

Outpatient Surgery Settings Program



Medical Board of California

Outpatient Surgery Setting Database



The Medical Board of California

Outpatient Surgery Setting Database

Search by Settings ▼



Setting Name

Address

City

State

AAAASF

AAAHF

IMQ

JC

Toft Facial Plastic Surgery Center

959 Reserve Drive

Roseville

CA



1

^aTo review additional information available regarding a setting or owner, select the green check mark ✓

IMQ




Institute for Medical Quality

221 Main Street, Suite 210 | San Francisco, CA 94105 | (415) 882-5151

Toft Facial Plastic Surgery Center

Street Address:	959 Reserve Drive		
City:	Roseville		
State:	CA		
Zip:	95678		
County:	Placer		
Phone:	9167828638		
Setting Type:	Office-Based Surgery Center		
CMS Approved:	No		
Initial Accreditation:	8/10/2000		
Accreditation Status	Effective Date	Expiration Date	Term
Accreditation Renewed	8/8/2013	8/7/2016	3 Years
Doing Business As Name:	Toft Facial Plastic and Laser Center		
Specialties:	Facial Plastic and Reconstructive Surgery Cosmetic Surgery		
Owners:	Toft, Kenneth M.D.		

Accreditation History	Effective Date	Expiration Date	Term
Accreditation Renewed	8/8/2010	8/7/2013	3 Years

Inspection Date	Report	Deficiencies	Corrective Action Plan	Outcome	Outcome Report
7/1/2010	None*	No	None*		None*
7/2/2013		Yes		Requirements Met	

* Report not required before 1/1/2012



INSPECTION REPORT. CORRECTIVE ACTION PLAN NEEDED. 7-10-13



**Institute for
Medical Quality**

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ACCREDITATION REPORT AND CORRECTIVE ACTION PLAN

July 12, 2013

FACILITY #10094

Toft Facial Plastic Surgery
ATTN: Erin McKinney
959 Reserve Drive
Roseville, CA 95678

DATE OF SURVEY

July 02, 2013

ACCREDITATION DECISION

Accreditation 3 Years with Interim Reports
August 08, 2013 - August 07, 2016

Important Notice

When reviewing this document, please reference the enclosed cover letter. The cover letter details other important requirements of your accreditation.

The *IMQ Accreditation Standards for Ambulatory Facilities* were met with the exception of the following standards where corrective action is required. Please note that CONSULTATIVE COMMENTS are suggested options for your consideration in meeting the standard.

CHAPTER TWO-PERSONNEL AND CREDENTIALING

- 2.1.3** Employee policies and procedures address: a) Hiring and dismissal of staff;b)
Performance expectations and competency; c) Training; d) Expected working hours;

e) Sexual harassment prohibitionsf) Patient privacy and confidentiality; and g)
Management of the impaired practitioner.

PARTIALLY MET

FINDING: No policy found for G)

CORRECTIVE ACTION REQUIRED: Submit policy and procedure for impaired practitioner (G).
Due 8/12/2013 interim report.

TITLE OF PERSON RESPONSIBLE:



Inspection Reports



Accrediting Agency	Medical Board of California
Every outpatient setting shall be inspected no less often than three years	May inspect the setting as often as necessary and shall ensure the accrediting agency conducts the required inspection
If the results of the inspection conclude that the setting is out of compliance, they must issue a deficiency report and may 1) require correction; 2) issue a reprimand; 3) place the setting on probation; or 4) suspend or revoke the accreditation	The accrediting agency must report within 24 hours if the setting has been issued a reprimand, been placed on probation, or had the accreditation suspended or revoked
Shall inspect the setting within 24 hours upon receipt of a complaint from the Board that the setting poses an immediate risk to the public	Shall receive the findings of the inspection within five business days
Shall investigate any complaint received from the Board within 30 days	Shall receive the findings of the investigation within 30 days
	Reports on the results of any inspection shall be maintained on file, and final inspection reports shall be public record open to public inspection
	Shall investigate all complaints concerning a violation of this chapter and, where appropriate, through or in conjunction with a DA may bring action to enjoin the setting's operation

Inspection Reports



- ▶ From January 1, 2012 to present: 1,792 inspection reports
- ▶ From January 1, 2012 to present: 853 corrective action plans

Adverse Event Reports



- ▶ Required for:
 - Surgical event (ex. performed surgery on wrong body part or wrong patient, retention of foreign object)
 - Product/device event (ex. patient death/serious disability associated with a contaminated drug or device, patient death/serious disability associated with intravascular air embolism)
 - Patient protection event (ex. patient death/serious disability associated with patient disappearance, patient suicide or attempted suicide)

Adverse Event Reports



- ▶ Required for:
 - Care management event (ex. patient death/serious disability associated with medication error, patient death/serious disability associated with hemolytic reaction due to administration of ABO-incompatible blood)
 - Environmental event (ex. patient death/serious disability associated with a burn, patient death associated with a fall)
 - Criminal event (ex. sexual assault on a patient, care provided by someone impersonating a physician, nurse, pharmacist, or other health care provider)

Adverse Event Report Review Process



- ▶ Event occurs as listed in Health and Safety Code Section 1279.1 and requires reporting to the Board pursuant to Business and Professions Code section 2216.3



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - Department of Consumer Affairs EDMUND G. BROWN JR., Governor

MEDICAL BOARD OF CALIFORNIA

ADVERSE EVENT REPORTING FORM FOR ACCREDITED OUTPATIENT SURGERY SETTINGS

Business and Professions Code (B&P) Section 2216.3 makes accredited outpatient surgery settings subject to the adverse events reporting requirements mandated in Health and Safety Code Section 1279.1 as follows:

- Facilities shall report an adverse event no later than **five days** after the adverse event has been detected, or
- If that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, **no later than 24 hours** after the adverse event has been detected.

Facility Information		
Facility Name:		
Facility Address:		
Contact Person		
Preparing Report:		
Contact Phone Number:		
Practitioner Information		
Name of Practitioner		
Performing Procedure:		
License Type/		
License Number:		
*Patient Information		
Patient's Name: (Last, First, Middle)		
Patient's Address: (Street, City, State, Zip)		
Patient's DOB:	Patient's Phone Number:	Medical Record Number:
Patient's Next of Kin or Legal Representative (if applicable):		

*Note: Under the federal Health Insurance Portability and Accountability Act ("HIPAA") the Medical Board of California is deemed a "health oversight agency" (see 45 CFR 501). The disclosure of patient identification information is required for official use, including investigation and possible administrative proceedings regarding any violations of the laws of the State of California. The patient identifying information **will not** be released pursuant to either a Public Records Act or Information Practice Act request.

Adverse Event Reports

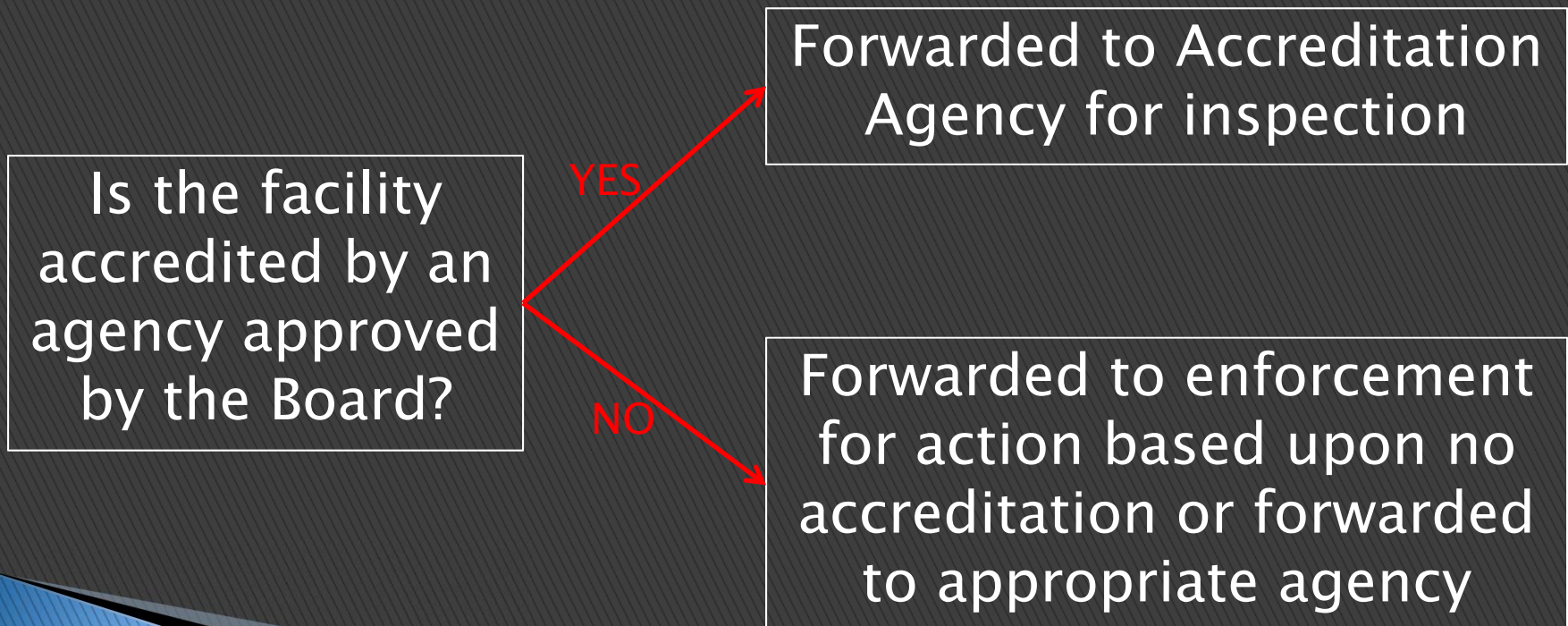


- ▶ FY 14/15 – 104 adverse event reports received
- ▶ FY 15/16 – 111 adverse event reports received
- ▶ 896 accredited facilities in a current status

Adverse Event Report Review Process **for the Setting**



- ▶ Adverse Event Report is received at the Board and given to the Licensing Program



Adverse Event Report Review Process **for the Setting**



- ▶ Inspection Survey results
 - Reviewed to ensure appropriate action is taken
 - Posted on website
 - If necessary, ensure corrective action plan is provided and outcome report posted
- ▶ If information indicates a physician departed from standard of care – refer to enforcement

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Adverse Event Report Review Process **for the Physician**



- ▶ The adverse event report and any inspection report are used as “a report of a possible violation”
- ▶ Matter referred to the Complaint Unit and the enforcement process begins



Any questions?

THANK YOU!