		AND HUMAN SERVICES			FORM	APPROVED		
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	1	(	<u>OMB NO.</u>	0938-0391		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	`´co∧	E SURVEY IPLETED		
490118		B. WING _			C 03/2023			
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
HENRICO	DOCTORS' HOSPIT	AL		1602 SKIPWITH ROAD RICHMOND, VA 23229				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OULD BE COMPLETION			
A 000	INITIAL COMMENT	ſS	A 00	00				
A2400	and Labor Act (EMT (VA00058344) was two (2) Medical Fac the Office of Licens Virginia Departmen Following observati review, the facility w with Appendix V-Int Guidelines-Respon Participating Hospit 191, 07-19-19). The deficiencies cit COMPLIANCE WIT CFR(s): 489.20(I) [The provider agreed defined in §489.24(] This STANDARD is Based on clinical re and facility docume that the facility faile not providing necess patient presenting t with an emergency The findings include See Tag A-2407 Based on clinical re and facility docume the facility staff faile	on, interviews, and document vas found not in compliance erpretive sibilities of Medicare tals in Emergency Cases (Rev. ed follow in this report. TH 489.24 es,] in the case of a hospital as b), to comply with §489.24. s not met as evidenced by: ecord review, staff interview nt review, it was determined d to comply with §489.24 by asary stabilizing treatment for a o the emergency department medical condition (A-2407). e: ecord review, staff interview nt review, it was determined ad to provide stabilizing	A240					
		<ol> <li>of twenty-five (25) patients</li> <li>e patient presented to the</li> </ol>						

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

TITLE

(X6) DATE

PRINTED: 11/08/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		AND HUMAN SERVICES				FORM	11/08/2023 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		490118	B. WING	;		C 04/03/2023		
NAME OF PROVIDER OR SUPPLIER				1	STREET ADDRESS, CITY, STATE, ZIP CODE			
HENRICO DOCTORS' HOSPITAL					1602 SKIPWITH ROAD RICHMOND, VA 23229			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
A2400	Continued From pa	ge 1	A24	400	0			
A2407	Emergency Departr STABILIZING TREA CFR(s): 489.24(d)(7	ATMENT	A24	407	7			
	paragraph (d)(2) of (whether or not elig comes to a hospital that the individual h condition, the hospi (i) within the capabi available at the hos examination and tre the medical condition (ii) For for transfer of	et to the provisions of this section, if any individual ible for Medicare benefits) I and the hospital determines as an emergency medical ital must provide either- ilities of the staff and facilities spital, for further medical eatment as required to stabilize on. of the individual to another ccordance with paragraph (e)						
	<ul> <li>(i) If a hospital has a paragraph (a) of this individual to have a condition, and adminipatient in good fail emergency medical satisfied its special section with respect (ii) This section is n who was admitted f diagnosis or treatmet (iii) A hospital is recordance with the conduct of the participation for hose chapter to provide the conduct of the provided of the provide</li></ul>	ot applicable to an inpatient for elective (nonemergency) ent. quired by the conditions of spitals under Part 482 of this care to its inpatients in ose conditions of participation.						

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		AND HUMAN SERVICES				FORM	11/08/2023 APPROVED 0938-0391
		` '			(X3) DATE SURVEY COMPLETED		
490118		B. WING			C 04/03/2023		
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE		
HENRICO DOCTORS' HOSPITAL					1602 SKIPWITH ROAD RICHMOND, VA 23229		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
A2407	individual if the hos further medical exa described in that pa- individual (or a pers behalf) of the risks of the examination individual (or a pers behalf) does not co- treatment. The me description of the ex- if applicable, that we the individual. The reasonable steps to informed refusal (or his or her behalf). indicate that the per risks and benefits of treatment, or both. This STANDARD is Based on clinical re and facility docume the facility staff faile treatment for one (7 (Patient #1) after th emergency department medical condition. The findings include The facility's policy - Definitions and Ge (effective date 09/0 hospital with an em provide to any indiv Screening examinal capability of the hos	pital offers the individual the mination and treatment aragraph and informs the son acting on the individual's and benefits to the individual's and treatment, but the son acting on the individual's nsent to the examination or dical record must contain a xamination, treatment, or both as refused by or on behalf of hospital must take all o secure the individual's written r that of the person acting on The written document should rson has been informed of the of the examination or s not met as evidenced by: ecord review, staff interview ent review, it was determined ed to provide stabilizing 1) of twenty-five (25) patients ie patient presented to the nent with an emergency ed: and procedure titled "EMTALA eneral Requirements" 1/2019) states in part: "The ergency department must ridualan appropriate Medical tion (MSE) within the spital's emergency department rmined to exist, the hospital	A24	407			

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/08/2023 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		l` í		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		490118	B. WING	i			C 03/2023
NAME OF F	PROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
					1602 SKIPWITH ROAD		
HENRICO	DOCTORS' HOSPIT	AL			RICHMOND, VA 23229		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A2407	treatment within the facilities available a appropriate transfer Emergency Medic 3. With respect to symptoms: a. that a substance abuse sy Stabilize means, wi provide such medica deterioration of the from or occur during The surveyor condu- medical record on 0 revealed that Patier emergency departm in the custody of loc emergency custody displaying concerni The patient remained department for app to being discharged The "Emergency D dated 3/3/23 read in emergency room by aggressive and disr extremely angry, ag Suicide Risk Ove RiskBehavior: Ag Uncooperative Pa-	by necessary stabilizing e capabilities of the staff and t the hospital; or (ii) an r to another medical facility cal Condition (EMC) means: o an individual with psychiatric acute psychiatric or acute ymptoms are manifested;To th respect to an EMC to either cal treatment of the condition rry to assure, within I probability, that no condition is likely to result g transfer" ucted a review of Patient #1's 04/03/2023. The record nt #1 presented to the nent on 3/3/23 via ambulance cal police officers under an order due to the patient ng behavior in the community. ed in the emergency roximately six (6) hours prior	A24	407			
	[an antipsychotic m symptoms of certain	edication used to treat n types of psychiatric chizophrenia or manic bipolar					

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		AND HUMAN SERVICES				FORM	11/08/2023 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l` í			(X3) DATE SURVEY COMPLETED		
	490118		B. WING			C 04/03/2023	
NAME OF PROVIDER OR SUPPLIER				S	STREET ADDRESS, CITY, STATE, ZIP CODE		
HENRICO DOCTORS' HOSPITAL					1602 SKIPWITH ROAD RICHMOND, VA 23229		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A2407	disorder] and 50 mg often given to preve antipsychotics, but This helped [patient] [patient] appears ag IM Thorazine [an ar Ativan [an antianxie informed by the pol jail due to [patient] v on a police officer d medicationsAcute behaviordischarg The "Emergency Pa 3/3/23 1429 Pt in screaming?3/3/23 screamingPt bang [emergency departs pt need of medication with medication addr clawing/hitting/scrat Officer [name] with neck, tragus of left bruising to left side officer in the face." The surveyor condu Member #6 on 4/3/2 #6 is a registered n department. Staff M of Patient #1 during Member #6 advised facility on an emerg demonstrated conti a police officer while department. The pa ankle restrained an patient allowed Staf	of Benadryl [an antihistamine ent side effects from certain also for its sedating effects]. If for less than an hour. Now gitated again. Will give 25mg ntipsychotic] and 2mg IM ety medication] I have been ice that patient will be taken to violent behavior and assault luring the administration of e PsychosisViolent ed to jail" atient Record" read in part: " room yelling and 1858 Pt in room yelling and ging on stretcher EDMD ment medical doctor] advised ons. HPD at bedside to assist ministration. Pt tching/kicking/spitting at HPD. several lineal scratches to left ear and behind left ear with of face when pt punched ucted an interview with Staff 23 at 1:40 p.m. Staff Member urse in the emergency Member #6 assisted in the care of their time in the facility. Staff d that the patient came into the jency custody order and nued agitation and assaulted	A24	407			

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		AND HUMAN SERVICES				FORM	11/08/2023 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		l` í		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		490118	B. WING	i	03/2023		
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
HENRICO DOCTORS' HOSPITAL					1602 SKIPWITH ROAD RICHMOND, VA 23229		
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A2407	cooperative while e essentially the remain was yelling and screpatient to another re- area. The patient we an officer made a c and staff called for patient then assault were afraid the pati- hurt another patient The surveyor condu- Member #7 on 04/0 Member #7 is also emergency departin- assisted in the care time in the facility. S were able to draw b test and the patient a box lunch. Outsid extremely aggressin- screaming pretty m patient was taken to arrested for assault The surveyor condu- Member #8 on 04/0 Member #8 is the e conducted the med Staff Member #8 ac the facility on an en- was very violent an- patient was aggress speaking with them Member #8 to condo- patient was psycho- an order for medica- administered medic	ating a box lunch. For ainder of the time, the patient eaming. Staff moved the bom because it was a safer as yelling and screaming, and all on the radio for back-up a CODE 3 (mayday). The ted a police officer. The staff ent was going to get out and t or staff or themselves. ucted an interview with Staff 03/2023 at 2:05 p.m. Staff a registered nurse in the nent. Staff Member #7 e for Patient #1 during their Staff Member #7 advised they plood and conduct a COVID was cooperative when eating e of this, the patient was ve and violent, yelling and uch the whole time. The p jail because they were	A24	407			

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		I AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	11/08/2023 APPROVED 0938-0391
		l` í		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
	490118		B. WING				03/2023
NAME OF I	PROVIDER OR SUPPLIER	·			TREET ADDRESS, CITY, STATE, ZIP CODE		
HENRIC	O DOCTORS' HOSPIT	AL			602 SKIPWITH ROAD RICHMOND, VA 23229		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
A2407	officer. The police a they were going to them to jail. Staff M concerns regarding by Patient #1 and th the patient in order Staff Member #8 sa removed from the e psychiatry could be stated the patient d psychiatrist and tha administered prior the effective in controllin Member #8 advised control the patient i setting. The medical record to demonstrate that treatment for Patient	advised Staff Member #8 that arrest the patient and take lember #8 discussed the g the level of violence displayed hat they attempted to medicate to help the patient calm down. aid the patient had been emergency department before a consulted. Staff Member #8 lid not get a consult from the		107			

Facility ID: VA0542

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