

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

PRINTED: 03/25/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>490118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HENRICO DOCTORS' HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1602 SKIPWITH ROAD</b> <b>RICHMOND, VA 23229</b>		
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A 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid complaint survey was conducted on 09/21/23 - 09/26/23. The survey was conducted by two (2) Medical Facilities Inspectors (MFIs) from the Office of Licensure and Certification (OLC), Virginia Department of Health (VDH).  The facility was found not in compliance with the applicable parts of 42 CFR Part 482, Conditions of Participation for Hospitals.	A 000	Henrico Doctors' Hospital (HDH) holds the safety of all patients, staff, and visitors as its highest priority. Upon identification of the fractures of the four (4) premature infants in the Neonatal Intensive Care Unit (NICU), the executive leadership team notified Division leadership and convened an intensive analysis of practices to identify potential contributing factors. The analysis included a review of medical records, policies, procedures, and practices currently in place as well as interviews of individuals involved in the care of the infants. We took immediate steps to protect all infants in the NICU. We also notified the families, proper authorities, and regulatory organizations. We implemented the following safety measures:		
A 115	PATIENT RIGHTS CFR(s): 482.13  A hospital must protect and promote each patient's rights.  This CONDITION is not met as evidenced by: Based on interview and document review it was determined that the facility failed to protect and promote each patient's rights as evidenced by: failing to report suspicion of abuse for four (4) premature infants in the Neonatal Intensive Care Unit (NICU) within twenty-four (24) hours of having reason to suspect a reportable offense of child abuse (A145); and failing to ensure that the facility is able to identify all staff members who come into contact with each patient in the NICU (A145).  Cross Reference:  482.13(c)(3) Patient Rights: Free from Abuse Harassment 482.23(b)(6) Supervision of Contract Staff	A 115	<ul style="list-style-type: none"> <li>Two new security systems, including cameras in each NICU room that allow parents to view their babies 24 hours a day, 7 days a week</li> <li>Additional daily examinations of each NICU baby led by neonatologists</li> <li>New unit-wide in-person safety training program</li> </ul>		1/17/24 9/5/23 9/30/23
			Since the implementation of these measures, there have been no additional unexplained fractures occurring in our NICU.  Immediately upon receipt of the survey findings indicating noncompliance with standards, the senior leadership team met with division leadership and formulated a plan of correction to fully address all tags identified as out of compliance, resulting in system changes as identified within this report.		

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



TITLE

CEO

(X6) DATE

4.16.24

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

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A 145	<p><b>PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT</b> CFR(s): 482.13(c)(3)</p> <p>The patient has the right to be free from all forms of abuse or harassment.</p> <p>This STANDARD is not met as evidenced by: Based on interviews, and document review, it was determined the facility failed to report suspicion of abuse for four (4) premature infants in the Neonatal Intensive Care Unit (NICU) within twenty-four (24) hours of having reason to suspect a reportable offense of child abuse. Additionally, the facility failed to identify hospital staff who collect lab specimens from a vulnerable patient population, namely, patients in the facility's Neonatal Intensive Care Unit (NICU).</p> <p>Findings:</p> <p>A review of the facility's policy titled "Abuse and Neglect" (effective date 9/2023) states in part:</p> <p>"Responsible Persons: All health care professionals are legally responsible for reporting all suspected child or adult/elder abuse neglect and exploitation and certain injuries from domestic violence. This includes the following persons:</p> <p>A. Any person licensed to practice medicine or any of the healing arts, B. Any hospital resident or intern, C. Any person employed in the nursing profession, D. Any person employed as a social worker, E. Any mental health professional, and ... A. Reporting 1. Reporting Child and incapacitated Adult/Elder</p>	A 145	<p>Based on our intensive analysis and the identification of noncompliance with the standards, a comprehensive plan of correction was formulated and approved by the Medical Executive Committee (MEC), and the Board of Trustees (BOT).</p> <p>The following team of interdisciplinary leadership has contributed to the review and implementation of the correction plan provided: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Medical Officer (CMO), Chief Nursing Officer (CNO), Chief Financial Officer (CFO), Vice President of Quality and Patient Safety (VPQ), Administrative Director of Women's and Children's Services, Director of NICU, Director of Laboratory, Director of Security, Information technology, front line staff and Division Vice President of Quality.</p> <p>HDH's Plan of Correction (POC) is described in full detail in the enclosed response and attached exhibits to represent full compliance with all cited standards.</p> <p>All ongoing actions, monitoring activities and results will be reported every other month to the Patient Safety Committee beginning April 16, 2024, and on opposite months to the Quality Council beginning May 28, 2024, monthly to the MEC, beginning April 17, 2024 and bimonthly to the BOT beginning March 27, 2024 If the team identifies significant variations in the POC, the MEC/BOT will be informed as soon as possible and will create an appropriate course of action.</p>		<p>BOT notified on 3/27/24</p> <p>MEC notification 3/29/24</p>

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A 145	Continued From page 2 Abuse, Neglect or Exploitation. Mandated reporters directly involved in the care of the patient must report all suspect abuse, neglect, and exploitation of adults and children within 24 hours, to the local welfare/social services agency of the county or city where the individual resides, or where it is believed to have occurred ..."  On 9/21/2023 at 10:36 a.m., the surveyors entered the facility to investigate facility reported incidents (FRI) of bone fractures among four (4) premature infants in the facility's NICU from 8/5/2023 through 9/5/2023.  On 9/21/2023 at 11:22 a.m., Staff Member #2 stated that the facility considered the discovery of bone fractures in four (4) premature infants in the NICU, between 8/5/2023 and 9/5/2023, a "safety event" and made two (2) telephone calls and sent one (1) email to the Department of Social Services (DSS) on 9/20/2023 to report the possibility of abuse. Staff Member #2 stated the facility also notified The Joint Commission "simply because of what happened." During an interview on 9/21/2023 at 11:22 a.m., Staff Member #2 stated the staff became aware of Patient #3's fracture, a "closed displaced transverse fracture of the shaft of left radius" on 8/5/2023. Staff Member #2 stated the fracture was an "incidental finding" on a "babygram (skeletal x-ray of an infant)." Patient #2 had a "fracture of the right radius and ulna" on imaging from 8/16/2023, a "6th right rib fracture" on imaging from 8/29/2023, and "minimally displaced fx [fracture] of left femoral metaphysis [the wide portions of long bones and the regions of the bone where growth occurs in the upper part of the leg (www.radiopaedia.org/articles/metaphysis)]" on imaging from 8/29/2023. Patient #1 had a	A 145	HDH values the importance of protecting and promoting all patient rights and our obligations to report suspicion of abuse as well as our obligation to identify all staff members who come into contact with our patients. The factors the team identified that contributed to the deficiency related to Patient Rights were a gap in the hospital's policy, and lack of staff awareness. Factors that contributed to the Supervision of Contracted Staff were a gap in the hospital's policy and oversight of the process verification.  HDH convened a multidisciplinary team, with members from Senior leadership, Legal Counsel, Quality, Risk Management, and Women's and Children's Services to ensure that our policies were consistent with Virginia State Laws and all Conditions of Participation. The policies that were reviewed and amended as necessary were "Abuse and Neglect" and "Uses and Disclosures for which an Authorization or Opportunity to Agree or Object is not Required (Virginia state-specific policy). All members of senior leadership understand and attest to these requirements. The CEO had ultimate responsibility for this corrective action.  Additionally, a new technology was implemented in the NICU that allows all staff the capability to use Mobilab on their iMobile devices which requires the collection time and collector identification to be electronically documented. Mobilab requires the caregiver to positively identify a patient by their barcoded wristband as well as confirm the secondary identification method in order to print a label and	3/29/24	10/31/23

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A 145	<p>Continued From page 3</p> <p>"nondisplaced physeal fracture [involves the growth plate (www.radiopaedia.org/articles/physeal-fracture)] of the left tibia [larger long bone in the lower leg]" on imaging from 9/3/2023. Patient #4 had a "left radial [larger bone in lower arm that connects your forearm to your wrist (www.clevelandclinic.org)] buckle fracture [incomplete shaft of a long bone characterized by bulging; a compression fracture caused by sudden pressure on a bone (www.clevelandclinic.org)] on imaging from 9/5/2023.</p> <p>During an interview on 9/26/2023 at 11:08 a.m., Staff Member #2 confirmed that DSS and the Virginia Department of Health (VDH) were notified of the multiple NICU babies with fractures on 9/20/2023. The surveyor asked about the delay in reporting the fractures to DSS and Staff Member #2 stated that they conducted interviews and had "outside experts" including consults with a radiologist, a geneticist, and a Neonatologist, and they retained a pediatric radiologist and a pediatric orthopedist, to investigate.</p> <p>A review of the x-ray report for Patient #1 from 9/5/2023 contained the documentation "There is mild angulation and bands of increased density within the distal left radius with adjacent periosteal reaction consistent with a "buckle" fracture. There is mild angulation of the distal ulnar metaphysis as well. Concern for nonaccidental trauma is raised."</p> <p>A review of the Orthopedic Physician's Consult note from 9/6/2023 contained the documentation "We have discussed with the NICU team that non accidental trauma needs to be considered.</p>	A 145	<p>complete the blood draw process. The Chief Nursing Officer had ultimate responsibility for ensuring the completion of this corrective action.</p> <p>To support this technology and ensure consistent processes, the policy "Blood Collection: Infants" was updated to reflect the process of using Mobilab. Mobilab tracks collector identification which is electronically entered into the medical record. The policy was approved by the Perinatal Committee.</p> <p>The CNO had ultimate responsibility for the implementation of this corrective action.</p> <p><b>Training and Education:</b> To support the processes, the team will implement a robust education plan with all staff involved. Areas of focus for this plan include:</p> <p>A. Patient Rights 482.13(c)(3) Free From Abuse: Education will be completed using a variety of methods to the targeted groups identified below on the requirements of mandatory reporting of any suspected child abuse or neglect that they become aware of in their professional capacity. <i>See Exhibit A (Healthstream)</i></p> <p>The objectives include:</p> <ul style="list-style-type: none"> <li>• Explanation of mandatory reporting laws</li> <li>• Identification of mandatory reporters</li> <li>• Steps involved in reporting</li> <li>• Required information when filing a child abuse report</li> <li>• Review of "Abuse and Neglect" Policy</li> </ul>	<p>4/4/24</p> <p>Complete by 4/26/24</p>	

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A 145	Continued From page 4 Treatment will be okay and sufficient with the AFO [ankle and foot orthoses] type splint that has been made by occupational therapy. I recommend a skeletal survey [x-ray of entire skeleton] to ensure that there are no other issues identified. We will repeat x-rays of the left lower extremity at three weeks and it may take longer given [the baby's] prematurity."  See tag A-0398  During an interview on 9/22/2023 at 9:46 a.m., while discussing lab draw or intravenous (IV) catheter insertion procedures, Staff Member #6 stated that staff are unable to determine who obtains labs from the NICU patients and they do not have a way to "track that piece." Staff Member #6 stated that the staff does not necessarily document who drew the labs, because one staff member may print the labels and another staff member may perform the procedure.  During an interview on 9/26/2023 at 10:17 a.m., Staff Member #22 stated that the facility's lab verification system, called Mobilab (barcode specimen collection system), documents the staff member that printed the patient lab labels but does not document the staff member that performed the procedure.	A 145	The targeted groups for this education include: <ul style="list-style-type: none"> <li>• NICU – All clinical staff</li> <li>• ER – All clinical staff</li> <li>• MBU – All clinical staff</li> <li>• Respiratory Therapists that provide care in the Women's and Children's Hospital</li> <li>• PT/OT/SP staff that provide care in the Women's and Children's Hospital</li> <li>• Radiology technicians that perform imaging in the Women's and Children's Hospital</li> <li>• NICU Medical Staff</li> <li>• ED Medical Staff</li> <li>• Newborn Nursery Medical Staff</li> <li>• Radiology Medical Staff</li> </ul> Compliance will be measured by 100% of the targeted groups identified as completing the required education by 4/26/24.  Numerator: Number of targeted individuals receiving the mandatory reporting education  Denominator: Total number of targeted individuals  Staff who have not completed the education due to PTO, LOA, PRN status, etc. will complete the education prior to their first return shift.  Goal: 100%  The CNO, CMO, and COO have ultimate responsibility for ensuring the completion of		
A 398	SUPERVISION OF CONTRACT STAFF CFR(s): 482.23(b)(6)  All licensed nurses who provide services in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate	A 398			

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A 398	<p>Continued From page 5</p> <p>supervision and evaluation of all nursing personnel which occur within the responsibility of the nursing service, regardless of the mechanism through which those personnel are providing services (that is, hospital employee, contract, lease, other agreement, or volunteer). This STANDARD is not met as evidenced by: Based on interviews and document review, it was determined the facility failed to adhere to the facility's policies and procedures, specifically related to documentation of obtaining labs.</p> <p>Findings:</p> <p>On 9/21/2023 at 10:36 a.m., the surveyors entered the facility to investigate a complaint involving the Neonatal Intensive Care Unit (NICU) from 8/5/2023 through 9/5/2023.</p> <p>During an interview on 9/22/2023 at 9:46 a.m., while discussing lab draw or intravenous (IV) catheter insertion procedures, Staff Member #6 stated that staff are unable to determine who obtains labs from the patients and they do not have a way to "track that piece." Staff Member #6 stated that the staff does not necessarily document who drew the labs, because one staff member may print the labels and another staff member may perform the procedure.</p> <p>During an interview on 9/26/2023 at 10:17 a.m., Staff Member #22 stated that the facility's lab verification system, called Mobilab (barcode specimen collection system), documents the staff member that printed the patient lab labels but does not document the staff member that performed the procedure. Staff Member #22 stated that the staff members use Mobilab to scan the patients' identification band and to print</p>	A 398	<p>B. Supervision of Contract Staff 482.23(b)(6):</p> <p>1. Blood collection education will be completed with 100% of the NICU nursing staff. <i>See Exhibit B (education)</i> The objectives are:</p> <ul style="list-style-type: none"> <li>Utilizing Mobilab to label labs to include collector's identification, date, and time labs were drawn</li> <li>Documentation in the medical record of the procedure, site, and pain level</li> </ul> <p>Compliance will be measured by 100% of NICU nurses completing the education by 4/10/24.</p> <p>Numerator: Number of NICU nursing staff that complete the Mobilab education</p> <p>Denominator: Total number of NICU nursing staff</p> <p>Staff who have not completed the education due to PTO, LOA, PRN status, etc. will complete the education prior to their first return shift.</p> <p>Goal: 100%</p> <p>The CNO has ultimate responsibility for the completion of this education.</p> <p>2. Safety education was completed with 100% of the NICU nursing and respiratory staff. The education included</p>	<p>Complete by 4/10/24</p> <p>12/31/23.</p>	

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A 398	<p>Continued From page 6</p> <p>the lab labels. Staff Member #22 stated that sometimes the staff will use a patient label to label the lab specimens, instead of printing from Mobilab, and then put their initials on that label. Staff Member #22 stated that the nurses would document the details of the lab draw in the nursing notes, but Staff Member #2 was unable to locate that documentation in the medical records.</p> <p>During an interview on 9/26/2023 at 10:40 a.m., Staff Member #18 stated that the staff sign in to the Mobilab system and Mobilab recognizes that specific staff member for documentation. Staff Member #18 stated that Mobilab takes into account the two (2) RNs confirming the patient's identity. Staff Member #18 then stated that Staff Member #18 does not know if the nursing staff is using the second RN verification in the NICU as per the facility's policy, but that the second RN verification is "not happening with Mobilab." Staff Member #18 stated that the lab draw is not documented anywhere unless the nursing staff are documenting it in the nursing flow sheets or nursing notes. Staff Member #18 stated that if "CBN" is documented, then there is no way to distinguish who drew the labs. Staff Member #18 stated that there have been times when the lab received multiple hemolyzed specimens on one shift, for example. The lab had to determine who drew the labs by looking at the initials on the lab specimens, so that they could reeducate the staff member.</p> <p>During an interview on 9/26/2023 at 11:04 a.m., Staff Member #21 stated that two (2) RNs initial on the lab label for patient identification. Staff Member #6 stated that Mobilab checks the two (2) patient identifiers and Staff Member #6 was told that the nurses "don't have to sign anything</p>	A 398	<p>the following: <i>see Exhibit C (education)</i></p> <ul style="list-style-type: none"> <li>• Patient safety during lab draws</li> <li>• Lab draw procedure checklist</li> </ul> <p>Compliance was measured by the completion of the education and validation of the lab draw procedure by the unit educator.</p> <p>Numerator: Number of NICU nursing and respiratory staff that completed the validation checklist</p> <p>Denominator: Total number of NICU nursing and respiratory staff</p> <p>Goal: The goal of 100% compliance was met on 12/31/23.</p> <p>The CNO had ultimate responsibility for the completion of this education.</p> <p>3. Safe handling of premature infants during lab draw education was added to new hire orientation and annual competency validation for NICU nurses and respiratory therapists. The education included the following:</p> <ul style="list-style-type: none"> <li>• Safety during lab draws</li> <li>• Lab draw procedure checklist</li> </ul> <p>Compliance is measured by the presence of education in the new hire orientation and annual competency validation for NICU nurses and respiratory therapists</p>	2/1/24	

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A 398	<p>Continued From page 7</p> <p>anymore." Staff Member #6 stated that "I don't know that I document anything in the chart, just what Mobi" documents. Staff Member #6 stated that Mobilab has no place to document the site where the blood was obtained or if it was venipuncture or capillary. Staff Member #21 stated that the lab result report does not state the location on the body or type of blood vessel accessed, and it is "not necessarily documented in CPN (the facility's obstetrics and baby documentation system). Staff Member #6 stated that the nursing staff rotate heel stick sites, but you would only know which foot was stuck last based on which foot the Band-Aid was located on the patient. Staff Member #6 stated there would be no documentation in the medical record.</p> <p>A review of the facility's nursing skill document titled "Testing Blood Glucose in Newborns at the Bedside" (no effective date listed) states in part:</p> <p>"Documentation: Update patient's plan of care and medical record, as appropriate. Include: Date/time of blood glucose measurement ... Procedure description, including device used and puncture site location..."</p> <p>A review of the facility's policy titled "PH-37 Mobilab Positive Patient Identification for Specimen Collection" states in part:</p> <p>"Identify according to hospital policy using two identifiers..." Staff Member #22 advised they were unable to print this document.</p> <p>A review of the facility's policy titled "Blood Collection: Infants" (effective date 11/2020) which states in part:</p>	A 398	<p>Goal: 100% of all new hired staff will complete safe handling education.</p> <p>The CNO and CFO have ultimate responsibility for the completion of the corrective action.</p> <p><b>Monitoring:</b> To monitor ongoing compliance, HDH initiated, as part of this POC, a monitoring and auditing plan to ensure full compliance with the corrective action plan.</p> <p>A. Patient Rights 482.13(c)(3): The Neonatologists perform a daily review of the muscular-skeletal head-to-toe assessment in 100% of NICU patients looking for any suspected signs of abuse. If any suspected signs of abuse are identified, the neonatologist calls the CMO immediately to make him aware.</p> <p>Compliance is measured by the neonatologist calling the CMO 100% of the time if there are any suspected signs of abuse and the team reporting the suspected abuse to child protective services within 24 hours. <i>See Exhibit D (Audit sheet)</i></p> <p>Numerator: Number of calls the CMO receives reporting any suspected signs of abuse and abuse being reported within 24 hours</p> <p>Denominator: Total number of suspected abuse cases identified by the neonatologist</p>	9/5/23	



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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>490118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HENRICO DOCTORS' HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1602 SKIPWITH ROAD</b> <b>RICHMOND, VA 23229</b>		
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A 398	Continued From page 8 "Procedure: A. Venipuncture: ... 2. Procedure: ... c. Double check lab label with second nurse in NICU for correct patient and specimen..... r. Label specimen with date, time, initials ([two] 2 RN's for NICU) and place in biohazard bag..... t. Document procedure, site and pain scale in nurses notes.... B. Capillary Puncture: ... 2. Procedure..... b. Double check lab label with second nurse for correct patient and specimen .... k. Label specimen with date, time, initials and place in biohazard specimen bag ... m. Document procedure, site and pain scale in nurses note...."	A 398	<p>Goal: 100% of suspected abuse is reported to the CMO immediately upon discovery.</p> <p>The CMO has ultimate responsibility for the implementation of this corrective action</p> <p>B. Supervision of Contract Staff 482.23(b)(6):</p> <p>Compliance is measured by 100% of labs labeled correctly with collector's identification, date, and time.</p> <p>Numerator: Number of labs drawn in the NICU that are labeled correctly with collector's identification, date, and time.</p> <p>Denominator: Total number of labs drawn in the NICU.</p> <p>Goal: 100% compliance with 100% remediation of any outliers from the process for 3 months, with quarterly monitoring for subsequent 4 quarters.</p> <p>The CNO has the ultimate responsibility for the compliance of this corrective action.</p> <p>The team will audit a minimum of 10 medical records per week to ensure documentation of the procedure, draw site and pain level are documented. <i>See Exhibit E (chart audit sheet)</i></p> <p>Numerator: Number of medical records reviewed in which there is documentation of the procedure, draw site, and pain level.</p>	Audits began 4/1/24	

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			<p>Denominator: Total number of medical records reviewed</p> <p>Goal: 90% compliance with 100% remediation of any outliers from the process for 3 months, with quarterly monitoring for subsequent 4 quarters.</p> <p>The CNO has ultimate responsibility for compliance with this corrective action.</p>	