

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010051	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/20/2021
NAME OF PROVIDER OR SUPPLIER GREENE COUNTY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 509 WILSON AVENUE EUTAW, AL 35462		
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{A 000}	INITIAL COMMENTS An abbreviated on-site follow up Emergency Medical Treatment and Labor Act (EMTALA) federal survey was conducted on 5/20/21, at Greene County Hospital to assess compliance of the provider as indicated in the acceptable plan of correction for the complaint investigation of complaint number AL41053. The hospital did not demonstrate compliance with the Plan of Correction (POC) for the survey dated 4/1/21 and accepted by CMS (Centers for Medicare & Medicaid Services) on 5/13/21. Please refer to findings at A2400, A2404, A2405, A2406, A2407 and A2409.	{A 000}			
{A2400}	The following is a description of the non-compliance. COMPLIANCE WITH 489.24 CFR(s): 489.20(l) [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: Based on review of the facility policy and procedure, accepted plan of correction (POC) for the survey dated 4/1/21 and accepted by CMS (Centers for Medicare and Medicaid) on 5/13/21, staff letter documentation, facility exhibit F documentation, chart audits, Board of Director's Meeting, facility transfer policy and procedure, Contract Physician confirmation letter, facility on-call Emergency Department (ED) physician schedule, Medical Records (MR), Green County Hospital ED EMTALA (Emergency Medical Treatment and Labor Act) QA (Quality Assurance) Report, facility EMTALA inservice sign-in	{A2400}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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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{A2400}	Continued From page 1 sheet, and staff interviews, it was determined Greene County Hospital failed to demonstrate compliance with the accepted POC by not ensuring the facility: 1. On-call physician is available to respond to an emergency within 5 minutes per the facility policy. 2. Documented the attempts to schedule a meeting with the EMS (Emergency Medical Services) Director. 3. Chart audits of Emergency Department patients included the monitoring for the ongoing Medical Screening Exam (MSE) completion. 4. Chart audits included documentation each patient was provided Stabilizing Treatment prior to the discharge and/or transfer. 5. Governing Body received a report of the Stabilizing Treatment chart audits during the monthly Governing Body meeting. 6. Medical Staff received EMTALA training via the training videos in the facility POC. 7. Medical Staff received education on the facility transfer policy and procedure. Finding include: Refer to A2400, A2404, A2405, A2406, A2407 and A2409 for findings.	{A2400}		
{A2404}	ON CALL PHYSICIANS CFR(s): 489.20(r)(2) and 489.24(j)(1-2) §489.20(r)(2)	{A2404}		

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{A2404}	<p>Continued From page 2</p> <p>[The hospital (including both the transferring and receiving hospitals), must maintain] a list of physicians who are on call for duty after the initial examination to provide further evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition.</p> <p>§489.24(j)(1) Each hospital must maintain an on-call list of physicians on its medical staff in a manner that best meets the needs of the hospital's patients who are receiving services required under this section in accordance with the resources available to the hospital, including the availability of on-call physicians.</p> <p>§489.24(j)(2)(i) The hospital must have written policies and procedures in place to respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond the physician's control.</p> <p>§489.24(j)(2)(ii) The hospital must have written policies and procedures in place to provide that emergency services are available to meet the needs of patients with emergency medical conditions if it elects to permit on-call physicians to schedule elective surgery during the time that they are on call or to permit on-call physicians to have simultaneous on-call duties.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility policy and procedure, facility plan of correction (POC) for survey dated 4/1/21 and accepted by Centers for Medicare & Medicaid Services (CMS) on 5/13/21, Medical Records (MR), and staff interviews, it</p>	{A2404}		

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{A2404}	<p>Continued From page 3</p> <p>was determined Greene County Hospital failed to demonstrate compliance with the POC to ensure the on-call physician is available to respond to an emergency.</p> <p>This deficient practice affected 4 of 14 patients who presented to the Emergency Department (ED) requesting treatment when there was only an on-call physician available for treatment including Patient Identifier (PI) # 5, PI # 9, PI # 10 and PI # 14, and had the potential to affect all patients presenting to this hospital.</p> <p>Findings include:</p> <p>Policy and Procedure: Subject: ED Management and Patient Flow Process Revision Date: 4/15/21</p> <p>Purpose: The purpose of this policy is to promote a smooth patient flow and prevent extensive service times and mitigate ED crowding. It will also serve to... encourage best practices in the provision of ED care and promote the adherence to EMTALA (Emergency Medical Treatment and Labor Act) guidelines...</p> <p>Goal: To enhance safe and quality patient care as well a meeting EMTALA requirements...</p> <p>Urgent and Non-Emergent Patient Flow Chart:</p> <p>Urgent non-emergent patient arrival, front desk registration and nurse notification - immediately, escort to ED treatment room - immediately, nurse triage - vital signs- data entry- MD (Medical Doctor) called - within 5 minutes, MD assessment - treatment - within 5 minutes....</p>	{A2404}		

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{A2404}	<p>Continued From page 4 ...Emergent Patient Flow Chart</p> <p>Emergent patient arrival and nurse notification, escort to ED treatment/trauma room - immediately, nurse triage - vital signs - date entry - MD called - immediately, MD assessment - treatment - immediately...</p> <p>POC:</p> <p>...The ED policy is being modified indicating the physician is to respond within 5 minutes of being called...all modifications will be completed...by 5/16/21.</p> <p>1. PI # 5 presented to the ED on 5/17/21 at 1:00 PM with a chief complaint of Substance Abuse.</p> <p>Review of the triage dated 5/17/21 at 1:23 PM revealed documentation the patient was admitted to the ED to be medically cleared in order to be admitted to the medication management unit at the facility.</p> <p>Review of the nursing focused assessment dated 5/17/21 at 1:32 PM revealed documentation the "...patient is drowsy, states 'I am just sleepy.' Patient states the last time he/she used any substances was yesterday..."</p> <p>Review of the nursing note dated 5/17/21 at 1:35 PM revealed documentation of "MD notified of patient arrival; additional orders received from MD; assumed care of the patient at this time."</p> <p>Review of the ED Physician MR revealed documentation of "assumption of care....5/17 (21) 14:15 (2:15 PM)...(physician identified)...direct patient contact time", which was 47 minutes after</p>	{A2404}		

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{A2404}	<p>Continued From page 5</p> <p>the physician was made aware of the patient's arrival. Further review revealed documentation of the history of the present illness as "the quality is chronic. The severity is moderate... h/o (history of) alcoholism, multi drug abuse including cocaine, THC (Tetrahydrocannabinol), opiates in for admission to self recovery unit c/o (complaint of) feeling nervous, anxious and headache....admits to: arthralgia...admits to : headache..."</p> <p>Review of the Disposition note dated 5/17/21 at 2:40 PM revealed documentation PI # 5 was admitted to inpatient in the self recovery unit in stable condition.</p> <p>Review of the nursing note dated 5/17/21 at 2:45 PM revealed documentation of "physician is at the bedside for exam."</p> <p>Review of the Medical Decision Making documentation dated 5/17/21 at 3:05 PM revealed the physician diagnoses of "Alcoholism...Substance Abuse...Nervousness..."</p> <p>Review of the May 2021 facility on-call physician calendar revealed the physician who was on-call for the facility is the physician who provided the examination of PI # 5.</p> <p>Review of the ED Chart Audit documentation revealed a chart audit was completed on PI # 5 with documentation of the following: "...arrival time 13:00 (1:00 PM), MD notified 13:35 (1:35 PM), MD time at bedside 14:45 (2:45 PM)..."</p> <p>There was no documentation of corrective action was taken due to the physician arriving greater than 5 minutes after being notified.</p>	{A2404}			

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{A2404}	<p>Continued From page 6</p> <p>An interview was conducted on 5/20/21 at 2:22 PM with Employee Identifier (EI) # 1, Chief Nursing Officer, who confirmed the physician was not at the facility within 5 minutes per the facility policy and accepted POC. EI # 1 also verbalized there was no documentation corrective action was taken due to the physician noncompliance with the facility policy and accepted POC.</p> <p>A second interview was conducted on 5/20/21 at 4:18 PM with EI # 1 who was asked, according to your facilities POC, the on-call physicians were respond within 5 minutes of being called by what date? After reviewing the facility POC, EI # 1 replied "May 16." The surveyor did clarify with EI # 1 the year was 21.</p> <p>2. PI # 9 presented to the ED on 5/17/21 at 4:24 PM with a chief complaint of ankle pain.</p> <p>Review of the triage dated 5/17/21 at 4:26 PM revealed documentation the patient presented to the ED with a swollen left ankle and abrasion to the left elbow from an ATV (all-terrain vehicle) accident 1 week prior.</p> <p>Review of the nursing focused assessment dated 5/17/21 at 4:26 PM revealed documentation the "...Musculoskeletal: left ankle weakness...edema noted to left ankle and abrasion noted to left elbow..."</p> <p>Review of the nursing note dated 5/17/21 at 4:29 PM revealed documentation of "MD aware of patient's arrival."</p> <p>Review of the ED Physician MR revealed documentation of "assumption of care....5/17 (21) 16:55 (4:55 PM)...(physician identified)...direct</p>	{A2404}		

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{A2404}	<p>Continued From page 7</p> <p>patient contact time", which was 26 minutes after the the physician was made aware of the patient's arrival. Further review revealed documentation of the history of the present illness as "the quality is acute. The severity is moderate...The timing is abrupt...involved in 4 wheeler accident 1 week ago present with pain and swelling over left ankle..."</p> <p>Review of the Medication...Orders documentation revealed Toradol 60 mg (milligrams) intramuscular was ordered by the physician on 5/17/21 at 5:12 PM and administered at 5:15 PM.</p> <p>Review of the Medical Decision Making documentation dated 5/17/21 at 5:48 PM revealed the physician diagnoses of "Pain in left ankle...Ankle Sprain..."</p> <p>Review of the nursing note dated 5/17/21 at 7:15 PM revealed documentation of "physician is at the bedside for exam."</p> <p>Review of the Disposition note dated 5/17/21 at 8:45 PM revealed documentation PI # 9 was discharged home in stable condition.</p> <p>Review of the May 2021 facility on-call physician calendar revealed the physician who was on-call for the facility is the physician who provided the examination of PI # 9.</p> <p>Review of the ED Chart Audit documentation revealed a chart audit was completed on PI # 9 with documentation of the following: "...arrival time 16:24 (4:24 PM), MD notified 16:29 (4:29 PM), MD time at bedside 19:15 (7:15 PM)..." There was no documentation of corrective action was taken due to the physician arriving greater</p>	{A2404}		

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{A2404}	<p>Continued From page 8 than 5 minutes after being notified.</p> <p>An interview was conducted on 5/20/21 at 2:22 PM with EI # 1, who confirmed the physician was not at the facility within 5 minutes per the facility policy and accepted POC. EI # 1 also verbalized there was no documentation corrective action was taken due to the physician noncompliance with the facility policy and accepted POC.</p> <p>A second interview was conducted on 5/20/21 at 4:18 PM with EI # 1 who was asked, according to your facilities POC, the on-call physicians were respond within 5 minutes of being called by what date? After reviewing the facility POC, EI # 1 replied "May 16." The surveyor did clarify with EI # 1 the year was 21.</p> <p>3. PI # 10 presented to the ED on 5/17/21 at 6:52 PM with a chief complaint of vaginal discharge.</p> <p>Review of the triage dated 5/17/21 at 7:21 PM revealed documentation the patient complained of vaginal discharge and was treated for Chlamydia the previous month but believes she/he still has it.</p> <p>Review of the nursing focused assessment dated 5/17/21 at 7:21 PM revealed documentation the "...Genitourinary:...c/o vaginal discharge and irritation x (times) 1 month..."</p> <p>Review of the nursing note dated 5/17/21 at 7:23 PM revealed documentation of "MD notified of patient arrival."</p> <p>Review of the nursing note dated 5/17/21 at 7:24 PM revealed documentation of "additional orders received from MD."</p>	{A2404}			

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{A2404}	<p>Continued From page 9</p> <p>Review of the nursing note dated 5/17/21 at 7:41 PM revealed documentation of "physician is at the bedside for exam", which was 17 minutes after the the physician was made aware of the patient's arrival.</p> <p>Review of the ED Physician MR revealed documentation of "assumption of care....5/17 (21) 19:44 (7:44 PM)...(physician identified)...direct patient contact time." Further review revealed documentation of the chief complaint as "...vaginal discharge...history of the present illness as "the quality is acute. The severity is mild. The duration is for 4 week(s)..."</p> <p>Review of the Disposition note dated 5/17/21 at 7:58 PM revealed documentation PI # 10 was discharged home in stable condition.</p> <p>Review of the Medical Decision Making documentation dated 5/17/21 at 8:52 PM revealed the physician diagnoses of "Vaginal Discharge..."</p> <p>Review of the May 2021 facility on-call physician calendar revealed the physician who was on-call for the facility is the physician who provided the examination of PI # 10.</p> <p>Review of the ED Chart Audit documentation revealed a chart audit was completed on PI # 10 with documentation of the following: "...arrival time 18:52 (6:52 PM), MD notified 19:23 (7:23 PM), MD time at bedside 19:41 (7:41 PM)..." There was no documentation of corrective action was taken due to the physician arriving greater than 5 minutes after being notified.</p>	{A2404}		

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{A2404}	<p>Continued From page 10</p> <p>An interview was conducted on 5/20/21 at 2:22 PM with EI # 1, who confirmed the physician was not at the facility within 5 minutes per the facility policy and accepted POC. EI # 1 also verbalized there was no documentation corrective action was taken due to the physician noncompliance with the facility policy and accepted POC.</p> <p>A second interview was conducted on 5/20/21 at 4:18 PM with EI # 1 who was asked, according to your facilities POC, the on-call physicians were respond within 5 minutes of being called by what date? After reviewing the facility POC, EI # 1 replied "May 16." The surveyor did clarify with EI # 1 the year was 21.</p> <p>4. PI # 14 presented to the ED on 5/18/21 at 4:46 PM with a chief complaint of headache.</p> <p>Review of the triage dated 5/18/21 at 4:50 PM revealed documentation the patient complained of a headache which started that morning and also left leg pain, toothache and sinus congestion.</p> <p>Review of the nursing note dated 5/18/21 at 4:55 PM revealed documentation of "...MD notified of patient arrival...(on-call physician identified) aware of arrival"</p> <p>Review of the nursing focused assessment dated 5/17/21 at 5:15 PM revealed documentation the "...admits to headache..."</p> <p>Further review of the nursing notes dated 5/18/21 revealed no documentation of the physicians arrival to the bedside or at the facility ED.</p> <p>Review of the ED Physician MR revealed documentation of "assumption of care...5/18 (21)</p>	{A2404}		

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{A2404}	<p>Continued From page 11</p> <p>18:19 (6:19 PM)...(physician identified)...direct patient contact time", which was 1 hour and 25 minutes after the the physician was made aware of the patient's arrival. Further review revealed documentation of the chief complaint as "...headache...the location is the head; the lower teeth, The quality is acute. The severity is moderate. The duration is prior to arrival. The timing is abrupt; episodic..."</p> <p>Review of the Review of the Medication...Orders documentation revealed the following medication was ordered by the physician on 5/18/21: Gabapentin 100 mg was ordered at 6:21 PM, Ceftriaxone 1 gm injection was ordered at 6:22 PM, Metoprolol Succinate 25 mg was ordered at 6:24 PM, Dexamethasone Sodium Phosphate 4 mg/ml (militer) 2 mg injection was ordered at 6:25 PM, and Cetrizine 10 mg was ordered at 6:26 PM. All the previous medications were documented as administered at 6:45 PM.</p> <p>Review of the Medical Decision Making documentation dated 5/18/21 at 6:22 PM revealed the physician diagnoses of "Headache, Toothache, Hypertension, Peripheral Neuropathy, Chronic Sinusitis, Chronic Obstructive Pulmonary Disease and RAD (Reactive Airway Disease)..."</p> <p>Review of the Disposition note dated 5/18/21 at 6:32 PM revealed documentation PI # 14 was discharged home in improved condition.</p> <p>Review of the May 2021 facility on-call physician calendar revealed the physician who was on-call for the facility is the physician who provided the examination of PI # 14.</p> <p>Review of the ED Chart Audit documentation</p>	{A2404}		

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{A2404}	Continued From page 12 revealed a chart audit was completed on PI # 14 with documentation of the following: "...arrival time 16:46 (4:46 PM), MD notified 16:55 (4:55 PM), MD time at bedside 18:19 (6:19 PM)..." There was no documentation of corrective action was taken due to the physician arriving greater than 5 minutes after being notified. An interview was conducted on 5/20/21 at 2:22 PM with EI # 1, who confirmed the physician was not at the facility within 5 minutes per the facility policy and accepted POC. EI # 1 also verbalized there was no documentation corrective action was taken due to the physician noncompliance with the facility policy and accepted POC. A second interview was conducted on 5/20/21 at 4:18 PM with EI # 1 who was asked, according to your facilities POC, the on-call physicians were respond within 5 minutes of being called by what date? After reviewing the facility POC, EI # 1 replied "May 16." The surveyor did clarify with EI # 1 the year was 21.	{A2404}		
{A2405}	EMERGENCY ROOM LOG CFR(s): 489.20(r)(3) [The provider agrees,] in the case of a hospital as defined in §489.24(b) (including both the transferring and receiving hospitals), to maintain a central log on each individual who comes to the emergency department, as defined in §489.24(b), seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged. §489.24 The provisions of this regulation apply to all hospitals that participate in Medicare and	{A2405}		

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{A2405}	<p>Continued From page 13 provide emergency services.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility plan of correction (POC) for survey dated 4/1/21 and accepted by Centers for Medicare & Medicaid Services (CMS) on 5/13/21, and staff letter documentation it was determined Greene County Hospital failed to demonstrate compliance with the POC by not ensuring the facility documented the attempts to schedule a meeting with the EMS (Emergency Medical Services) Director.</p> <p>This deficient practice had the potential to affect all patients presenting to this hospitals Emergency Department (ED) by EMS and/or requiring transfer from the facility by EMS.</p> <p>Findings include:</p> <p>POC:</p> <p>A2405 Emergency Room Log Date: No date documented</p> <p>...A meeting will be scheduled with the EMS Director to discuss scene control and assure that MD (Medical Doctor) control of a scene is maintained in his/her presence and that a medical screening is performed prior to transfer.</p> <p>A entrance conference was conducted on 5/18/21 at 1:55 PM, with Employee Identifier (EI) # 2, Chief Executive Officer/Administrator, in attendance. During the entrance conference documentation was requested of the meeting with the EMS Director and/or when the meeting was scheduled. EI # 2 verbalized the meeting had not been scheduled yet. The surveyor asked EI # 2 to</p>	{A2405}		

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{A2405}	Continued From page 14 provide documentation of the attempts to scheduled the meeting. EI # 2 state, "it was verbal. He/She didn't come to EMS board meeting." Review of the letter signed by EI # 2 and provided to the surveyor on 5/18/21 revealed documentation EI # 2 had planned to meet with the EMS Director after the EMS Board meeting but the EMS Director had not attended. EI # 2 also documented at the EMS board meeting she/he meet with a staff member (staff member identified) from the EMS present at the board meeting and told them she/he need to set up a meeting with the EMS Director. The EMS staff member told EI # 2 the Director would be off for a few days. There was no documentation of the date or time EI # 2 spoke with the EMS staff member nor the date or time of the EMS board meeting. Further review of the letter signed by EI # 2 and provided to the surveyor on 5/18/21 revealed documentation of "my attempts to contact him/her (EMS Director) to date have been unsuccessful (no one has answered the telephone at the EMS office)." There was no documentation of the number of attempts made nor the time and date of the attempts to contact the EMS Director.	{A2405}			
{A2406}	MEDICAL SCREENING EXAM CFR(s): 489.24(a) & 489.24(c) (a) Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph	{A2406}			

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{A2406}	<p>Continued From page 15</p> <p>(b) of this section, the hospital must-</p> <p>(i) Provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and</p> <p>(ii) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section.</p> <p>(2)(i) When a waiver has been issued in accordance with section 1135 of the Act that includes a waiver under section 1135(b)(3) of the Act, sanctions under this section for an inappropriate transfer or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department if the following conditions are met:</p> <p>(A) The transfer is necessitated by the circumstances of the declared emergency in the emergency area during the emergency period.</p> <p>(B) The direction or relocation of an individual to receive medical screening at an alternate location is pursuant to an appropriate State emergency</p>	{A2406}		

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{A2406}	<p>Continued From page 16</p> <p>preparedness plan or, in the case of a public health emergency that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan.</p> <p>(C) The hospital does not discriminate on the basis of an individual's source of payment or ability to pay.</p> <p>(D) The hospital is located in an emergency area during an emergency period, as those terms are defined in section 1135(g)(1) of the Act.</p> <p>(E) There has been a determination that a waiver of sanctions is necessary.</p> <p>(ii) A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided under section 1135(e)(1)(B) of the Act.</p> <p>(c) Use of dedicated emergency department for nonemergency services. If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility plan of correction (POC) for survey dated 4/1/21 and accepted by Centers for Medicare & Medicaid Services (CMS) on 5/13/21, chart audits, Board of Director's</p>	{A2406}			

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{A2406}	<p>Continued From page 17</p> <p>Meeting, and staff interview it was determined Greene County Hospital failed to demonstrate compliance with the accepted POC by not ensuring the facility chart audits of Emergency Department patients included the monitoring for the ongoing MSE completion.</p> <p>This deficient practice did affect 19 of 19 chart audits reviewed from 5/18/21 through 5/19/21 and had the potential to affect all patients presenting to this hospitals Emergency Department (ED).</p> <p>Findings include:</p> <p>POC:</p> <p>A 2406 Medical Screening Exam... Dated: 5/18/21</p> <p>...c. 100% of all emergency department (ED) charts will be reviewed daily for two weeks....</p> <p>Review of the ED chart audit form(s), given to the surveyor by Employee Identifier (EI) # 1, Chief Nursing Officer, on 5/20/21 revealed documentation of the following column: Date, chart number, chief complaint, arrival time, MD (Medical Doctor) notified, MD time at bedside, initial nurses note, initial MD note, discharge disposition, discharge time, and callback time. There was no column or place to document the ongoing process of the MSE was completed in it's entirety.</p> <p>Review of 19 of 19 chart audits performed on patient's presenting to the ED on 5/18/21 or 5/19/21 revealed documentation of the time MD was at the bedside, to initiate the MSE. There no documentation the audit included monitoring for</p>	{A2406}		

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{A2406}	Continued From page 18 the ongoing MSE completion. An interview was conducted on 5/20/21 at 12:54 PM with EI # 1, who was asked when performing the daily chart audits what do you look for concerning the MSE? EI # 1 stated, "just the time that the physician went to the bedside." EI # 1 was then asked, how do you document the MSE was completed for the chart audit reviews? EI # 1 verbalized they (facility) have never documented the MSE was completed that they (facility) just put time at bedside and stated "we know he's going for the Medical Screening." EI # 1 was asked in the 2567, Statement of Deficiencies, the MSE was cited for not being completed. The MSE is ongoing and could possibly include additional testing, consults, etc. How would you capture if additional things were needed and if they were completed for the MSE? EI # 1 stated, "we are looking now in our audits to see if the physician initiated the screening. Right now, that's the time he/she went to the bedside. The chart says now, MD at bedside for exam." The survey then asked, so to clarify, based on your answer, right now you are looking at the physician initiating the MSE versus looking for the completion of the MSE? EI # 1 stated, "yes."	{A2406}			
{A2407}	STABILIZING TREATMENT CFR(s): 489.24(d)(1-3) (1) General. Subject to the provisions of paragraph (d)(2) of this section, if any individual (whether or not eligible for Medicare benefits) comes to a hospital and the hospital determines that the individual has an emergency medical condition, the hospital must provide either- (i) within the capabilities of the staff and facilities available at the hospital, for further medical	{A2407}			

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{A2407}	<p>Continued From page 19 examination and treatment as required to stabilize the medical condition. (ii) For for transfer of the individual to another medical facility in accordance with paragraph (e) of this section.</p> <p>(2) Exception: Application to inpatients. (i) If a hospital has screened an individual under paragraph (a) of this section and found the individual to have an emergency medical condition, and admits that individual as an inpatient in good faith in order to stabilize the emergency medical condition, the hospital has satisfied its special responsibilities under this section with respect to that individual (ii) This section is not applicable to an inpatient who was admitted for elective (nonemergency) diagnosis or treatment. (iii) A hospital is required by the conditions of participation for hospitals under Part 482 of this chapter to provide care to its inpatients in accordance with those conditions of participation.</p> <p>(3) Refusal to consent to treatment. A hospital meets the requirements of paragraph (d)(1)(i) of this section with respect to an individual if the hospital offers the individual the further medical examination and treatment described in that paragraph and informs the individual (or a person acting on the individual's behalf) of the risks and benefits to the individual of the examination and treatment, but the individual (or a person acting on the individual's behalf) does not consent to the examination or treatment. The medical record must contain a description of the examination, treatment, or both if applicable, that was refused by or on behalf of the individual. The hospital must take all</p>	{A2407}		

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{A2407}	<p>Continued From page 20</p> <p>reasonable steps to secure the individual's written informed refusal (or that of the person acting on his or her behalf). The written document should indicate that the person has been informed of the risks and benefits of the examination or treatment, or both.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility plan of correction (POC) for survey dated 4/1/21 and accepted by Centers for Medicare & Medicaid Services (CMS) on 5/13/21, facility exhibit F documentation, chart audits, Board of Director's Meeting, Contract Physician confirmation letter, facility on-call ED (Emergency Department) physician schedule, facility Medical Records (MR), Green County Hospital ED EMTALA (Emergency Medical Treatment and Labor Act) QA (Quality Assurance) Report, facility EMTALA inservice sign-in sheet, and staff interview it was determined Greene County Hospital failed to demonstrate compliance with the POC by not ensuring the facility:</p> <ol style="list-style-type: none"> 1. Chart audits included documentation each patient was provided Stabilizing Treatment prior to the discharge and/or transfer. 2. Governing Body received a report of the Stabilizing Treatment chart audits during the monthly Governing Body meeting. 3. Medical Staff received EMTALA training via the training videos in the facility POC. <p>This deficient practice did affect 37 of 37 chart audits reviewed from 5/16/21 through 5/19/21 and 1 of 3 physicians who were available to transfer a patient at the facility from 5/16/21 through 5/18/21 and had the potential to affect all patients</p>	{A2407}		

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{A2407}	<p>Continued From page 21 presenting to this hospitals ED requiring stabilizing treatment prior to discharge and/or transfer.</p> <p>Findings include:</p> <p>POC:</p> <p>A 2407 Stabilizing Treatment... Dated: 5/16/21</p> <p>...a. All...medical staff will receive EMTALA training. The training videos are in Exhibit F..</p> <p>...b. 100% of all ED charts will be reviewed daily for two weeks....</p> <p>...CEO (Chief Executive Officer) will report to the governing body at their standard monthly meeting...</p> <p>...A 2409 Appropriate Transfer... Date 5/16/21</p> <p>a. All...medical staff will receive EMTALA training. The training videos are in Exhibit F....</p> <p>Facility Exhibit F:</p> <p>...EMTALA Video Website</p> <p>http://youtu.be/... http://youtu.be/...</p> <p>...EMTALA MD (Medical Doctor)/Nurse Video Website</p> <p>...http://www.youtube.com/...</p>	{A2407}		

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{A2407}	<p>Continued From page 22</p> <p>1. Review of the ED chart audit form(s), given to the surveyor by Employee Identifier (EI) # 1, Chief Nursing Officer, on 5/20/21 revealed documentation of the following column: Date, chart number, chief complaint, arrival time, MD notified, MD time at bedside, initial nurses note, initial MD note, discharge disposition, discharge time, and callback time. There was no column or place to document what Stabilizing Treatment was needed and/or if Stabilizing Treatment was provided prior to the patient's discharge.</p> <p>Review of 37 of 37 chart audits performed on patient's presenting to the ED on 5/16/21 through 5/19/21 revealed no documentation of the Stabilizing Treatment required at the visit and if the Stabilizing Treatment was provided prior to the patient's discharge.</p> <p>Review of the Board of Director's Meeting, facilities Governing Body monthly meeting, dated 5/18/21 revealed no documentation of a facility chart audit which included if Stabilizing Treatment was provided prior to the patient's discharge.</p> <p>An interview was conducted on 5/20/21 at 12:54 PM with EI # 1, who was asked when performing the daily chart audits where would you document each patient was provided Stabilizing Treatment prior to the discharge and/or transfer? EI # 1 stated, "No where... I guess I would need to start another log for that."</p> <p>A second interview was conducted on 5/20/21 at 2:32 PM with EI # 1, who was asked if there was documentation of a report to the facility governing body which included each patient was provided Stabilizing Treatment prior to the discharge and/or transfer? EI # 1 stated, "no."</p>	{A2407}		

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{A2407}	<p>Continued From page 23</p> <p>2. Review of the (contract company identified) confirmation letter dated 5/4/21 for EI # 3, ED Contracted Physician, revealed EI # 3 was scheduled to provide physician coverage of the facility ED on 5/16/21 from 9:30 am until 5/7/21 at 7:00 AM.</p> <p>Review of the May 2021 facility on-call ED physician scheduled revealed documentation EI # 3 was scheduled to be the only physician in the ED on 5/16/21 from 10:00 AM until 5/17/21 at 7:00 AM.</p> <p>PI # 1 presented to the facility ED on 5/16/21 at 1:11 PM with a chief complaint of Abdominal Pain.</p> <p>Review of the ED Physician Medical Record dated 5/16/21 at 1:36 PM revealed EI # 3 was the patient's physician.</p> <p>PI # 2 presented to the facility ED on 5/16/21 at 5:45 PM with a chief complaint of Ankle Pain.</p> <p>Review of the ED Physician Medical Record dated 5/16/21 at 6:45 PM revealed EI # 3 was the patient's physician.</p> <p>PI # 3 presented to the facility ED on 5/17/21 at 6:26 AM with a chief complaint of Eye Pain.</p> <p>Review of the ED Physician Medical Record dated 5/17/21 at 7:02 AM revealed EI # 3 was the patient's physician.</p> <p>Review of the Green County Hospital ED EMTALA QA Report, which contained the education provided by the facility documented in</p>	{A2407}		

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{A2407}	Continued From page 24 the POC, and the facility EMTALA inservice sign in sheet dated 3/26/21 revealed no documentation EI # 3 was provided education by the facility on EMTALA. An interview was conducted on 5/19/21 at 10:53 AM with EI # 1, who was asked who EI # 3 was at the facility. EI # 1 verbalized EI # 3 was a contract physician. EI # 1 was then asked who was responsible to make sure a contracted physician were educated and follow the facility policies and procedures? EI # 1 verbalized the facility was responsible. EI # 1 confirmed there was no documentation EI # 3 was provided education on EMTALA per the facility accepted POC.	{A2407}			
{A2409}	A second interview was conducted on 5/20/21 at 4:18 PM with EI # 1, who was asked according to the POC, the physicians (medical staff) were to be educated on the EMTALA training by what date? EI # 1 stated, "May 16." The surveyor confirmed the year was 21 with EI # 1. APPROPRIATE TRANSFER CFR(s): 489.24(e)(1)-(2) (1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer.	{A2409}			

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{A2409}	<p>Continued From page 25</p> <p>The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer.</p> <p>(B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or</p> <p>(C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.</p> <p>(2) A transfer to another medical facility will be appropriate only in those cases in which -</p> <p>(i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child;</p> <p>(ii) The receiving facility</p> <p>(A) Has available space and qualified personnel</p>	{A2409}		

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{A2409}	<p>Continued From page 26 for the treatment of the individual; and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment.</p> <p>(iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and</p> <p>(iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility plan of correction (POC) for survey dated 4/1/21 and accepted by Centers for Medicare & Medicaid Services (CMS) on 5/13/21, facility transfer policy and procedure, Contract Physician confirmation letter, facility on-call Emergency Department (ED) physician</p>	{A2409}		

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{A2409}	<p>Continued From page 27</p> <p>schedule, Green County Hospital ED EMTALA (Emergency Medical Treatment and Labor Act) QA (Quality Assurance) Report, facility EMTALA inservice sign-in sheet, and staff interview it was determined Greene County Hospital failed to demonstrate compliance with the accepted POC by not ensuring the facility Medical Staff received education on the facility transfer policy and procedure.</p> <p>This deficient practice did affect 1 of 3 physicians who were available to transfer a patient at the facility from 5/16/21 through 5/18/21 and had the potential to affect all patients presenting to this hospitals ED who would require a transfer to another facility.</p> <p>Findings include:</p> <p>POC:</p> <p>...A 2406 Medical Screening Exam...</p> <p>...c. The ED staff will be in-serviced by CNO (Chief Nursing Officer) regarding the transfer policies and procedures... The staff initiated this inservice beginning April 1, 2021. This will be continuous until May 16, 2021</p> <p>...A 2409 Appropriate Transfer...</p> <p>...c. Staff to be in-serviced on proper transfer...of patient prior to transfer. CNO will perform this training. The staff to receive the training are...Medical Staff. There was no documentation of a completion date.</p> <p>Policy: Transferring a Patient Policy Number: 112</p>	{A2409}			

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{A2409}	<p>Continued From page 28 Revised: 5/12/21</p> <p>Purpose: The purpose of this policy is to establish that Greene County Hospital appropriately discharge/transfer ED patients and to assist the physician with discharge/transfer planning to assure clinically appropriate disposition of the patient...</p> <p>Procedure: A patient can be transferred only by order of a physician...</p> <p>Review of the (contract company identified) confirmation letter dated 5/4/21 for EI # 3, ED Contracted Physician, revealed EI # 3 was scheduled to provide physician coverage of the facility ED on 5/16/21 from 9:30 am until 5/7/21 at 7:00 AM.</p> <p>Review of the May 2021 facility on-call ED physician scheduled revealed documentation EI # 3 was scheduled to be the only physician in the ED on 5/16/21 from 10:00 AM until 5/17/21 at 7:00 AM.</p> <p>Review of the Green County Hospital ED EMTALA QA Report, which contained the education provided by the facility documented in the POC, and the facility EMTALA inservice sign in sheet dated 3/26/21 revealed no documentation EI # 3 was provided education on the facility transfer policy and procedure.</p> <p>An interview was conducted on 5/19/21 at 10:53 AM with EI # 1, who was asked who EI # 3 was at the facility. EI # 1 verbalized EI # 3 was a contract physician. EI # 1 was then asked who was responsible to make sure a contracted physician were educated and follow the facility policies and</p>	{A2409}			

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{A2409}	Continued From page 29 procedures? EI # 1 verbalized the facility was responsible. EI # 1 confirmed there was no documentation there was no documentation EI # 3 was provided education on the facility transfer policy and procedure. A second interview was conducted on 5/20/21 at 4:18 PM with EI # 1, who was asked according to the POC, the physicians (medical staff) were to be educated on the facility transfer policy and procedure by what date? EI # 1 stated, "May 16." The surveyor confirmed the year was 21 with EI # 1.	{A2409}			