

State of California

Department of Industrial Relations
Division of Occupational Safety and Health
Van Nuys District Office
6150 Van Nuys Blvd, Suite 405
Van Nuys, CA 91401
Phone: (818) 901-5403 Fax: (818) 901-5578

Inspection #: 1487768
Inspection Dates: 08/05/2020 - 12/04/2020
Issuance Date: 12/04/2020
CSHO ID: E7317
Optional Report #: 004-21



Citation and Notification of Penalty

Company Name: Prime Healthcare Services - Sherman Oaks, LLC
Establishment DBA: Sherman Oaks Hospital
and its successors
Inspection Site: 4929 Van Nuys Blvd.
Sherman Oaks, CA 91403

Citation 1 Item 1 Type of Violation: **Regulatory**

California Code of Regulation, Title 8 Section 342(a). Reporting Work-Connected Fatalities and Serious Injuries.

a) Every employer shall report immediately by telephone or telegraph to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.

Violation:

Employer failed to immediately report to the Division the serious illness suffered by an employee who contracted the COVID-19 virus on or about March 30, 2020.

Date By Which Violation Must be Abated:	January 25, 2021
Proposed Penalty:	\$5000.00

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Citation 1 Item 2 Type of Violation: **General**

California Code of regulation, Title 8 Section 5199(d)(2). Aerosol Transmissible Diseases

(d) Aerosol Transmissible Diseases Exposure Control Plan.

(2) The Plan shall contain all of the following elements:

(A) The name(s) or title(s) of the person(s) responsible for administering the Plan. This person shall be knowledgeable in infection control principles and practices as they apply to the facility, service or operation.

(B) A list of all job classifications in which employees have occupational exposure.

(C) A list of all high hazard procedures performed in the facility, service or operation, and the job classifications and operations in which employees are exposed to those procedures.

(D) A list of all assignments or tasks requiring personal or respiratory protection.

(E) The methods of implementation of subsections (e), (g), (h), (i) and (j) as they apply to that facility, service or work operation. Specific control measures shall be listed for each operation or work area in which occupational exposure occurs. These measures shall include applicable engineering and work practice controls, cleaning and decontamination procedures, and personal protective equipment and respiratory protection. In establishments where the Plan pertains to laboratory operations, it also shall contain the methods of implementation for subsection (f), unless those operations are included in a Biosafety Plan.

(F) A description of the source control measures to be implemented in the facility, service or operation, and the method of informing people entering the work setting of the source control measures.

(G) The procedures the employer will use to identify, temporarily isolate, and refer or transfer AirID cases or suspected cases to All rooms, areas or facilities. These procedures shall include the methods the employer will use to limit employee exposure to these persons during periods when they are not in airborne infection isolation rooms or areas. These procedures shall also include the methods the employer will use to document medical decisions not to transfer patients in need of All in accordance with subsection (e)(5)(B).

(H) The procedures the employer will use to provide medical services, including recommended vaccinations and follow-up, as required in subsection (h). This shall include the procedures the employer will use to document the lack of availability of a recommended vaccine.

(I) The procedures for employees and supervisors to follow in the event of an exposure incident, including how the employer will determine which employees had a significant exposure, in accordance with subsections (h)(6) through (h)(9).

(J) The procedures the employer will use to evaluate each exposure incident, to determine the cause, and to revise existing procedures to prevent future incidents.

(K) The procedures the employer will use to communicate with its employees and other employers regarding the suspected or confirmed infectious disease status of persons to whom employees are exposed in the course of their duties, in accordance with subsection (h).

(L) The procedures the employer will use to communicate with other employers regarding exposure incidents, including procedures for providing or receiving notification to and from health care providers about the disease status of referred or transferred patients, in accordance with subsection (h).

(M) The procedures the employer will use to ensure that there is an adequate supply of personal protective equipment and other equipment necessary to minimize employee exposure to ATPs, in normal operations and in foreseeable emergencies.

(N) The procedures the employer will use to provide initial and annual training in accordance with subsection (i) to employees in job categories identified in subsection (d)(2)(B).

(O) The procedures the employer will use for recordkeeping, in accordance with subsection (j).

(P) An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed in their respective work areas or departments in accordance with subsection (d)(3).

(Q) Surge procedures. Employers of employees who are designated to provide services in surge conditions, and employers of employees who are designated to provide services to persons who have been contaminated as the result of a release of a biological agent as described in subsection (a)(1)(B), shall include procedures for these activities in the plan. The plan shall include work practices, decontamination facilities, and appropriate personal protective equipment and respiratory protection for such events. The procedures shall include how respiratory and personal protective equipment will be stockpiled, accessed or procured, and how the facility or operation will interact with the local and regional emergency plan.

Violation:

On or about March 24, 2020 and thereafter, Employer failed to establish, implement, and maintain an effective, written Aerosol Transmissible Diseases Exposure Control Plan (Plan) which is specific to the work place or operation(s), and which contains all of the elements in subsection, as follows:

1. The Plan failed to include the name(s) or title(s) of the person(s) responsible for administering the Plan, in accordance with section 5199, subd. (d)(2)(A).
2. The Plan failed to include the procedures the Employer will use to ensure that there is an adequate supply of personal protective equipment and other equipment necessary to minimize employee exposure to aerosol transmissible pathogens, in normal operations and in foreseeable emergencies, in accordance with section 5199, subd. (d)(2)(M).
3. The Plan failed to include the procedures the Employer will use for recordkeeping, in accordance with subsection (j), and in accordance with section 5199, subd. (d)(2)(O).

4. The Plan failed to include an effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed in their respective work areas or departments in accordance with subsection (d)(3), and in accordance with section 5199, subd. (d)(2)(P).

Date By Which Violation Must be Abated:	January 25, 2021
Proposed Penalty:	\$600.00

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Sherman Oaks, CA 91403

Citation 1 Item 3 Type of Violation: **General**

California Code of regulation, Title 8 Section 5199(e)(5)(D)(2). Aerosol Transmissible Diseases

(e) Engineering and Work Practice Controls, and Personal Protective Equipment.
(5) Airtight cases or suspected cases shall be identified, and except in field operations and in settings where home health care or home-based hospice care is being provided, these individuals shall be:
(D) Specific requirements for All rooms and areas.
2. Negative pressure shall be maintained in All rooms or areas. The ventilation rate shall be 12 or more air changes per hour (ACH). The required ventilation rate may be achieved in part by using in-room high efficiency particulate air (HEPA) filtration or other air cleaning technologies, but in no case shall the outdoor air supply ventilation rate be less than six ACH. Hoods, booths, tents and other local exhaust control measures shall comply with Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings.

Violation:

On or about March 24, 2020 and thereafter, Employer failed to maintain the required ventilation rate of 12 or more air changes per hour (ACH) in All rooms or areas, in accordance with this section.

Date By Which Violation Must be Abated: **January 25, 2021**
Proposed Penalty: **\$600.00**

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Citation 2 Item 1 Type of Violation: **Serious**

California Code of regulation, Title 8 Section 5199(e)(5)(B)(1). Aerosol Transmissible Diseases

(e) Engineering and Work Practice Controls, and Personal Protective Equipment.

(5) AirID cases or suspected cases shall be identified, and except in field operations and in settings where home health care or home-based hospice care is being provided, these individuals shall be:

(B) Placed in an All room or area or transferred to a facility with All rooms or areas. The employer shall ensure that this placement or transfer is effected in a timely manner.

1. Transfers within facility. Transfers to airborne infection isolation rooms or areas within the facility shall occur within 5 hours of identification. If there is no All room or area available within this time, the employer shall transfer the individual to another suitable facility in accordance with subsection (e)(5)(B)2.

Violation:

On or about March 24, 2020 and thereafter, Employer failed to identify an AirID case or AirID suspected case and failed to place that individual in an All room or area, or transfer the individual to another suitable facility, in a timely manner.

Date By Which Violation Must be Abated: **Corrected During Inspection**
Proposed Penalty: **\$5400.00**

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Citation 3 Item 1 Type of Violation: **Serious**

California Code of regulation, Title 8 Section 5199(h)(6)(C) Aerosol Transmissible Diseases

5199 (h) Medical services:

(6) Exposure Incidents.

(C) Each employer who becomes aware that his or her employees may have been exposed to an RATD case or suspected case, or to an exposure incident involving an ATP-L shall do all of the following:

1. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 72 hours following, as applicable, the employer's report to the local health officer or the receipt of notification from another employer or the local health officer, conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by an individual knowledgeable in the mechanisms of exposure to ATPs or ATPs-L, and shall record the names and any other employee identifier used in the workplace of persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee did not have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.

2. Within a timeframe that is reasonable for the specific disease, as described in subsection (h)(6)(B), but in no case later than 96 hours of becoming aware of the potential exposure, notify employees who had significant exposures of the date, time, and nature of the exposure.

Violation:

On or about March 29, 2020, Employer became aware that employees had been exposed to a COVID-19 case or suspected case. In response thereto, Employer failed to do the following:

1. Conduct an analysis of the exposure scenarios to determine which employees had significant exposures, in accordance with section 5199, subd. (h)(6)(C)(1).
2. Notify employees who had significant exposures of the date, time, and nature of the exposure, in accordance with section 5199, subd. (h)(6)(C)(2).
3. Provide post-exposure medical evaluation to all employees who had a significant exposure, in accordance with section 5199, subd. (h)(6)(C)(3).

Date By Which Violation Must be Abated:	December 23, 2020
Proposed Penalty:	\$14400.00

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Citation 4 Item 1 Type of Violation: **Serious**

California Code of Regulations, Title 8 Section 5199(g). Aerosol Transmissible Diseases

(g) Respiratory Protection.

(1) Respirators provided for compliance with this section shall be approved by NIOSH for the purpose for which they are used.

(2) Each employer who has any employee whose occupational exposure is based on entering any of the work settings or performing any of the tasks described in subsection (g)(4) shall establish, implement and maintain an effective written respiratory protection program that meets the requirements of Section 5144 of these orders, except as provided in subsections (g)(5) and (g)(6).

NOTE to subsection (g)(2): The respiratory protection program may be incorporated into the ATD Exposure Control Plan or the Biosafety Plan.

(3) Respirator selection.

(A) Where respirator use is required for protection against potentially infectious aerosols and is not required to meet the requirements of subsections (g)(3)(B) or (g)(3)(C), the employer shall provide a respirator that is at least as effective as an N95 filtering facepiece respirator, unless the employer's evaluation of respiratory hazards determines that a more protective respirator is necessary, in which case the more protective respirator shall be provided.

(B) Effective September 1, 2010, the employer shall provide a powered air purifying respirator (PAPR) with a High Efficiency Particulate Air (HEPA) filter(s), or a respirator providing equivalent or greater protection, to employees who perform high hazard procedures on AirID cases or suspected cases and to employees who perform high hazard procedures on cadavers potentially infected with ATPs, unless the employer determines that this use would interfere with the successful performance of the required task or tasks. This determination shall be documented in accordance with the ATD Plan and shall be reviewed by the employer and employees at least annually in accordance with subsection (d)(3).

EXCEPTION 1 to subsection (g)(3)(B): Where a high hazard procedure is performed by placing the patient in a booth, hood or other ventilated enclosure that effectively contains and removes the aerosols resulting from the procedure, and the employee remains outside of the enclosure, the employee may use a respirator meeting the requirements of subsection (g)(3)(A).

EXCEPTION 2 to subsection (g)(3)(B): Paramedics and other emergency medical personnel in field

operations may use a P100, R100 or N100 respirator in lieu of a PAPR, providing that the respirator is used in accordance with its NIOSH approval. If an employer selects N100 respirators for use under this subsection, the employer's respiratory protection program and employee training must address how an environment will be assessed for the presence of oil aerosols and how alternate respiratory protection will be made available to employees who must use respirators under conditions for which N materials are not suitable.

(C) Respirators used in laboratory operations to protect against infectious aerosols shall be selected in accordance with the risk assessment and biosafety plan, in accordance with subsection (f).

(D) Where respirators are necessary to protect the user from other hazards, including the uncontrolled release of microbiological spores, or exposure to chemical or radiologic agents, respirator selection shall also be made in accordance with Sections 5144, Respiratory Protection, and 5192, Hazardous Waste and Emergency Response Operations, of these orders, as applicable.

(4) The employer shall provide, and ensure that employees use, a respirator selected in accordance with subsection (g)(3) and Section 5144 when the employee:

(A) Enters an All room or area in use for All;

(B) Is present during the performance of procedures or services for an AirID case or suspected case;

(C) Repairs, replaces, or maintains air systems or equipment that may contain or generate aerosolized pathogens;

(D) Is working in an area occupied by an AirID case or suspected case, during decontamination procedures after the person has left the area and as required by subsection (e)(5)(D)9;

(E) Is working in a residence where an AirID case or suspected case is known to be present;

(F) Is present during the performance of aerosol generating procedures on cadavers that are suspected of, or confirmed as, being infected with aerosol transmissible pathogens;

(G) Is performing a task for which the Biosafety Plan or Exposure Control Plan requires the use of respirators; or

(H) Transports an AirID case or suspected case within the facility or in an enclosed vehicle (e.g., van, car, ambulance or helicopter) when the patient is not masked.

EXCEPTIONS to subsection (g)(4)(H):

(1) The employer shall not require or permit respirator use when an employee is operating a helicopter or other vehicle and the respirator may interfere with the safe operation of that vehicle. When employees do not use respirators, the employer shall provide other means of protection such as barriers or source control measures, where feasible.

(2) Law enforcement or corrections personnel who transport an airborne infectious disease case or suspected case in a vehicle need not use respiratory protection if all of the following conditions are met:

i. A solid partition separates the passenger area from the area where employees are located;

ii. The employer implements written procedures that specify the conditions of operation, including the operation of windows and fans;

iii. The employer tests (for example by the use of smoke tubes) the airflow in a representative vehicle (of the same model, year of manufacture, and partition design) under the specified conditions of operation, and finds that there is no detectable airflow from the passenger compartment to the employee area;

iv. The employer records and maintains the results, in accordance with subsection (j)(3)(F); and

v. The person performing the test is knowledgeable about the assessment of air handling systems.

(5) Medical evaluation: The employer shall provide a medical evaluation, in accordance with Section 5144(e) of these orders, to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator. For employees who use respirators solely for compliance with subsections (g)(3)(A) and (g)(3)(B), the alternate questionnaire in Appendix B may be used.

(6) Fit testing.

(A) The employer shall perform either quantitative or qualitative fit tests in accordance with the

procedures outlined in Appendix A of Section 5144, Respiratory Protection, of these orders. The fit test shall be performed on the same size, make, model and style of respirator as the employee will use. When quantitative fit testing is performed, the employer shall not permit an employee to wear a filtering facepiece respirator or other half-facepiece respirator, unless a minimum fit factor of one hundred (100) is obtained. When fit testing single use respirators, a new respirator shall be used for each employee.

(B) The employer shall ensure that each employee who is assigned to use a filtering facepiece or other tight-fitting respirator passes a fit test:

1. At the time of initial fitting;
2. When a different size, make, model or style of respirator is used; and
3. At least annually thereafter.

EXCEPTION to subsection (g)(6)(B)3: Until January 1, 2014, employers may increase the interval for repeat fit testing to no more than two years for employees who do not perform high hazard procedures and are not using respirators for protection against laboratory generated aerosols. Employers shall provide to each employee who is not fit-tested within the previous 12 months a respirator fit-test screening that includes the information in Appendix G, and that obtains a response to the questions included in Appendix G. As of January 1, 2015, an employee who uses a respirator under this section shall have been fit-tested within the previous 12 months.

(C) The employer shall conduct an additional fit test when the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

(D) If, after passing a fit test, the employee subsequently notifies the employer, program administrator, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.

(7) The employer shall ensure that each respirator user is provided with initial and annual training in accordance with Section 5144, Respiratory Protection of these orders.

Violation:

Prior to and on or about March 24, 2020, Employer failed to provide and ensure use of an N-95 filtering facepiece respirator where protection against potentially infectious aerosols was required.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$5400.00

Zulfiqar Merchant
Compliance Officer / District Manager