

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
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NAME OF PROVIDER OR SUPPLIER: <b>MILTON S. HERSHEY MEDICAL CENTER, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033</b>
STATE LICENSE NUMBER: <b>135101</b>	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
A 0000	INITIAL COMMENT  This report is the result of an unannounced onsite investigation (HBG17A000H) initiated on May 3, 2017 and completed on May 4, 2017, at Milton S Hershey Medical Center. It was determined the facility was not in compliance with the requirements of 42 CFR, Title 42, Part 482-Conditions of Participation for Hospitals.	A 0000		
A 0020		A 0020		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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A 0020	Continued from page 1  482.11 COMPLIANCE WITH LAWS  Compliance with Federal, State and Local Laws  This REQUIREMENT is not met as evidenced by:	A 0020	<p>1. On April 21, 2017, the Hershey Medical Center (HMC) patient safety officer (PSO) assigned to all neonatal intensive care unit (NICU) employees (providers, nurses and support staff) a required learning management system course to be completed within 30 days. The course content describes timely reporting of patient safety events, the HMC expectations of Patient Safety Event Reporting, and the methods to report, and references the policy "Patient Safety Event Reporting A-09 HAM." Course completion is tracked by the NICU nurse manager and NICU medical director in the electronic learning management system. Failure to complete this required course will result in the application of the progressive discipline process.</p> <p>2. By August 1, 2017, the PSO and the patient safety specialist staff will review the Pennsylvania Patient Safety Authority's Program Memorandum # 2015-02: Interpretation of the Definition of</p>	Completion Date: <b>08/23/2017</b> Status: <b>APPROVED</b> Date: <b>08/02/2017</b>

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A 0020	Continued from page 2	A 0020	<p>Serious Events Used by the PA-PSRS Analysts and the associated e-learning. The PSO will monitor for the memorandum review and e-learning completion by all patient safety specialist staff. Evidence of completion will be documented in each patient safety specialist's personnel file. Failure to complete the assignments will result in the application of the progressive discipline process. The HMC chief executive officer (CEO) will receive a compliance report and ensure successful completion of the education.</p> <p>3. By August 1, 2017, the CEO will send a "Safety Alert" from the Office of the Dean &amp; CEO to all HMC employees stressing the importance and requirements of timely event reporting of patient safety events and mandated child abuse reporting.</p> <p>4. By August 4, 2017, the HMC policy "Child Abuse Reporting and Care L-16" will be revised to include guidance that relevant medical</p>	

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A 0020	Continued from page 3	A 0020	<p>summaries or reports of photographs or X-rays taken shall be submitted with the CY47 form. An electronic link to the CY47 form will be created directly in the policy "Child Abuse Reporting and Care L-16".</p> <p>5. By August 23, 2017, all NICU providers and staff will complete a required electronic learning course with content describing timely reporting of suspected child abuse to ChildLine, which includes CY47 documentation within 48 hours specifically outlined by HMC policy "Child Abuse Reporting and Care L-16". Course completion will be tracked by the NICU nurse manager and NICU medical director. Failure to complete this required course will result in the application of the progressive discipline process.</p>	

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A 0020	<p>Continued from page 4</p> <p>Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined the facility failed to conform to all state and federal laws:</p> <p>Milton S Hershey Medical Center was not in compliance with the following State laws:</p> <p>The Medical Care Availability and Reduction of Error Act, 40 P.S. § 1303.101 et seq. § 1303.313 Medical Facility reports and notifications (a) Serious event reports A medical facility shall report the occurrence of a serious event to the department and the authority within 24 hours of the medical facility's confirmation of the occurrence of the serious event. The report to the department and the authority shall be in the form and manner prescribed by the authority in consultation with the department and shall not include the name of any patient or any other identifiable individual information. (b) Incident reports A medical facility shall report the occurrence of an incident to the authority in a form and manner prescribed by the</p>	A 0020		

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A 0020	Continued from page 5  authority and shall not include the name of any patient or any other individual information. (c) Infrastructure failure reports. A medical facility shall report the occurrence of an infrastructure failure to the department within 24 hours of the medical facility's confirmation of the occurrence or discovery of the infrastructure failure. The report to the department shall be in the form and manner prescribed by the department.  "CPSL-The Child Protective Services Law, 23 Pa.C.S. § 6301... § 3490.12. Required reporters. In addition to other reports they make, required reporters shall report suspected child abuse to ChildLine...§ 3490.18. Filing of a written report by a required reporter. Within 48 hours of reporting to ChildLine, a required reporter shall make a written report on forms provided by the Department to the county agency in the county where the suspected child abuse occurred... § 3490.20. Other medical information. A required reporter may photograph a child who is the	A 0020		

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A 0020	<p>Continued from page 6</p> <p>subject of a report and, if clinically indicated, ensure that a radiological examination and other medical tests of the child are performed. A medical summary or report of photographs or X-rays taken shall be sent to the county agency at the time the written report is sent, or as soon thereafter as possible. "</p> <p>This is not met as evidenced by:</p> <p>Findings include:</p> <p>A review on May 3, 2017, of facility policy "Patient Safety Event Reporting," effective January 2017, revealed "...All events, including incidents, must be reported through the Electronic Patient Safety Event Reporting system immediately or as soon thereafter as reasonably practicable, but in no event later than 24 hours after the event or discovery of the event..."</p> <p>Further review of the policy, revealed the definition of an incident, a serious event, and an infrastructure failure as defined by Act 13: ...Section 301. Scope</p> <p>...</p>	A 0020		

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A 0020	Continued from page 7  "Incident." An event, occurrence or situation involving the clinical care of a patient in a medical facility which could have injured the patient but did not either cause an unanticipated injury or require the delivery of additional health care services to the patient. ...."Serious event." An event, occurrence or situation involving the clinical care of a patient in a medical facility that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services to the patient.."Infrastructure failure." An undesirable or unintended event, occurrence or situation involving the infrastructure of a medical facility or the discontinuation or significant disruption of a service which could seriously compromise patient.  A review of facility document "Performance Improvement Plan, effective May 2, 2017, revealed "...It shall be the responsibility of each department to immediately notify the Department of Patient Safety and notify the Patient Safety Officer for any unusual event or situation that caused patient harm...The	A 0020		



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A 0020	<p>Continued from page 8</p> <p>Patient Safety Officer, or designee, notifies the CMO, and others as indicated. An investigation of the event is performed to determine confirmation of a sentinel event, serious event or incident...Specific to DOH, Act 13 and Act 52 reporting requirements: Serious events and infrastructure failures will be reported to the DOH within 24 hours of confirmation of occurrence via the Pennsylvania Patient Safety Reporting System. Serious events will be reported to the Patient Safety Authority within 24 hours of confirmation of occurrence via the Pennsylvania Patient Safety Reporting System..."</p> <p>A review on May 3, 2017, of MR1 NICU Interdisciplinary Narrative dated April 16, 2017 revealed "Focused assessment completed-no changes since last assessment-infant comfortable and not fussy. Went to bed #10 to help that mom breast feed. Could hear infant crying very loudly. Asked mom if that was him crying. Mom then asked that I come to the bedside because there was something wrong with infants arm. She stated that it was limp. When this nurse look at arm it was</p>	A 0020		

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A 0020	Continued from page 9  limp-the right arm was moving but his left arm just laid by his side. Then he raised his arm up, grimaced and cried out in pain. The site was not swollen or discolored...The infant did not show and s/s of pain or discomfort during the 1200 or 1500 assessment. _____ (name redacted) to the bedside to look at infants arm". She agreed that there was a problem with the arm and ordered a X-ray. Will continue to immobilize the arm as this soothes him. Mom is also holding him and he has fallen asleep after tylenol was given per order." A fracture of the left ulna and radius was confirmed via x-ray on April 16, 2017.  A review of the facility documentation revealed the facility failed to report the above event to the Pennsylvania State Reporting System (PSRS), until 12 days later on April 28, 2017. The facility first reported the unwitnessed fracture as an incident that had not caused harm to the patient. A second report on April 28, 2017 indicated the fracture was described as infrastructure failure. A review of facility documentation revealed the facility failed to accurately report the injury to MR1 as a serious	A 0020		

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A 0020	<p>Continued from page 10</p> <p>event.</p> <p>A review of facility email to the Department, dated April 30, 2017 revealed, "... As an update, CYS was here on Saturday (April 29, 2017). We worked with them to develop the attached safety plan for the duration of the patient's stay (medical record # redacted for purpose of email transmission). Local police detectives were also here with us late Friday (April 28, 2017) after we had spoken with you and called them..."</p> <p>An interview conducted on May 3, 2017, at 10:40 AM with EMP5 and EMP16 confirmed the facility failed to follow the Medical Care Availability and Reduction of Error Act and the Performance Improvement Plan and report the serious event until April 28, 2017. EMP5 further stated, "There was no event report on this particular case." "It should have been reported immediately." EMP16 confirmed via telephone that it should have been reported.</p> <p>An interview conducted on May 4, 2017, at 1:00</p>	A 0020		

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A 0020	Continued from page 11  PM with EMP1 revealed the facility was not able to provide documentation that a written report and /or a medical summary or report of photographs or X-rays taken was sent to the county agency as required by the The Child Protective Services Law.	A 0020		
A 0057		A 0057		

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A 0057	Continued from page 12  482.12(b) CHIEF EXECUTIVE OFFICER  The governing body must appoint a chief executive officer who is responsible for managing the hospital.  This REQUIREMENT is not met as evidenced by:	A 0057	<ol style="list-style-type: none"> <li>By August 1, 2017, the Hershey Medical Center (HMC) chief executive officer (CEO) in conjunction with the chief quality officer (CQO) will oversee the completion of education by the Patient Safety Team regarding the Pennsylvania Patient Safety Authority's Program Memorandum # 2015-02: Interpretation of the Definition of Serious Events Used by the PA-PSRS Analysts and the associated e-learning. The CEO will receive a compliance report and ensure successful completion of the education.</li> <li>By August 1, 2017, the CEO will send a "Safety Alert" from the Office of the Dean &amp; CEO to all HMC employees stressing the importance and requirements of timely event reporting of patient safety events and mandated child abuse reporting.</li> <li>By August, 23, 2017, the CEO in conjunction with the CQO will oversee the implementation of all plans of correction related to the</li> </ol>	Completion Date: <b>08/23/2017</b> Status: <b>APPROVED</b> Date: <b>08/01/2017</b>

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A 0057	Continued from page 13	A 0057	<p>Department of Health site survey conducted on May 3 and 4, 2017, concerning compliance with the Pennsylvania MCARE law and Child Protective Services law. The CEO will receive ongoing updates from the CQO on plans of correction progress and will ensure timely completion.</p> <p>4. Beginning August 23, 2017, the CEO will receive monthly updates from the CQO on serious safety events and the associated PA-PSRS submission-timeframe reports that will be generated by the patient safety officer.</p>	

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A 0057	Continued from page 14  Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined the CEO failed to ensure implementation of facility policy and state law (The Medical Care Availability and Reduction of Error Act, 40 P.S. § 1303.101 et seq. and CPSL-The Child Protective Services Law, 23 Pa.C.S. § § 6301.  This is not met as evidenced by:  Findings include:  A review on May 3, 2017, of the facility's "Bylaws of Penn State Health," adopted April 1, 2015, revealed "...Section 4.8. President/CEO. The President/CEO shall supervise the implementation of all policies, order, and resolutions of the Board of Directors and shall execute all contracts and agreements authorized by the Board of Directors, except that he/she may delegate to other officers of the Corporation the power to execute contracts in the ordinary course of business or as otherwise may be authorized by the Board...."	A 0057		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
A 0057	<p>Continued from page 15</p> <p>A review of the Medical Care Availability and reduction of Error Act indicates that "A medical facility shall report the occurrence of a serious event to the department and the authority within 24 hours of the medical facility's confirmation of the occurrence of the serious event". A review of the Child Protective Services Law indicates that "required reporters. In addition to other reports they make, required reporters shall report suspected child abuse to ChildLine". "within 48 hours of reporting to ChildLine, a required reported shall make a written report on forms provided by the Department to the county agency in the county where the suspected child abuse occurred...".</p> <p>A review on May 3, 2017, of the facility's "Child Abuse Reporting And Care" policy effective December 2016, revealed "...A consult to the CPT <b>shall be made</b> for: Any infants &lt;12 months or not independently mobile with a fracture..."</p>	A 0057		



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A 0057	Continued from page 16  A review on May 3, 2017, of MR1 NICU Interdisciplinary Narrative dated April 16, 2017: EMP8 documented, "Focused assessment completed-no changes since last assessment-infant comfortable and not fussy. Went to bed #10 to help that mom breast feed. Could hear infant crying very loudly. Asked mom if that was him crying. Mom then asked that I come to the bedside because there was something wrong with infants arm. She stated that it was limp. When this nurse look at arm it was limp-the right arm was moving but his left arm just laid by his side. Then he raised his arm up, grimaced and cried out in pain. The site was not swollen or discolored..."A fracture of the left ulna and radius was confirmed via x-ray on April 16, 2017.  A review on May 3, 2017, of MR1 NICU Interdisciplinary Narrative dated April 18, 2017: EMP17 documented, "SW updated by bedside nurse about pt's arm fracture and that nurse manager spent time speaking with parents at length. SW was not made aware of this incident. SW spoke with attending and she indicated incident being	A 0057		

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A 0057	<p>Continued from page 17</p> <p>investigated and that the plan is to NOT involve CPT team at this time even though there is question about how injury occurred and if this was a nursing or injury inflicted by parents. SW spoke further with nurse manager {name redacted} and she stated that she was involved several parties to investigate and her perception from speaking with parents was that this was not an injury inflicted by parents. SW also asked {name redacted} about CPT and she stated that they are not involved at this point. SW will further discuss with med. team during social rounds." CPT was not formally consulted until May 3, 2017.</p> <p>The facility failed to follow its Child Abuse Reporting and Care Policy as evidenced the failure to refer this injury to the CPT team in a timely manner for discussion and investigation.</p> <p>An interview conducted on May 4, 2017, at 12:30 PM with EMP12 revealed "...It's an "unusual place for a fracture. I've never seen this before. It had to be something forceful in my opinion..." The fracture was caused by "bending or twisting." EMP12</p>	A 0057		

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A 0057	<p>Continued from page 18</p> <p>reviewed the x-ray with three noted fractures and confirmed the results with the radiologist. The fractures included two on the left ulna and one on the left radius. "Certainly someone did harm to the baby. It didn't happen from routine care. It was too far out to be related to birth trauma. It was new. There was no callous formation." Further interview revealed when asked if child abuse was suspected EMP12 stated "I can't comment on that." When asked if MR1 came through the Emergency Department would child abuse be suspected? EMP12 stated "yes."</p> <p>A review of the facility documentation revealed the facility reported the above event on April 28, 2017, to the Pennsylvania State Reporting System (PSRS), 12 days after the event. The first report was submitted as an incident on 4/28/2017 at 05:30 with a No Harm score. A second report was submitted as an infrastructure failure on April 28, 2017 at 17:38 with a No Harm Score. A review of facility documentation and the Department of Health data base revealed the facility failed to follow the</p>	A 0057		

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A 0057	Continued from page 19  Performance Improvement Plan and report the injury to MR1 within 24 hours and classify and investigate the injury as a serious event.  Cross reference with :  482.11 Compliance with Law	A 0057		

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A 0057	Continued from page 20	A 0057		
A 0115		A 0115		

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A 0115	Continued from page 21  482.13 PATIENT RIGHTS  A hospital must protect and promote each patient's rights.  This REQUIREMENT is not met as evidenced by:	A 0115	<ol style="list-style-type: none"> <li>By August 1, 2017, the Hershey Medical Center (HMC) Child Protection Team medical director will be responsible to review and revise the HMC policy "Child Abuse Reporting and Care L-16" to verify and ensure federal, state, and local laws are upheld.</li> <li>By August 1, 2017, the HMC chief executive officer (CEO) will send a "Safety Alert" from the Office of the Dean &amp; CEO to all HMC employees stressing the importance and requirements of timely event reporting of patient safety events and mandated child abuse reporting.</li> <li>By August 23, 2017, all neonatal intensive care unit (NICU) providers and staff will complete a required electronic learning course with content describing timely reporting of suspected child abuse to ChildLine, which includes CY47 documentation within 48 hours specifically outlined by the HMC policy "Child Abuse Reporting and Care L-16". Course completion will</li> </ol>	Completion Date: <b>08/23/2017</b> Status: <b>APPROVED</b> Date: <b>08/01/2017</b>

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A 0115	Continued from page 22	A 0115	be tracked by the NICU nurse manager and NICU medical director. Failure to complete this required course will result in the application of the progressive discipline process.	

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A 0115	<p>Continued from page 23</p> <p>Based on a review of facility documents and medical records (MR), and staff interviews (EMP), it was determined that the facility failed to ensure the protection and promotion of the rights of patients and failed to provide care in a safe setting for one of one medical record reviewed (MR1)</p> <p>Findings include:</p> <p>A review of facility policy "Child Abuse Reporting" effective December 2016, revealed "nothing in the law requires the mandated reporter to identify the person responsible for the child abuse to make a report of suspected child abuse...Clinical Indicators of Possible Physical Abuse...Any fracture in an infant &lt; 12 months, especially one who is is not mobile...When there is " reasonable cause to suspect" abuse, the Mandated Reported MUST immediately call ChildLine to make an oral report (1-800-932-0312), available 24 hours a day 365 days a year...After the oral report to ChildLine, a mandated reporter shall also submit a written report within 48 hours on a CY47 form to the appropriate county Children agency...the CPT(Child Protection</p>	A 0115		



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A 0115	<p>Continued from page 24</p> <p>Team) consult shall not be a reason for delay or substitute for a mandated reporter to make a report to ChildLine and other appropriate authorities when there is reasonable suspicion of abuse...Report to Police...Pennsylvania law requires tht hospital/medical personnel report to the local or state police any injuries resulting from criminal means. Accordingly, cases of suspected child abuse...shall be reported to the police in addition to ChildLine and to the appropriate county Children and Youth Services agency..."</p> <p>A review on May 3, 2017, of MR1 NICU Interdisciplinary Narrative dated April 16, 2017 revealed "Focused assessment completed-no changes since last assessment-infant comfortable and not fussy. Went to bed #10 to help that mom breast feed. Could hear infant crying very loudly. Asked mom if that was him crying. Mom then asked that I come to the bedside because there was something wrong with infants arm. She stated that it was limp. When this nurse look at arm it was limp-the right arm was moving but his left arm just</p>	A 0115		

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A 0115	Continued from page 25  laid by his side. Then he raised his arm up, grimaced and cried out in pain. The site was not swollen or discolored...The infant did not show and s/s of pain or discomfort during the 1200 or 1500 assessment. ___ (name redacted) to the bedside to look at infants arm. She agreed that there was a problem with the arm and ordered a X-ray. Will continue to immobilize the arm as this soothes him. Mom is also holding him and he has fallen asleep after tylenol was given per order." A fracture of the left ulna and radius was confirmed via x-ray on April 16, 2017.  An interview conducted on May 4, 2017, at 1:00 PM with EMP1 and an interview with EMP 10 on May 5, 2017, at 11:00 AM, revealed the facility failed to immediately call ChildLine to make an oral report about the existence of an unknown injury to MR1. MR1 is an infant under 12 month of age. As defined by the facility's Child Abuse Reporting Policy, this injury should be classified as abuse. The interview also confirmed that the facility failed to submit a written report and /or a medical summary or report of photographs or X-rays taken to the	A 0115		

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A 0115	Continued from page 26  county agency at the time the written report was submitted to ChildLine. The facility's failure to recognize, report, and complete a timely investigation of the injury suffered by MR1 placed this patient and others in jeopardy.  Cross reference with:  482.13(a)(2) Patient Rights: Grievances 482.13(c)(3) Patient Rights: Free from Abuse/Harrassment	A 0115		

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A 0115	Continued from page 27	A 0115		
A 0118		A 0118		

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A 0118	Continued from page 28  482.13(a)(2) PATIENT RIGHTS: GRIEVANCES  The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.  This REQUIREMENT is not met as evidenced by:	A 0118	<ol style="list-style-type: none"> <li>By August 1, 2017, the Hershey Medical Center (HMC) chief executive officer (CEO) will send a "Safety Alert" from the Office of the Dean &amp; CEO to all HMC employees stressing the importance and requirements of the grievance resolution and investigation process.</li> <li>By August 4, 2017, the HMC director of patient experience will review and revise the HMC policy "Resolution of Patient Complaints and Grievances PC-25" to clarify the grievance resolution and investigation process.</li> <li>By August 23, 2017, all neonatal intensive care unit (NICU) providers and staff will complete a required electronic learning course with content describing the grievance resolution process. Course completion will be tracked by the NICU nurse manager and NICU medical director. Failure to complete this required course will result in the application of the progressive</li> </ol>	Completion Date: <b>08/23/2017</b> Status: <b>APPROVED</b> Date: <b>08/01/2017</b>

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A 0118	Continued from page 29	A 0118	discipline process.	

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A 0118	Continued from page 30  Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined that the facility failed to recognize and investigate a patient's family members concerns as a grievance.  This is not met as evidenced by:  Findings include:  A review of facility policy on May 3, 2017, revealed "Resolution of Patient Complaints And Grievances effective November 2016, revealed "...Grievance: A patient grievance is a formal or informal written or verbal complaint that is made to the hospital by a patient, or the patient's representative, regarding the patient's care (when the complaint is not resolved at the time of the complaint by staff present), abuse or neglect, issues of Participation (CoP's), or is a Medicare beneficiary billing complaint...The Patient Relations, Quality, Patient Safety and Risk Management departments will meet weekly to review grievances, acting as the Grievance	A 0118		

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A 0118	Continued from page 31  Committee for the Medical Center. A timeframe of 7 days for the response of most grievances is appropriate. However, grievances about situations that endanger the patient, such as neglect or abuse, will be reviewed immediately, given the seriousness of the allegations and the potential for harm to the patient..."  A review on May 3, 2107, of email dated May 1, 2017, revealed "...I received the below email on 4/17/2017 when I arrived to work. It was written in 4/16/2017 in the late evening by the RN caring for the patient that day. This email prompted me to follow up with the family to start the service recovery process as well as the investigation as to what may have happened" Further review of the email revealed "I had a odd thing happen today with _____(name redacted) - CCN bed# 9, infant was fine at 12(12:00 PM) and when I assessed him at 15 (15:00 PM) then left to help bed # 10 and mom called me over to bed sayin his arm was limp...ordered an XRAY. It showed multiple fractures..."	A 0118		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
NAME OF PROVIDER OR SUPPLIER: <b>MILTON S. HERSHEY MEDICAL CENTER, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033</b>		
STATE LICENSE NUMBER: <b>135101</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
A 0118	Continued from page 32  Further review of the email dated May 1, 2017 documented concerns that the patient's family voiced on April 16, 2017. The patient's family described a nurse as being rough with patients and had stated that they didn't want that particular nurse to care for their baby anymore. An interview conducted on May 3, 2017, at 1:30 PM with EMP7 revealed when EMP7 was asked about grievances/complaints on the unit, they responded by saying that when parent concerns come through they triage them and talk with the family and the nurse. EMP7 was asked if MR1's mother's concerns were resolved to the point where a grievance wouldn't have to be entered. They responded, "No, there was not immediate resolution. The fracture still exists." Review of the "Patient Relations Worksheet revealed that this grievance was not documented until April 20, 2017, three days after it was voiced.  Cross reference with:	A 0118		

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A 0118	Continued from page 33  482.13 Patient Rights	A 0118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
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A 0118	Continued from page 34	A 0118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
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A 0118	Continued from page 35	A 0118		
A 0145		A 0145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>	
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A 0145	Continued from page 36  482.13(c)(3) PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT  The patient has the right to be free from all forms of abuse or harassment.  This REQUIREMENT is not met as evidenced by:	A 0145	<ol style="list-style-type: none"> <li>By August 1, 2017, the Hershey Medical Center (HMC) chief executive officer (CEO) will send a "Safety Alert" from the Office of the Dean &amp; CEO to all HMC employees stressing the importance and requirements of timely event reporting of patient safety events and mandated child abuse reporting.</li> <li>By August 4, 2017, the HMC policy "Child Abuse Reporting and Care L-16" will be revised to include guidance that relevant medical summaries or reports of photographs or X-rays taken shall be submitted with the CY47 form. An electronic link to the CY47 form will be created directly in the policy "Child Abuse Reporting and Care L-16". The policy revision will include the addition of a statement addressing the implementation of a patient safety plan.</li> <li>By August 23, 2017, all neonatal intensive care unit (NICU) providers and staff will complete a required electronic learning course with</li> </ol>	Completion Date: <b>08/23/2017</b> Status: <b>APPROVED</b> Date: <b>08/01/2017</b>

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NAME OF PROVIDER OR SUPPLIER: <b>MILTON S. HERSHEY MEDICAL CENTER, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033</b>		
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A 0145	Continued from page 37	A 0145	content describing timely reporting of suspected child abuse to ChildLine, which includes CY47 documentation within 48 hours specifically outlined by HMC policy "Child Abuse Reporting and Care L-16". Course completion will be tracked by the NICU nurse manager and NICU medical director. Failure to complete this required course will result in the application of the progressive discipline process.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
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A 0145	Continued from page 38  Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined that the facility failed to ensure a patient was free from all forms of abuse by not immediately reporting suspected child abuse for one of one medical records (MR1).  This is not met as evidenced by:  Findings include:  A review of facility policy "Child Abuse Reporting And Care" effective December 2016, revealed, "...nothing in the law requires the mandated reporter to identify the person responsible for the child abuse to make a report of suspected child abuse... Clinical Indicators of Possible Physical Abuse:...any fracture in an infant <12 months, especially one who is not mobile...When there is "reasonable cause to suspect" abuse, the Mandated Reporter MUST immediately call ChildLine to make an oral report (1-800-932-0313), available 24 hours a day 365 days a year).....Report to Police...Pennsylvania law	A 0145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>	
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A 0145	<p>Continued from page 39</p> <p>requires that hospital/medical personnel report to the local or state police any injuries resulting from criminal means. Accordingly, cases of suspected child abuse...shall be reported to the police in addition to ChildLine and to the appropriate county Children and Youth Services agency..."</p> <p>A review of facility email to the Department, dated April 30, 2017 revealed, "...</p> <p>As an update, CYs was here on Saturday (April 29, 2017). We worked with them to develop the attached safety plan for the duration of the patient's stay (medical record # redacted for purpose of email transmission). Local police detectives were also here with us late Friday (April 28, 2017) after we had spoken with you and called them..."</p> <p>A review of facility policies revealed that the facility has no policy to address a patient safety plan related to child abuse.</p> <p>An interview conducted on May 5, 2017, at 11:00 AM with EMP10 revealed the case was not</p>	A 0145		



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A 0145	<p>Continued from page 40</p> <p>reported to ChildLine until April 28, 2017, 12 days after the injury to MR1 was detected. The interview also noted that the facility did not notify the law enforcement and county Children and Youth Services until April 28, 2017. Additionally, a safety plan was not put into place until April 29, 2017.</p> <p>The facility's failure to conduct a timely and comprehensive investigation placed MR1 and other patients at risk for harm.</p> <p>Cross reference with:</p> <p>482.13 Patient Rights</p>	A 0145		

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A 0145	Continued from page 41	A 0145			

Pennsylvania Department of Health

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P 0000	INITIAL COMMENT  This report is the result of an unannounced onsite investigation (HBG17A000H) initiated on May 3, 2017 and completed on May 4, 2017, at Milton S Hershey Medical Center. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.	P 0000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:



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P 0153	Continued from page 2  101.151 CHILD ABUSE  101.151 Principle  All hospitals shall comply with the Child Protective Services Law and with any regulations promulgated there under by the Department of Public Welfare.  This REGULATION is not met as evidenced by:	P 0153	1. By August 1, 2017, the Hershey Medical Center (HMC) chief executive officer (CEO) will send a "Safety Alert" from the Office of the Dean & CEO to all HMC employees stressing the importance and requirements of timely event reporting of patient safety events and mandated child abuse reporting.  2. By August 4, 2017, the HMC policy "Child Abuse Reporting and Care L-16" will be revised to include guidance that relevant medical summaries or reports of photographs or X-rays taken shall be submitted with the CY47 form. An electronic link to the CY47 form will be created directly in the policy "Child Abuse Reporting and Care L-16". The policy revision will include the addition of a statement addressing the implementation of a patient safety plan.  3. By August 23, 2017, all neonatal intensive care unit (NICU) providers and staff will complete a required electronic learning course with	Completion Date: <b>08/23/2017</b> Status: <b>APPROVED</b> Date: <b>08/01/2017</b>

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P 0153	Continued from page 3	P 0153	content describing timely reporting of suspected child abuse to ChildLine, which includes CY47 documentation within 48 hours specifically outlined by HMC policy "Child Abuse Reporting and Care L-16". Course completion will be tracked by the NICU nurse manager and NICU medical director. Failure to complete this required course will result in the application of the progressive discipline process.	

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P 0153	Continued from page 4  Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined the facility failed to conform to all state and federal laws:  Milton S Hershey Medical Center was not in compliance with the following State laws:  "CPSL-The Child Protective Services Law, 23 Pa.C.S. § § 6301... § 3490.12. Required reporters. In addition to other reports they make, required reporters shall report suspected child abuse to ChildLine...§ 3490.18. Filing of a written report by a required reporter. Within 48 hours of reporting to ChildLine, a required reporter shall make a written report on forms provided by the Department to the county agency in the county where the suspected child abuse occurred... § 3490.20. Other medical information. A required reporter may photograph a child who is the subject of a report and, if clinically indicated, ensure that a radiological examination and other medical	P 0153		

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P 0153	Continued from page 5  tests of the child are performed. A medical summary or report of photographs or X-rays taken shall be sent to the county agency at the time the written report is sent, or as soon thereafter as possible. "  This is not met as evidenced by:  Findings include:  A review of facility policy "Child Abuse Reporting And Care" effective December 2016, revealed, "...nothing in the law requires the mandated reporter to identify the person responsible for the child abuse to make a report of suspected child abuse...Clinical Indicators of Possible Physical Abuse:...any fracture in an infant <12 months, especially one who is not mobile...When there is "reasonable cause to suspect" abuse, the Mandated Reporter MUST immediately call ChildLine to make an oral report (1-800-932-0313), available 24 hours a day 365 days a year)...After the oral report to ChildLine, a mandated reporter shall also submit a written report within 48 hours on a CY47 form to the appropriate county Children Youth Services agency...the CPT	P 0153		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
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P 0153	Continued from page 6  consult shall not be a reason for delay or a substitute for a mandated reporter to make a report to ChildLine and other appropriate authorities when there is reasonable suspicion of abuse...Report to Police...Pennsylvania law requires that hospital/medical personnel report to the local or state police any injuries resulting from criminal means. Accordingly, cases of suspected child abuse...shall be reported to the police in addition to ChildLine and to the appropriate county Children and Youth Services agency..."  A review on May 3, 2017, of MR1 NICU Interdisciplinary Narrative dated April 16, 2017 revealed "Focused assessment completed-no changes since last assessment-infant comfortable and not fussy. Went to bed #10 to help that mom breast feed. Could hear infant crying very loudly. Asked mom if that was him crying. Mom then asked that I come to the bedside because there was something wrong with infants arm. She stated that it was limp. When this nurse look at arm it was limp-the right arm was moving but his left arm just laid by his side. Then he raised his arm up, grimaced	P 0153		

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P 0153	Continued from page 7  and cried out in pain. The site was not swollen or discolored...The infant did not show and s/s of pain or discomfort during the 1200 or 1500 assessment. ____ (name redacted) to the bedside to look at infants arm". She agreed that there was a problem with the arm and ordered a X-ray. Will continue to immobilize the arm as this soothes him. Mom is also holding him and he has fallen asleep after tylenol was given per order." A fracture of the left ulna and radius was confirmed via x-ray on April 16, 2017.  An interview conducted on May 5, 2017, at 11:00 AM with EMP10 revealed the case was not reported to ChildLine in a timely manner. The facility did not contact ChildLine until April 28, 2017, 12 days after the injury to MR1 was detected.  An interview conducted on May 4, 2017, at 1:00 PM with EMP1 revealed the facility was not able to provide documentation that a written report and /or a medical summary or report of photographs or X-rays taken was sent to the county agency at the time the written report was submitted to ChildLine.	P 0153		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
NAME OF PROVIDER OR SUPPLIER: <b>MILTON S. HERSHEY MEDICAL CENTER, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033</b>		
STATE LICENSE NUMBER: <b>135101</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 0153	Continued from page 8	P 0153		
P 0317		P 0317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
NAME OF PROVIDER OR SUPPLIER: <b>MILTON S. HERSHEY MEDICAL CENTER, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033</b>		
STATE LICENSE NUMBER: <b>135101</b>				
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P 0317	Continued from page 9  103.4 (3) FUNCTIONS  (3) Take all reasonable steps to conform to all applicable Federal, State, and local laws and regulations.  This REGULATION is not met as evidenced by:	P 0317	1. On April 21, 2017, the Hershey Medical Center (HMC) patient safety officer (PSO) assigned to all neonatal intensive care unit (NICU) employees (providers, nurses and support staff) a required learning management system course to be completed within 30 days. The course content describes timely reporting of patient safety events, the HMC expectations of Patient Safety Event Reporting, and the methods to report, and references the policy "Patient Safety Event Reporting A-09 HAM." Course completion is tracked by the NICU nurse manager and NICU medical director in the electronic learning management system. Failure to complete this required course will result in the application of the progressive discipline process.  2. By August 1, 2017, the HMC chief executive officer (CEO) will send a "Safety Alert" from the Office of the Dean & CEO to all HMC employees stressing the importance and requirements of timely event	Completion Date: <b>08/01/2017</b> Status: <b>APPROVED</b> Date: <b>08/02/2017</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
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P 0317	Continued from page 10	P 0317	<p>reporting of patient safety events and mandated child abuse reporting.</p> <p>3. By August 1, 2017, the PSO and the patient safety specialist staff will review the Pennsylvania Patient Safety Authority's Program Memorandum # 2015-02: Interpretation of the Definition of Serious Events Used by the PA-PSRS Analysts and the associated e-learning. The PSO will monitor for the memorandum review and e-learning completion by all patient safety specialist staff. Evidence of completion will be documented in each patient safety specialist's personnel file. Failure to complete the assignments will result in the application of the progressive discipline process. The CEO will receive a compliance report and ensure successful completion of the education.</p>	

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P 0317	Continued from page 11  Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined the facility failed to conform to all state and federal laws:  Milton S Hershey Medical Center was not in compliance with the following State laws:  The Medical Care Availability and Reduction of Error Act, 40 P.S. § 1303.101 et seq. § 1303.313 Medical Facility reports and notifications (a) Serious event reports A medical facility shall report the occurrence of a serious event to the department and the authority within 24 hours of the medical facility's confirmation of the occurrence of the serious event. The report to the department and the authority shall be in the form and manner prescribed by the authority in consultation with the department and shall not include the name of any patient or any other identifiable individual information. (b) Incident reports A medical facility shall report the occurrence of an incident to the authority in a form and manner prescribed by the	P 0317		

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P 0317	<p>Continued from page 12</p> <p>authority and shall not include the name of any patient or any other individual information. (c) Infrastructure failure reports. A medical facility shall report the occurrence of an infrastructure failure to the department within 24 hours of the medical facility's confirmation of the occurrence or discovery of the infrastructure failure. The report to the department shall be in the form and manner</p> <p>This is not met as evidenced by:</p> <p>Findings include:</p> <p>A review on May 3, 2017, of facility policy "Patient Safety Event Reporting," effective January 2017, revealed "...All events, including incidents, must be reported through the Electronic Patient Safety Event Reporting system immediately or as soon thereafter as reasonably practicable, but in no event later than 24 hours after the event or discovery of the event..."</p> <p>Further review of the policy, revealed the definition of an incident, a serious event, and an infrastructure</p>	P 0317		

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P 0317	Continued from page 13  failure as defined by Act 13: ...Section 301. Scope ... "Incident." An event, occurrence or situation involving the clinical care of a patient in a medical facility which could have injured the patient but did not either cause an unanticipated injury or require the delivery of additional health care services to the patient. .... "Serious event." An event, occurrence or situation involving the clinical care of a patient in a medical facility that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services to the patient.. "Infrastructure failure." An undesirable or unintended event, occurrence or situation involving the infrastructure of a medical facility or the discontinuation or significant disruption of a service which could seriously compromise patient.  A review of facility document "Performance Improvement Plan, effective May 2, 2017, revealed "...It shall be the responsibility of each department to immediately notify the Department of Patient Safety	P 0317		



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P 0317	Continued from page 14  and notify the Patient Safety Officer for any unusual event or situation that caused patient harm...The Patient Safety Officer, or designee, notifies the CMO, and others as indicated. An investigation of the event is performed to determine confirmation of a sentinel event, serious event or incident...Specific to DOH, Act 13 and Act 52 reporting requirements: Serious events and infrastructure failures will be reported to the DOH within 24 hours of confirmation of occurrence via the Pennsylvania Patient Safety Reporting System. Serious events will be reported to the Patient Safety Authority within 24 hours of confirmation of occurrence via the Pennsylvania Patient Safety Reporting System..."  A review on May 3, 2017, of MR1 NICU Interdisciplinary Narrative dated April 16, 2017 revealed "Focused assessment completed-no changes since last assessment-infant comfortable and not fussy. Went to bed #10 to help that mom breast feed. Could hear infant crying very loudly. Asked mom if that was him crying. Mom then asked that I come to the bedside because there was	P 0317		

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P 0317	Continued from page 15  something wrong with infants arm. She stated that it was limp. When this nurse look at arm it was limp-the right arm was moving but his left arm just laid by his side. Then he raised his arm up, grimaced and cried out in pain. The site was not swollen or discolored...The infant did not show and s/s of pain or discomfort during the 1200 or 1500 assessment. ____ (name redacted) to the bedside to look at infants arm". She agreed that there was a problem with the arm and ordered a X-ray. Will continue to immobilize the arm as this soothes him. Mom is also holding him and he has fallen asleep after tylenol was given per order." A fracture of the left ulna and radius was confirmed via x-ray on April 16, 2017.  A review of the facility documentation revealed the facility failed to report the above event to the Pennsylvania State Reporting System (PSRS), until 12 days later on April 28, 2017. The facility first reported the unwitnessed fracture as an incident that had not caused harm to the patient. A second report on April 28, 2017 indicated the fracture was described as infrastructure failure. The review of	P 0317		

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P 0317	Continued from page 16  facility documentation revealed the facility failed to accurately report the injury to MR1 as a serious event.  An interview conducted on May 3, 2017, at 10:40 AM with EMP5 and EMP16 confirmed the facility failed to follow the Medical Care Availability and Reduction of Error Act and the Performance Improvement Plan and did not report the serious event until April 28, 2017. EMP5 further stated, "There was no event report on this particular case." "It should have been reported immediately." EMP16 confirmed via telephone that it should have been reported.	P 0317		

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P 0317	Continued from page 17	P 0317		
P 0369		P 0369		

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P 0369	Continued from page 18  103.24 (1) INVESTIGATION/ENFORCEMENT PROCEDURES  103.24 Investigation and enforcement procedures The hospital shall adopt procedures to ensure effective and fair investigation of violations of the patient's rights and to ensure their enforcement. These procedures shall ensure that: (1) A system is established to identify formal written complaints; (2) formal written complaints are recorded and investigated; (3) complaint records and case dispositions are kept for one year or until the next annual survey and made available to the Department upon request; (4) investigation and resolution, when possible, of formal complaints shall be timely; and (5) disciplinary and remedial education procedures will be developed for members of the hospital and medical staff who consistently cause patient relationship problems.  This REGULATION is not met as evidenced by:	P 0369	1. By August 1, 2017, the Hershey Medical Center (HMC) chief executive officer (CEO) will send a "Safety Alert" from the Office of the Dean & CEO to all HMC employees stressing the importance and requirements of the grievance resolution and investigation process.  2. By August 4, 2017, the HMC director of patient experience will review and revise the HMC policy "Resolution of Patient Complaints and Grievances PC-25" to clarify the grievance resolution and investigation process.  3. By August 23, 2017, all neonatal intensive care unit (NICU) providers and staff will complete a required electronic learning course with content describing the grievance resolution process. Course completion will be tracked by the NICU nurse manager and NICU medical director. Failure to complete this required course will result in the application of the progressive	Completion Date: <b>08/23/2017</b> Status: <b>APPROVED</b> Date: <b>08/01/2017</b>

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P 0369	Continued from page 19	P 0369	discipline process.	

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P 0369	<p>Continued from page 20</p> <p>Based on a review of facility documents, medical records (MR), and staff interview (EMP), it was determined that the facility failed to recognize and investigate a patient's family members concerns as a grievance.</p> <p>This is not met as evidenced by:</p> <p>Findings include:</p> <p>A review of facility policy on May 3, 2017, revealed "Resolution of Patient Complaints And Grievances effective November 2016, revealed "...Grievance: A patient grievance is a formal or informal written or verbal complaint that is made to the hospital by a patient, or the patient's representative, regarding the patient's care (when the complaint is not resolved at the time of the complaint by staff present), abuse or neglect, issues of Participation (CoP's), or is a Medicare beneficiary billing complaint...The Patient Relations, Quality, Patient Safety and Risk Management departments will meet weekly to review grievances, acting as the Grievance</p>	P 0369		

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P 0369	Continued from page 21  Committee for the Medical Center. A timeframe of 7 days for the response of most grievances is appropriate. However, grievances about situations that endanger the patient, such as neglect or abuse, will be reviewed immediately, given the seriousness of the allegations and the potential for harm to the patient..."  A review on May 3, 2107, of email dated May 1, 2017, revealed "...I received the below email on 4/17/2017 when I arrived to work. It was written on 4/16/2017 in the late evening by the RN caring for the patient that day. This email prompted me to follow up with the family to start the service recovery process as well as the investigation as to what may have happened" Further review of the email revealed "I had a odd thing happen today with _____(name redacted) - CCN bed# 9, infant was fine at 12(12:00 PM) and when I assessed him at 15(15:00 PM) then left to help bed # 10 and mom called me over to bed sayin his arm was limp...ordered an XRAY. It showed multiple fractures..."	P 0369		



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P 0369	Continued from page 22  Further review of the email dated May 1, 2017 documented concerns that the patient's family voiced on April 16, 2017. The patient's family described a nurse as being rough with patients and had stated that they didn't want that particular nurse to care for their baby anymore. An interview conducted on May 3, 2017, at 1:30 PM with EMP7 revealed when EMP7 was asked about grievances/complaints on the unit, they responded by saying that when parent concerns come through they triage them and talk with the family and the nurse. EMP7 was asked if MR1's mother's concerns were resolved to the point where a grievance wouldn't have to be entered. They responded, "No, there was not immediate resolution. The fracture still exists." Review of the "Patient Relations Worksheet revealed that this grievance was not documented until April 20, 2017, three days after it was voiced.	P 0369		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
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P 0369	Continued from page 23	P 0369		
P 0377		P 0377		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
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P 0377	Continued from page 24  103.33 (b)(1-11) RESPONSIBILITIES  103.33  (b) The chief executive officer should be responsible for:  (1) designation of an individual to act for him in his absence. (2) management of the hospital, commensurate with the authority conferred by him by the governing body and consonant with its expressed aims and policies; (3) attending all meetings of the governing body and appropriate meetings of the medical staff; (4) organizing the administrative functions of the hospital, delegating, and establishing formal means of accountability on the part of subordinates; (5) establishing such departments as are indicated, providing for departmental and interdepartmental meetings and attending or being represented at such meetings, and appointing hospital departmental representatives to medical staff committees where appropriate or when	P 0377	1. By August 1, 2017, the Hershey Medical Center (HMC) chief executive officer (CEO) in conjunction with the chief quality officer (CQO) will oversee the completion of education by the Patient Safety Team regarding the Pennsylvania Patient Safety Authority's Program Memorandum # 2015-02: Interpretation of the Definition of Serious Events Used by the PA-PSRS Analysts and the associated e-learning. The CEO will receive a compliance report and ensure successful completion of the education.  2. By August 1, 2017, the CEO will send a "Safety Alert" from the Office of the Dean & CEO to all HMC employees stressing the importance and requirements of timely event reporting of patient safety events and mandated child abuse reporting.  3. By August, 23, 2017, the CEO in conjunction with the CQO will oversee the implementation of all plans of correction related to the	Completion Date: <b>08/23/2017</b> Status: <b>APPROVED</b> Date: <b>08/04/2017</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>	
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P 0377	Continued from page 25  requested to do so by the medical staff; (6) appointing the heads of administrative departments; (7) reporting to the governing body and to the medical staff on the overall activities of the hospital as well as on appropriate Federal, State and local developments that affect health care in the hospital; (8) reviewing the annual audit of the financial operations of the hospital; (9) fiscal planning and financial management of the hospital; and (10) developing, in cooperation with the departmental heads and other appropriate staff, an overall organizational plan for the hospital which will coordinate the functions, services, and departments of the hospital, when possible. (11) Ensuring that the agreements with service providers -- that is, such as laundry, laboratory, and x-ray -- specifically indicate that compliance will be maintained with applicable State regulations as would apply to the same services if provided directly by the hospital.	P 0377	Department of Health site survey conducted on May 3 and 4, 2017, concerning compliance with the Pennsylvania MCARE law, Child Protective Services law and the Child Abuse Reporting And Care policy and associated consults to the Child Protection Team. The CEO will receive ongoing updates from the CQO on plans of correction progress and will ensure timely completion.  4. Beginning August 23, 2017, the CEO will receive monthly updates from the CQO on serious safety events and the associated PA-PSRS submission-timeframe reports that will be generated by the patient safety officer.	

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P 0377	Continued from page 26  This REGULATION is not met as evidenced by:	P 0377		

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P 0377	Continued from page 27  Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined the CEO failed to ensure implementation of facility policy and state law (The Medical Care Availability and Reduction of Error Act, 40 P.S. § 1303.101 et seq. and CPSL-The Child Protective Services Law, 23 Pa.C.S. § § 6301.  This is not met as evidenced by:  Findings include:  A review on May 3, 2017, of the facility's "Bylaws of Penn State Health," adopted April 1, 2015, revealed "...Section 4.8. President/CEO. The President/CEO shall supervise the implementation of all policies, order, and resolutions of the Board of Directors and shall execute all contracts and agreements authorized by the Board of Directors, except that he/she may delegate to other officers of the Corporation the power to execute contracts in the ordinary course of business or as otherwise may be authorized by the Board...."	P 0377		

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P 0377	Continued from page 28  A review of the Medical Care Availability and reduction of Error Act indicates that "A medical facility shall report the occurrence of a serious event to the department and the authority within 24 hours of the medical facility's confirmation of the occurrence of the serious event". A review of the Child Protective Services Law indicates that "required reporters. In addition to other reports they make, required reporters shall report suspected child abuse to ChildLine". "within 48 hours of reporting to ChildLine, a required reported shall make a written report on forms provided by the Department to the county agency in the county where the suspected child abuse occurred...".  A review on May 3, 2017, of the facility's "Child Abuse Reporting And Care" policy effective December 2016, revealed "...A consult to the CPT <b>shall be made</b> for: Any infants <12 months or not independently mobile with a fracture...".  A review on May 3, 2017, of MR1 NICU	P 0377		

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P 0377	<p>Continued from page 29</p> <p>Interdisciplinary Narrative dated April 16, 2017: EMP8 documented, "Focused assessment completed-no changes since last assessment-infant comfortable and not fussy. Went to bed #10 to help that mom breast feed. Could hear infant crying very loudly. Asked mom if that was him crying. Mom then asked that I come to the bedside because there was something wrong with infants arm. She stated that it was limp. When this nurse look at arm it was limp-the right arm was moving but his left arm just laid by his side. Then he raised his arm up, grimaced and cried out in pain. The site was not swollen or discolored..."A fracture of the left ulna and radius was confirmed via x-ray on April 16, 2017.</p> <p>A review on May 3, 2017, of MR1 NICU Interdisciplinary Narrative dated April 18, 2017: EMP17 documented, "SW updated by bedside nurse about pt's arm fracture and that nurse manager spent time speaking with parents at length. SW was not made aware of this incident. SW spoke with attending and she indicated incident being investigated and that the plan is to NOT involve</p>	P 0377		



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P 0377	Continued from page 30  CPT team at this time even though there is question about how injury occurred and if this was a nursing or injury inflicted by parents. SW spoke further with nurse manager {name redacted} and she stated that she was involved several parties to investigate and her perception from speaking with parents was that this was not an injury inflicted by parents. SW also asked {name redacted} about CPT and she stated that they are not involved at this point. SW will further discuss with med. team during social rounds." CPT was not formally consulted until May 3, 2017.  The facility failed to follow its Child Abuse Reporting and Care Policy as evidenced the failure to refer this injury to the CPT team in a timely manner for discussion and investigation.  An interview conducted on May 4, 2017, at 12:30 PM with EMP12 revealed "...It's an "unusual place for a fracture. I've never seen this before. It had to be something forceful in my opinion..." The fracture was caused by "bending or twisting." EMP12 reviewed the x-ray with three noted fractures and	P 0377		

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P 0377	Continued from page 31  confirmed the results with the radiologist. The fractures included two on the left ulna and one on the left radius. "Certainly someone did harm to the baby. It didn't happen from routine care. It was too far out to be related to birth trauma. It was new. There was no callous formation." Further interview revealed when asked if child abuse was suspected EMP12 stated "I can't comment on that." When asked if MR1 came through the Emergency Department would child abuse be suspected? EMP12 stated "yes."  A review of the facility documentation revealed the facility reported the above event on April 28, 2017, to the Pennsylvania State Reporting System (PSRS), 12 days after the event. The first report was submitted as an incident on April 28, 2017 at 05:30 with a No Harm score. A second report was submitted as an infrastructure failure on April 28, 2017 at 17:38 with a No Harm Score. A review of facility documentation and the Department of Health data base revealed the facility failed to follow the Performance Improvement Plan and report the	P 0377		

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P 0377	Continued from page 32  injury to MR1 within 24 hours and classify and investigate the injury as a serious event.	P 0377		

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P 0377	Continued from page 33	P 0377		

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P 0377	Continued from page 34	P 0377		
P 0924		P 0924		

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P 0924	Continued from page 35  109.23 (b)(1-5) WRITTEN NURSING CARE POLICIES  109.23 (b) Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice and shall be in accordance with the Professional Nursing Law and regulations promulgated by the State Board of examiners. These policies shall include procedures for the following: (1) noting diagnostic and therapeutic orders (2) assigning the nursing care of patients (3) infection control (4) patient safety (5) implementing orders for medication and treatment, consistent with 107.61-107.65 of this subpart.  This REGULATION is not met as evidenced by:	P 0924	1. On April 21, 2017, the Hershey Medical Center (HMC) patient safety officer (PSO) assigned to all neonatal intensive care unit (NICU) employees (providers, nurses and support staff) a required learning management system course to be completed within 30 days. The course content describes timely reporting of patient safety events, the HMC expectations of Patient Safety Event Reporting, and the methods to report, and references the policy "Patient Safety Event Reporting A-09 HAM." Course completion is tracked by the NICU nurse manager and NICU medical director in the electronic learning management system. Failure to complete this required course will result in the application of the progressive discipline process.  2. On July 19, 2017, the duplicate Great Catch submission box was removed from the unit, ensuring all Great Catch submissions are placed in a single location. The Great Catch program is an easy method for HMC	Completion Date: <b>08/10/2017</b> Status: <b>APPROVED</b> Date: <b>08/02/2017</b>

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P 0924	Continued from page 36	P 0924	<p>staff to report near-miss patient safety events.</p> <p>3. By August 1, 2017, the NICU nurse manager will educate delegated staff to ensure events reported through the Great Catch reporting mechanism are collected daily and entered into the internal electronic event reporting system within 24 hours of submission. Weekly, the NICU nurse manager/designee will audit the Great Catch submissions and related internal electronic event report entry date. An audit log will be maintained by the NICU nurse manager for 90 days.</p> <p>4. By August 10, 2017, the NICU nurse manager will alert all NICU nursing staff as to the appropriate use of the Great Catch reporting mechanism via electronic communication, staff meetings, and unit council. Attendance at staff meetings will be documented by a signature log.</p>	

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P 0924	Continued from page 37  Based on review of facility documents, medical records (MR), and staff interview (EMP), it was determined that the facility failed to follow facility policy for one patient.  This is not met as evidenced by:  Findings include:  A review of facility policy "Patient Safety Event Reporting" effective January 2017, revealed "...Events reported through the Great Catch reporting mechanisms are expected to be entered into MIDAS within 24 hours of submission..."  A review on May 3, 2017, of facility document, "Great Catch for Patient Safety," dated April 16, 2017 from EMP8 revealed "...(EMP12) called to bedside-concerned and ordered x-ray-showed mult. fractures of L distal ulnar + radial bones..." The document was placed in the box on the unit and was then followed up by an email, dated April 16, 2017 to all nurse managers, including EMP7. EMP7	P 0924		



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P 0924	Continued from page 38  wrote, "...I have written long notes in Great Catch and iView, but feel free to call me if you need more answers..." The Great Catch note was not pulled out of the box until 5/3/2017.  An interview conducted on May 3, 2017, at 1:30 PM with EMP7 revealed that the Great Catch submission by EMP8 was "left in the box incorrectly." EMP7 stated that the event should have been put into MIDAS immediately. The Great Catch box is a plexi glass box that is on the unit. "The goal is to get in the box every business day."	P 0924		

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390256</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>07/14/2017</b>
NAME OF PROVIDER OR SUPPLIER: <b>MILTON S. HERSHEY MEDICAL CENTER, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>500 UNIVERSITY DRIVE P.O. BOX 850 HERSHEY, PA 17033</b>		
STATE LICENSE NUMBER: <b>135101</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE	
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# Certified End Page

**MILTON S. HERSHEY MEDICAL CENTER, THE**  
**STATE LICENSE NUMBER: 135101**  
**SURVEY EXIT DATE: 07/14/2017**

**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**

Handwritten signature of Shannon M. Baker in black ink.

*Shannon M. Baker*  
*Acting Deputy Secretary for Quality Assurance*

Handwritten signature of Rachel L. Levine, MD in black ink.

*Rachel L. Levine, MD*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY