during an emergency situation in accordance with the hospitals policy and procedure "MRI Safety Guidelines..." 7. The hospital's policy and procedure did not include MRMD and MRSO required MR safety training in their policy and procedure "MRI safety Guidelines..." 8. Required screening of patient and non-MRI personnel was not performed in accordance with the hospital's policy and procedure. 9. The hospital did not have a patient interview/clinical screening area (Zone II) that	A 535	Finding #1 Immediate Actions 1. The Magnetic Resonance Imaging (MRI) suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was non-operational following the event. 2. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines (RAD 13.08) of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following: a. MRI Safety Guidelines RAD 13.08 • Align better with American College of Radiology (ACR) Manual on MR Safety 2020. • Include additional MRI safety measures and workflows to ensure patient and staff safety. • Include Magnetic Resonance Medical Director (MRMD), Magnetic Resonance Safety Officer (MRSO), and Magnetic Resonance Safety Expert (MRSE) roles and responsibilities. b. Staff education and training materials • Add simulation of Rapid Response and Code Blue drills from Zone IV to Zone II, practicing calling for help/getting emergent assistance • Add orientation for non-MRI staff/providers to include safety practices review including MRI Safety Screening Questionnaire occurring in Zone II, gauss line provisions, waiting for direction to enter Zone III or IV from MRI	2/23/23 2/23/23

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		A535	Finding #2 Immediate Actions 1. The MRI suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was non-operational following the event. 2. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following: a. MRI Safety Guidelines • Align better with American College of Radiology (ACR) Manual on MR Safety 2020. • Include additional MRI safety measures and workflows to ensure patient and staff safety. • Include MRMD, MRSO, and MRSE roles and responsibilities. b. Staff education and training materials • Add simulation of Rapid Response and Code Blue drills from Zone IV to Zone II, practicing calling for help/getting emergent assistance • Add orientation for non-MRI staff/providers to include safety practices review including MRI Safety Screening Questionnaire occurring in Zone II, gauss line provisions, waiting for direction to enter Zone III or IV from MRI	2/23/23 2/23/23

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	050541	A. BUILDING _____ B. WING _____	C 03/17/2023

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		A535	Finding #3 Immediate Actions 1. The MRI suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was non-operational following the event.	2/23/23
			2. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following: a. MRI Safety Guidelines • Align better with American College of Radiology (ACR) Manual on MR Safety 2020. • Include additional MRI safety measures and workflows to ensure patient and staff safety. • Include MRMD, MRSO, and MRSE roles and responsibilities. b. Staff education and training materials • Add simulation of Rapid Response and Code Blue drills from Zone IV to Zone II, practicing calling for help/getting emergent assistance • Add orientation for non-MRI staff/providers to include safety practices review including MRI Safety Screening Questionnaire occurring in Zone II,	2/23/23

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		A535	Finding #4 Immediate Actions 1. The MRI suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was non-operational following the event. 2. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following: a. MRI Safety Guidelines • Align better with American College of Radiology (ACR) Manual on MR Safety 2020. • Include additional MRI safety measures and workflows to ensure patient and staff safety. • Include MRMD, MRSO, and MRSE roles and responsibilities.	2/23/23 2/23/23

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	050541	A. BUILDING _____ B. WING _____	C 03/17/2023

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KAISER FOUNDATION HOSPITAL - REDWOOD CITY	1100 VETERANS BOULEVARD REDWOOD CITY, CA 94063

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		A535	Finding #5 Immediate Actions 1. The MRI suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was non-operational following the event. 2. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following: a. MRI Safety Guidelines • Align better with American College of Radiology (ACR) Manual on MR Safety 2020.	2/23/23 2/23/23

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		A535	Finding #6 Immediate Actions 1. The MRI suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was non-operational following the event. 2. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following:	2/23/23 2/23/23

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		A535	Finding #7 Immediate Actions 1. Multidisciplinary team met to review and evaluate the MRI Safety Guidelines of safety practices in the MRI area, including review of staff education and training materials to identify improvement opportunities. These opportunities included the following:	2/23/23

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		A535	Finding #8 Immediate Actions 1. The MRI suite was placed on lock down after the event, including entrance to Zone IV. MRI magnet was	2/23/23

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A 535	Continued From page 4 1. There was no supervision of non-MRI (Magnetic Resonance Imaging) Personnel while two staff (one registered Nurse , RN 1) and one Patient Care Assistant, PCT 1) were in Zone III of the MR area. 2. The entrance door to the Magnetic Room (Zone IV) was left opened. 3. The MRI safety alarm system, (called Ferroguard, a wall mounted metal detector that provides a clear, simple, early warning of risk items approaching the magnet room, together with lowest audible alarm rates), located on either side of the entrance to Zone IV (area where the magnet is located) did not function when the hospital bed as pulled through the entrance to Zone IV. 4. The RN, PCT, and patient were not screened prior to entering Zone III, in accordance with the hospitals policy and procedure regarding screening. 5. The RN was level II MR safety trained and continued to move the patient in an ICU bed into Zone IV (area where magnet is located) without stopping in Zone III for a second screening and transferring patient to non-Ferromagnetic bed/table. 6. The MRI technician did not quench the Magnet during an emergency situation in accordance with the hospitals policy and procedure "MRI Safety Guidelines..." 7. The hospital's policy and procedure did not include MRMD and MRSO required MR safety training in their policy and procedure "MRI safety Guidelines..." 8. Required screening of patient and non-MRI personnel was not performed in accordance with the hospital's policy and procedure. 9. The hospital did not have a patient interview/clinical screening area (Zone II) that	A 535	Finding #8 (continued) Zone III. o Patients and visitors will not be allowed in the MRI area (Zone III and IV) unless escorted and screened by an MRI technologist, radiologist, or other trained Level 2 MRI personnel. o All patients having an MRI procedure will complete and sign an MRI Safety Screening form before being allowed into Zone III. o Any question answered "yes" will be investigated and resolved before the patient is allowed into Zone III. 3. Developed an MRI Safety Stop process which includes the following steps: a. Before proceeding to the Zone IV door, confirm the following: absence of ferrous objects and equipment is MRI safe. b. Only enter Zone IV when MRI personnel is present and when instructed to enter. 4. Training for all active MRI staff was completed for: a. Adherence to the revised workflow, including non-MRI staff and patient screening prior to entering Zone III b. MRI Safety Checklist c. MRI Safety Stop 5. Initial orientation for all new MRI staff to include education on MRI Guidelines, annual online MRI Safety Learning Module, adherence to proper workflow, MRI Safety Checklist, and MRI Safety Stop. 6. All elements above to be included in the MRI annual competency.	3/29/23 4/14/23 Ongoing Ongoing

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	050541	A. BUILDING _____ B. WING _____	C 03/17/2023

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		A535	Finding #9	

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A 535	Continued From page 5 would facilitate full and complete patient and personnel disclosure of their medical history. Findings: During an interview with MRI Technologist on 3/13/23 at 13:15 stated that she opened the door to Zone III without first screening the nurse, patient, and patient care technician in Zone II. She indicated she informed the nurse "we're going in head first" and went back to the control room to "open the patient chart." She indicated she left the RN, patient, and PCT alone in Zone III. When queried why she did that, she stated she could not begin the procedure without first opening the chart. The control room is out of the line of sight to Zone III, and indicated she could not begin the procedure without opening the patient chart. When queried about what was priority, the patient or the patient chart, she stated "the patient." While at the computer, she indicated she heard "screaming" and ran out to see the RN pinned against the Magnet by the ICU bed. She did not recall hearing the Ferroguard alarm. During an interview with the MRI Imaging Technician on 3/13/23 at 14:10 stated she had begun a call to another patient when the bell to Zone III rang. She asked the MRI Technologist if she should answer the door or continue with the telephone call. She indicated she was instructed to finish the call and the MRI Technologist would "get the door." The Imaging Technician stated she had just "finished with the call" when she heard screaming coming from outside the control room. She indicated she "did not hear the Ferroguard alarm." She stated the door should not have been left open and the bed should not have been in the	A 535		

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A 535	Continued From page 6 doorway. The door to Zone IV should remain closed at all times. -The hospital policy and procedure titled "MRI Safety Guidelines-NCAL Imaging Policy SAS-910 at 5.1.3" indicated "employees, visitors, or staff will not be allowed in the magnet area (Zones III and IV) without the appropriate screening, evaluation, and supervision." MR Level II trained personnel are to be with patients and other non-MR personnel in Zone III at all times. -The hospital policy and procedure titled "MRI Safety Guidelines...5.9.1 indicated "patients and visitors will not be allowed in the MRI area (Zone III & IV) unless escorted and screened by an MRI technologist, radiologist, or other trained Level 2 MRI personnel." -ACR (American College of Radiology) Manual on MR Safety indicated "MR Screening All non-MR personnel needing to enter Zone III must first pass an MR safety screening process...non emergent patients should be MR safety screened at least twice prior to being granted access to the MR environment (Zone III & IV). At least one of these screens should be performed by Level 2 MR personnel verbally and/or interactively. For example, the patient (or their health care proxy) may complete a screening form and subsequently have the responses and contents of that form reviewed together with a Level 2 MR Technologist. -ACR recommendations for conscious, nonemergent patients are to complete written MR safety screening questionnaires prior to entering Zone III. During an interview with the MRI Technologist and MR Imaging Technician on 3/15/23 at 14:00, both concurred that they did not hear the	A 535		

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A 535	Continued From page 7 Ferroguard alarm. During a concurrent interview with the Assistant Medical Group administrator and the Director of Imaging Services and record review of the "Ferroguard User Manual," on 3/16/23, both stated that the Ferroguard had not been serviced or maintained since the purchase and installation in 2014. the AMGA stated that the Ferroguard was proprietary and had to serviced by the companies (Metrasens) personnel. The hospital obtained a contract with the company and they will be sending a technician to check the Ferroguard. -According to the Ferroguard User Manual, recommends the following: "approach (observe the Beacon displays when approaching the Ferroguard system) Look (if beacon turns amber or red STOP), Proceed (once the beacon remains green) proceed through the entryway, Listen (if audible alarm sounds as you pass through the Ferroguard, STOP). Three of three interviewed staff (MRI Technologist, Imaging Technician, and PCT) stated they did not hear the Ferroguard alarm during the ICU bed passing through the entryway. -According to the Ferroguard User Manual recommends that annual testing by Metrasens approved Ferroguard technicians, daily qualitative checks, weekly/monthly checks and what to do if a fault is suspected. The facility failed to comply with these recommendations. During an observation in Zone III on 3/13/23 at 11:10, the Ferroguard visual alarm displayed "amber" (indicates detection of moving ferromagnetic material). The audible alarm could not be tested, according to the Imaging Director.	A 535		

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A 535	Continued From page 8 During concurrent interviews with the MRI Technologist and Imaging Technician, the patient, RN, and PCT were not screened in Zone II (where written MR safety screening questionnaires are performed) prior to being allowed to Zone III (MRI environment for screened personnel and patients). -The ACR Manual on MR safety indicated "...full stop and final check performed by the MRI technologist is recommended to confirm the satisfactory completion of MR safety screening for the patient, support equipment, and personnel immediately prior to crossing from Zone III to Zone IV. -The hospital policy and procedure "MRI safety Guidelines...5.9.1" indicated "all patients and visitors will not be allowed in the MRI area (Zone III & IV) unless escorted and screened by an MRI technologist, radiologist, or other trained Level II MRI personnel. -The hospital policy and procedure "MRI safety Guidelines...5.9.2 indicated all patients having MRI procedure will complete and sign an MRI safety Screening form before being allowed into Zone III." The patient's initial paper screening was unsigned and was in English, patient was Spanish speaking patient with little to no understanding of English. MRI technologist was supposed to have reviewed the initial screening of all non-MR personnel and the patient prior to allowing them into Zone III. This did not take place. During an interview with the Director of Imaging on 3/14/23 indicated "during procedure the MRI Technologist, was feeling "rushed" because of a timed procedure set for 08:00. Review of the	A 535		

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A 535	Continued From page 9 patient schedule did not indicate a timed procedure other than the patient brought to the MRI by the RN and the PCT. When queried whether the MRI technologist should have felt "rushed" or should have focused on patient safety, she stated "patient safety." An interview with the RN was not conducted; nurse did not return request for interviews. The RN was Level II trained (meaning safety for herself, safety for others), despite the Level II training, she proceeded to enter Zone III without any screening and continued to enter Zone IV with a ferromagnetic ICU bed. This failure caused her to be pinned against the magnet by the ICU bed and sustained severe injury to her person, requiring surgical repair of multiple lacerations to her abdomen, mons, and left thigh, as well as removal of two embedded screws. The patient fell to the floor and did not sustain any injuries, the potential for patient severe injury was present. An interview with the MRI Technologist regarding the "quenching" of the magnet, indicated that she did not quench the magnet immediately but had the Clinical Technologist notified to ask if she should do that. The nurse was forcibly removed from the the magnet while still pinned by the ICU bed, review of the nurse's in patient record the treating physician indicated this could have caused more damage to the areas where she sustained lacerations. -The hospital's policy and procedure "MRI Safety Guidelines...5.6.1.13" indicated "staff initiated quench of the magnet only when the object held against the MRI scanner poses an imminent threat of injury or death, such as if a patient or staff member is pinned between the object and	A 535		

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A 535	Continued From page 10 the magnet..." An observation and concurrent interview on 3/13/23 at 11:30, Zone II is located in the hallway (pathway to other radiologic services) and offered no privacy for screening and wanding of a patient or non-MRI personnel. The Imaging Director stated the hospital did not have a separate area where MRI patients are screened, change clothing into non-ferromagnetic gowns prior to entering Zone III & IV. The many safety failures by the MRI and non-MRI personnel created a culture of unsafe practices leading to the severe injury of one hospital personnel and the potential for injury to one patient.	A 535		
A 538	MONITORING RADIATION EXPOSURE CFR(s): 482.26(b)(3) Radiation workers must be checked periodically, by the use of exposure meters or badge tests, for amount of radiation exposure. This STANDARD is not met as evidenced by: Based on interview, and record review, the facility failed to provide evidence of the MRMD/MRSO MR safety annual education or Level II MR safety training and did not provide the credential file for the MRMD/MRSO as requested. Findings: During an interview with the Imaging Director and the Assistant Medical Group Administrator on 3/13/23 at 13:30 stated that the MRMD was the Chief of Radiology. When queried about the appropriate training for the MRMD, the responsible person was changed to "two	A 538	Finding #10 Immediate Actions 1. Reviewed ACR Manual on MR Safety 2020 guidelines and requirements for MRMD and MRSO. Systemic Actions 1. Completion of required education and training for MRMD and MRSO: a. KP Learn Level 2 MRI Safety training b. Board certification by American Board of Radiology c. Annual MRI Safety training course through accredited organization 2. MRMD and MRSO appointment and reappointment following the established process through Medical Staff Office. 3. MRI Safety Guidelines policy to include MRMD, MRSO roles and responsibilities. Revised policy will be presented to MEC for approval.	3/15/23 3/29/23 3/01/23 5/12/23 5/08/23 5/08/23

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A 538	Continued From page 11 MRMD's." (see org chart for radiology). The Imaging Director indicated an MRMD for musculoskeletal imaging and an MRMD for Neurological imaging. During a review of the Imaging Services Redwood City MRI organizational chart showed the following: "Imaging Svcs Chief, MRI MSK Sub-Chief and Imaging Svcs Asst Chief, Neuro MRI Sub-Chief, CSP Rad Lead. The Imaging Director hand wrote the designations under each Radiologist's name to indicate their MRMD/MRSO designations. (refer to Imaging services org. chart). The Imaging Service Director indicated that one of the Radiologists was also the MRSO (Magnetic Resonance Safety Officer). During an interview with the Chief of Radiology on 3/15/23 at 14:05, stated that the MRMD received MR safety training in their Residency and Fellowship programs. -According to the ACR Manual on MR Safety, the MRMD is a licensed physician/radiologist with appropriate training in MR safety. -The facility did not provide the requested documentation showing MR training for the MRMD and did not provide the credential file for Dr. Roberts, MRMD. -According the the ACR Manual on MR safety indicated, "...the responsibility will be assumed by a licensed physician/radiologist with appropriate training in MR safety. MRSO responsibility will be assumed by a suitably trained individual...and all individuals responsible for safety in Zones III or IV of MR environment should be documented as having been successfully educated regarding MR safety issues..." -According to the hospital's policy and procedure	A 538	Finding #10 (continued) Monitoring 1. Monitor MRI physician education until 100% completion. 2. Data to be reported monthly to MRISC and QMC which reports to MEC, until the target is met for 4 consecutive months. 3. For sustainability after reporting target is met, ongoing compliance to be reported quarterly to the MRI leadership, MRISC, QMC, and MEC. Responsible Person/Parties 1. Senior Vice President/Hospital Administrator 2. Chief of Staff	8/31/23 9/30/23 Ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050541	A. BUILDING _____ B. WING _____	C 03/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAISER FOUNDATION HOSPITAL - REDWOOD CITY	1100 VETERANS BOULEVARD REDWOOD CITY, CA 94063

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A 538	Continued From page 12 titled "MRI Safety Guidelines-...5.2.1" indicated "basic MRI safety education approved for all appropriate medical center staff employees and advanced MRI safety education for Level 2 MRI personnel will be conducted annually. "	A 538		