

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390100	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 11/14/2018
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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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A 0000	INITIAL COMMENT	A 0000		

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 0000	<p>Continued from page 1</p> <p>This report is the result of an unannounced Special Monitoring visit completed on November 14, 2018, at Lancaster General Hospital. It was determined the facility was not in compliance with the requirements of 42 CFR, Title 42, Part 482-Conditions of Participation for Hospitals.</p> <p>Immediate Jeopardy was called on November 14, 2018, at 4:00 PM for the facility's failure to consistently provide care to patients in a safe setting. The facility failed to implement a system which ensured a comprehensive investigation of all allegations of abuse and follow up reporting as stated in the facility's policy for "Vulnerable Adult Abuse". This failure placed the patients who alleged the abuse and other patients in the hospital that may have had contact with the staff member in question, at risk.</p> <p>The facility's action plan to abate the jeopardy was accepted on November 14, 2018, at 4:45 PM.</p> <p>The facility's immediate action plan included: the</p>	A 0000		

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A 0000	Continued from page 2 involvement of senior leadership and legal counsel to ensure all investigations are complete and the reporting is timely; revising the policy for allegations or witnessed assaults of a patient with clear expectations, documentation and timeframes; developing a tracking tool to document each step of the investigation; and modifying the education for mandatory reporting.	A 0000		
A 0043		A 0043		

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A 0043	Continued from page 3 482.12 GOVERNING BODY There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ... This REQUIREMENT is not met as evidenced by:	A 0043	Established a Lead Executive group consisting of four senior executives who are responsible to oversee the internal investigation of any allegation of patient mistreatment within a LGH facility and ensure that all requirements including reporting to the appropriate agencies are fully met in a timely manner. Responsible person: SVP, General Counsel. Completed 11/27/18. Established a dedicated phone (717803-6102) for the lead executive on-call to receive all notifications of allegations of patient mistreatment (assault, abuse, or neglect) occurring within a LGH facility. A call schedule of the lead executives will be maintained by the SVP of Quality. Completed 11/27/18. Provided a presentation to the Board of Trustees Quality Committee on the allegations of patient mistreatment within LGH facilities and the actions taken by the organization to keep patients safe. This was presented by the SVP of	Completion Date: 01/13/2019 Status: APPROVED Date: 12/19/2018

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A 0043	Continued from page 4	A 0043	<p>Hospital Operations. Subsequent reports will include update data, trends or patterns, opportunities for improvement, and actions implemented and will be presented to governance at least three times per year. Responsible person(s):SVP of Hospital Operations and SVP of Quality. Completed 12/10/18.</p> <p>Revised the policy "Procedures for Responding to Allegations or Witnessed Assault, Abuse, or Neglect of a Patient in a Lancaster General Health Facility" to make expectations and accountabilities clear and measureable. This replaces the policy "Allegations or Witnessed Assault of a Patient." Responsible person: SVP, General Counsel. Completed 11/29/18.</p> <p>Provided communication to all leaders on the revised policy and dedicated phone number to report any allegations of patient mistreatment. Responsible person:</p>	

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A 0043	Continued from page 5	A 0043	Director of Corporate Communications. The annual computer based learning module (CBL) on Mandated Reporting was updated was launched to all current employees across LGH and must be completed by April 1, 2019 and annually thereafter. In addition, the CBL was added to New Employee Orientation. Any non-compliance with the annual CBL by April 1, 2019 will be addressed through the employee disciplinary process. Responsible person: Director of Care Management. Completed 12/14/18.	

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A 0043	<p>Continued from page 6</p> <p>Based on a review of facility policy and procedures, a review of facility documents and interviews with staff, it was determined the Governing Body failed to consistently implement the policies and procedures to ensure that patients were free from abuse.</p> <p>As evidenced by the manner in which investigations of abuse were handled, the Governing Body failed in its responsibility to provide oversight to ensure the hospital's policies related to patient abuse, were consistently followed. The facility's policy, "Vulnerable Abuse", stated that staff should respond timely to allegations of abuse, perform a comprehensive investigation of all abuse allegations, and report the allegation to outside agencies. The Governing Body's failure to ensure that the policy was consistently followed, placed the patients of the facility at risk for abuse.</p> <p>Interview with EMP1 on November 14, 2018, confirmed that the facility had not followed their abuse policy and reported the allegations as stated</p>	A 0043		

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A 0043	Continued from page 7 in the "Vulnerable Adult Abuse Policy."	A 0043		
A 0049		A 0049		

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A 0049	Continued from page 8 482.12(a)(5) MEDICAL STAFF - ACCOUNTABILITY [The governing body must] ensure that the medical staff is accountable to the governing body for the quality of care provided to patients. This REQUIREMENT is not met as evidenced by:	A 0049	Communication will be provided to all providers within the LGH Medical and Dental staff through email, medical staff meetings, and provider "Progress Notes": bulletin, specifying the provider responsibilities, the revised policy, and the dedicated phone number that providers can call with any questions or information regarding any potential allegation or suspicion of mistreatment of a patient within a LGH facility. Responsible person(s): President of the Medical and Dental Staff and the Patient Safety Officer. Completed 1/11/19. The revised policy "Procedures for Responding to Allegations or Witnessed Assault, Abuse, or Neglect of a Patient in a Lancaster General Health Facility" will be included in the new provider orientation packets by the Manager of the Medical Staff office. Completed 12/28/18. The President of the Medical Staff and the Chief Patient Safety Officer	Completion Date: 01/13/2019 Status: APPROVED Date: 12/19/2018

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A 0049	Continued from page 9	A 0049	will establish a process to obtain provider written attestation that they have read and agree to comply with all reporting requirements for any allegation of patient abuse, assault or neglect occurring within a LGH facility. This will be required for completion of the initial and biennial credentialing process. Completed 1/11/19.	

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A 0049	Continued from page 10 Based on a review of facility policy and procedures, facility documents, and interviews with staff, it was determined that the hospital's failure to follow established procedures to investigate and report allegations of abuse, placed patients at risk for abuse. The governing body failed to ensure its medical staff was accountable to the governing body for the quality of care provided to patients and the conduct of the hospital. As evidenced by a review of facility documentation and interviews with staff, the medical staff failed to implement and monitor the approved Vulnerable Adult Abuse policy which placed patients at risk for abuse. Interview with EMP1 on November 14, 2018, confirmed that the facility had not followed their abuse policy and reported the allegations as stated in the "Vulnerable Adult Abuse Policy."	A 0049		

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A 0049	Continued from page 11	A 0049		
A 0115		A 0115		

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A 0115	Continued from page 12 482.13 PATIENT RIGHTS A hospital must protect and promote each patient's rights. This REQUIREMENT is not met as evidenced by:	A 0115	Developed and implemented a written standard template for use by the lead executives overseeing the allegation of any patient mistreatment to ensure compliance with all required reporting and to validate that each allegation is thoroughly investigated in a timely manner. The lead executives will review any deviations, opportunities for improvement will be identified, and corrective actions implemented. Responsible person: SVP of Quality. Completed 11/29/18. Implemented a log that includes all key criteria for the investigation and reporting of each allegation of patient mistreatment occurring within a LGH facility to readily identify regulatory compliance and any trends or potential patterns for opportunities of improvement and the development of further actions. The log will be maintained by the SVP of Quality. This information will be presented to the Board of Trustees Quality Committee at least three times per year by the SVP of	Completion Date: 01/13/2019 Status: APPROVED Date: 12/19/2018

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A 0115	Continued from page 13	A 0115	Hospital Operations. Completed 11/29/18.		

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A 0115	<p>Continued from page 14</p> <p>This condition is not met as evidenced by:</p> <p>Based on the facility's failure to develop and implement a system which ensured that all allegations of abuse were reported timely and investigated as per policy, it was determined that the facility was not in compliance with the condition level regulation for patient rights.</p> <p>Cross Reference: 482.13(c)(2) Patient Rights: Care in Safe Setting 482.13(c)(3) Patient Rights: Free from Abuse/harassment</p>	A 0115		

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A 0115	Continued from page 15	A 0115		
A 0144		A 0144		

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A 0144	Continued from page 16 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING The patient has the right to receive care in a safe setting. This REQUIREMENT is not met as evidenced by:	A 0144	Revised the policy Procedures for Responding to Allegations or Witnessed Assault, Abuse, or Neglect of a Patient in a Lancaster General Health Facility to include medical record documentation requirements for any reported allegation of patient mistreatment. The Manager of Risk Management will audit compliance, and any noncompliance will be addressed and further corrective actions implemented as appropriate. Completed 11/29/18. Established a core investigation team consisting of Case Management, Risk Management, Human resources, and Security to reduce variation within the participants of the investigation team. Responsible person: Manager of Risk Management. Completed 11/29/18. An investigation worksheet and interview template will be developed and implemented by the Manager of Risk Management to ensure that	Completion Date: 01/13/2019 Status: APPROVED Date: 12/19/2018

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A 0144	Continued from page 17	A 0144	<p>each investigation of an allegation of patient mistreatment is thorough, consistent, and timely. Completed 12/17/18.</p> <p>A process for the developing an employee plan for supervision/oversight will be created by the Vice President of Human Resources and will be utilized when any allegation of patient mistreatment is determined to be inconclusive by the lead executive team. Completed 12/28/18.</p> <p>Education will be provided to the core investigation team by an external legal expert on 1/3/19 and 1/8/19. The education will focus on how to conduct an effective investigative interview. The presentation will be videotaped to provide for refresher education and the education of any new members to the core investigation team. Responsible person: SVP Legal Counsel. Completed 1/9/19.</p> <p>An educational document will be</p>	

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A 0144	Continued from page 18	A 0144	<p>created by the SVP of Quality, Senior Legal Counsel, and the VP of Risk Management outlining the regulatory statutes and the key requirements for handling and reporting any allegations or suspicion of mistreatment that occur within a health facility related to: Children and Youth (age<18); Adults with Disabilities (age 18-59), and the Elderly (age ≥ 60). This will be utilized for education of the core investigation team and the lead executive team as well as serve as a resource on the Lancaster General Health SharePoint site for any members of the leadership team, medical staff, employees, and volunteers. Completed 12/28/18.</p> <p>The LG Health polices for Vulnerable Adult Abuse, Child Abuse, and Older Adult Abuse will be reviewed by the SVP, Legal Counsel and the VP of Risk Management to ensure the polices are complete and consistent with the revised policy ; °Procedures for Responding to Allegations or Witnessed Assault,</p>	

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STATE LICENSE NUMBER: 120801				
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A 0144	Continued from page 19	A 0144	Abuse, or Neglect of a Patient in a Lancaster General Health Facility _{1±} . Any inconsistencies will be corrected or clarified and the policy updated accordingly. Completed 12/28/18.	

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A 0144	<p>Continued from page 20</p> <p>Based on a review of facility documents, medical records and staff interview, it was determined the facility failed to provide care in a safe setting by failing to investigate and report allegations of abuse.</p> <p>As a result of the facility's report of alleged abuse of MR1, documentation of additional allegations since July 2017 was requested. Review of an additional three allegations revealed that none of the incidents had been reported to outside agencies as per the facility's Vulnerable Adult Abuse Policy. The events are listed below:</p> <p>Event 1. An investigation was started by the facility on September 12, 2018. A review of the facility documentation revealed "...The Patient was sleeping and states (the patient) woke up startled. Patient reported to the (nurse) that (the patient) found the ____ (title redacted) touching (the patient's) genitals while touching the employee's own genitals.</p> <p>Event 2. An investigation was started by the facility on July 18, 2017. A review of the facility documentation revealed "Patient self reported on July 21, 2017 ... that ____ (title redacted) allegedly</p>	A 0144		

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A 0144	<p>Continued from page 21</p> <p>fondled (the patient's) genitals for 5 to 10 minutes while applying topical medication to a rash..."</p> <p>Event 3. An investigation was started by the facility on June 7, 2018. A review of the facility documentation revealed "...Per patient while (the patient) was at the elevator bank the ... nurse caring for (the patient) grabbed and pulled (the patient) backwards...Patient was upset that ... nurse put hands on (the patient) in rough manner..."</p> <p>Event 4. An investigation was started by the facility on August 7, 2017. A review of facility documentation revealed " Wife was visiting pt (patient) and became angry and began striking pt. The pt was able to restrain ...wife's hand and the staff immediately intervened."</p> <p>A review of facility policy "Vulnerable Adult Abuse" revealed "Policy Statement: It is the policy of Lancaster General Health for its employees, personnel, and staff who care for patients and who have reasonable cause to suspect that a Vulnerable Adult is a victim of Abuse, Neglect,</p>	A 0144		

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A 0144	Continued from page 22 Exploitation, or abandonment to report such suspicion in accordance with this policy and Pennsylvania's Adult Protection Services Act...Definitions:...Abuse: The occurrence of one or more of the following acts:...3. Sexual Harassment. This term means unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature...5. Abuse between family or household...Such abuse means the occurrence of one or more of the following acts: (a) placing another in reasonable fear of imminent serious bodily injury: ... Procedures: when an employee or staff member has reasonable cause to suspect that a Vulnerable Adult is a victim of Abuse, Neglect, Exploitation, or abandonment, the employee or staff member shall do the following: (a) If not a physician, auxiliary health care provider, nurse or departmental supervisor of the patient or the patient's care team, notify a member of the patient's care team directly, immediately. (b) The patient 's physician, auxiliary health care provider, or departmental supervisor shall immediately make an oral report to the Protective Services Hotline..." (d) within 48 hours after making the oral report to the Protective	A 0144		

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A 0144	<p>Continued from page 23</p> <p>Services Hotline, work with the administrator to send a written report ...2. In addition, when the reporter has reasonable cause to suspect that the Vulnerable Adult is the victim of Sexual Abuse, ... the reporter shall do the following in addition to the steps outlined above: (a) immediately make an oral report to the local police. (b) immediately make an oral report to DHS by calling the mandatory abuse reporting line (c) within 48 hours after making the oral report to the local police and DHS, complete the form attached to this policyand send it to the local police ". B. Other Procedure: 1. The medical record shall reflect a careful assessment, evaluation, and summary of the injuries or other signs or symptoms of the suspected abuse. "</p> <p>The facility failed to follow the " Vulnerable Adult Abuse " Policy. According to documentation in MR1, on September 12, 2018, the patient reported an incident to staff that occurred earlier that morning. The patient stated that an employee had touched the patient in a sexual nature. The patient indicated that the sound of a zipper and a snap from an elastic band was heard when the patient awoke to find the employee at the bedside. Staff</p>	A 0144		

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A 0144	Continued from page 24 responded to the allegation by reporting the incident internally and began the investigation. The facility failed to immediately report the allegation of abuse to the Protective Services Hotline and failed to file a written report of the incident to Protective Services; failed to file an oral report with the police and DHS and send the form utilized to document the investigation to the police and DHS within 48 hours. The facility also failed to document in the patient's medical record an assessment, evaluation, and summary of the injuries or other signs or symptoms of the suspected abuse. A review of the patient's medical record revealed no documentation of the allegation and/or follow-up with the patient following report of the incident. Interview with EMP2 on November 14, 2018, confirmed the facility's investigation of the incident lacked a detailed account of who interviewed the patient and employee and the order and the time that the interviews were conducted. Interview also revealed that the investigative team did not have all of the information collected through the interviews to review before making a decision that the incident	A 0144		

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A 0144	Continued from page 25 was " unfounded ". Based on the result of the investigation, EMP3 was permitted to return to work and the allegation was never reported to Protective Services, local police, or DHS. On November 8, 2018, 57 days following the conclusion of the hospital ' s investigation, the local police came to the hospital unannounced and arrested the accused employee. Interview conducted on November 14, 2018 with EMP1 revealed that Events 1 and 2 were reported to the Patient Safety Authority incorrectly as incidents. When the facility staff realized the errors, the events were upgraded to Infrastructure Failures. Further interview revealed that none of the events were reported to the appropriate authorities, as required, because the facility had done an investigation and the events were unfounded. Interview revealed that the facility failed to have a system in place which ensured that investigations were comprehensive, timely, and reported to outside agencies as stated by the Vulnerable Abuse Policy.	A 0144		

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A 0144	Continued from page 26	A 0144		
A 0145		A 0145		

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A 0145	Continued from page 27 482.13(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	Established a Lead Executive group consisting of four senior executives who are responsible to oversee the internal investigation of any allegation of patient mistreatment within a LGH facility and ensure that all requirements including reporting to the appropriate agencies are fully met in a timely manner. Responsible person: SVP, General Counsel. Completed 11/29/18. Established a dedicated phone (717-803-6102) for the lead executive on-call to receive all notifications of allegations of patient mistreatment (assault, abuse, or neglect) occurring within a LGH facility. A call schedule of the lead executives will be maintained by the SVP of Quality. Completed 11/29/2018. In addition to meeting all regulatory reporting requirements, if there is reasonable cause to suspect that the patient is a victim of sexual abuse, serous physical injury or serious bodily injury, in addition to contacting the Department of Health	Completion Date: 01/13/2019 Status: APPROVED Date: 12/19/2018

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A 0145	Continued from page 28	A 0145	<p>Services and the Department of Health, the lead executive will immediately contact law enforcement to make an oral report and provide a written report within 48 hours of making the oral report according to state law. Responsible person(s): SVP, Legal Counsel and SVP, Quality. Completed 11/29/18.</p> <p>Implemented a log, which includes all key criteria for the investigation and reporting of each allegation of patient mistreatment occurring within a LGH facility to readily identify regulatory compliance and any trends or potential patterns for opportunities of improvement and the development of further actions. The log will be maintained by the SVP of Quality. This information will be presented to the Board of Trustees Quality Committee at least three times per year by the SVP of Hospital Operations. Completed 12/3/18.</p> <p>Two years of prior allegations of patient assault or abuse that</p>	

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A 0145	Continued from page 29	A 0145	occurred within a LGH facility were reviewed and entered in the log by the SVP of Quality. This will be utilized to demonstrate trends or patterns and identify additional opportunities for improvement and corrective actions. Completed 12/3/18.	

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A 0145	<p>Continued from page 30</p> <p>Based on a review of facility policy, facility documents and staff interview (EMP), it was determined facility staff failed to follow approved reporting requirements for allegations of sexual assault and suspected sexual assault for two events that occurred at the facility.</p> <p>Event 1: An investigation was initiated by the facility on September 12, 2018. A review of the facility documentation revealed "...The Patient was sleeping and states he woke up startled". Patient reported to the nurse that a (staff member) was touching the patient's genitals. The allegation was not reported to the Department until November 12, 2018. Based on the facility's documentation, it was difficult to determine the series of events including what time the staff interviewed the patient related to Event 1 and how a determination was made that the incident was unfounded. Based on the final determination, the employee was permitted to return to work and the allegation was never reported to law enforcement and/or the state entity.</p>	A 0145		

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A 0145	Continued from page 31 Event 2: An investigation was initiated by the facility on July 21, 2017. A review of the facility documentation revealed "Patient self reported"...that a (staff member) allegedly fondled the patient's genitals for 5 to 10 minutes while applying topical medication to a rash. The allegation was not reported to the Department until July 27, 2017. Interview with EMP1 on November 14, 2018, at 3:00 PM confirmed that the allegations of abuse were not reported to outside entities as per the facility policy.	A 0145		

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P 0000	INITIAL COMMENT This report is the result of an unannounced Special Monitoring visit completed on November 14, 2018, at Lancaster General Hospital. 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			
P 0317		P 0317			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:	(X6) DATE:	

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P 0317	Continued from page 1 103.4 (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	Established a Lead Executive group consisting of four senior executives who are responsible to oversee the internal investigation of any allegation of patient mistreatment within a LGH facility and ensure that all requirements including reporting to the appropriate agencies are fully met in a timely manner. Responsible person: SVP, Legal Counsel. Completed 11/27/18. Established a dedicated phone (717803-6102) for the lead executive on-call to receive all notifications of allegations of patient mistreatment (assault, abuse, or neglect) occurring within a LGH facility. A call schedule of the lead executives will be maintained by the SVP of Quality. Completed 11/27/18. Revised the policy "Procedures for Responding to Allegations or Witnessed Assault, Abuse, or Neglect of a Patient in a Lancaster General Health Facility" to make expectations and accountabilities clear and measureable. This replaces	Completion Date: 01/13/2019 Status: APPROVED Date: 12/19/2018

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P 0317	Continued from page 2	P 0317	<p>the policy "Allegations or Witnessed Assault of a Patient." Responsible person: SVP, Legal Counsel. Completed 12/29/18.</p> <p>Provided communication to all leaders on the revised policy and dedicated phone number to report any allegations of patient mistreatment. Responsible person: Director, Corporate Communications. The annual computer based learning module (CBL) on Mandated Reporting was updated was launched to all current employees across LGH and must be completed by April 1, 2019 and annually thereafter. In addition the CBL was added to New Employee Orientation. Any non-compliance with the annual CBL by April 1, 2019 will be addressed through the employee disciplinary process. Responsible person: Director of Care Management.. Completed 12/14/18.</p> <p>Developed and implemented a written standard template for use by the lead executives overseeing the</p>	

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P 0317	Continued from page 3	P 0317	<p>allegation of any patient mistreatment to ensure compliance with all required reporting and to validate that each allegation is thoroughly investigated in a timely manner. The lead executives will review any deviations, opportunities for improvement will be identified, and corrective actions implemented. Responsible person: SVP of Quality. Completed 11/29/18.</p> <p>Implemented a log which includes all key criteria for the investigation and reporting of each allegation of patient mistreatment occurring within a LGH facility to readily identify regulatory compliance and any trends or potential patterns for opportunities of improvement and the development of further actions. The log will be maintained by the SVP of Quality. This information will be presented to the Board of Trustees Quality Committee at least three times per year by the SVP of Hospital Operations. Completed 11/29/18.</p>	

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P 0317	Continued from page 4	P 0317	Revised the policy "Procedures for Responding to Allegations or Witnessed Assault, Abuse, or Neglect of a Patient in a Lancaster General Health Facility" to include medical record documentation requirements for any reported allegation of patient mistreatment. The Manager of Risk Management will audit compliance, and any noncompliance will be addressed and further corrective actions implemented as appropriate. Completed 11/29/18.	

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P 0317	<p>Continued from page 5</p> <p>Based on review of facility documents and interview with staff (EMP), the facility failed to conform to all applicable Federal and State regulations.</p> <p>The facility was not compliant with the following State Mandatory Reporting Requirement.</p> <p>The Adult Protective Service Act of 2010 (APS).</p> <p>Based on a review of facility documentation, and staff interviews, it was determined that staff failed to comply with the Adult Protective Services Act and follow facility policy to immediately report allegations of abuse for four of four events reviewed.</p> <p>Review of the Adult Protective Services Act of 2010 revealed "...Immediate Action-An administrator or employee of a facility who observes suspected abuse, neglect, exploitation or abandonment or has reasonable cause to suspect that abuse or neglect has occurred will immediately assure the recipients health and safety. After assisting the recipient, an employee or administrator will follow the reporting requirements set forth in the</p>	P 0317		

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P 0317	Continued from page 6 APS Act... " The review of facility documentation revealed that four allegations of abuse had been reported by patients. The details of the events include: Event 1. An investigation was started by the facility on September 12, 2018. A review of the facility documentation revealed "...The Patient was sleeping and states (the patient) woke up startled. Patient reported to the (nurse) that (the patient) found the ____ (title redacted) touching (the patient's) genitals while touching the employee's own genitals. Event 2. An investigation was started by the facility on July 18, 2017. A review of the facility documentation revealed "Patient self reported on July 21, 2017 ... that ____ (title redacted) allegedly fondled (the patient's) genitals for 5 to 10 minutes while applying topical medication to a rash..." Event 3. An investigation was started by the facility on June 7, 2018. A review of the facility documentation revealed "...Per patient while (the	P 0317		

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P 0317	Continued from page 7 patient) was at the elevator bank the ... nurse caring for (the patient) grabbed and pulled (the patient) backwards...Patient was upset that ... nurse put hands on (the patient) in rough manner..." Event 4. An investigation was started by the facility on August 7, 2017. A review of facility documentation revealed " Wife was visiting pt (patient) and became angry and began striking pt. The pt was able to restrain ...wife's hand and the staff immediately intervened." A review of facility policy "Vulnerable Adult Abuse" revealed "Policy Statement: It is the policy of Lancaster General Health for its employees, personnel, and staff who care for patient s and who have reasonable cause to suspect that a Vulnerable Adult is a victim of Abuse, Neglect, Exploitation, or abandonment to report such suspicion in accordance with this policy and Pennsylvania's Adult Protection Services Act...Definitions:...Abuse: The occurrence of one or more of the following acts:...3. sexual Harrassment. This term means	P 0317		

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P 0317	Continued from page 8 unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature...5. Abuse between family or household...Such abuse means the occurrence of one or more of the following acts: (a) placing another in reasonable fear of imminent serious bodily injury:...Procedures: when an employee or staff member has reasonable cause to suspect that a Vulnerable Adult is a victim of Abuse, Neglect, Exploitation, or abandonment, the employee or staff member shall do the following: (a) If not a physician, auxiliary health care provider, nurse or departmental supervisor of the patient or the patient's care team, notify a member of the patient's care team directly, immediately. (b) The patient's physician, auxiliary health care provider, or departmental supervisor shall immediately make an oral report to the Protective Services Hotline..." Interview conducted on November 14, 2018 with EMP1 revealed that none of the events were reported to the appropriate authorities, as required, because the facility's investigations were unfounded.	P 0317		

Pennsylvania Department of Health

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P 0317	Continued from page 9	P 0317		
P 0352		P 0352		

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P 0352	Continued from page 10 103.22 (b)(7) IMPLEMENTATION (7) The patient has the right to good quality care and high professional standards that are continually maintained and reviewed. This REGULATION is not met as evidenced by:	P 0352	Established a core investigation team consisting of Case Management, Risk Management, Human resources, and Security to reduce variation within the participants of the investigation team. Responsible person: Manager, Risk Management. Completed 11/29/18. An investigation worksheet and interview template will be developed and implemented by the Manager of Risk Management to ensure that each investigation of an allegation of patient mistreatment is thorough, consistent, and timely. Completed 12/17/18. A process for the developing an employee plan for supervision/oversight will be created by the Vice President of Human Resources and will be utilized when any allegation of patient mistreatment is determined to be inconclusive by the lead executive team. Completed 12/28/18.	Completion Date: 01/13/2019 Status: APPROVED Date: 12/19/2018

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P 0352	Continued from page 11	P 0352	<p>Education will be provided to the core investigation team by an external legal expert on 1/3/19 and 1/8/19. The education will focus on how to conduct an effective investigative interview. The presentation will be videotaped to provide for refresher education and the education of any new members to the core investigation team. Responsible person: SVP, Legal Counsel. Completed 1/9/19.</p> <p>An educational document will be created by the SVP of Quality, Senior Legal Counsel, and the VP of Risk Management outlining the regulatory statutes and the key requirements for handling and reporting any allegations or suspicion of mistreatment that occur within a health facility related to: Children and Youth (age<18); Adults with Disabilities (age 18-59), and the Elderly (age ≥ 60). This will be utilized for education of the core investigation team and the lead executive team as well as serve as a resource on the Lancaster General</p>	

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P 0352	Continued from page 12	P 0352	<p>Health SharePoint site for any members of the leadership team, medical staff, employees, and volunteers. Completed 12/28/18.</p> <p>The LG Health polices for Vulnerable Adult Abuse, Child Abuse, and Older Adult Abuse will be reviewed by the SVP, Legal Counsel and the VP of Risk Management to ensure the polices are complete and consistent with the revised policy <u>i</u>°; ±Procedures for Responding to Allegations or Witnessed Assault, Abuse, or Neglect of a Patient in a Lancaster General Health Facility;±. Any inconsistencies will be corrected or clarified and the policy updated accordingly. Completed 12/28/18.</p> <p>In addition to meeting all regulatory reporting requirements, if there is reasonable cause to suspect that the patient is a victim of sexual abuse, serous physical injury or serious bodily injury, in addition to contacting the Department of Health</p>	

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P 0352	Continued from page 13	P 0352	<p>Services and the Department of Health, the lead executive will immediately contact law enforcement to make an oral report and provide a written report within 48 hours of making the oral report according to state law. Responsible person(s): SVP, Legal Counsel and SVP of Quality. Completed 11/29/18.</p> <p>Two years of prior allegations of patient assault or abuse that occurred within a LGH facility were reviewed and entered in the log by the SVP of Quality. This will be utilized to demonstrate trends or patterns and identify additional opportunities for improvement and corrective actions. . Completed 12/3/18.</p>	

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P 0352	Continued from page 14 Based on a review of facility documents, medical records and staff interview (EMP), it was determined the facility failed to provide care in a safe setting by failing to follow their policy related to reporting allegations of abuse for four events. The review of the facility's event reporting documentation revealed the following: Event 1. An investigation was started by the facility on September 12, 2018. A review of the facility documentation revealed "...The Patient was sleeping and states (the patient) woke up startled. Patient reported to the (nurse) that (the patient) found the ____ (title redacted) touching (the patient's) genitals while touching the employee's own genitals. Event 2. An investigation was started by the facility on July 18, 2017. A review of the facility documentation revealed "Patient self reported on July 21, 2017 ... that ____ (title redacted) allegedly fondled (the patient's) genitals for 5 to 10 minutes while applying topical medication to a rash..."	P 0352		

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P 0352	Continued from page 15 Event 3. An investigation was started by the facility on June 7, 2018. A review of the facility documentation revealed "...Per patient while (the patient) was at the elevator bank the ... nurse caring for (the patient) grabbed and pulled (the patient) backwards...Patient was upset that ... nurse put hands on (the patient) in rough manner..." Event 4. An investigation was started by the facility on August 7, 2017. A review of facility documentation revealed " Wife was visiting pt (patient) and became angry and began striking pt. The pt was able to restrain ...wife's hand and the staff immediately intervened." A review of facility policy "Vulnerable Adult Abuse" revealed "Policy Statement: It is the policy of Lancaster General Health for its employees, personnel, and staff who care for patients and who have reasonable cause to suspect that a Vulnerable Adult is a victim of Abuse, Neglect, Exploitation, or abandonment to report such suspicion in	P 0352		

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P 0352	Continued from page 16 accordance with this policy and Pennsylvania's Adult Protection Services Act... Definitions:...Abuse: The occurrence of one or more of the following acts:...3. sexual Harrassment. This term means unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature...5. Abuse between family or household...Such abuse means the occurrence of one or more of the following acts: (a) placing another in reasonable fear of imminent serious bodily injury:... Procedures: when an employee or staff member has reasonable cause to suspect that a Vulnerable Adult is a victim of Abuse, Neglect, Exploitation, or abandonment, the employee or staff member shall do the following: (a) If not a physican, auxiliary health care provider, nurse or departmental supervisor of the patient or the patient's care team, notify a member of the patient's care team directly, immediately. (b) The patient 's physician, auxiliary health care provider, or departmental supervisor	P 0352		

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P 0352	Continued from page 17 shall immediately make an oral report to the Protective Services Hotline...2. In addition, when the reporter has reasonable cause to suspect that the Vulnerable Adult is the victim of Sexual Abuse, serious Injury, or Serious Bodily Injury...the reporter shall do the following in addition to the Steps outlined in Paragraph 1 above: (a) Immediately make an oral report to the local police. (b) Immediately make an oral report to DHS by calling the mandatory abuse reporting line... (c) Within 48 hours after making the oral report to the local police and DHS complete the form attached to this policy as Attachment A and send it to the local police..." Interview with EMP1 on November 14, 2018, revealed that none of the allegations of abuse reviewed during the survey (Event 1, Event 2, Event 3, and Event 4) had been reported to outside agencies. Further interview revealed that the facility did their own investigation and if unfounded the facility did not report the events to an outside	P 0352		

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P 0352	Continued from page 18 agency. Based on the facility' s documentation, it was difficult to determine the series of events including what time the staff interviewed the patient related to Event 1 and how a determination was made that the incident was unfounded. Based on the final determination, The employee was permitted to return to work and the allegation was never reported to law enforcement and/or the state entity.	P 0352		

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P 0352	Continued from page 19	P 0352			



Certified End Page

LANCASTER GENERAL HOSPITAL

STATE LICENSE NUMBER: 120801

SURVEY EXIT DATE: 11/14/2018

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

Handwritten signature of Susan Coble in black ink on a light gray background.

Susan Coble
Acting Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in black ink on a light gray background.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY