PRINTED: 5/29/2018 FORM APPROVED 2567-L

| | STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER: | | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: | | |
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| | | 390100 | | | <u></u> | 04/02/2018 | | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRI | EET | 1 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDE IDENTII | | ID PREFIX TAG | CTION (EACH OULD BE APPROPRIATE | (X5) COMPLETE DATE | | | |
| A 0000 | INITIAL COMMENT | | A 0000 | | | | | |
| A 0309 | This report is the result complaint investigation CHL18CO38H, compl at Lancaster General H the facility was not in crequirements of 42 CF 482-Conditions of Part | ns CHL18C015H an eted on February 20 lospital. It was deter compliance with the R, Title 42, Part icipation for Hospita | d , 2018, rmined als. | A 0309 | TITLE: | (X6) DATE: | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | | | 04/02/2018 | |
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| A 0309 | Continued from page 1 482.21(e)(1), (e)(2), (e)(5) CRESPONSIBILITIES The hospital's governing booindividual who assumes full responsibility for operations and administrative officials accountable for ensuring the 1) That an ongoing programpatient safety, including the defined, implemented, and r (2) That the hospital-wide operformance improvement eimproved quality of care and improvement actions are even (5) That the determination improvement projects is contained. | dy (or organized group of legal authority and of the hospital), medica are responsible and e following: In for quality improvement reduction of medical emaintained and efforts address priorities dipatient safety and that aluated. Of the number of distinct ducted annually. | al staff, ent and rors, is for all | A 0309 | The respiratory department in was added to the Clinical Med Safety Committee and will requarterly on missed respirator treatments due to staff or med unavailability and also the act taken to reduce/eliminate the events. Beginning 3/26/18 the Clinic Medication Safety Committee audit 100% of missed respiratoreatments due to unavailabilistaff or medication monthly next 3 months and then quart the next two years. Noncomposite with the goal of zero will residentification of preventabilic contributing cause and correct action to be taken. Minutes of Clinical Medication Safety Committee are reported to the Pharmacy & Therapeutics (P. Committee and the Patient S. Committee. Missed respiratory treatment staff or medication unavailability that the status of corrective action. | edication eport ory dication etions ese cal ee will atory lity of for the terly for pliance oult in ty, ctive of the | Completion Date: 04/30/2018 Status: APPROVED Date: 04/11/2018 |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY |
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| A 0309 | Continued from page 2 | | | A 0309 | will be reviewed at the respin department huddle (3 times a and weekly at the Operations Huddle, the Quality Huddle, CEO Huddle. Completion D 3/23/18 SVP, Hospital Operations w present to the Lancaster Gen Hospital (LGH) Board of Trustees Qu Committee the trends of the respiratory treatments due to medication unavailability. Tinclude the goal of zero miss respiratory treatments due to medication unavailability, thaction plans being implementhe current results. Completi 4/9/18 VP, Operations will present Patient Safety Committee the of missed respiratory treatment to staff or medication unavailability. This will include the goal of missed respiratory treatment action plans being implement the current results. The Patient Safety Committee the of missed respiratory treatment action plans being implement the current results. The Patient Safety Committee the current results. | a week) s/Safety and the ate ill heral hality missed b staff or his will sed b staff or he hied, and on Date to e trends ents due ilability. Tzero s, the hted, and | |

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| LANCAST | ovider or supplier: FER GENERAL HOSPITA SE NUMBER: 120801 | L | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRE | EET | | |
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| A 0309 | Continued from page 3 | | | A 0309 | Safety Committee will be up monthly on the number of m respiratory treatments due to medication unavailability an status of corrective action ple ensure that the corrective act effective and the deficiencies been resolved. The monthly will continue until the goal or respiratory medication errors achieved for 6 consecutive in The meeting minutes of the Safety Committee are report Board Quality Committee are LGH Board of Trustees. Cor Date 4/16/18 On March 19, 2018, the resp department initiated a coach performance improvement preduce the number of missed treatments due to staff or me unavailability. This included Kick Off and Education Sess 3/19/18 Identification of problem and state – 3/26/18 Coaching Session #1 – Weel 4/2/18 | sissed by staff or ad the lans to tions are shave reports of zero s is months. Patient ted to the ad the full impletion biratory a-guided broject to d edication d: sion #1 - d current | |

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| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPL IDENTIFICATION NUM | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| A 0309 | Continued from page 4 | | | A 0309 | Education Session #2 – 4/12 Implementation plan develop Week of 4/16/18 Coaching Session #2 - 4/24/ Education Session #3 - 5/3/1 Coaching Sessions #3 - Weel 5/7/18 Present the results of their improvement project to LGH leadership team on 5/17/18. Completion date 4/25/18 | pment - 18 8 c of | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390100 | | A. BLDG: _ | IPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| A 0309 | Based on facility documentation that was noted as 93 per Interview with EMP6 of PM revealed that she dishow that missed treatt through the Patient Safety Communication of Pulmonary Medicine Goals, Fiscal Year 201 revealed Goal 1 was to medication treatments. The spreadsheet that we documentation indicate administered 94 or 95 pordered by the physicial 2016 through June 201 that was noted as 93 per Interview with EMP6 of PM revealed that she dishow that missed treatments through the Pharmacy of the Patient Safety Communication in the Pharmacy of | ed that the facility facility facility facility services were in QAPI program inclusion of medication endumentation titled "Department of the performance Importance | eniled to tegrated ding tors. epartment tovement 2018, ered.' s of July ary 2017 8 at 1:25 could dicated committee, | A 0309 | | | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| A 0309 | chain' to be addressed issue. Interview with EMP10 1:45 PM revealed if 'pe three month period, the Quality Committee and Further interview with the average has not fall been no communicatio Quality Committee or there was no need to re "there was no issue." | on February 20, 20 ercents drop below gen the issue would gen the Board of Truste EMP10 revealed that len below 94%, there is about this issue with Board of Trustees are | 18, at goal for a to to the ees.' at since the has at the end that | A 0309 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| A 0309 | Continued from page 7 | | | A 0309 | | | |
| A 1151 | | | | A 1151 | | | |

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| | F OF DEFICIENCIES AND PRRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURV COMPLETED: 04/02/2018 | ΈΥ | | |
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| LANCAS | OVIDER OR SUPPLIER: TER GENERAL HOSPITA ISE NUMBER: 120801 | L | STREET ADDRESS, CITY, STATE, ZIP CODE: 555 NORTH DUKE STREET LANCASTER, PA 17604 | | | | | | |
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| A 1151 | Continued from page 8 482.57 RESPIRATORY Continued must meet the accordance with acceptable following requirements apprespiratory care services. This REQUIREMENT is n | needs of the patients in estandards of practice. Toly if the hospital provide | | A 1151 | Actions taken prior to receip Statement of Deficiencies: Respiratory treatment data w reviewed and a discussion w pulmonologists, administrator respiratory therapists identification opportunity and need to redunumber of medically unnecest respiratory treatments. It was identified that there was curreasy process for respiratory therapists to communicate recommendations for treatments changes to the physicians. Completion Date 3/14/18 To maximize the availability respiratory therapists to perfimore complex treatments an procedures requiring the skill respiratory therapist, nursing started administering daily Sinhalers, rather than respirate therapists. Completion Date Plan of Corrections implementation of the Statement Deficiencies: SVP, Operations convened a with medical staff leadership including the physician lead | vere with ors, and fied the f | Completion Date: 04/30/2018 Status: APPROVED Date: 04/11/2018 | | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | Y |
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| A 1151 | Continued from page 9 | | | A 1151 | the Pulmonary Department, hospitalists service, and the Department of Medicine, as the Physician Executive for A consensus was reached by physician leaders that there was opportunity to reduce the numedically unnecessary respirit reatments being ordered. The determination was based on knowledge of patient condition patient improvements, and confidence or practice. Several options were discussed and an opportunity greater collaboration between ordering providers and the respiratory therapists was ideal. After assessing a patient, the respiratory therapist will offer recommendations to the proving regarding changes to the treatment change recommendations to the province of the pr | well as Quality. these was an mber of ratory nis their ion, urrent re y for n the entified. en make vider atment not an municate vider. To mined nt, the | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: | EY |
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| A 1151 | Continued from page 10 | | | A 1151 | recommendations for escalate deescalating treatments into "pending" status within the EEMR. The provider can then decline, modify or ignore the recommendations. Completion Date 3/21/18 Medical staff leadership sent email communication to all in physicians/providers notifying that respiratory therapists with have the ability to pend recommendations in Epic for escalating and de-escalating treatments based upon their expertise with the goal of propoptimum therapy for the patic Completion Date 3/22/18 A respiratory department polic created for pending the treatments approved by the policy was approved by the pulmonary medical director. Completion Date 3/23/18 All respiratory therapists proservices were educated on the | Epic accept, accept, an inpatient ing them ill now r oviding ient. licy was ment ory MR and the | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: | | (X3) DATE SURVEY COMPLETED: | |
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| A 1151 | Continued from page 11 | | | A 1151 | respiratory policy for pendin recommendations for change respiratory treatment plan. R the policy was added to the department orientation for no employees. Completion Da 3/26/18 The use of pended respirator therapy recommendations with presented at the Medical Executive for Quality and the Physician Executive for Quality and the Physician Executive. Completed by the Quality and the Physician Executive for Quality and the Completed by the Quality for the Status of Provide actions based on the respirator therapist's recommendations (accepted, declined, modified ignored) and to identify pote opportunities for improveme opportunities are identified, additional actions will be declared implemented (i.e. individual actions will be declared in the Physician Executive Complete Status of Physician Executive Physician Execu | es to the Review of ew tee tee tee tee tee tee tee tee tee | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: | EY |
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| A 1151 | Continued from page 12 | | | A 1151 | provider or staff counseling reeducation). The audit will until there is 3 consecutive n with no opportunities for improvement identified to er that the corrective action pla effective and sustained. The will be shared with the Chief Physician Executive, the pul medical director, and the hospractice to discuss at their hufurther reinforce provider collaboration with the respiratherapists. The Chief Physici Executive will report results chart reviews to the Medical Executive Committee on 5/7 Completion date 4/30/18 Missed respiratory treatment staff or medication unavailal status of corrective action plebeing reviewed weekly at the Hospital the Operations/Safe Huddle, the Quality Huddle, CEO Huddle. Completion D 3/23/18 | continue nonths nsure n is data f monary spitalist addle to atory ian of the 7/18. | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| A 1151 | Continued from page 13 | | | A 1151 | The VP, Operations will upd Patient Safety Committee me the number of missed respiratreatments due to staff or me unavailability and the status corrective action plans to ensure that the deficiencies have been resolved. The monthly report continue until the rate of respiration errors is at the gozero for 6 consecutive month meeting minutes of the Patien Safety Committee are reported. Board Quality Committee and LGH Board of Trustees. Condate 4/16/18 | onthly on atory edication of sure en | |
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| | | (XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| A 1151 | total missed treatments August 2017: 21 m of total missed treatme | cking spreadsheet tiredication FY 2018," icated the number are atments ordered that o'Clinician Unavailated treatments (2.1 p.) nissed treatments (4. nts) 9 missed treatments | that the are of the seed sian the definition on the second size of the seed size of the seed size of the seed size of the seed size of the second | A 1151 | | | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY |
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| A 1151 | percent of total missed November 2017: 9 percent of total missed December 2017: 1- percent of total missed January 2018: 570 percent of total missed Further review of the s spreadsheet on the sam and percent (rounded) were not administered as follows: July 2017: 20 miss total missed treatments August 2017: 17 m of total missed treatme September 2017: 1 percent of total missed | 3 missed treatments treatments) 40 missed treatments treatments) missed treatments (2 treatments) ame facility tracking the day indicated the nof treatments ordered due to 'Med Not Available treatments (3.9 pm) missed treatments (3.9 pm) 7 missed treatments (3.1 missed treatments) missed treatments (3.1 missed treatments) | (11.5 s (14.9 | A 1151 | | | |

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| | | (XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 390100 | | | PLE CONSTRUCTION: 00 | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY | | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 555 NORTH DUKE STREET LANCASTER, PA 17604 | | | | | | |
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| A 1151 | percent of total missed December 2017: 2 percent of total missed | 8 missed treatments treatments) missed treatments (2 treatments) umentation titled "Dee, Performance Importance Importa | epartment covement 2018, ered.' s of July ary 2017 18, at goal for a to to the ees.' | A 1151 | | | | | |

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| PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 04/02/2018 | | | |
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| LANCAST | VIDER OR SUPPLIER: ER GENERAL HOSPITAI E NUMBER: 120801 | _ | STREET ADDRESS, CITY, STATE, ZIP CODE: 555 NORTH DUKE STREET LANCASTER, PA 17604 | | | | | | |
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| A 1151 | Continued from page 17 the average had not fal been no communicatio Quality Committee or there was no need to re "there was no issue." | n about this issue wi Board of Trustees an | th the nd that | A 1151 | | | | | |
| A 1154 | | | | A 1154 | | | | | |

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| | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | OULD BE | (X5) COMPLETE DATE | |
| A 1154 | Continued from page 18 | | | A 1154 | | | | |
| | 482.57(a)(2) ADEQUATE STAFFING There must be adequate nurrespiratory therapy technicismeet the qualifications spectonsistent with State law. This REQUIREMENT is n | mbers of respiratory ther ans, and other personnel cified by the medical stat | apists, | | VP, Operations submitted a requisition to Human Resourceate a new position for a Dof Respiratory Care and Pull Diagnostic Services to suppreorganization of the respirate department. Job description grade classification were precompleted. Completion Date The new pulmonary director was approved by the Workfe Review Committee. Complete 3/22/18 Approval received to hire 3 additional FTEs of respirator therapists to support the respirator therapists to support the respirator the team leaders on each shin no longer have a patient treat assignment. This would allot team leader to be available was istance was needed (i.e. response call) without pulling away from patient treatment leaders can then effectively and manage respiratory treat completions; deploying/shift resources as needed. Completionate 3/22/18 | rces to Director monary ort the tory and job eviously e 3/20/18 r position orce etion Date ry prirectory o that ft would atment w the when apid ag them as. Team oversee timent ting | Completion Date: 04/30/2018 Status: APPROVED Date: 04/11/2018 | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY |
|--------------------------|--|--|---|-----------|---|---|--------------------------|
| LANCAST | OVIDER OR SUPPLIER: FER GENERAL HOSPITAL SE NUMBER: 120801 | L | STREET ADDRESS, 555 NORTH I LANCASTER | DUKE STRE | EET | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDI | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION) | 1110 / 1111 / 111 | | | OULD BE | (X5) COMPLETE DATE |
| A 1154 | Continued from page 19 | | | A 1154 | The compensation rate for P. was increased by 10% and 5 additional 0.1 FTE casual PF respiratory therapist position added. The additional PRN pare aimed at improving staff agility during census surges. Completion Date 3/22/18 To encourage respiratory the staff to work additional hour needed, a respiratory therapy incentive plan was implement This plan was modeled after nursing incentive plan and prompensation of an addition \$14/hour (the midpoint of the This is in addition to any shift/weekend differential or overtime for which they are Completion Date 3/22/18 The respiratory therapy incential plan was extended to all PRN staff. Completion Date 3/26/All new positions were posterecruitment by Human Reson Completion Date 3/28/18 To ensure adequate staffing recruiting for the above identification. | RN as were positions ing erapy rs when y nted. the provides hal he range). eligible. mtive N casual /18 ed for urces. | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | | PLE CONSTRUCTION: | (X3) DATE SURVI COMPLETED: | ΞY |
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| | | 390100 | | | | 04/02/2018 | |
| LANCAST | VIDER OR SUPPLIER: TER GENERAL HOSPITAL SE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRI | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1154 | Continued from page 20 | | | A 1154 | additional respiratory therap Human Resources requisition a contracted staff agency up respiratory therapist traveler 3/22/18. The anticipated data arrival of the traveler(s) is 4/Completion date 4/23/18. The VP, Operations will most track staffing (worked hours addition to the number of tot missed respiratory treatment monthly for the next 12 monensure that staffing is adequated meet the patient needs. If monitoring of worked hours number of respiratory medic events reveal that the current correction is not effective, accions will be developed an implemented. Completion D 3/26/18 Missed respiratory treatment staff or medication unavailal status of the corrective action being reviewed weekly at the Hospital Operations/Safety I the Quality Huddle, and the | ned from to 3 s on e of (23/18. nitor and) in tal s this to ate to or the ation t plan of dditional d ate ts due to bility and n plan is e Huddle, | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | | | 04/02/2018 | |
| LANCAST | VIDER OR SUPPLIER: ER GENERAL HOSPITAL E NUMBER: 120801 | L | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRI | EET | | |
| (X4) ID PREFIX TAG | MUST BE PRECEED! | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1154 | Continued from page 21 | | | A 1154 | Huddle. Completion Date 3/ The VP, Operations will upon Patient Safety Committee must the number of missed respirate treatments due to staff or me unavailability and the status corrective action plans to entitle the deficiencies have be resolved. The monthly report continue until the rate of respiration errors is at the gozero for 6 consecutive month meeting minutes of the Paties Safety Committee are report Board Quality Committee are LGH Board of Trustees. Con Date 4/16/18 | date the conthly on atory edication of sure een ets will piratory oal of hs. The ent eed to the end the | |
| | | | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 390100 | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS 555 NORTH I LANCASTER | OUKE STRE | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | OULD BE | (X5) COMPLETE DATE |
| A 1154 | total missed treatments August 2017: 21 n of total missed treatme September 2017: 1 percent of total missed | cking spreadsheet timedication FY 2018," icated the number an eatments ordered than Unavailability' as itsed treatments (2.1 pm) inssed treatments (4. nts) 9 missed treatments (4. nts) missed treatments (4. nts) missed treatments (4. nts) missed treatments (4. nts) | that there de for that there de for the de f | A 1154 | | | |

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| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 390100 | | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY | | |
|---|--|---|--|--|-------------------|---|----|--|--|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 555 NORTH DUKE STREET LANCASTER, PA 17604 | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDE IDENTII | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | | | |
| A 1154 | percent of total missed December 2017: 1- percent of total missed | 40 missed treatment treatments) missed treatments (treatments) umentation titled "Dee, Performance Importation treatments d." Documentation stered 94 or 95 percentate physician during rough June 2017, except and as 93 percentage (MR5, MR11, MR17, MR18, MR1 drespiratory treatments of the physician during rough for the physician during rough June 2017, except as noted as 93 percentage (MR5, MR11, MR17, MR18, MR1 drespiratory treatments of the physician during rough June 2017, except as noted as 93 percentage (MR5, MR11, MR17, MR18, MR16). | epartment rovement as indicated ent of the cept for t MR12, 9), ents I due to | A 1154 | | | | | |

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| PLAN OF CORRECTION (POC) | | ` ' | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390100 | | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
|---|--|--|---|------------------|---|--|--------------------------|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS. 555 NORTH I LANCASTER | DUKE STRI | EET | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | OULD BE | (X5) COMPLETE DATE |
| A 1154 | Review of MR5 on February 18, 2018, at 12018, at 4:14 AM were 'Clinician Unavailability Review of MR11 on February 14, 2018, at 4 administered due to 'Cladministered on February 14, 2018, at 4 administered on February 14, 2018, at 4 administered on February 14, 2018, at 4 2018, at 12:01 PM, 9:3 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on February 14, 2018, at 4:38 PM were 'Clinician Unavailability Albertany 14, 2018, at 4:38 PM were 'Clinic | espiratory treatment 1:52 PM and February e not administered dety.' ebruary 20, 2018, refor respiratory treatment 1:37 PM was not linician Unavailability 16, 2018, at 8:34 available.' ebruary 20, 2018, refor respiratory treatment 1:38 PM, February 1 0 PM, and February 1 not administered duty.' | es on ary 19, ue to vealed nent on ty' and not AM vealed ment on 5, 16, ue to | A 1154 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | B. WING: | | 04/02/2018 | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, 555 NORTH D LANCASTER | OUKE STRI | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE D BY FULL REGULATORY OF FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1154 | Continued from page 25 January 7, 2018, at 1:0 at 12:26 AM were not a 'Clinician Unavailabilit' Review of MR15 on Fe that physician's orders December 15, 2017, at 16, 2017, at 1:41 PM w 'Clinician Unavailability December 16, 2017, at 'Medication not available Review of MR16 on Fe that physician's orders December 15, 2017, at 17, 2017, at 1:44 PM w 'Clinician Unavailability Review of MR17 on Fe that physician's order for the | 7 PM and January 8, administered due to cy.' ebruary 20, 2018, refor respiratory treatr 12:33 PM and Decevere not administered cy' and not administered by and many 20, 2018, refor respiratory treatr 2:08 PM and Decempere not administered cy.' | vealed ment on ember d due to ered on vealed ment on nber d due to | A 1154 | CROSS-REFERENCED TO THE A | ALIKOFNIATE | |
| | that physician's order for November 10, 2017, at administered due to 'Cl | 5:55 PM was not | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | B. WING: | | 04/02/2018 | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRI | EET | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1154 | Continued from page 26 | | | A 1154 | | | |
| | Review of MR18 on February 20, 2018, revithat physician's order for respiratory treatm November 10, 2017, at 7:57 AM was not administered due to 'Clinician Unavailabilit Review of MR19 on February 20, 2018, revithat physician's order for respiratory treatm December 10, 2017, at 1:13 PM was not administered due to 'Clinician Unavailabilit Interview with EMP3, on February 6, 2018 10:00am confirmed that she is aware that trare being missed due to 'Clinician Unavaila Interview with EMP4 and EMP5, on February 2018, at 3:00pm revealed that treatments domissed due to clinician unavailability. Interview with EMP11, on February 20, 20 11:15 AM confirmed that the respiratory treatment of the provided due to 'Clinician Unavailand 'Medication not available.' | | ty.' vealed tent on ty.' s, at reatments ability.' ary 6, o get | | | | |

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| PLAN OF CORRECTION (POC) IDEN | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | R: A. BLDG: | | PLE CONSTRUCTION: | (X3) DATE SURVI COMPLETED: 04/02/2018 | | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | L | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRI | EET | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | | |
| A 1154 | Continued from page 27 | | | A 1154 | | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| LANCAST | NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, CITY, STATE, ZIP CODE: 555 NORTH DUKE STREET LANCASTER, PA 17604 | | | | |
| (X4) ID PREFIX TAG | REFIX MUST BE PRECEEDED BY FULL REGULATORY | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1154 | Continued from page 28 | | | A 1154 | | | |
| A 1160 | | | | A 1160 | | | |

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| | F OF DEFICIENCIES AND PRRECTION (POC) | | | ΈΥ | | | |
|--------------------------|---|---|-----------------------------------|------------------|---|--|---|
| LANCAS | OVIDER OR SUPPLIER: TER GENERAL HOSPITA ISE NUMBER: 120801 | L | STREET ADDRESS 555 NORTH LANCASTE | DUKE STRE | EET | | |
| (X4) ID PREFIX TAG | MUST BE PRECEED | T OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY O IFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1160 | Continued from page 29 482.57(b) RESPIRATORY Services must be delivered directives. This REQUIREMENT is n | in accordance with med | | A 1160 | The Medication Administrate Policy was revised to elimin statement to immediately represent medication error to the provint instead refer to the Medicati Event Policy that provides gon when immediate notificate the provider would be required revision now provides aligns between the Medication Administration Policy and the Medication Event Policy. Completion Date 3/1/18 The revised "Medication Administration Policy" was approved by the Pharmacy & Therapeutics (P&T) Commic Completion Date 3/20/18 SVP, Hospital Operations of a meeting with leaders of the departments of nursing, medication of providers nursing medication errors the no harm and require no monor intervention to prevent has (Category C event as defined Medication Event Policy). | ate the port any ider and on guidance tion to red. This ment the way tree. Solvened to determine the decision of the decision | Completion Date: 04/30/2018 Status: APPROVED Date: 04/11/2018 |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | L | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRE | | | |
| (X4) ID PREFIX TAG | FIX MUST BE PRECEEDED BY FULL REGULATORY (AG IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1160 | Continued from page 30 | | | A 1160 | Opportunities for improvement urising current process were identified including the inabia audit the provider notification compliance. Completion Data A new provider notification was developed for medication that are Category C as defined Medication Event Policy (not and needs not monitoring or intervention). The new process be able to be: completed at the office event; incorporated intervention workflow; easily autification and utilized as the standard for nursing and any discipling including respiratory therapy notifying providers of missed treatments due to staff or medication error Completion Date 3/28/18 Prior to the new electronic notification process being implemented on 5/2/18, the result of the provider of an missed respiratory treatment unavailability of staff or medication process. | elility to n the 3/23/18 process on errors ed in the o harm ess will the time to the idited; template the offor d dication sidered a c. manager my due to | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: | ΣΥ |
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| | | 390100 | | | | 04/02/2018 | |
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| (X4) ID PREFIX TAG | MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1160 | Continued from page 31 | | | A 1160 | The Quality Department will 100% of medical records with missed treatment due to staff medication unavailability to provider notification is achies 100%. Any noncompliance addressed with the respirator manager and corrective actic implemented. This will contribute electronic process is fully implemented in May, 2018. Completion Date 3/26/18 The Physician Executive for and the Chief Physician Executive for and the Chief Physician Executive for and the Chief Physician en process for notification of prof Category C medication en without harm at the Medical Executive Committee and ge feedback to finalize the plan provider notification. Complemented in Safety Mana Clinical Informatics Specialidevelop a tip sheet for communication of the new penotification process that can by any department that has the | th a f or ensure eved will be ry on inue until y Quality cutive w roviders rrors et for letion ager and ist will provider be used | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | EY |
|---|---------------------------------------|---|---|-----------------------------|---|--|--------------------------|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | 390100 L | STREET ADDRESS, 555 NORTH D LANCASTER | CITY, STATE, Z DUKE STRI | IP CODE: | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1160 | Continued from page 32 | | | A 1160 | potential for needing to notification Date 4/11/18 Medication Event Policy to the process for provider notion of a medication error that is a completion Date 4/11/18 The Medication Event Policy to the process for provider notion of a medication error that is a completion Date 4/11/18 The revised policy will be apply Pharmacy and Therapeutic (P&T) Committee. Completion 4/17/18 Medical staff leadership will out a communication to all pregarding the new process for notification of providers of medication errors with no has Completion Date 4/25/18 The manager of the respirated department will provide education errors with no has Completion Date 4/25/18 The manager of the respirated department will provide education errors with no has Completion Date 4/25/18 The manager of the respirated department will provide education errors with no has Completion Date 4/25/18 The manager of the respirated department will provide education errors with no has Completion Date 4/25/18 The manager of the respirated department will provide education errors with no has Completion Date 4/25/18 The manager of the respirated department will provide education errors with no has Completion Date 4/25/18 The manager of the respirated department will provide education errors with no has Completion Date 4/25/18 | dication /18 /18 /18 /18 /18 /18 /18 /18 /18 /18 | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | Y |
|---|---------------------------------------|--|---|------------------|--|--|--------------------------|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRI | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1160 | Continued from page 33 | | | A 1160 | 4/30/18. This will also be act the department orientation for employees. Completion date Information Services will but flowsheet row within the Metadministration Record (Matoolbar in the Epic EMR white be used to send a message for medication event-no harm to provider. This will be limited Category C medication even Testing will then be completed the medication safety leaders team with a scheduled go-livenew process across the hospit 5/2/18. Completion Date 4/3 Post implementation of the exphysician notification for Camedication events, the Clinic Medication Safety Committed audit 100% of provider notification for Camedication the Epic EMR for respiratory missed treatment compared to the event report submitted for Category C medication. The audits will be do monthly until there is 3 consistence. | or new 4/30/18 ild a edication R) ich will or a o the d to tts. ed by ship re of the ital on 0/18 electronic ttegory C cal be will ications for s es edication one | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: | EY |
|--------------------------|---|--|---|------------------|--|---|--------------------------|
| | | 390100 | | B. WING: | 04/02/2018 | | |
| LANCAST | VIDER OR SUPPLIER: ER GENERAL HOSPITAI E NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | OUKE STRE | EET | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1160 | Continued from page 34 | | | A 1160 | months with no deficiencies provider notifications to ensu the plan of correction is effect and has resulted in no issues noncompliance will be report the respiratory manager and Operations for additional stateducation/counseling or addicorrective actions. This will reported to the Patient Safety Committee via the meeting in Completion date 4/30/18 | ure that ctive . Any ted to VP, ff itional be | |

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| | | (XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 390100 | | | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
|---|--|--|--|------------------|--|--|--------------------------|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH I LANCASTER | UKE STRI | | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | ED BY FULL REGULATORY O | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| A 1160 | Based on a review of facility documentation medical records (MR) and staff interviews (was determined the facility failed to deliver in accordance with medical staff directive concerning the reporting of medication error attending physicians in 9 of 20 medical records (MR1, MR12, MR13, MR MR16, MR17, MR18, MR19) and failed to written policies were developed to address missed treatments of respiratory care service. Review of facility policy titled "Medication Administration," effective date January 201 indicated "Errors in administration of medicated "Errors in administration of medication Event Policy." Review of MR5 on February 6, 2018, reveau physician's orders for respiratory treatments January 18 at 11:52 PM and January 19 at 4 AM were not administered due to 'Clinician's AM were not adminis | | (EMP), it r services ors to cords R15, o ensure the ces. n 15, cation will hysician, n the aled that is on 4:14 | A 1160 | | | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 390100 | | (X2) MULTI A. BLDG: _ B. WING: _ | | (X3) DATE SURVE COMPLETED: 04/02/2018 | 3 Y |
|---|---|---|--|--|---------|---|------------|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH I LANCASTER | UKE STRE | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| A 1160 | Unavailability,' with no attending physician. Review of MR11 on For that physician's order of February 14, 2018, at 4 administered due to 'C' administered on February due to 'Medication not notification of the error of that physician's orders February 14, 2018, at 4 2018, at 12:01 PM, 9:3 2018, at 4:38 PM were 'Clinician Unavailability error to the attending pure Review of MR13 on For that physician's orders January 7, 2018, at 1:0 at 12:26 AM were not | ebruary 20, 2018, refor respiratory treatmed: 37 PM was not linician Unavailabilitary 16, 2018, at 8:34 available,' with nor to the attending pherometry 20, 2018, refor respiratory treatmed: 38 PM, February 1:00 PM, and February 20, 2018, refor respiratory treatmed 1:00 PM and January 8 | vealed nent on ty' and not AM ysician. vealed ment on 5, 16, ne to ion of the vealed ment on | A 1160 | | | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
|---|--|--|---|--|---|--|--------------------------|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS 555 NORTH LANCASTER | DUKE STRE | | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | HOULD BE | (X5) COMPLETE DATE |
| A 1160 | Continued from page 37 'Clinician Unavailability error to the attending page 37 Review of MR15 on Foundation of that physician's orders December 15, 2017, at 16, 2017, at 1:41 PM validation Unavailability December 16, 2017, at 1:Medication not available error to the attending page of MR16 on Foundation of that physician's orders December 15, 2017, at 1:44 PM validation Unavailability error to the attending page of MR17 on Foundation of that physician's order face of November 10, 2017, at administered due to 'Clinician Unavailability error to the attending page 10, 2017, at administered due to 'Clinician Unavailability error to the attending page 10, 2017, at administered due to 'Clinician Unavailability error to the attending page 10, 2017, at administered due to 'Clinician Unavailability error to the attending page 10, 2017, at administered due to 'Clinician Unavailability error to the attending page 10, 2017, at administered due to 'Clinician Unavailability error to the attending page 10, 2017, at administered due to 'Clinician Unavailability error to the attending page 11, 2017, at 1:44 PM value error to the attending page 12, 2017, at 1:44 PM value error to the attending page 13, 2017, at 1:44 PM value error to the attending page 14, 2017, at 1:44 PM value error to the attending page 14, 2017, at 1:44 PM value error to the attending page 14, 2017, at 1:44 PM value error to the attending page 14, 2017, at 1:44 PM value error to the attending page 14, 2017, at 1:44 PM value error to the attending page 15, 2017, at 1:44 PM value error to the attending page 16, 2017, at 1:44 PM value error to the attending page 17, 2017, at 1:44 PM value error to the attending page 18, 2017, at 1:44 PM value error to the attending page 18, 2017, at 1:44 PM value error to the attending page 18, 2017, at 1:44 PM value error to the attending page 18, 2017, at 1:44 PM value error to the attending page 18, 2017, at 1:44 PM value error to the attending page 18, 2017, at 1:44 PM value error to the attending page 18, 2017, at 1:44 PM | ebruary 20, 2018, refor respiratory treating 12:33 PM and December 12:33 PM and December 12:33 PM and December 12:33 PM and December 12:33 PM and administer 12:09 PM and use 13:09 PM and December 12:08 PM and December 13:09 PM and December 13:09 PM and December 14:09 PM and December 15:09 PM and December 15 | evealed ment on ember d due to ered on etion of the evealed ment on mber d due to cion of the evealed ment on | A 1160 | | | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | (X2) MULTI A. BLDG: _ B. WING: _ | | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | L | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRI | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | IOULD BE | (X5) COMPLETE DATE | |
| A 1160 | notification of the error Review of MR18 on Forthat physician's order of November 10, 2017, at administered due to 'C' notification of the error Review of MR19 on Forthat physician's order of December 10, 2017, at administered due to 'C' notification of the error Interview with EMP6 of 9:25 AM confirmed the 'medication errors.' Interview with EMP3, 1:55 PM, in reference of Administration policy, (notify physician of midone it in the past," and | ebruary 20, 2018, recover respiratory treatments. 7:57 AM was not dinician Unavailability to the attending physical properties of the attending physical properties. The second of the attending physical | vealed tent on ty,' with no ysician. vealed tent on ty,' with no ysician. 8, at are 8, at are | A 1160 | | | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 390100 | | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 04/02/2018 | | |
|--|---|--|---|-------------------|---|---------|--------------------------|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, 555 NORTH I LANCASTER | DUKE STRI | EET | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | OULD BE | (X5) COMPLETE DATE |
| A 1160 | in the MAR to see if a interview with EMP3 or physicians know about Interview with EMP5 or PM confirmed respirate from previous shift the therapists know 'who confirmed the interview with EMP3 or 10:50 AM revealed that treatments for patients medication order when the treatments cannot be done in EMP3 further confirmed written policies concert treatments are to be added. | confirmed that "we do missed meds."" on February 6, 2018 ory staff prioritize trapists so the oncomannot miss a treatment on February 20, 2013 at respiratory staff privithout a change in there is a possibility elivered during a ship ed that there were nothing how missed respiratory staff privilegive and the staff privilegity an | at 3:10 reatments ning ent.' 8 at rioritize the y that all ift. o specific spiratory | A 1160 | | | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 390100 | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | | |
|---|--|--|--|--|--|--------------------------|--|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER. | UKE STRI | EET | | | |
| TAG IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| A 1160 | REFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION) | | | A 1160 | | | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | COMPLETE | | (X3) DATE SURVE COMPLETED: | | | |
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| | 390100 | | | A. BLDG: B. WING: | 00 | 04/02/2018 | | | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 555 NORTH DUKE STREET LANCASTER, PA 17604 | | | | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | OULD BE | (X5) COMPLETE DATE | | |
| P 0000 | This report is the result of unannounced ons complaint investigation, CHL18C015H and CHL18C038H, completed on February 20, at Lancaster General Hospital. It was determented that the facility was not in compliance with requirements of the Pennsylvania Departmented Health's Rules and Regulations for Hospital Code, Part IV, Subparts A and B, November 1987, as amended June 1998. | | d , 2018, rmined of the ent of als, 28 PA | P 0000 | | | | | |
| P 0315 | | | | P 0315 | | | | | |
| LABORATORY I | DIRECTOR'S OR PROVIDER/SUPPLI | ER REPRESENTATIVE'S SIGN | ATURE | | TITLE: | (X6) DATE: | | | |
| | | | | | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | | <u>uu</u> | 04/02/2018 | | |
| LANCAST | OVIDER OR SUPPLIER: TER GENERAL HOSPITAL SE NUMBER: 120801 | L | STREET ADDRESS, 555 NORTH I LANCASTER | DUKE STRE | | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDI | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION) | | ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | OULD BE | (X5) COMPLETE DATE | |
| P 0315 | Continued from page 1 | | | P 0315 | | | | |
| | 103.4 (1) FUNCTIONS 103.4 Functions The governing body, with the assistance and advice from the hospital staff, shall do the following: (1) Provide appropriate physics and personnel requirement the needs of the patient participate in planning to make the needs of the patients health needs of the communicative control mechanisms established which includes integral part thereof a risk management component and control program. This REGULATION is not | rsical uired to ts and eet the and nity. A should be as an | | | VP, Operations submitted a requisition to Human Resourceate a new position for a Director Respiratory Care and Pulmo Diagnostic Services to supporteorganization of the respirat department. Job description grade classification were precompleted. Completion Date The new pulmonary director was approved by the Workfor Review Committee. Completed Sylvanian FTEs of respirator therapists to support the respiratory departeorganization so that the teal leaders on each shift would no longopatient treatment assignment would allow the team leader available when assistance we needed (i.e. rapid response call) with pulling them away from patients. | roes to r of nary ort the tory and job eviously e 3/20/18 r position orce etion Date ry rtment am er have a t. This to be as | Completion Date: 04/30/2018 Status: APPROVED Date: 04/11/2018 | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | | | 04/02/2018 | | |
| LANCAST | VIDER OR SUPPLIER: TER GENERAL HOSPITAI SE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRI | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | | |
| P 0315 | Continued from page 2 | | | P 0315 | treatments. Team leaders car effectively oversee and manarespiratory treatment completed deploying/shifting resources needed. Completion Date 3/2 The compensation rate for P was increased by 10% and 5 additional 0.1 FTE casual PI respiratory therapist position added. The additional PRN p are aimed at improving staff agility during census surges. Completion Date 3/22/18 To encourage respiratory the staff to work additional hour needed, a respiratory therapy incentive plan was implementable This plan was modeled after nursing incentive plan and p compensation of an addition \$14/hour (the midpoint of the This is in addition to any shift/weekend differential or overtime for which they are Completion Date 3/22/18 The respiratory therapy incentive plan incentive plan and p compensation of an addition to any shift/weekend differential or overtime for which they are Completion Date 3/22/18 | age etions; as 22/18 RN staff RN as were positions ing erapy er | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION: | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | A. BLDG:00_ B. WING: 04/02/2018 | | 04/02/2018 | | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | Ĺ | STREET ADDRESS, 555 NORTH D LANCASTER | OUKE STRI | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | | |
| P 0315 | Continued from page 3 | | | P 0315 | plan was extended to all PRI staff. Completion Date 3/26/ All new positions were poster recruitment by Human Resor Completion Date 3/28/18 To ensure adequate staffing recruiting for the above iden additional respiratory therap Human Resources requisition a contracted staff agency up respiratory therapist traveler 3/22/18. The anticipated date arrival of the traveler(s) is 4/Completion date 4/23/18 The VP, Operations will most track staffing (worked hours addition to the number of tot missed respiratory treatment monthly for the next 12 monensure that staffing is adequate the patient needs. If the monitoring of worked hours number of respiratory medic events reveal the current plan correction is not effective, as actions will be developed an | while tified ists, ned from to 3 s on e of (23/18. mitor and) in tal s this to ate to e or ation n of dditional | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390100 | | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY | |
|--|---|---|--|---|---|---|--|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | L | STREET ADDRESS, 555 NORTH D LANCASTER. | UKE STRE | | | |
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| P 0315 | Continued from page 4 | | | P 0315 | implemented. Completion da 3/26/18 Missed respiratory treatment staff or medication unavailable status of the corrective action being reviewed weekly at the Hospital Operations/Safety I the Quality Huddle, and the Guality Committee me unavailability and the status corrective action plans to ensure that the deficiencies have been resolved. The monthly report continue until the rate of respinedication errors is at the gozero for 6 consecutive month meeting minutes of the Patie Safety Committee are reported Board Quality Committee and LGH Board of Trustees. Compate 4/16/18 | s due to bility and n plan is e Huddle, CEO 23/18 late the bothly on story dication of sure en ts will biratory bal of ns. The nt ed to the did the | |
| | | | | | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRI | EET | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDE IDENTII | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| P 0315 | total missed treatments August 2017: 21 m of total missed treatme September 2017: 1 percent of total missed | cking spreadsheet titedication FY 2018," nd percent (rounded were missed due to try' as follows: ed treatments (2.1 pm) nissed treatments (4.1 pm) missed treatments (4.1 pm) | it was that there de for tled) of ercent of 2 percent (2.8 | P 0315 | | | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRI | EET | | |
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| P 0315 | percent of total missed December 2017: 1 percent of total missed | 40 missed treatments (a treatments) missed treatments (a treatments) missed treatments (a treatments) missed treatments (a treatments) missed treatments (a treatment of the performance Improvided of the performance Improvided of the performance Improvided of the performance Improvided of the performance administration of the performance (a treatment of the performance Improvided of the perform | epartment rovement as n the 94 or 95 e month ar (July MR12, 9), ents | P 0315 | | | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | | | 04/02/2018 | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | L | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRI | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE | OULD BE | (X5) COMPLETE DATE | |
| P 0315 | physician's orders for r February 18, 2018, at 12018, at 4:14 AM were 'Clinician Unavailabili' Review of MR11 on Fe that physician's order of February 14, 2018, at 2 administered due to 'Cladministered on February due to 'Medication not Review of MR12 on Fe that physician's orders February 14, 2018, at 2 2018, at 12:01 PM, 9:3 2018, at 4:38 PM were 'Clinician Unavailabili' Review of MR13 on Fe that physician's orders January 7, 2018, at 1:0 at 12:26 AM were not | e not administered duty.' ebruary 20, 2018, recorrespiratory treatmed: 37 PM was not linician Unavailabilitary 16, 2018, at 8:34 available.' ebruary 20, 2018, recorrespiratory treatmed: 38 PM, February 10 PM, and January 10 PM, and And J | vealed nent on ty' and not AM vealed nent on 5, 16, ne to vealed nent on | P 0315 | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| P 0315 | Continued from page 8 'Clinician Unavailability Review of MR15 on Forthat physician's orders December 15, 2017, at 16, 2017, at 1:41 PM v 'Clinician Unavailability December 16, 2017, at 1'Medication not available with the physician's orders December 15, 2017, at 17, 2017, at 1:44 PM v 'Clinician Unavailability Review of MR17 on Forthat physician's order f November 10, 2017, at administered due to 'Clinician Unavailability Review of MR18 on Forthat physician's order f November 10, 2017, at administered due to 'Clinician Unavailability order for the physician's order f | ebruary 20, 2018, refor respiratory treatres 12:33 PM and Decevere not administered by and not administered 19:09 AM due to 19:09 AM due to 19:09 AM due to 19:09 AM due to 19:09 AM and Decemperatory treatres 19:08 PM and Decemperatory 20, 2018, refor respiratory treatments 19:05 PM was not 19:0 | wealed ment on wealed ment on on ty.' | P 0315 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | B. WING: 04/02/2018 | | | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRI | EET | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDE IDENTII | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| P 0315 | Continued from page 9 November 10, 2017, at administered due to 'Cl Review of MR19 on Fe that physician's order for December 10, 2017, at administered due to 'Cl Interview with EMP3 of 10:00 AM confirmed the treatments are being m Unavailability.' Interviews with EMP4 2018, at 3:00 PM indice missed due to clinician Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed due to 'Clinical Interview with EMP11 11:15 AM confirmed the were not provided to pareviewed the were not parevi | ebruary 20, 2018, resor respiratory treatments and EMP5, on February and EMP5, on February attents unavailability. The property of the proper | vealed lent on ty.' , at lean lent on | P 0315 | | | |
| | | | | | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | A. BLDG:00 B. WING: | | 04/02/2018 | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRI | EET | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ID BY FULL REGULATORY OF FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| P 0315 | Continued from page 10 | | | P 0315 | | | |
| P 0317 | | | | P 0317 | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | R: A. BLDG: _ | | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
|---|--|--|----------------|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | CITY, STATE, Z | IIP CODE: | 0.102.2010 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PROVIDER'S PLAN OF CORRECTION (EAC PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT | | OULD BE | (X5) COMPLETE DATE |
| P 0317 | Continued from page 11 103.4 (3) FUNCTIONS (3) Take all reasonable step conform to all applicable Foundations. This REGULATION is not | ederal, | | P 0317 | Respiratory staff meetings we conducted on all shifts and the manager discussed that a mist respiratory treatment due to see medication unavailability is a medication error requiring an report. Completion Date 3/19. All respiratory therapists proservices have received education to submit an event report any missed respiratory treatment to unavailability of staff or medication. A tip sheet was provided and the event report process was added to the department orientation for neemployees. Completion Dates. The respiratory department we discuss any missed treatment resulting in a medication error their huddle (3 times/week) at that opportunity to also valid an event report was submitted the physician notification prowas completed. Completion 3/26/18 | ne ssed staff or a nevent 9/18 eviding ation on a nent due ting ew a 3/26/18 evill ts or at and use late that d and occss | Completion Date: 04/30/2018 Status: APPROVED Date: 04/11/2018 |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | A. BLDG: _ | TIPLE CONSTRUCTION: (X3) DATE SURV COMPLETED: | | ΣY |
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| P 0317 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued from page 12 | | | P 0317 | The risk management departs submit all respiratory medical error event reports to the Pennsylvania Patient Safety Authority Reporting System (PA-PSRS) effective 3/26/18 Effective 4/2/18, the quality department will do 100% audissed respiratory treatments unavailability of staff or medithe compliance with event reand the submission of the mitreatments to PA-PSRS for 6 consecutive months to ensure plan of correction is effective the deficiency has been resol Any noncompliance will be not to the manager of the departrices responsible and immediate coactions implemented. Compliance 4/30/18 | dit of s due to lication, porting, ssed e the e and ved. reported ment orrective | |
| | | | | | | | |

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| | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRI | EET | | | |
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| P 0317 | Based on review of factorecords (MR), and staff determined the facility applicable State regular. Lancaster General Hoswith the following State. The Medical Care Ava Error Act, 40 P.S. § 13 § 1303.313 Medical Fanotifications (a) Serior facility shall report the to the department and to authority within 24 hor confirmation of the occurrence of the form and mark authority in consultations shall not include the national dentifiable individual. | f interviews (EMP), failed to conform to tions. pital was not in come regulation: ilability and Reductions. ilability and Redu | it was all appliance ion of nedical ous event y cility's us event. rity shall he ent and r any other | P 0317 | | | |
| | reports A medical faci occurrence of an incide | - | n a form | | | | |

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| PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION: 00 | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH I LANCASTER | DUKE STRI | EET | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDE IDENTII | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | |
| P 0317 | and manner prescribed include the name of an individual information reports. A medical factoccurrence of an infrast department within 24 h confirmation of the occurrence failure. It is not met as evident Based on review of fact records (MR), and staff determined the facility and federal laws by fail treatments as Incidents Safety Authority in accument Medical Care and Avail Error (MCARE) Act 1: Review of facility policity revealed "ASHP Star | y patient or any other. (c) Infrastructure fility shall report the structure failure to the depth of the medical currence or discover. The report to the depth of manner enced by: Stility documents, mentificated to conform to ling to report missed to the Pennsylvania cordance with the statistical shall be and Reduction. | er facility's y of the partment dical t was all state I Patient ate on of | P 0317 | | | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 390100 | | (X2) MULTI A. BLDG: _ B. WING: _ | | (X3) DATE SURVE COMPLETED: 04/02/2018 | EY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRI | EET | | | |
| (X4) ID PREFIX TAG | MUST BE PRECEEDE | OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE |
| P 0317 | Medication ErrorA n defined as a dose of me the physician's order as chart" The same po "Appendix A. Event In failure to administer ar the patient refuses to ta is contraindicated, no e Review of facility track" Missed Pulmonary M February 20, 2018, revordered treatments (thi instances where patient administered to patient 2017 through January 20, Review of facility polic Reports" defines an Incocurrence, or situation a patient in a medical finjured the patient but unanticipated injury or | edication that deviates written in the paties written in the paties of a written in the paties of a dicators. Omission of a ordered dose. However, the patients of the patient | es from nt's vealed error: wever, if NPO or it ed on 3361 ade of July ponse and cal care of have an | P 0317 | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 390100 | | | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH I LANCASTER | UKE STRE | | | | |
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| P 0317 | additional health care so The facility failed to hat identify the missed treathem as incidents to the Authority. Interview with EMP6 of 9:26 AM confirmed that are medication errors at not been put into place treatments that are miss Safety Reporting System Interview with EMP10 1:30 PM confirmed that "reported to the Pennsy Authority as incidents." | ave a mechanism in atments in order to repensylvania Patient on February 20, 2013 at "missed respiratory and that the mechanist to report respiratory sed to PSRS." (Pennem) on February 20, 20 at missed treatments ylvania Patient Safet | place to eport ent Safety 8, at ry doses sm has / asylvania | P 0317 | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | OUKE STRE | EET | | | |
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| P 0317 | Continued from page 17 | | | P 0317 | | | |
| P 0765 | | | | P 0765 | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURV COMPLETED: 04/02/2018 | EY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS 555 NORTH I LANCASTER | DUKE STRE | EET | | | |
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| P 0765 | Continued from page 18 107.61 MEDICAL ORDER 107.61 Written orders Medication or treatment sh administered only upon wrisigned orders of a practition within the scope of his licer qualified according to medic bylaws and 107.12(k) (relat tent of bylaws, rules and regexcept as provided in 107.65. The date that the orwritten shall be included on written orders. This REGULATION is not | all be tten and her acting hise and cal staff ing to con- gulations) 2, 107.64, and der was all | S | P 0765 | Actions taken prior to receip Statement of Deficiencies: Respiratory treatment data w reviewed and a discussion w pulmonologists, administrator respiratory therapists identification opportunity and need to redunumber of medically unnece respiratory treatments. It was identified that there was curreasy process for respiratory therapists to communicate recommendations for treatments and the physicians. Completion Date 3/14/18 To maximize the availability respiratory therapists to perform ore complex treatments and procedures requiring the skill respiratory therapist, nursing started administering daily S inhalers, instead of having respiratory therapists provide Completion Date 3/15/18 Plan of Corrections implementation of the Statement Deficiencies: SVP, Hospital Operations coal meeting with medical staff | vere ith ors, and ied the ice the ssary s rently no ent of orm d ils of a g staff piriva e. ented t of | Completion Date: 04/30/2018 Status: APPROVED Date: 04/11/2018 |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | Ϋ́ |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | L | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRE | | | |
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| P 0765 | Continued from page 19 | | | P 0765 | leadership including the physical leaders of the Pulmonary Department, the hospitalist s and the Department of Medie well as the Physician Execut Quality. A consensus was reserved by these physician leaders the was an opportunity to reduce number of medically unnece respiratory treatments being. This determination was base their knowledge of patient compatient improvements, and compractice. Several options were discussed and an opportunity greater collaboration between ordering providers and the respiratory therapists was ideal After assessing a patient, the respiratory therapist will ofter recommendations to the province plan. Previously, there was no efficient mechanism for the respiratory therapist to commit these treatment change recommendations to the proviously this issue, it was determined that after assessing the patient of the provious that after assessing the patient t | service, cine, as tive for eached nat there e the essary ordered. ed on ondition, urrent re y for en the entified. e en make vider atment not an municate vider. To mined | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | | DEFINITION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | Ĺ | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRE | EET | | |
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| P 0765 | Continued from page 20 | | | P 0765 | respiratory therapist will enterecommendations for escalating deescalating treatments into "pending" status within the EEMR. The provider could the accept, decline, or modify the recommendations. Completion Date 3/21/18 Medical staff leadership sent email communication to all in physicians/providers notifying that respiratory therapists with have the ability to pend recommendations in Epic for escalating and de-escalating treatments based upon their expertise with the goal of propoptimum therapy for the patic Completion Date 3/22/18 A respiratory department polic created for pending the treatments within the Epic EN the policy was approved by the pulmonary medical director. Completion Date 3/23/18 All respiratory therapists pro | ting or Epic en te t an inpatient ing them ill now r oviding ient. licy was ment ory MR and the | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION: | (X3) DATE SURVI COMPLETED: | ΞY |
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| | | 390100 | | | <u></u> | 04/02/2018 | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | L | STREET ADDRESS, 555 NORTH D LANCASTER | OUKE STRE | | | |
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| P 0765 | Continued from page 21 | | | P 0765 | services were educated on the respiratory policy for pending recommendations for changer respiratory treatment plan. Respiratory treatment plan. Respiratory treatment plan. Respiratory treatment orientation for neemployees. Completion Dates The use of pended respiratory therapy recommendations we presented at the Medical Executive for Quality and the Physician Executive for Quality and the Physician Executive. Complete 4/2/18 Effective 4/16/18, daily chard will be completed by the Quepartment on all (100%) perespiratory recommendations monitor the status of provide actions based on the respirate therapist's recommendations (accepted, declined, modificing ignored) and to identify pote opportunities for improvement opportunities are identified, additional actions will be deannd implemented (i.e. individual). | g their es to the deview of ew e 3/26/18 Ty ill be ecutive e Chief etion t reviews ality ended s to er ory d, or ential ent. As | |

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| | OF DEFICIENCIES AND RRECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | | PLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | | | 04/02/2018 | |
| LANCAST | OVIDER OR SUPPLIER: FER GENERAL HOSPITAL SE NUMBER: 120801 | L | STREET ADDRESS, 555 NORTH D LANCASTER | OUKE STRE | EET | | |
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| P 0765 | Continued from page 22 | | | P 0765 | provider or staff counseling or reeducation). The audit will ountil there is 3 consecutive in with no opportunities for improvement identified to enthat the corrective action plateffective and sustained. The will be shared with the Chief Physician Executive, the pulmedical director, and the hospitactice to discuss at their hufurther reinforce provider collaboration with the respiratherapists. The Chief Physician Executive will report results chart reviews to the Medical Executive Committee on 5/7 Completion date 4/30/18 Missed respiratory treatment staff or medication unavailable status of corrective action plate being reviewed weekly at Hooperations/Safety Huddle, QHuddle, and CEO Huddle. Completion Date 3/23/18 The VP, Operations will upd Patient Safety Committee medication. | continue nonths nsure n is data f monary spitalist addle to atory ian of the 7/18. Its due to bility and an are bospital Quality | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, 555 NORTH E LANCASTER | OUKE STRE | EET | | |
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| P 0765 | Continued from page 23 | | | P 0765 | the number of missed respirate treatments due to staff or me unavailability and the status corrective action plans to ensith the deficiencies have been resolved. The monthly report continue until the rate of respirate medication errors is at the gozero for 6 consecutive month meeting minutes of the Patie Safety Committee are reported Board Quality Committee and LGH Board of Trustees. Compate 4/16/18 | dication of sure en ts will piratory oal of ns. The nt ed to the nd the | |
| | | | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH I LANCASTER | OUKE STRI | EET | | | |
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| P 0765 | Based upon review of imedical records (MR), it was determined that that medications or trea upon the written and si acting within the scope records reviewed (MR: MR15, MR16, MR17, Findings include: A review of facility po Administration" on Fel "Drugs will be adminismember of the Medica authorized member of individual who has been write such orders," and administer inhalation in diagnostic purposes." Review of MR5 on Fel physician's order for records (MR), it was determined to the wind administration of the medical authorized member of individual who has been write such orders," and administer inhalation in diagnostic purposes." | and staff interviews the facility failed to atments were admining gned orders of a prage of his/her license for 5, MR11, MR12, MI MR18, MR19). Hicy "Medication bruary 20, 2018 reveatered only upon the land Dental Staff, at the House Staff, or comparated clinical pragmedications for therapedications for theraped or the staff of the comparated clinical pragmedications for theraped or the staff | ealed, order of a nother rivileges to pists may peutic or | P 0765 | | | |

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| | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 | | (X3) DATE SURVEY COMPLETED: | |
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| | | 390100 | | B. WING: 04/02/2018 | | 04/02/2018 | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRE | | | | |
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| P 0765 | January 18, 2018, at 11 2018, at 4:14 AM were 'Clinician Unavailability Review of MR11 on Forthat physician's order of February 14, 2018, at 4 administered due to 'Cladministered on February 14, 2018, at 4 administered on February 14, 2018, at 4 2018, at 12:01 PM, 9:3 2018, at 12:01 PM, 9:3 2018, at 4:38 PM were 'Clinician Unavailability Review of MR13 on Forthat physician's orders January 7, 2018, at 1:0 at 12:26 AM were not 'Clinician Unavailability Theorems of the control of the | e not administered duty.' ebruary 20, 2018, revior respiratory treatmed: 37 PM was not linician Unavailabilitary 16, 2018, at 8:34 available.' ebruary 20, 2018, revior respiratory treatmed: 38 PM, February 1, 0 PM, and February 1, 0 PM, and February 1, 1, 20 PM, and February 1, 20 PM, and February 1, 20 PM, and February 20, 2018, revior respiratory treatmed to 1, 20 PM, and January 8, 20 PM, and | vealed ent on ty' and not AM vealed ment on 5, 16, te to vealed ment on | P 0765 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH E LANCASTER | UKE STRI | EET | | | |
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| P 0765 | Review of MR15 on Forthat physician's orders December 15, 2017, at 16, 2017, at 1:41 PM v 'Clinician Unavailabilis' December 16, 2017, at 'Medication not available Review of MR16 on Forthat physician's orders December 15, 2017, at 17, 2017, at 1:44 PM v 'Clinician Unavailabilis' Review of MR17 on Forthat physician's order f November 10, 2017, at administered due to 'Clinician Unavailabilis' Review of MR18 on Forthat physician's order f November 10, 2017, at administered due to 'Clinician Unavailabilis' Review of MR18 on Forthat physician's order f November 10, 2017, at 100 Physician's order f November 10, 2017, a | for respiratory treatred 12:33 PM and December 12:33 PM and December 12:09 AM due to 12:09 AM due to 12:09 PM and December 12:08 PM and December 13:05:05 PM was not 15:05 PM was not 15: | wealed ment on wealed ment on on ty.' | P 0765 | | | |

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| | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | (X2) MULTI A. BLDG: _ B. WING: _ | | (X3) DATE SURVE COMPLETED: 04/02/2018 | ΞY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | UKE STRI | | | | |
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| P 0765 | administered due to 'Clar Review of MR19 on Forthat physician's order of December 10, 2017, at administered due to 'Clar Interview with EMP3 of approximately 2:30 PM February 20, 2018, at 1 respiratory treatments of 10:30 AM revealed that treatments might be might | ebruary 20, 2018, recor respiratory treatments or respiratory treatments. 1:13 PM was not sinician Unavailabilities. The provided of the provi | vealed tent on ty.' at that the at trapists be tare and that | P 0765 | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | A. BLDG: _ | PLE CONSTRUCTION: | (X3) DATE SURVE COMPLETED: 04/02/2018 | LETED: | |
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| P 0765 | Continued from page 28 | | | P 0765 | | | | |
| P 1319 | | | | P 1319 | | | | |

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| | OF DEFICIENCIES AND RECTION (POC) | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | | PLE CONSTRUCTION: | (X3) DATE SURV COMPLETED: 04/02/2018 | EY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | STREET ADDRESS, 555 NORTH D LANCASTER | OUKE STRE | EET | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI MUST BE PRECEEDED BY FULL REGULATORY OR I IDENTIFYING INFORMATION) | | | ID PREFIX TAG | The vibrate result of contraction (Erich | | (X5) COMPLETE DATE |
| P 1319 | Continued from page 29 113.12 SUPPLIES 113.12 Supplies The pharmacy shall mainta supply of drugs and devices to meet the needs of the pat the medical staff. Pharmacy shall conform to provisions Code 27.14. This REGULATION is not | adequate ients and supplies of 49 Pa. | | P 1319 | Data analysis was completed identify the contributing fact the delays in accessing respin medications. A key contributing factor was the delay at the Permachines (automated medical dispensing cabinets) on the resurgical units during peak medication administration the when nursing and nursing stream were using the Pyxis. Several experiments were tried in a proposed and pulmonary joint perform improvement project with incremental improvement. Completion Date 4/30/18 After trying several process and lower cost options, five medication drawers were pure and installed on each of the strespiratory carts that are utilities respiratory therapists on the medical/ surgical nursing unincrease immediate medication availability of the 5 most connebulizer solutions with a sursufficient enough to last an eshift. The respiratory therapity would then restock their draw | cors for ratory ting yxis ation medical mes udents all pharmacy nance changes locked rchased 5 ized by its to on mmon pply entire sts | Completion Date: 04/30/2018 Status: APPROVED Date: 04/11/2018 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | EY |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, 555 NORTH D LANCASTER | OUKE STRE | | | |
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| P 1319 | Continued from page 30 | | | P 1319 | from the pulmonary Pyxis at of each shift. Completion Da 2/28/18 Pharmacy then implemented process for restocking the respiratory cart drawers to restherapist time. The new procallows the respiratory therap swap the used drawers for a drawer prefilled with treatmerequired adding a new medic tower to the respiratory Pyxis. The pharmacy team provided education to the respiratory therapists and the pharmacy technicians on the new process. Completion Date 3/16/18 The Director of Pharmacy communicated to the pharmathat they should utilize the transition of the therapists as soon as possible was reinforced at the pharmal leadership huddle. Completion parameters in the pharmacy huddle. Completion completion completion and the magnetic pharmacy huddle. Completion completion completion completion completion. | ate I a new educe eess ist to new eents. This cation is set up. d ess. acy staff ube y calls n order e. This acy ain | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVI COMPLETED: A. BLDG:00 | | EY | | |
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| | | 390100 | | B. WING: _ | | 04/02/2018 | | |
| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 555 NORTH DUKE STREET LANCASTER, PA 17604 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A | OULD BE | (X5) COMPLETE DATE | | |
| P 1319 | Continued from page 31 | | | P 1319 | Pharmacy ran a 30-day reporreview of any nebulizer treat which the stock had run out any Pyxis. This included: Levalbuterol 1.25 mg in Pyxis machines of West, 5 East, 5 North, and 6 Atrovent on 5 East, and Pulm 0.25mg and 0.5mg in the pull Pyxis. Based upon this repornebulizer quantities were incommended to maintain proper inventory avoid running out of nebulize medications on the nursing uprior to being restocked by Pharmacy. Completion Date Pharmacy will continue to an nebulizer specific "stock out on an every-other week basis next 8 weeks and then month ongoing to ensure adequate slevels and increase Pyxis stoneeded. Completion date 4/3 The Director of Pharmacy w 100% of missed respiratory | tment in within on 4 North; micort Ilmonary rt, the 6 creased y and rer units 23/26/18 udit the "data s for the hly stock ock as 30/18 | | |

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| PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | | |
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| NAME OF PROVIDER OR SUPPLIER: LANCASTER GENERAL HOSPITAL STATE LICENSE NUMBER: 120801 | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 555 NORTH DUKE STREET LANCASTER, PA 17604 | | | | | |
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| P 1319 | Continued from page 32 | MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION) Continued from page 32 | | P 1319 | treatments due to medication unavailability monthly for the months, identify any noncor and implement additional confections as needed to achieve respiratory medication availability. Completion date 4/30/18 Dulera inhalers were added the pulmonary Pyxis so that the dosing of the inhaler can east obtained from the pulmonary rather than waiting for the paspecific inhaler to be deliver nursing unit. Completion Dat 3/27/18 Additional medication draws ordered for the remaining 10 respiratory carts to keep the common respiratory medicate the immediate vicinity of the respiratory therapists. The coproject dates indicate that the drawers will arrive and be in by the outside vendor tentating 4/30/18 | me next 12 mpliance mrective zero s due to sty. to the first sily be y Pyxis atient red to the ste ers were 5 most tions in c urrent e istalled | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | | | |
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| P 1319 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION) Continued from page 33 | | | P 1319 | Missed respiratory treatment staff or medication unavailable status of the corrective action being reviewed weekly at the Hospital Operations/Safety I the Quality Huddle, and the Huddle. Completion Date 3/2 The VP, Operations will upd Patient Safety Committee me the number of missed respirate treatments due to staff or me unavailability and the status corrective action plans to east that the deficiencies have been resolved. The monthly report continue until the rate of respirate treatments at the government of the properties of the staff or medication unavailability for 6 consecut months. The meeting minute Patient Safety Committee are reported to the Board Quality Committee and the LGH Board Trustees. Completion Date 4 | polity and n plan is e Huddle, CEO 23/18 late the conthly on atory dication of sure en ts will piratory bal of ments ive es of the e y ard of | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | | | |
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| | | | STREET ADDRESS, CITY, STATE, ZIP CODE: 555 NORTH DUKE STREET LANCASTER, PA 17604 | | | | | | |
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| P 1319 | | | that the oly of that the oly of that the oly of thats. ed 'Missed ary 20, unded) stered ercent of 4 percent (2.5 | P 1319 | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 | | (X3) DATE SURVEY COMPLETED: | | |
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| | | 390100 | | _ | | 04/02/2018 | | |
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| P 1319 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION) Continued from page 35 December 2017: 28 missed treatments (3 percent of total missed treatments) January 2018: 45 missed treatments (2.7 percent of of total missed treatments) Interview with EMP3 on February 6, 2018, at 10:30 AM confirmed that the tracking workslindicated that respiratory treatments were misdue to the medication not being available. Interview with EMP7 on February 20, 2018 at AM confirmed that treatments had been misserespiratory therapy services due to medication being available. | | at ksheet missed 8 at 9:40 sseed for | P 1319 | | | | |

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| PLAN OF CORRECTION (POC) | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390100 | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: | | (X3) DATE SURVEY COMPLETED: 04/02/2018 | | |
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| P 1319 | Continued from page 36 | | P 1319 | | | | | |

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Certified End Page

LANCASTER GENERAL HOSPITAL

STATE LICENSE NUMBER: 120801 SURVEY EXIT DATE: 04/02/2018

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Nancy J. Lescavage

Deputy Secretary for Quality Assurance

Nancy J. Lescavage

Rachel L. Levine, MD Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY