Outpatient Surgery Settings Program
## Outpatient Surgery Setting Database

The Medical Board of California

### Outpatient Surgery Setting Database

<table>
<thead>
<tr>
<th>Setting Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>AAAASF</th>
<th>AAAHC</th>
<th>IMQ</th>
<th>JC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toft Facial Plastic Surgery Center</td>
<td>959 Reserve Drive</td>
<td>Roseville</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1

*To review additional information available regarding a setting or owner, select the green check mark 🔄

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**Agenda Item 9**
### 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**  
- Accreditation Renewed: Effective Date 8/8/2013, Expiration Date 8/7/2016, Term 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**  
- Accreditation Renewed: Effective Date 8/8/2010, Expiration Date 8/7/2013, Term 3 Years  

<table>
<thead>
<tr>
<th>Inspection Date</th>
<th>Report</th>
<th>Deficiencies</th>
<th>Corrective Action Plan</th>
<th>Outcome</th>
<th>Outcome Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2010</td>
<td>None*</td>
<td>No</td>
<td>None*</td>
<td>Met</td>
<td>None*</td>
</tr>
<tr>
<td>7/2/2013</td>
<td>Yes</td>
<td>Requirements Met</td>
<td>None*</td>
<td>Met</td>
<td>None*</td>
</tr>
</tbody>
</table>

*Report not required before 1/1/2012*
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 prohibitions; f) 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

<table>
<thead>
<tr>
<th><strong>Accrediting Agency</strong></th>
<th><strong>Medical Board of California</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Every outpatient setting shall be inspected no less often than three years</td>
<td>May inspect the setting as often as necessary and shall ensure the accrediting agency conducts the required inspection</td>
</tr>
<tr>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>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</td>
<td>Shall receive the findings of the inspection within five business days</td>
</tr>
<tr>
<td>Shall investigate any complaint received from the Board within 30 days</td>
<td>Shall receive the findings of the investigation within 30 days</td>
</tr>
<tr>
<td></td>
<td>Reports on the results of any inspection shall be maintained on file, and final inspection reports shall be public record open to public inspection</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>
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
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

  - **Is the facility accredited by an agency approved by the Board?**
    - **YES** Forwarded to Accreditation Agency for inspection
    - **NO** Forwarded to enforcement for action based upon no accreditation or forwarded to appropriate agency
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
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!