PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG		C	
	340002 B. WING			12/09/2023			
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE L		
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI. TAG	CROSS-REFERENCED TO THE APP	ROPRIATE DEFICIE	,	
A 000	INITIAL COMMENTS	6	А	Mission Hospital holds the safe staff, and visitors as its highes Immediately on receipt of surv senior leadership team met an	t priority. ey findings, the	e e	
		ation was conducted		review and root cause analysis	s (RCA) of eac	h of	
		through November 17, 2023;		the findings, formulating a plan		το	
		through December 1, 2023;		fully address all tags identified compliance, resulting in syster			
		23 through December 9,		identified within this report. Ba		ensive	
		hospital's compliance with		analysis including RCAs, revie			
		ions of Participation. The d in the identification of		records cited, policies, proced			
	•	(IJ) to patients' health and		currently in place, along with s			
		1, 2023, at 1200 as a result		comprehensive plan of correct			
	_	urred on 08/14/2023;		and reviewed by the Quality C Medical Executive Committee			
		022; 04/05/2022; 10/03/2023;		of Trustees (BOT).	(IVIEC), and be	Jaiu	
		17/2023. Specifically,		or riddices (BOT).			
		Patients' Rights, §482.23		A multidisciplinary leadership t	eam formulate	ed this	
	-	d §482.55 Emergency		Plan of Correction (POC) to fu			
		al nursing staff failed to		tags identified as out of compli			
	-	nment for the delivery of care		in the system changes docume			
		tment patients by failing to		Based on this intensive analys			
		rrival to the emergency		review of medical records, poli			
		in delays or failure to triage,		and practices currently in place interviews, a comprehensive p			
		ent orders. A provider in the		was formulated and reviewed		ווכ	
		nent failed to provide safe		Council, Patient Safety Comm			
	• .	luate a patient's critical		Executive Committee (MEC), a			
		ing alarms upon a family's		Trustees (BOT). This plan of c		ended	
	request.	ing diamic apon a family c		to demonstrate the facility's co	mmitment to		
	104000			compliance with applicable sta			
	1 Patient #43 a 39-	year-old who presented to		requirements. The following to			
		irtment (ED) by private		contributed to the review and i	mplementation	n of	
		23 at 1603 with complaints of		this corrective action plan:			
		clammy, lightheaded,		Chief Executive Officer (CEO)	Chief Operati	ina	
		several weeks, with a		Officer (COO), Chief Nursing (
		rinks 12 beers a day. Review		Medical Officer (CMO), Associ			
		was located in the waiting		Officer (ACMO), Associate Ch			
		observed by a physician to be		(ACNOs), Vice President Eme	rgency Depart		
		sician ordered intravenous		Emergency Department Medic	al Director,		
		protocol (Clinical Institute		Laboratory Medical Director, L	aboratory Dire	ctor,	
	` '	nent - assessment tool used		and Vice President of Quality.			
		al) at 1841, and Ativan					
	.c. aloonor witharaw	any art to try and rain					
AROPATORY I	NIDECTOR'S OR DROVINER/	SUPPLIER REPRESENTATIVE'S SIGNATURE	=	TITLE		(X6) DATE	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023
NAME OF P	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/00/2020
				509 BILTMORE AVE	
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
A 000	These orders were not Multivitamin was order was placed at 2226 for Aspirin was ordered a orders were impleme 2305 for Phenobarbit implemented. At 010 referenced the patient a head injury outside Findings revealed the nursing assessments orders, including med following the CIWA pusubsequently had a stresulting head injury. 2. Patient #28 present 07/05/2022, was critical diagnosed with bacted developed a low blood IV drip was started. For Levophed IV drip was patient's blood presset trauma PA was requerelated to alarms and the PA indicated the passigned patient. The Levophed bag was howere not monitored a subsequent cardiact and 10 of 10. The patie abdomen and pelvis of at 0755 (7 hours and as positive for a small	by) was ordered at 1947. In the implemented of the implemented of IV fluids and Lopressor. In the implemented of IV fluids and Lopressor. In the implemented of these of the implemented of IV fluids and Lopressor. In the implemented of the im	AO	Upon notification of Immediate Jeopardy from the NCDHHS, on Friday December the Mission Hospital team promptly begain implementing mitigation and process chaensure alignment with the Conditions of Participation (CoPs) identified under Nuservices, Emergency Services, and Pati Rights. An IJ abatement plan was submingresented to the state surveying agency (NCDHHS) on December 4, 2023 with a believed to be sufficient to address and the IJ situation identified; this plan of abawas further enhanced through the comprehensive plan of correction submit subsequently detailed below) February and will continue to be enhanced through clarification and ongoing dialogue and fefrom NCDHHS and CMS Office, Region 4. Immediate actions (began December and continue through current day) included the modern of the comprehensive plan of correction associated with A-tags A068, A Review of Arrival to Triage performance, audit, and process changes for EMS and Walk in pas further defined in the comprehensive of Arrival to EKG audit as further defined in the comprehan of correction associated with a sufficient of the comprehensive plan of correction associated with a sufficient in the comprehensive plan of correction associated with a sufficient of the comprehensive plan of correction associated with a sufficient of the comprehensive plan of correction associated with A-tags A068, A092, A385, A392, A1100, and A1101 Review of Medication Assessment au process, as further defined in the comprehensive plan of correction associated with A-tags A068, A385, A392, A392, A392, A393, A405, A1100, A392, A393, A405, A1100, A393, A393, A405, A1100, A393, A393, A405, A1100, A1101	an anges to rsing sent sitted and actions abate atement sted (and 5, 2024 seedback and 2023 seeds are also and actions abate atement sted (and 5, 2024 seedback and 2023 seeds are also actions, abate atement sted (and 5, 2024 seedback and 2023 seeds are also actions, and actions are actions are actions and actions are actions are actions are actions and actions are actions are actions and actions are actions are actions and actions are actions and actions are actions actions are actions are actions are actions actions are actions

- Review of Lab order to collect audit process, as further defined in the comprehensive plan of correction associated with A-tags A576 and A583
- Review of Education provided to Emergency Department (ED) staff and providers as appropriate and individually defined in each section of the comprehensive plan of correction
- Review of EMS Offload Focused Initiatives, as further defined in the comprehensive plan of correction associated with A-tags A068, A092, A392, A398, A1100, and A1101

Plans and actions to ensure sustained processes to ensure safe care of patients in the Emergency Department have been instituted by Mission Hospital. This detail, outlined in the following plan of correction, was further enhanced December 9, 2023 at the end of the onsite survey, December 19, 2023 during the exit conference with the NCDHHS team, and following transmittal of the 2567 document from CMS on February 1, 2024. These actions, outlined in the comprehensive plan of correction include:

- Development and implementation of an ED Front End Redesign to maximize efficiencies and throughput
- Addition of ED, inpatient, and support staff to provide additional inpatient capacity and support ED throughput
- Reviewed and updated ED ligature risk assessment and supporting education provided
- Additional education to ED staff and providers
- Additional education to inpatient staff and patient safety attendants
- Additional audit and supporting education around inpatient hygiene
- Additional audit and supporting education around patient safety attendant rounding
- Additional audit and supporting education around CIWA assessments
- Additional audit and supporting education around initial treatment for wound care orders
- Performance improvement project and supporting education around CT order to start delays
- Additional audit and supporting education around implementation of continuous telemetry monitoring in the

ORM CMS-2567 (02-99) Previous Versions Obsolete Event ID: EE0P11 Facility ID: 9433 TO If continuation sheet Page 3 of

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

Summary of policies/guidelines and any other documents reviewed or revised during POC development: Assessment/Reassessment, 1PC.ADM.0013 Pain Assessment and Management, 1PC.ADM.0002 Physiologic Monitoring – Cardiac Telemetry Monitoring, Continuous Pulse Oximetry Monitoring, Non-Invasive Blood Pressure Monitoring (NIBP), 1PC.NRS.0001 Triage - Emergency Department, 1PC.ED.0401 Triage Treatment Guidelines – TTGs, 1PC.ED.0402

 Turn Around Time, 2LAB.AD.0502.00
 Rounding Tasks and Collection Expectations, 2LAB.PHB.5050.00
 COA Form
 Patients at Risk for Suicide in Non-

 Patients at Risk for Suicide in Non-Behavioral Health Settings: Identification and Monitoring, 1PC.PSY.0102

 Emergency Department Ligature Risk Assessment

CIWA Withdrawal Plan 2/22

STATEMENT OF D		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG	` '	TE SURVEY MPLETED
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		340002	B. WING		1	2/09/2023
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
				509 BILTMORE AVE		
MEMORIAL N	MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE AC	TION SHOULD BE	COMPLETION
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE
				DEFICIEN	CY)	
FORM CMS-2567(02	-99) Previous Versions Obs	olete Event ID: EE0P11		Fadility ID: 943349	If continuation sheet	Page 4 of 384

A 000	Continued From page 2	A 000	
71 000	· -	A 000	
	results were completed at 0734 (7 hours and 6		
	minutes after ordered). The patient had pain		
	reported as 10 of 10, with nausea and vomiting		
	on arrival at 0025 and was medicated with		
	Dilaudid (narcotic pain medication) at 0739 (7		
	hours and 14 minutes after arrival). Orders were		
	written at 0028 for IV (intravenous) fluids and		
	Ondansetron (medication for nausea). The IV		
	fluids were started and medication for nausea		
	was administered at 0739 (7 hours and 11		
	minutes after originally ordered). Findings		
	revealed no lab work, nursing reassessment, or		
	physician orders for IV and medications were		
	implemented for Patient #27 while in the ED		
	waiting room (6 hours and 6 min). The patient		
	was diagnosed with a small bowel obstruction		
	and had surgery that day. The patient had a delay		
	with STAT lab work, STAT CT, nursing		
	reassessment and pain management.		
	4. Patient #29 arrived on 04/05/2022 at 1451 via		
	EMS and had atrial fibrillation (abnormal heart		
	rhythm) on arrival. The patient had a recent fall		
	with fracture prior to arrival. Pulse Oximetry was		
	94% on oxygen prior to arrival. At 1630 pulse		
	oximetry was 90% (1 hour and 39 minutes after		
	arrival) with no evidence of oxygen administration		
	at hospital. Dilaudid (narcotic pain medication)		
	0.5 milligrams (mg) IV was administered at 1630		
	and at 1816. No vital signs or oxygen assessment		
	on an elderly patient with a prior pulse oxygen of		
	90% after the administration of Dilaudid. The		
	patient was subsequently found unresponsive in a		
	hallway bed, in asystole at 1909 and expired.		
	Patient #29 had one set of vital signs completed		
	from 1451 until time of death at 1909 (5 hours		
	and 18 minutes). Nursing staff failed to reassess		
	the patient after narcotic administration. Nursing		
	staff failed to monitor and evaluate the patient for		
	The state of the s		
	<u> </u>		<u> </u>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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	340002	B. WING		12/09/2023
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			509 BILTMORE AVE	
			ASHEVILLE, NC 28801	

(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
A 000	Continued From page	. 3	A 000		
7.000	a change in condition		7 000		
	10/03/2023 at 1942 b days postpartum in a stroke-like symptoms left arm and left leg w Sulfate IV was started waited in the ED for a managed by EMS. No by a medical provider was not triaged or ass staff until 2227 (2 hou by EMS). There was a	o the ED as a transfer on y EMS. The patient was 10 hypertensive crisis with including left facial droop, eakness. Magnesium If en route. The patient bed and continued to be o documentation was noted until 2223 and Patient #6 sessed by hospital nursing rs 45 minutes after arrival a delay in accepting the triage, assessment, and staff.			
	at 2314 by EMS with triage, nursing assess completed in the ED. transported to the NS Intensive Care Unit) on nursing note was writt was only transporting unit and had not assut The first nursing vitals at 0110 in NSICU.	ICU (Neuroscience's on 11/01/2023 at 0105. A seen that stated the nurse the patient to the inpatient med care of the patient. So or assessment were done MS monitored Patient #1 in illed to accept, triage and			
	from home. The patie 1753 with chest pain a home. The provider o minutes after Patient were not collected by minutes after the lab	ught into the ED by EMS nt arrived on 10/17/2023 at and a Syncopal episode at rdered labs at 1841 (48 #2 arrived), and the labs nursing staff until 1920 (39 were ordered), after the 1900 (1 hour and 7 minutes			
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	LETED
		340002	B. WING		00/2023

NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
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A 000	Continued From page 4 after arrival). The patient was on a cardiac monitor and received vital signs by EMS until triage at 1900. No hospital EKG was obtained until 1905 (24 minutes after ordered and 1 hour and 12 minutes after arrival). The elevated D-Dimer did not result until 2006, the elevated Pro BNP did not result until 2023 and the elevated Troponin did not result until 2039. At 1953 a physician responded to the patient's bedside due to a cardiac arrest. CPR was started and the patient expired. Nursing staff failed to accept the patient upon arrival to the ED, resulting in delayed triage, care, and treatment. Facility leadership staff was notified on the Immediate Jeopardy (IJ) identification on December 1, 2023, at 1200. The IJ was determined to be ongoing. Specifically, pursuant to §482.13 Patients' Rights, §482.23 Nursing Services and §482.55 Emergency Services, the hospital nursing staff failed to ensure a safe environment for behavioral health patients subject to self-harm in the Emergency Department (ED) by failing to limit environmental risks in the Emergency Room Pods (cluster of rooms in a designated area) used to house Behavioral Health patients awaiting placement (Green Pod and Purple Pod) and failed to ensure ongoing evaluation, monitoring, and implementation of orders, including lab, telemetry, and medication orders without delays.	A 000			
	1. Patient #92 presented to the ED with chest pain on 11/09/2023 at 1149. The patient was not assessed by a nurse after triage was completed at 1155, or with a change in condition, or after pain medication was administered at 1703. The				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
					С
		340002	B. WING		12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMODIA	I MICCION LICCRITAL A	ND ACUEVILLE CURCERY CE		509 BILTMORE AVE	
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
A 000	Continued From page	÷5	A 00	00	
		ced on continuous telemetry			
		by a physician at 1218. The			
	•	ed to a medical floor and			
	-	at 2111 when he was found			
		on with rapid ventricular rate Findings of an EKG at 2110			
	• • •	, **ACUTE MI/STEMI (heart			
		ode Activation was initiated			
	for an evolving lateral				
	_	ency cardiac catheterization			
	at 2249. ED nursing	staff failed to provide			
	• •	of the patient's condition			
		s orders for application of			
	continuous telemetry.				
	2. Patient #83 presen	ted to the ED with dizziness			
		6. The patient had STAT lab			
		with continuous ECG			
		e drawn at 1358 (1 hour and			
		red). Labs arrived at the lab at 1532 (3 hours and 14			
		at 1532 (3 hours and 14 l). The blood glucose was			
		Insulin IV infusion was			
		nitiated at 1709 (1 hour and			
		red and 1 hour and 37			
	minutes after the gluc	cose resulted). Orders for			
		itoring placed at 1218, and			
	,	urs ordered at 1739 were			
		29 an IV infusion of D51/2			
		t was not completed until			
		minutes after ordered).			
		ed NOW at 0127 for nurse			
		200 a physician wrote there nd fluids so stopped the			
	insulin IV infusion. Th				
		At 0529 the original lactic			
		canceled and reordered as			
	•	ne floor. It was collected at			
		minutes after ordered at			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
A 043	0529) and resulted at minutes after original result of 7.48 critical was reordered at 110 hour and 36 minutes 11.96 critically high. A previously at 1158, th 1247, and ultimately 03. Observations on 1 the ED revealed the 05 patient rooms, eight of behavioral health patipatients had a sitter a patients had a sitter a patients had a corder of the Purple Pod, on twelve patient care rohoused patients. Each bells. There were two eleven patients. Facility leadership statidentification on Decelly was determined to GOVERNING BODY CFR(s): 482.12 There must be an effect legally responsible for the conduct of the functions specified in governing body This CONDITION is Based on policy revised.	and 1108 (9 hours and 41 by ordered at 0127) with a nigh. A second lactic acid 8 and resulted at 1256 (1 after ordered) with result of a rapid response was called be patient was intubated at expired on 11/30/2023. 1/13/2023 during the tour of Green Pod had twelve of which housed adolescent ents. Only three of the eight at the door. All of the dicall bell in the room. Tour the same day, revealed homs. Eleven of the rooms on patient had corded call to sitters available for the later of the sitters available for the be ongoing.	Α0	Subject of Deficiency – A 043 The hospital's governing body failed provide oversight and have systems place to ensure the protection and promotion of patient's rights to ensure safe environment for emergency department patients; failed to mainta organized and effective quality assessment and improvement prografailed to have an organized nursing service to meet patient care and safe needs and failed to meet the emergeneeds of patients.	in e a in an am;

Each individual Condition of Participation's cross-referenced tag in this section will be outlined in the appropriate tags section below.

Plan of Correction:

The governing body of Mission Hospital is dedicated to the oversight of this plan of correction and the continued improvement required to facilitate the needs of our patients and the community.

As such, the governing body is fully informed of the conditions of participation deficiencies cited herein and will continue with the oversight necessary to fully address these deficiencies. The governing body believes that the multidisciplinary leadership team used to formulate this plan of correction fully addressed all CMS tags identified as out of compliance and that there are system changes in place necessary to achieve continued compliance.

The plan of correction demonstrates the facilities commitment to compliance with all applicable conditions of participation requirements.

Action:

The Chair of the Medical Executive Committee (MEC) and the MEC were informed of the survey deficiencies during the regularly scheduled committee meeting. The Mission Hospital Board of Trustee's (BOT) were notified of survey deficiencies and findings via e-mail on 2/2/24.

2/2/24

Monitor for Compliance:

The governing body will provide oversight of the plan of correction implementation and sustained improvements.

All ongoing actions, monitoring activities and results will be reported monthly to the Quality Council and all other appropriate committees and the MEC/BOT (per individual schedules) beginning in February of 2024. If the team identifies significant variations in the POC the MEC/BOT will be informed as soon as possible and will review the appropriate course of action. This reporting structure will be maintained for at least 4 months and continue as indicated to maintain compliance.

Owner: Chief Executive Officer/COO

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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 043	Emergency Medical review, incident report environmental risk as unit inspection review hospital document reinterviews, the hospital document reinterviews, the hospit provide oversight and ensure the protection rights to ensure a said emergency department and implead have an organized in patient care and safet the emergency needs. The findings included 1. The hospital's lead medical provider was and ensuring the delipresenting to the emitted presenting to the emitted Nursing staff failed to department (ED) patiarrival, assess, monitereatment as ordered reviewed (#92, #83, #2, #12 and #26). Cross refer to §482.1 Tag A 0068. 2. The hospital's lead emergency care and according to policy a to accept patients up department, evaluate treatment to emergen	Services (EMS) trip report of review, observations, assessment review, pharmacy w, personnel file review, eview and staff and provider tal's governing body failed to d have systems in place to an and promotion of patient's fe environment for ent patients; failed to ed and effective quality provement program; failed to ursing service to meet ety needs and failed to meet as of patients.	A 0	43		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 043	including lab, telement 11 of 35 ED records #28, #27, #29, #6, #1 Cross refer to §482.1 Tag A 0092. 3. The hospital staff of environment for behat to self-harm in the EI environmental risks it pods (cluster of room to house Behavioral placement (Green Policy Cross refer to §482.1 Tag A 0144. 4. The hospital staff of trending of medical experience incidents for improve failing to investigate procorrective action for reviewed (#58, #27, #22.2 Improvement Activities oversight and responsible to investigate procorrective action for reviewed. (#58, #27, #27, #27, #27, #27, #27, #27, #27	colementation of orders, try and medication orders for reviewed (#92, #83, #43, 1, #2, #12 and #26). 2 Governing Body Standard: Gailed to ensure a safe avioral health patients subject to by failing to limit in the Emergency Room is in a designated area) used Health patients awaiting and Purple Pod). 3 Patient Rights' Standard: Gailed to ensure tracking and errors by failing to document iment opportunities and cotential causes and identify of 94 sampled patients #59, #50, #13, #50, #2). 21 Standard: QAPI Quality in the sampled patients in the sampl	AO	43		

A 043 Continued From page 9 Tag A 0309. 6. The hospital's emergency department staff failed to ensure adequate nursing staff was available to provide and monitor the delivery of assessments, care, and treatment in the emergency department for 4 of 35 sampled ED records reviewed (Patients #28, #43, #27, and #2). Cross refer to 482.23 Nursing Standard: Tag A 0392. 7. The hospital's nursing leadership staff failed to ensure policies were implemented to evaluate, monitor and provide treatment for patients presenting to the emergency department resulting in delays and lack of triage, nursing assessment, monitoring, and implementation of lab, telementry, medication and treatment orders for 11 of 35 ED records reviewed (#92, #83, #43, #28, #27, #29, #6, #1, #2, #12 and #26). Cross refer to \$482.23 Nursing Standard: Tag A 0398. 8. The hospital nursing staff failed to administer medications and biologicals according to provider orders and standards of practice by failing to administer medications as ordered and evaluate and monitor the effects of the medication for 6 of	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			X3) DATE SURVEY COMPLETED	
		340002	B. WING		12/0) 09/2023
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A 043	presenting to the hosy department (#83, #27 timely laboratory result had lab specimens see Hospital B (#11, #93 and Lab specimens see Hospital B (#12, #13 and Lab specimens see Hospital B (#13, #14) and Lab specimens see Hospital B (#14, #15, #15 and Lab specimens see Hospital B (#15, #15)	Tresults for 3 of 35 patients pital's emergency (1, #2), and failed to ensure lits for 3 of 3 patients that ent to Hospital A's lab from and #94). T Laboratory Services 3. Timent (ED) nursing staff gency care and services ling to policy and provider cept patient upon arrival to nitor and provide treatment ment patients to prevent triage, nursing assessment, of orders, including lab, tion orders for 11 of 35 ED (2, #83, #43, #28, #27, #29, 26). 5: Emergency Services - RESPONSIBILITY FOR	A 04	Subject of Deficiency A 068: The hospital's leadership failed to ensure medical provider was responsible for mo and ensuring the delivery of care to patie presenting to the emergency department Nursing staff failed to provide care to em department (ED) patients by failing to tria arrival, assess, monitor, and provide care treatment as ordered. Each individual Condition of Participation cross- referenced tag in this section will be outlined in the appropriate tags section be	nitoring ents i. ergency age upon e and n's	

CENTERS FOR MEDICARE & MEDICAID SE	RVICES		3 NO. 0938-0391
		Plan of Correction:	
		Immediate Actions Taken	
		Upon receipt of the recommendation of Immediate Jeopardy by the onsite surveyors	
		under the Conditions of Participation (COP) of Emergency Services, Patient Rights, and	T .
		Nursing Services on 12/1 the following action	s
		were taken to mitigate the findings:	
		Monitoring of patient condition beginning with RN triage, vital signs are obtained by providir qualified personnel for ongoing rounding.	
		Arrival to triage – implementation of t	me
		stamp process to capture accurate arrival times including rapid triage	
		process o 12/1/23 Education - Staff w	ere 10/1/20
		educated that patients arriv	ring
		to the ED need to be seen care promptly assumed wit	
		goal of 10 minutes upon arrival.	
		o 12/1/23 Timestamp	12/1/23
		implementation process -	
		Education for staff regardir process for accurately	g
		reflecting patient time of ar	rival
		to time of triage	
		o 12/1/2023 Triage line of >3	
		patients prompt escalation pathway for additional supp	oort
		o 12/2/2023 Timely and frequency	
		real-time structured	_
		communication involving E CNC/ED leadership oversign	
		to include safety, patient	Ji it
		throughput, pending	
		medications, reassessmen	ts,
		diagnostics, and all escalations via internal	
		communication tool.	
		 Arrival to EKG-10 min 	12/1/22
		o 12/1/2023 Staff education vattestation	with 12/1/23
		o 12/2/2023 Timely and frequency	ient
		real-time structured communication regarding	
		review and escalation of	
		outstanding EKG orders	
		involving ED CNC/ED	
		leadership oversight. • Post Medication Administration	
		Post Medication Administration Assessment Completed as indicated	
		o 12/2/2023 Staff education	with 12/2/23
		attestation	
FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: EE0P11	Facility ID: 943349 If continuation she	et Page 15 of 384

real-time structured communication regarding review and escalation of outstanding pain reassessment post medication administration involving ED CNC/ED leadership oversight. Order to lab draw-30 minutes of 12/2/2/2033 Timely and frequent real-time structured communication regarding review and escalation of outstanding order to lab collection involving ED CNC/ED leadership oversight. Provider response to emergent needs when escalated of 12/2/2032 Letter sent from CMO and Chief of Staff to all hospital-based providers who render care in the ED Timely and frequent structured real time communication involving ED CNC/ED leadership oversight to include safety, patient throughput, pending medications/resspessessments/sidignostics and escalations via internal communication tool. On 12/2/2/203 Stethoscope icon 12/2/2/2/3 Stethoscope icon 12/2/2/3 Stethoscope icon 12/2/2/2/3 Stethoscope icon 12/2/2/3 Stethoscope icon 12/2/2/2/3 Stethoscope icon 12/2/2/3 Stethoscope icon 12/2/2/2/3 Stethoscope icon 12/2/2	CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB NO. 0938-039
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RM CMS-2567(02-99) Previous Versions Obsolete Event ID: EE0P11 Facility ID: 943349 If continuation sheet Page 16 of 384		
	RM CMS-2567(02-99) Previous Versions Obsolete Event ID: EE0P11	Facility ID: 943349 If continuation sheet Page 16 of 384

		treatment locations to increase inpatient capacity and decrease ED holds. This resulted in halting the remodel of A3 West (38 beds) inpatient unit and the area was prepared for reopening. This allows for increased inpatient capacity, decreased number of emergency department holds, which reduced ED volume and allows ED staff to be free to care for ED patients. D2 (20 beds) was identified as an additional overflow treatment area. These areas are staffed with acute care inpatient nurses 12/13/2023 Trial EMS off-load process 12/14/2023 Tracking and trending of implementation of EKG orders 12/20/2023 ED CMU escalation pathway education and implementation 12/29/23 A3W unit (38 beds) opened to	12/12/23 12/14/23 12/20/23 12/29/23
		Monitoring of patient condition beginning with RN triage, vital signs are obtained by providing qualified personnel for ongoing rounding. • Timely and frequent structured real time communication involving ED CNC/ED Leadership oversight to include: safety, patient throughput, pending medications/reassessments/diagnostics and escalations via internal communication tool. • 1/5/2024 direction was given for closed loop communication within 60 minutes of escalated	1/5/24
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				barriers via internal	
			_	communication tool	
				D tracking board enhancements to	
				nclude vital signs, telemetry, pain	
			re	eassessment, and EKG icons	
				o 2/1/2024 EHR enhancement	2/1/24
				of visual cue at 30 minutes to	
				prompt staff to better capture	
				post-medication administration	
				assessments	
			• 1,	/20/2024 Meeting between Radiology,	
			Е	D, and Quality Leadership to review	1/20/24
				D current processes and	
			0	pportunities. Applicable actions taken	
			fr	om that meeting include:	
				 1/25/2024 Modification of HCG 	1/25/24
				order process to streamline	
				results	1/20/24
				o 1/30/2024 Structured	1/30/24
				communication to close loop	
				on identified opportunities for	
				improvement	
				o 1/30/2024 Standardized	1/30/24
				process to facilitate patient readiness for CT	
			. 1	/22/2024 Regional EMS Coordinator	1/22/24
				ired for coordination and	1,22,21
				ommunication with EMS	
				/26/2024 Process implemented to	
				valuate ED CMU tech staffing during	1/26/24
				eak hours	
				/30/2024 Escalation of pending CTs	1/30/24
				ia internal communication tool	
				eginning with RN triage, vital signs are	
				btained by providing qualified	
				ersonnel for ongoing rounding.	
				/30/2024 ED triage process/workflow	1/30/24
				nhancement launched with ED front	1/30/21
			е	nd re-design	
				 1/5/2024 Process in place to 	1/5/24
				evaluate need for additional	
				triage RN during peak hours	
				 1/5/2024 Developed triggers 	1/5/24
				for triage escalation and	
				posted at triage desk	
				o 1/5/2024 Assessment/Re-	1 /5 /0 4
				assessment policy review	1/5/24
				o 1/11/2024 Due diligence walk	1/11/24
				through with ER Operations	-, - 1, - 1
				and IT	
				o 1/11/2024 Front-end	1/11/01
				multidisciplinary team design	1/11/24
				session	
				 1/12/2024 Assessment/Re- 	1/12/24
				assessment policy approved	-,,
				by CNO and Nursing	
				by GNO and Nuising	
ORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: EE0P11	Facil	lity ID: 943349	If continuation sheet Pa	ao 19 of 294

<u> </u>	STOR MEDICANE A MEDICAND CERTICES			Operations Council	
			_	•	1/12/24
			0	1/12/2024 Staff participated in	1, 12, 2 .
				organization and set-up of	
				Critical Supply Room	
			0	1/12/2024 Walkthrough with	1/12/24
				BioMed for wall mounted	
				cardiac monitors	
			0	1/13/2024 Mock set-up of	1/13/24
				room 32	1/13/21
			0	1/15/2024 Addition of script	1/15/24
				printer in room 115	
			0	1/15/2024 IT refresh complete	1/15/24
			0	1/16/2024 MD, Lab	1/16/24
				operations, IT agreement to	1/16/24
				new lab order process to	
				expedite results for HCG	
			0	1/16/2024 Capital PO issued	
			0	= -	1/16/24
			_	for 4 portable cardiac monitors 1/16/2024 Added additional	1/16/24
			0		1/16/24
				monitor to Air Traffic Control	
				(ATC) desk to display and	
				allow total visibility of ER	
				patients with unassigned beds	
				in waiting room, EMS entrance	
				and pre-arrivals	
			0	1/17-29/2024 Reconfigured	1/29/24
				front-end area	1/2//24
			0	1/17/2024 Per staff request, 3	1/17/24
				additional vital sign machines	
				provided	
			0	1/17/2024 Front-end	1/17/21
				multidisciplinary team	1/17/24
				education and roles and	
				responsibilities review	
			0	1/18/2024 Front-end education	1/18/24
			0	of ER providers in January	
				provider meeting by ER	
				Medical Director	1/23/24
			0	1/23/2024 Standardization of	1/23/27
				supply carts	
			0	1/18/2024 Confirmed Team	1/18/24
				Health Leadership	
				participation during 1/30 go-	
				live	
			0	1/18/2024 Standardization and	1/18/24
				escalation of Pharmacy order	1, 10, 21
				verification under the MAR	
				education	
			0	1/18/2024 Worked with	1/18/24
				pharmacy to standardize	
				medication storage units	
			0	1/18/2024 Added medication	1/18/24
				refrigerator to the medication	1,10,24
				storage unit	
				Storage unit	
EODM CMS-256	7(02-99) Previous Versions Obsolete Event ID: EE0P11	For	cility ID: 943349	If continuation sheet Pa	40 - -

FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: EE0P11	Facility ID: 943349	If continuation sheet Pa	ge 20 of 384
		and targeted starmechanisms. The mail, HealthStraused by departmassistance of the Advancement (education of the Department hude	led to currently working eligible ff and providers using multiple nese mechanisms included eam, huddles, 1:1, and/or flyers lent leaders and with the e Center for Clinical ducation). Emergency dles occur at the start of each orking shift start times include	
		Education:		
		0	1/30/2024 Deployed 4 portable cardiac monitors	1/30/24
			in Internal Processing Area (IPA)	
			nursing documentation, and implement initial interventions	
			teams to perform MSE,	1/30/24
		0	1/30/2024 Created intake	1/30/24
			efficiency by stocking blood culture bottles in all areas	
		0	1/29/2024 Increased staff	1/29/24
			first clinical order)	
			(decreased time from arrival to	
			provider and CNC documentation efficiency	
			wheels (WOW) deployed for	
		0	1/26/2024 6 workstations on	1/26/24
			results for HCG	
		0	laboratory process to expedite	1/26/24
		_	installed in provider area 1/26/2024 Streamlined	
		0	1/26/2024 Greet tracker	1/26/24
			print discharge instructions	
			efficiency for the providers to	
		0	1/25/2024 Launch discharge print button to support greater	1/25/24
			move forward	
			Go meeting with decision to	
		0	multidisciplinary team Go/No	1/24/24
			on front-end process re-design 1/24/2024 Front-end	
			providers received education	
		0	1/23/2024 Confirmed 100% of	1/23/24
			timeliness of results	
			laboratory process for COVID, Flu, and RSV to improve	
		0	1/22/2024 Streamlined	1/22/24
			standardized process	
			for discharge paperwork and	1/1//24
		0	1/19/2024 Designated location	1/19/24
			defined roles/responsibilities and standard work flow	
		0	1/18/2024 Educate staff on	1/18/24
CENTERS FOR MEDICARE & MEDICARD SER	CVIOLO_		OND NO	. 0936-0391

DEPARTMENT OF HEALTH AND HUMAN SERVIC			PPROVED
CENTERS FOR MEDICARE & MEDICAID SERVI	UES	OMB NO. (J938-0391
		(7am, 9am, 11am, 1pm, 3pm, and 7pm). Shift huddle tactic used to educate 100% of working staff. Staff who have not completed required	
		education, on paid time off (PTO), and leave of absence will complete education prior to and/or	
		during first returned shift. Education has been	
		incorporated into new hire and contract staff	
		education. Education in the huddle format is used to capture 1:1 dialogue and understanding	
		to include opportunities for teach back and questions.	
		12/2/2023 Education for ED nursing	12/2/23
		staff regarding process for accurately capturing patient arrival time for both walk in and EMS arrivals	
		12/2/2023 Education provided to ED CNCs/ED Leadership regarding timely assalations and departmental eversight.	12/2/23
		escalations and departmental oversight • 12/2/2023 ED nursing staff education	12/2/23
		regarding timely triage for both walk in and EMS patient arrivals	
		 12/2/2023 ED nursing staff educated regarding EKG completion timely per policy/protocol 	12/2/23
		 12/14/2023 ED nursing staff education with attestation post-opiate medication 	12/14/23
		 administration assessment 12/21/2023 ED nursing staff education regarding telemetry order initiation 	12/21/23
		 12/21/2023 ED nursing staff education regarding telemetry initiation escalation 	12/21/23
		 process 12/21/2023 Education/resource binder created for ED Central Monitoring Unit (CMU) staff 	12/21/23
		12/21/2023 ED nursing and ED CMU staff educated regarding CMU escalation pathway	12/21/23
		1/15/2024 ED nursing staff focused education on pain assessment/re-	1/15/24
		assessment, EKG Order to complete, lab order to collect, Arrival to Triage for EMS and Front Entrance Patients	
		(Triage), escalation process, and telemetry cardiac monitoring through	
		1:1 conversations with nursing staff completed by education team	
		1/18/2024 All ED staff education (all staff) for front-end redesign, order to	1/18/24
		collect, arrival to triage, arrival to greet, greet to first order	
		 1/18/2024 Provider education for front- end redesign 	1/18/24
		2/2/2024 ED nursing staff Clinical Institute Withdrawal Assessment	2/2/24
		(CIWA) remedial education provided via shift huddles.	
FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: EE0P11	Facility ID: 943349 If continuation sheet Page	21 of 384

 2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on regarding ligature risk definition and documentation

2/6/24

Monitoring for Compliance/Audit Details:

Monitoring and tracking procedures were implemented to ensure that the POC is effective and that the specific deficiency cited remain corrected and in compliance with the regulatory requirements.

Daily monitoring of performance for the following:

- Arrival to Triage Times for walk-in and EMS
- Arrival to EKG order-tocomplete per policy/protocol
- Pain Medication assessment/ reassessment per policy/protocol
- CIWA assessments per policy/protocol
- Realtime escalation of patient safety concerns
- CT order to exam

Sustained Compliance Audits to Ensure POC is Effective:

Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)

- The goal of our audit is to reach a minimum of 90% compliance with 100% remediation of outliers/deviation from process.
 There will be review and remediation specific to outliers for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant arrival-to triage times per policy/protocol
- Denominator = 70 observation per month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring and tracking of EKG order-tocompletion per policy/protocol

 Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.

- Numerator = # of compliant EKG orderto-completion per policy/protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant ECG monitoring and timely initiation of monitoring per policy/ protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of pain medication assessment/reassessment per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant pain medication assessment/reassessment per policy/protocol audits
 Denominator = 70 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of CIWA assessments per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant CIWA assessments per policy/protocol audits Denominator = 30 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team

- Facilitation of early event identification for timely investigation/action as appropriate
- Monitor for trends

DEPARTMENT OF HEALTH AND HUMAN SERVICES	FORMAPPROVE
CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB NO. 0938-039
	Ensures routing of events to
	appropriate parties for review
	Results reported through Quality
	Council, Medical Executive Committee
	(MEC), and Board of Trustees (BOT)
	(,, =
	Process improvement initiative – Tracking ED
	CT order-to-exam average time and trending
	outliers
	Escalation of pending CTs via internal
	communication tool. Outliers are
	reviewed by interdisciplinary team
	 Results reported through Quality
	Council, Medical Executive Committee
	(MEC), and Board of Trustees (BOT)
	Owner: Chief Nursing Officer/ Chief Medical
	Officer/ACNO/VP Emergency Services
	Omodi/Norto/ vi Emorgency dervices

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/01/2024

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & I				PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		NG	COMPLETED
				С
	340002	B. WING		12/09/2023
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	
			509 BILTMORE AVE	
MEMORIAL MISSION HOSPITAL A	IND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	

(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
A 068	section, with respect	et, as that scope is e medical staff; State law; and er paragraph (c)(1)(v) of this to chiropractors.	A 068		
	Based on policy reviee Emergency Medical Streview, incident report provider interviews, the failed to ensure a medical responsible for monitor delivery of care to pattern emergency department provide care to emergency departments by failing to the monitor, and provide ordered for 11 of 35 E	not met as evidenced by: w, medical record review, Services (EMS) trip report treview, and staff and ne hospital's leadership dical provider was bring and ensuring the nients presenting to the nt. Nursing staff failed to gency department (ED) riage upon arrival, assess, care and treatment as ED records reviewed (#92, 29, #6, #1, #2, #12 and			
	(CEO), Board of Trus Medical Officer (CMOThe hospital-wide F Plan is designed to in and patient safety, ult patients ACCOUN individual and/or com setting expectations, implementing procede quality, and measure within the organizatio CommitteeMedical	Improvement Plan bital Chief Executive Officer tees Chair and Chief b) on 04/24/2023 revealed, " Performance Improvement reprove quality performance imately reducing the risk to ITABILITY The following mittees are accountable for developing plans, and ures to assess, improve performance improvement n Medical Executive			
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	SURVEY LETED
		340002	B. WING		09/2023

IAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	
(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 DEFICIENCY)	(X5) COMPLETIO DATE
A 068	Continued From page 12 responsible to participate in the Performance Improvement Plan to the degree necessary and appropriate to achieve the purpose of the plan. Medical Staff members will be appointed to various Medical Staff Committees. These committees shall be responsible for implementing and maintaining an effective system to monitor and evaluate the quality and appropriateness of care The medical staff department chairs will participate in the Campus Executive Committee or Medical Executive Committee, as applicable. Participation will include monitoring metrics, developing criteria, evaluating results, ensuring resolution, and reporting findings to the appropriate medical staff department" Review on 12/06/2023 of the hospital policy "Triage - Emergency Department 1PC.ED.0401" revised 07/2023 revealed, "DEFINITIONS: A. Triage Assessment: The dynamic process of sorting, prioritizing, and assessing the patient and is performed by a qualified RN (Registered Nurse) at the time of presentation and before registration. This is a focused assessment based on the patient's chief complaint and consists of information, which is obtained that would enable the Triage RN to determine minimal acuity. A rapid or comprehensive triage assessment is completed, with a goal of 10 minutes, on arrival to the emergency department. 1. A rapid triage assessment is composed of airway, breathing, circulation and disability, general appearance, eliciting symptom driven presenting complaint(s), and any pertinent objective and subjective data/assessment from the patient or parent or caregiver. 2. A comprehensive assessment, performed on each patient that presents to the emergency department, is a focused physical	A 068		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING _		12	2/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORE		(X5)	
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A 068	Continued From page		A 0	68			
		rent complaint, current					
		re to infectious disease, and					
		al/surgical historyB.					
	-	The Emergency Severity					
		evel emergency department					
		that provides clinically					
		of patients into five groups					
		to 5 (least urgent) on the					
	basis of acuity and re						
	Reassessment - A pr	•					
	-	atient's condition and					
		d during the initiation of					
		ment components may					
		the following: vital signs, a					
		essment, pain assessment,					
	general appearance,						
		atments. Reassessment					
		eening exam are performed					
		Nurses) according to acuity					
		condition. D. Vital Signs -					
		nel determine the stability of					
		those that are that are					
		reatening situations or who					
	_	ories. Usually refers to					
		ate, respiratory rate, and					
		include pulse oximetry for					
	patients presenting w	• •					
		omise, and pain scale for					
		ain as a component to their					
		PROCEDURE: B. All					
		or care will be evaluated by					
	an RN. This RN shou	•					
	-	ent, including immediate					
		ent's airway, breathing, or					
		re is no bed available, the					
		ait in the lobby. While in the					
	•	ssment and vital signs					
		ed in the health record in					
	accordance with docu	umentation guidelines"					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING		12	/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)	
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A 068	Continued From page	e 14	A 06	68			
	Reassessment" polic " PURPOSE: A. The assessment/reassess patient the best care. The nursing process this goal. This process analyzing, planning, in patient care or treatm Assessment: The mu process for each patient care, and in respo patient's condition include systematic co patient-specific data in patient care and treat Reassessment: The in ongoing and is also p significant change in diagnosis and in resp VI: EMERGENCY DE should be triaged folke the system Triage Po including documentar within the electronic r signs, Glasgow Coma priority of data is deter	sment is to provide the and treatment possible is utilized in order to achieve as includes assessing, implementing, and evaluating tent DEFINITIONS: A. ultidisciplinary assessment ent begins at the point ers a (facility name) facility tense to changes in the The assessment will ollection and review of necessary to determine tenent needs. B. treassessment process is the patient's condition or tense to care SECTION EPARTMENT: A. Patients owing guidelines set forth in olicy (1PC.ED.0401), tion of required elements medical record (e.g. Vital a Scale (GCS)). B. The termined by the patient's On arrival to unit, an initial					
	Patient assessment s on the developmenta physiological, and ag individual. D. Focuse	ions implemented. C. should be performed based I, psychosocial, e-specific needs of the ed patient history and are based on patient's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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		340002	B. WING_			12/09/20	23
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ļ	STREET ADDRESS, CITY, STA 509 BILTMORE AVE ASHEVILLE, NC 28801	ATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	((EACH CORREC CROSS-REFEREN	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 068	indicators of vulnerab Reassessment is ong by key decision points the needs of the patie assessment/reassess frequency are based change in condition, whistory, not to exceed may warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and sharp and the eme warrant more free. 1. Closed medical recondition and sharp and the eme warrant more free. 1. Closed medical recondition and sharp and the eme warrant more free. 1. Closed medical recondition and sharp and the eme warrant more free. 1. Closed medical recondition and sharp and the eme warrant more free. 1. Closed medical recondition and sharp warrant more free. 1. Closed medical recondition and sharp warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medical recondition and the eme warrant more free. 1. Closed medi	sility. E. Reassessment: 1. Joing and may be triggered and at intervals based on ents. Additional sment elements and upon patient condition or diagnosis, and/or patient four hours. Interventions equent assessments" Ford review on 12/09/2023 of a 69 year-old male that regency department on a private vehicle with a chief in. The patient was triaged omplaint of "Woken from desternal chest pain, and pressure. No SOB arm/jaw/back pain, or g). H/o (history of) colon CA netastasis) to the lung, erapy" Review revealed essure (BP) 125/60, pulse T) 97.4 degrees Fahrenheit, 2 Sat) 97% and a pain level 1-10 with 10 the worst). age level of 2 (level 1 most aled a Medical Screening resician was started in the 1209. Review of the orded the patient's chest g and waning, coming in out five minutes at a time. an to conduct an ED chest g a chest x-ray, EKG and themistry, lipase and	AC	068			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	340002		B. WING_	B. WING		C 12/09/2023	
	ROVIDER OR SUPPLIER	AND A QUESTILLE QUID CERV OF		STREET ADDRESS, CITY, STATE, ZIP COI 509 BILTMORE AVE	DE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG				(X5) COMPLETION DATE
A 068	(acute coronary synd for PE (pulmonary en tachycardia, hypoten (deep vein thrombosi revealed the ED physadmission for further risk factors. Review revealed labs were of 1320 and resulted at troponin result of 0.00 revealed a physician's continuous ECG (teles Review of the ED received that continuous ECG the ED. A chest x-ray resulted at 1246 with was completed at 122 rhythm with prematur with no changes whe EKG done in 2022 petroponin resulted at 15 baby aspirin was admit 1334. A second troporesulted at 1704 as 0 second EKG completed thythm with prematur Otherwise normal ECECG of 09-Nov-2023 in ST segment in infe	culoskeletal chest pain, ACS frome), with lower suspicion abolus) given no sion, or evidence of DVT as) on exam. Review sician recommended chest pain workup based on of physician's orders rdered at 1218, collected at 1332. Review revealed a	AC	DEFICIENCY)			
	eCG was confirmed by at 1821. Review reverse 1659 for nitroglycering sublingual every five needed (prn) chest proportion no nursing assessment documented after the	oy a physician on 11/09/2023 ealed a physician's order at e 0.4 milligrams (mg) minutes times three as ain. Record review revealed ent/reassessment					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDING			С	
		340002	B. WING			12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	12/	03/2023
					09 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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A 068	Continued From page	e 17	А	068			
	Morphine (narcotic pa	ain medication) 2 milligrams					
	intravenously (IV) at	1703 by a medic for a pain					
		no reassessment of the					
	patient's pain and no						
		a nurse. The patient was					
		ng room to a bed in the					
	•	on holding area of the ED) at					
		0.4 milligrams sublingual a nurse times one for a pain					
	level of 10 at 2013. F	-					
		patient's response to the					
	medication intervention	•					
	assessment of the pa	<u> </u>					
		tient was transported from					
	the ED to a medical s	surgical floor on 11/09/2023					
		was placed on continuous					
	-	en he was noted to be in					
		Rapid Ventricular Rate					
		nm). Review of the ECG					
		corded an "ST elevation					
	consider lateral injury	myocardial infarction or					
	heart attack) ** **".	•					
		ult History and Physical					
	documented on 11/10						
		the patient " went into					
		ation with Rapid Ventricular					
	Rate) at 2110 hrs this	s evening with ECG					
	demonstrating evolving	ng high lateral STEMI (I,					
	•	pronounced on follow-up					
	ECG at 2210 hrs pror						
	•	nt cardiac catheterization.					
		narge Summary dated					
		evealed the patient was					
		11/13/2023 with a diagnosis					
	•	on myocardial infarction),					
	Fibrillation with RVR.	ase, Hypertension, and Atrial					
	i ioimauon with ixvix.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
A 068	revealed Patient #92 triage and should have hours at a minimum, two and with any charcondition. Interview developed chest pair and no nursing assess were documented in revealed continuous the patient at 1218 at on the patient in the let telemetry was placed the patient transferred. Patient #92 presented on 11/09/2023 at 11/2 assessed by a nurse at 1155, or with a charpain medication was patient was never plain the ED as ordered patient was transferred placed on telemetry at to be in atrial fibrillating prompting a STEMI of underwent an emerging at 2249. ED nursing environment for the companion of the patient's condition orders for application. 2. Review on 11/17/2 Turn Around Time, la revealed "PURPOS efficient testing services."	was identified as a level 2 we been assessed every four every two hours for a level inge in the patient's revealed the patient and required interventions essments or reassessments the ED record. Interview telemetry was ordered for and telemetry was not placed ED. Interview revealed the don the patient at 2111 once do to the medical floor. In the patient was not after triage was completed ange in condition, or after administered at 1703. The aced on continuous telemetry by a physician at 1218. The ed to a medical floor and at 2111 when he was found on with rapid ventricular rate, Code Activation. The patient ency cardiac catheterization staff failed to ensure a safe delivery of care to Patient ide ongoing assessment of and follow physician's of continuous telemetry. 2023 of the hospital policy ast revised 11/17/2021 EE: To provide timely and ces for routine, critical and DEFINITIONS: Turn Around	AO	68			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	340002		B. WING_	B. WING		C 12/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 068	Pre-analytical Phase order entry by the car in the Laboratory. Ma controlled by the Lab the period between s Laboratory and result LaboratorySTAT: a life-threatening reque possible. Synonymoutests will be performe specimen quality and requests will be manaristication. First-out (FIF facilitate rapid and eff specimens through the also prioritized based meet defined turn-ard STAT requests:ST specimens and shoul receipt until result rephandling or testing. In for most tests is 45-50 receipt Response the available within (1 receipt TAT Summ from ORDER Receipt from SPECIMEN recorded Patient #83 patient who arrived at (ED) via emergency reco	eporting. Categorized as: Ithe period between test egiver and specimen receipt y be influenced, but not oratory. Analytical Phase: pecimen receipt in the Ireporting. Controlled by the In emergent, potentially Ist. NOW: as soon as Is with ASAP. POLICY: All Id without delay to maximize integrity. STAT, NOW Ister and as priority situations. O) processes are utilized to ficient movement of Interest are I on the following criteria to I ound times:Response to ATS take priority over other I do be managed from time of I orting with no interruption in I general, the maximum TAT I ominutes from order I on NOW/ASAP requests: I process the specimen, I rerify results. Results should I) one hour from specimen I ary (Inpatient): STAT, Time I data-50 minutes. NOW, Time I desired as a 74-year-old female I the emergency department I medical services (EMS) on I with a chief complaint of I cotor's office. Patient #83 ID #1 on arrival and at 1218	AC	068			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	340002 B. WING			C 12/09/2023			
	ROVIDER OR SUPPLIER L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRE GULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERE		PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 068	potentially life-threated continuous ECG monwas placed in Red Popatients) Hallway Bed vital signs was record temperature 98.7, her blood pressure 225/8 93 percent on room a completed a nursing Patient #83 was giver index (ESI) [level 1 as the least urgent] of 3-history revealed the State 1358 by RN #3 (1 hou order was placed), the laboratory at 1412 hours and 14 minutes placed) with a serum (high normal range 12 Physician's Order on Nurse Practitioner (N for an Insulin (IV med glucose) IV infusion to after the glucose had drip was initiated for F1739, the Hospitalist telemetry monitoring Patient #83, with vital the ED. At 1908 ED N Glycosylated Hemogl collected at 2128 (2 h Patient #83 was move Holding-Orange Podinpatient bed. At 2329 an IV infusion of D51/Normal Saline, and Potential State 1 here was placed in patient and Potential Saline, and P	lese] was included in led as STAT (an emergent, ning request) with itoring. At 1259 Patient #83 and (for the most acute 14-17. At 1309 the first set of led by RN #2 as lart rate 84, respirations 19, 8, and oxygen saturation of lir. At 1316 RN #3 lariage assessment and lin an emergency severity is the most urgent and 5 as largent. Review of the CMP STAT lab was collected at lar and 40 minutes after the led blood specimen arrived at 12, and resulted at 1532 (3 after the STAT order was glucose resulted of 1137 (20). Review of the 11/28/2023 at 1626 by ED P) #5 revealed a new order lication to reduce serum to be started (54 minutes resulted). At 1709 an Insulin Patient #83 by the RN #3. At line Philosophy in the RN #3 are resulted at 2 and 144 ordered a lobin NOW that was lours after ordered). At 2109 and to the ED	AC	068			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
	340002		B. WING	P WING		С	
NAME OF B	20/4858 08 0488458	340002	B. WING_	070557 1000500 0171 07175 710 0005	1:	2/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
				ASHEVILLE, NC 28801			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)	
PREFIX	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SECTION SECTIO		COMPLETION DATE	
TAG	REGULATORTORI	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	PROPRIATE		
A 068	Continued From page	e 21	A 0	68			
	Acid (carries oxygen	from your blood to other					
		vel to be drawn "NOW" for					
		tient #83. At 0153 MD #9					
	•	he insulin IV. An addendum					
	was made to the Hist						
		by MD #9 which revealed					
		ent has been on insulin drip					
	-	ntinuous fluid administration					
		it is currently 2 am, Nursing					
		contacted requesting these,					
		er know there was difficulty					
	_	as well as delay in obtaining					
		om pharmacy. Given we					
		no fluids, for the safety of the nsulin drip at this time, until					
		ensure appropriateness of					
		" 0157 RN #10 documented					
		KCL as started (2 hours and					
		ered). At 0200 Patient #83's					
		nded by RN #10. At 0256					
	-	IV was reordered and was					
		after it was stopped). On					
	· ·	Patient #83 was transported					
		Review of the ED record					
	•	that continuous telemetry					
	monitoring or vital sig	ns every 2 hours were					
	initiated in the ED by	a nurse, further the NOW					
	Lactic Acid "nurse co	llect" order at 0127 was					
	never drawn while the	e patient was in the ED. On					
		0529, RN #11 cancelled the					
	0127 NOW Lactic Act	id order "nurse collect" from					
		the NOW Lactic Acid order					
		cosylated Hemoglobin NOW					
		28/2023 at 1908 resulted on					
		12 hours and 35 minutes					
	•	sult of 12.3 (normal high					
	,	ne Lactic Acid was drawn (3					
		s after it was ordered), was					
	in the lab for processi	ing at 0907, and resulted at					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COMPLETION
A 068	"7.48" (high normal for computer system authoritional Lactic Acid collected at 1119 and processed at 1148. A a blood pressure of 1 36. At 1158 Rapid Repatient #83. At 1206 At 1213 blood pressure 1225 a Levophed (metablood pressure) IV introduced interosseous to increa 1245 the blood pressure 1245 the blood pressure 1247 the blood pressure 1247 Patient #83 was ventilation), at 1250 Fto the medical intensi second Lactic Acid results "11.96". After discussion Hospitalist MD #16 che Resuscitation status in	minutes after ordered) as or lactic acid was 2.1). The comatically reordered an order by default and was 1 was in the lab to be to 1146 RN #12 documented 41/67 with respirations of esponse was called for blood pressure was 65/40. The was recorded at 68/40. At edication used to increase fusion was initiated via tase her blood pressure. At the was 126/84 at 98 the patient was agged at the bedside. At a intubated (mechanical patient #83 was transferred to ve care unit. At 1256 the isulted as critically high	A 06	, , , , , , , , , , , , , , , , , , ,	
	#83 expired on 11/30 Review on 12/06/202 Analysis (Incident Re on 12/01/2023 at 191 was a "Delay in Care' timely response to Or description "A NOW I placed at 0529. Lab win lab at 0907. Critica reported at 1108. MD (within the hour), the to be intubated at bec (intensive care unit).	/2023 at 1337. 3 of a Patient Safety port) completed by RN #12 7 revealed this Care Event ' and the issue was "Lack of der", for Patient #83. A A (lactic acid) order was vasn't drawn until 0844, and I results of lactic acid 7.48 at 1114Shortly after this patient took a turn and had			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
A 068	Continued From page	÷ 23	A 06	68	
		was still in process. Review Patient #83 had a delay in			
	Request to interview unavailable for intervi	MD #9 revealed she was lew.			
	Request to interview unavailable for intervi	MD #16 revealed he was iew.			
	RN #10 who cared fo Pod (location in the E revealed "I work on pulled to the ED that don't recall this patier the labs, I would call to get the labs if I cou she could not remem	on 12/07/2023 at 1632 with r Patient #83 in the Orange D for pending admissions) an inpatient unit and was day. It's a revolving door, I of in particular. If I can't get a phlebotomist after 3 tries Idn't" Interview revealed ber why the NOW lactic acid and Interview revealed Patient #83 were not			
	revealed she did rem worked night shift. " this patient from the E medical record numb charge nurse gets an coming and will print piece it together and reordered the lab worpending. My concern getting in contact with morning they were not device. I called the geone answered. I then supervisor, and he to	is we have had trouble in the phlebotomist. That of logged into to their imobile eneral lab number, and no			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
A 068	hour" Interview reverse a phlebotomist during before. Interview reverse multiple times to read draw NOW blood ord someone. Interview row Patient #83. Interview on 12/08/20 Phlebotomist Superve phlebotomists do not help if called. All labs "nurse collect". The eand NOW orders to be 15 minutes and to be order" Interview reverse and NOW orders for hospital policy for lab Interview on 12/08/20 revealed her expectate her to have continuous igns every 2 hours verevealed physician or Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83 to 11/28/2023 revealed extremely busy day an ultrasound to start hallway beds is they list she had a monitor ar strongly advocated for bed with the CNC (cliit didn't happen. She	I was only with her over an ealed not being able to reach gright shift had happened ealed RN #11 had called the the lab phlebotomist to ers without reaching evealed lab Turn Around ders was not followed for 123 at 1309 with Laboratory isor #17 revealed "the collect in the ED; we will ordered in the ED default to expectation was for STAT efform order to collection in resulted in an hour from ealed lab collection for STAT Patient #83 did not follow	A 06	58	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
A 068	monitor; I spent the a MD. The doctors don CNC where patients all day,I was extrer revealed Patient #83 continuous ECG mor monitored every 2 ho physician orders were #83. Interview on 12/08/20 of ED Services, VPEI not explain the lack o vital signs for Patient Interview revealed the the ED Charge Nurse continuously monitor one was not available the ED Provider and for monitoring lab res record in the ED. Interpolicy was not followed Interview on 12/09/20 #18 revealed "I do I day. The lactic acid was to see at 1016 but was 1108. I don't know whe expectation was to call available. The expect processing was to followed in the see at 1016 but was 1108. I don't know where expectation was to call available. The expect processing was to fol and for STAT and NO within an hour" Integrated the second processing did not patient #83. Patient #83 was presented.	the bed. She wasn't on a fternoon telling the CNC and thave any say, it's up to the are roomed. I sat behind her mely frustrated" Interview was not placed on altoring, nor were vital signs urs. Interview revealed and followed for Patient 223 at 1230 with Nursing VP D #20 revealed she could felemetry monitoring or #83 while in the ED. A ED nurse should elevate to a patient in a hallway bed if a patient in a hallway bed	A 06		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		X3) DATE SURVEY COMPLETED
		340002	B. WING_			C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI	<u>_</u>	12/03/2023
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 068	Continued From pag	e 26	A 0	68		
	STAT lab work order	ed at 1218 with continuous				
		os were drawn at 1358 (1				
	•	after ordered). Labs arrived				
		d resulted at 1532 (3 hours				
		ordered). The blood				
		ritically high). Insulin IV				
	•	at 1626 and initiated at 1709				
		tes after ordered and 1 hour				
	and 37 minutes after	the glucose resulted).				
	Orders for continuou	s ECG monitoring placed at				
	1218, and vital signs	every 2 hours were never				
	initiated in the ED. A	t 2349 an IV infusion of				
	D51/2 KCL was orde	ered that was not completed				
	until 0157 (2 hours. a	and 8 minutes after ordered).				
	Lactic acid was orde	red NOW at 0127 for nurse				
		0200 a physician wrote there				
	was a delay in labs a	and fluids so stopped the				
		he lactic acid was not				
		At 0529 the original lactic				
		s cancelled and reordered as				
		he floor. It was collected at				
		5 minutes after ordered at				
	The state of the s	t 1108 (9 hours and 41				
	_	lly ordered at 0127) with a				
		high. A second lactic acid				
		08 and resulted at 1256 (1 hr.				
		ordered) with a result of				
		A rapid response was called				
	•	he patient was intubated at				
	1247, and uitimately	expired on 11/30/2023.				
	3. Review of the CIV	/A (Clinical Institute				
		nent for Alcohol) /Alcohol				
		ective date 07/20/2022				
		ng PhaseNow ONCE,				
		d with goal CIWA < (less				
		A/Alcohol Withdrawal Plan				
		on included 10 questions,				
		ore between 0 and 7 points				
	7.00.00.00	o. o a stricon o ana r pointo				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	` '	DATE SURVEY COMPLETED	
			5 14/11/0			С
		340002	B. WING _			12/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMODIA	I MICCION HOCDITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
IVIEIVIORIA	L MISSION HOSPITAL A	IND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COF	RECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETION DATE
A 068	Continued From page		A 0	68		
		ion 10, can score 0 to 4				
		severity of symptoms for				
	-	range 0-68. Questions with				
		sea/Vomiting? 2. Paroxysmal				
		Headache, fullness in				
	head? 5. Anxiety? 6.					
		tile disturbances? 9. Auditory				
		entation and clouding of				
	sensorium -Ask what					
	_	unication If CIWA > 15 for				
		rs, contact provider to initiate hase and/or to consider				
	transfer to higher leve					
	transier to higher leve	or or care				
	Closed medical recor	rd review on 11/16/2023				
	revealed Patient #43					
		ergency department (ED) by				
	private vehicle on 08/					
	complaints of "ches	st pain, nausea, clammy,				
	lightheaded, and righ	t-side tingling for several				
	week. Drinks 12 beer	s a day" At 1603 triage by				
		N) #21 with vital signs:				
		art rate 97, respirations 18,				
	-	9, oxygen saturation of 96				
		and pain of 4/10 (1 being				
	-	ing most pain) and was				
		ncy severity index [ESI] (level				
	_	and 5 as the least urgent) of				
		en moved to the ED waiting				
		ocessing Area) area and				
	•	ractitioner (NP) #22. At 1650				
		chest Xray were completed, assigned to ED Medical				
		view of the ER Physician				
	Note from 08/14/2023					
		ab, ekg and chest Xray				
		23 did not show any critical				
		#23 ordered a GI cocktail				
	(oral combination of r					
	(טומו נטוווטווומנוטוו טו ו	nedications given to				

NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE SOB BILTMORE AVE ASHEVILLE, NO. 28801 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUISION). TAG CIVIN ASHEVILLE, NO. 28801 A 068 Continued From page 28 (EACH OFFICIENCY OF ASHEVILLE SURGERY OF DEFICIENCY). TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) A 068 Continued From page 28 (EACH OFFICIENCY). And addendum to MD #23's ER Report Note revealed " On reassessment patient and his morn who is now accompanying him are updated on his results. He is still in the waiting room unforturately. I have ordered IV (intravenous) fluids, CIVIN A protocol and 1mg of Ativan (a sedative given for anxiety and seizures) as he is slightly tremulous (shaking) and diaphoretic (sweating) my reassessment [sic). Hospitalist has been consulted for admission" At 1841 MD #23 placed orders for IV (intravenous) fluids-NS NOW, thiamine (dietary supplement/nutrient) 100 milligrams (mg) orally STAT (immediately), and CIVIA scale/protocol). At 1851 vital signs were rechecked by IPA ED RN #24 temperature 98.3, heart rate of 103, blood pressure 132/82, and oxygen saturation of 92 percent on room air, the GI Cocktail, and Zofran were administered in the ED waiting room. At 1947 MD #23 ordered Ativan 1mg IV push NOW (urgent). Per the CIVIA plan at 2100 a multiviamin orally was ordered and CIVIA Scale assessment. The History and	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE (A4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY) A 068 Continued From page 28 indigestion), Zofran 4mg orally (medication given for nausea and vomiting). An addendum to MD #23's ER Report Note revealed "On reassessment patient and his mom who is now accompanying him are updated on his results. He is still in the waiting room unfortunately. I have ordered IV (intravenous) fluids. CIWA protocol and 1mg of Ativan (a sedative given for anxiety and seizures) as he is slightly tremulous (shaking) and diaphoretic (sweating) my reassessment [sicil_Hospitalish has been consulted for admission" At 1841 MD #23 placed orders for IV (intravenous) fluids-NS NOW, thiamine (dietary supplement/hurtient) 100 milligrams (mg) orally STAT (immediately), and CIWA scale/protocol). At 1851 vital signs were rechecked by IPA ED RN #24 temperature 98.3, heart rate of 103, blood pressure 132/82, and oxygen saturation of 92 percent on room air, the GI Cocktail, and Zofran were administered in the ED waiting room unforted and tivan 1mg IV push NOW (urgent). Per the CIWA plan at 2100 a multivitamin orally was ordered and CIWA Scale assessment. The History and			340002	B WING			_	
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 068 Continued From page 28 indigestion), Zofran 4mg orally (medication given for nausea and vorniting). An addendum to MD #23's ER Report Note revealed "On reassessment patient and his mom who is now accompanying him are updated on his results. He is still in the waiting room unfortunately. I have ordered IV (intravenous) fluids, CIWA protocol and 1mg of Ativan (a sedative given for anxiety and seizures) as he is slightly tremulous (shaking) and diaphoretic (sweating) my reassessment [sic]Hospitalist has been consulted for admission" At 1841 MD #23 placed orders for IV (intravenous) fluids-NS NOW, thiamine (dietary supplement/nutrient) 100 milligrams (mg) orally STAT (immediately), and CIWA scale/protocol (alcohol withdrawal plan/protocol). At 1851 vital signs were rechecked by IPA ED RN #24 temperature 98.3, heart rate of 103, blood pressure 132/82, and oxygen saturation of 92 percent on room air, the GI Cocktail, and Zofran were administered in the ED waiting room. At 1947 MD #23 ordered Ativan 1mg IV push NOW (urgent). Per the CIWA plan at 2100 a multivitamin orally was ordered and CIWA Scale assessment. The History and	NAME OF D	DOVIDED OD CLIDDLIED	340002	D. WING_	CTDEET ADDRESS SITV STATE ZID CODE		12/09/2023	
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Physical was initiated on 08/14/2023 at 2229 by Hospitalist MD #25 while in the ED waiting room, and new orders were placed for aspirin orally NOW, Lopressor (medication given in treatment of alcohol withdrawal) 12.5 mg orally, and again IV access at 2226. At 2305 MD #25 ordered Patient #43 phenobarbital (medication given to prevent seizure) 60 mg orally three times a day STAT and a CIWA Scale reassessment was due to be completed per protocol. No nursing reassessments, medication administrations, IV access/fluids, or physician orders were completed after 1851 for Patient #43 while in the ED waiting	A 000	indigestion), Zofran 4 for nausea and vomit #23's ER Report Note reassessment patien accompanying him at is still in the waiting roordered IV (intravence and 1mg of Ativan (a and seizures) as he is (shaking) and diaphoreassessment [sic]l consulted for admissi placed orders for IV (NOW, thiamine (dieta milligrams (mg) orally CIWA scale/protocol plan/protocol). At 185 by IPA ED RN #24 te 103, blood pressure saturation of 92 perce Cocktail, and Zofran waiting room. At 1941 1mg IV push NOW (uat 2100 a multivitamic CIWA Scale assessments was initiated Hospitalist MD #25 wand new orders were NOW, Lopressor (me of alcohol withdrawal IV access at 2226. At Patient #43 phenoba prevent seizure) 60 m STAT and a CIWA Sc to be completed per preassessments, med access/fluids, or physical still provided in the completed per preassessments, med access/fluids, or physical still provided in the completed per preassessments, med access/fluids, or physical was initiated prevents seizure) for the completed per preassessments, med access/fluids, or physical was initiated prevents.	Img orally (medication given ting). An addendum to MD erevealed "On than this mom who is now re updated on his results. He common unfortunately. I have bus) fluids, CIWA protocol sedative given for anxiety is slightly tremulous oretic (sweating) my Hospitalist has been ion" At 1841 MD #23 (intravenous) fluids-NS ary supplement/nutrient) 100 or STAT (immediately), and (alcohol withdrawal structure 98.3, heart rate of 132/82, and oxygen ent on room air, the GI were administered in the ED of MD #23 ordered Ativan argent). Per the CIWA plan in orally was ordered and inent. The History and id on 08/14/2023 at 2229 by while in the ED waiting room, a placed for aspirin orally edication given in treatment in 12.5 mg orally, and again it 2305 MD #25 ordered ribital (medication given to ing orally three times a day cale reassessment was due protocol. No nursing ication administrations, IV sician orders were completed	AU	68			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
						С	
		340002	B. WING			12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 068	Continued From page	e 29	A 00	68			
	moved to the Red Po	d (ED area for the most					
		11. At 0105 MD #25 ordered					
	• •	tivan 4mg IV STAT and was					
		#27. Review of the ER					
		5/2023 at 0107 by MD #26					
	•	involved in the patient's					
		ntly left the waiting room					
		ng admission and then had a					
	seizure and struck his	s head on the sidewalk					
		nergency room) entrance.					
	•	e patient seems postictal					
		a seizure, disorienting					
		, and drowsiness), he is not					
		oes have a history of heavy					
		oout 12 beers a daily. He					
		gency department waiting					
		has not received any Ativan					
		spect that he seized due to					
		/ill obtain head CT (cat					
	also has a small lace	nt did strike his head, he					
		ew revealed the ED waiting					
	•	ids NOW on 08/14/2023 at					
		it 0106 (5 hrs. and 25 min),					
		ed on 08/14/2023 at 1947 to					
		5/2023 at 0106 (5 hours 19					
	min), and Phenobarb						
	08/14/2023 at 2305 to						
	08/15/2023 at 0150 (2	2 hours and 45 min) for					
	Patient #43 were dela	ayed and no CIWA					
	score/assessment wa	as completed until					
	08/15/2023 at 0437 (9 hours and 56 minutes after					
	•	score/assessment was					
		he patient had a seizure					
		head injury. There was no					
	_	nt, or nursing care after					
		y RN #22 until 08/15/2023 at					
	•	minute). Patient #43 was					
	admitted to an inpatie	ent room on 08/15/2023 at					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1.2/00/2020
MEMORIA	L MICCION LIGORITAL A	ND ACUEVILLE CUDGEDY OF		509 BILTMORE AVE	
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION
A 068	Continued From page	e 30	A 06	58	
	0334 from the ED. Pa home on 08/17/2023.	tient #43 was discharged			
	report submitted by M 0443 revealed the da at 0000. Brief descrip in waiting room for 9 I medications for alcoh seizure and sustained Investigator #28 Note work through ways to the waiting room duril limited staffing" Fur reviewed by the hosp 11/17/2023 (3 months revealed "Suggest CIWA precautionsN with provider about the administered medical documented as "Harr	es revealed: We continue to provide care to patients in ing peak times of surge and ther comments were ital Pharmacy, dated is after the event) that education to sent out of surse could have clarified ite CIWA order and ition" Level of Harm was in-required intervention" and vent Recurrence: "Increase			
	Request to interview declined the interview				
	revealed "With the of difficult to treat patient. The goal was for delabut especially at nigh with delays in patient off in a more clinical amonitored" Interview	at 1414 with MD #26 current process it's still ats in the ED waiting room. The sys in care to not happen, at it occurs. I have concerns care. The patient was better area where they can be aw revealed MD #26 had cafety in the ED waiting room ant monitoring.			
	Interview on 11/15/20	23 at 1615 with NP #36			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	(X3) DATE	SURVEY PLETED	
		340002	B. WING			C /09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULL CROSS-REFERENCED TO THE APPROFIDERICENCY)) BE	(X5) COMPLETION DATE
A 068	orders in the ED waiti the patient can be roo about it. The new wai better" Interview rev provider orders were ED waiting room. Interview on 11/16/20 revealed she did not i Interview revealed " back to see if patients helpful. I must have le a reassessmentI wo room. There are multi (technicians) who get the techs notify us if a patient concerns with doctors do the same. #22 cared for Patient remember doing a rea medication administra Interview on 11/28/20 Night RN #28 reveale Patient #43. Interview the IPA area go by pr always able to do the coordinator) should b only IPA nurse and th happen now' then it's was no protocol for w patients in the waiting ED patients who are of fall under the IPA nurs other patient's needs There were only two orders are placed on	appen occasionally that any room are on hold until omed. I do have concerns ting room flow is not wealed NP #36 had concerns not completed timely in the 23 with ED IPA Day RN #22 remember Patient #43. best practice was to go s' meds (medication) were set before I was able to put in ork IPA and the waiting tiple nurses and nurse techs vital signs in the lobby and abnormal. We escalate the charge nurse and the" Interview revealed RN #43 until 1900 and did not assessment after	AO	68		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CON AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		PLE CONSTRUCTION G	(X	(3) DATE SURVEY COMPLETED		
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	ļ	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 068	supposed to help with medication in the war for the reassessment part of our duties to revealed patients in the assigned a nurse for monitoring. Interview reassessment in the Patient #43. Interview on 12/01/2 #35 revealed "The responsible for patie initial orders were conceived the IPA nur reassess patients in Interview revealed the IPA nur reassessment was not interview on 12/08/2 of ED Services, VPE not explain the lack of provider orders in the revealed any new outpatients in the ED ware elevated to the CNC huddle (meeting virtual departments to disconneeds) held every 2 provider orders would completed. Interview explain why Patient is providers orders had patient #43, a 39-year emergency departments to disconneeds and the providers orders had patient #43, a 39-year emergency departments to disconneeds and the providers orders had patient #43, a 39-year emergency departments to disconnect the providers orders had patient #43, a 39-year emergency departments at 1603 to	ponin", the CNC was h that. If I gave controlled iting room, I am responsible t. If we are caught up it is a reassess" Interview the ED waiting room are not reassessment and revealed hospital policy for ED was not followed for 1023 at 1130 with ED IPA RN IPA nurse continues to be not in the waiting room, after empleted" Interview se should continue to the ED waiting room. To spital policy for ot followed for Patient #43. 1023 at 1230 with Nursing VP D #20 revealed she could of monitoring or completion of the ED waiting room. Interview that the standing provider orders for a sting room would be a Further there was a WebEx wally for many hospital uses and prioritize patient hours and any outstanding	AO	68		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
					С
		340002	B. WING		12/09/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMODIA	I MICCION LICCRITAL A	ND ACHEVILLE CURCERY OF		509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
A 068	Continued From page		A 06	88	
		th a reported history of			
		. Review revealed the			
	= -	the waiting room area and			
		nysician to be diaphoretic.			
		d intravenous (IV) fluids and ssment tool used for alcohol			
		and Ativan (medication for			
	· ·	at 1947. These orders were			
	= :	Iltivitamin was ordered at			
	•	was placed at 2226 for IV			
	-	Aspirin was ordered at			
		orders were implemented.			
	An order written at 23				
		ot implemented. At 0107, a			
		enced the patient had a			
		head injury outside the ED indings revealed the patient			
		ng assessments, and failure			
	to implement orders,	-			
		ollowing the CIWA protocol.			
		ently had a seizure and fall			
	with a resulting head	injury.			
	4. Closed modical rec	cord review on 11/14/2023			
		a 48-year-old male patient			
		nergency department (ED)			
	by emergency medica				
		vith headache x 2 weeks,			
	altered mental status,	fall, and was combative. He			
	was triaged at 0950 b	y RN #57 with vital signs			
		se 79, respirations 24, blood			
		gen saturation of 94 percent			
		cale of 0 and an emergency			
	- · · · · · · · · · · · · · · · · · · ·	f 1-Resusicitation. At 0955			
		#59 initiated orders for EKG, and CT (cat scan) of the			
	head. At 1005 Haldol				
		venous was ordered by MD			
	,	combativeness. Review of			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
		340002	B. WING	B WING		C	
NAME OF B	20,4252.02.0422452	340002	B. WING_	OTDEET ADDRESS SITE OT A SOCIETY OF A SOCIET		12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
			ASHEVILLE, NC 28801				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORI		(X5)	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A		COMPLETION DATE	
TAG	REGULATORTORT	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	FFROFRIATE		
A 069	0	- 04					
A 068	Continued From page		A 06	68			
	I	59 dated 07/05/2023 at					
		story unable to be obtained					
		was combative with EMS					
		rams) of Versed (given for					
	, 0	e is only slightly sedated					
	right now, pulling at						
		llowing commands. " At					
	_	ood count resulted with a					
	white blood cell coun	•					
	, ,	1029 Normal Saline 1 liter IV					
		Rocephin (antibiotic) 1 gram					
		At 1045 vital signs were					
	pulse 78, blood press						
	Patient #28 was intub	t on room air. At 1050					
		dard IV sedation protocols.					
		ilse 76, blood pressure					
		d at 98 percent oxygen					
		311 Patient #28 went into					
		ia (lethal heart rhythm) and					
		ited by staff), defibrillated,					
		e placed. At 1322 a lumbar					
		eted by MD #59 and a					
	meningitis panel was						
		SSF) white blood count					
		at 94000 (normal high range					
		nillion cubic meters]. At 1324					
	_	given IV. Review of the ER					
		on/Reevaluation (not timed)					
		". the patient ultimately did					
	require intubation for						
	•	I status continued to worsen					
		ersed The Head CT was					
	negative. Once back						
		ypotensive and at 1 point					
	_	CPR, total time roughly 5 to					
	10 minutes. We have						
		n to sustain blood pressure)					
		ensive care unit) has been					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING	B. WING		C 12/09/2023	
NAME OF DE	ROVIDER OR SUPPLIER	0.10002		STREET ADDRESS, CITY, STATE, ZIP CODE		12/09/2023	
TWAINE OF TH	TO VIDER OR OUT LIER			509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCY SPLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		SHOULD BE	(X5) COMPLETION DATE		
A 068	Continued From page	e 35	A 0	68			
	consulted. Family ad	lditionally has been					
	updated" At 1409 F	Pulmonologist/ICU MD #60					
	ordered Levophed (u	used to treat life-threatening					
	low blood pressure)	4mg/ in 250 milliliters (ml) to					
	titrate to 30 microgra	ms (mcg)/per minute and					
	was initiated by RN #	#56 at 1514 (1 hour and 5					
	minutes after ordered	d), and at 1655 this drip rate					
	was adjusted to 20m	cg/min. At 1740 blood					
	pressure was 137/79, at 1750 blood pressure was 73/42, at 1800 blood pressure was 33/18. Review of the Medication Administration Record						
		#68 initiated a bag of					
		min for Patient #28. At 1803					
		and Patient #28 was in					
		ythm). The code ended at					
		of blood pressure. At 1814					
		249/118 with a pulse of 145.					
		m to the ER Report by MD					
		803 I was called to the					
	- · · ·	nad gone asystole. I was					
	•	t's diagnosis of meningitis					
		PR was in progress on my					
		d that the patient's Levophed					
		the patient had been					
	before codingShort	od pressure) sometime					
	_	-					
		return pulse) and bicarb es outcomes in cardiac					
		ad return of pulses. Patient's					
	,, ,	ICU attending entered					
		e finished." At 1940 Patient					
	=	to the medical ICU for					
		28 continued to decline and					
		mprovement. Review of the					
	•	date 07/15/2022 at 1525 by					
		c Medicine, DO #63 revealed					
		nge in neurology exam, and					
		ne family that there were no					
	•	mprovement. At this time the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		340002	B. WING		1	2/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	I MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
		ASHEVILLE SONSENT SE		ASHEVILLE, NC 28801			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORI	RECTION	(X5)	
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4 000							
A 068	Continued From page		A 0	68			
	, ,	de status to DNR (do not					
	resuscitate)at this	•					
		procurement. He was					
		perating room) this morning					
		ted (removal of mechanical					
	-	of death was 1040. On					
		Patient #28 had his kidneys					
	harvested and was p	ronounced dead at 1040.					
	Review on 11/28/202	3 of the Patient Safety					
		Patient #28 revealed it was					
		RN #57) on 07/05/2022 at					
		Event time was 07/05/2022					
	at 1803 with brief des	cription "assigned 5					
	patients, pt. (patient)	coded due to unsafe staffing					
	ratioadditional com	mentsNUS (nursing unit					
	supervisor RN #74) a	nd Director (named, RN					
	#75) notified of unsaf	e assignment at approx.					
	1730. RN (named RN	l #56) responded to					
	assigned Trauma Ale	rt which arrived at 1748. Pt.					
		nd of CPR, epi, sodium					
		of spontaneous circulation).					
		d due to unsafe staffing					
		h was reported to NUS and					
		t" Review on 07/06/2022					
		irector of ED Services					
	(named RN #76) reve						
	•	n to Patient #28's family					
	_	was upset because they had					
		ne doorway of the patient's					
		d alarms going off in the					
		was at the nurse's station					
		ce line that reportedly did not					
		st" Further the CNC, RN					
	-	s only notified RN #56					
		hen the patient was coding.					
		2 times during his ER stay					
	· ·	tay of 9:52 (9 hours and 52					
	minutes) in the ER. R	N #56's patient assignment					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
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		WID NOTICE TO STOCK TO CO		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	CEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				
A 068	Continued From pag	e 37	A 0	68			
	was broken down by	RN #76 in the report as two					
		ing admission to step down					
		who had been moved to the					
		rauma Alert patient (1), and					
		patient (1). (RN #56 was					
	•	nsible for 5 patients during					
	-	vent). RN #76 discussed					
		ble in the ED to support RN					
	#56. "Background information: The House was						
	unable to provide sta	affing support for the admit					
	holds in the ER on this date. There was an ER						
	census of 295 on this	s date" On 07/07/2022,					
		of ED Services, VPED #48					
	reviewed this Patient						
		d there was an additional					
	Patient Safety Repor						
		ER Director was informed of					
		tient assignment. This					
	notification to the Dir						
		litionally, VPED #48 agreed					
		it was safe due to collateral					
	•	nd did mention Patient #28's					
		ncerns who did not respond					
		elp for alarms in the room					
		'). The Primary Contributing					
	Factor was "Human						
		prioritiesLevel of Harm sustain life" In summary,					
		ed IV infusion sustaining his					
		allowed to run dry, his blood					
		e was coded for 7 minutes reinstated. RN #56 had a					
	patient assignment of						
		23 of the Patient Safety					
		nt #6856, referencing Patient					
		2 at 1843 by ED Clinical					
		I #78 revealed the event date					
	was 07/05/2022 at 18	800 with a brief description of					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	L	
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 068	Continued From page	e 38	ΑC	68		
		PR (cardio-pulmonary				
	-	levophed running dry while				
		other patients (RN had 5				
	pts), including two tra					
		mmentsmaking this report				
		RN #56) as he does not				
	have time to make re	port. (Named) had 5				
	patients: the patient f	rom this report (named)				
	intubated, ICU), a tra					
		re patient in the hall, and two				
	_ ·					
		- · · · · · · · · · · · · · · · · · · ·				
		•				
		_				
	•					
		e aystolic and required a				
	round of CPR. (Name	ed RN #56) alerted the ER				
	NUS throughout the o	day that his assignment was				
	unsafe. This patient of	coding was a direct result of				
		sonable assignment" This				
		•				
	•	- · · · · · · · · · · · · · · · · · · ·				
	•	•				
	_ =					
		-				
	other admitted patien the traumas, this patien ran dry-the patient we family of the patient we pressure) and tried to provider who was sitt the room and this procould not help them be patient. Family is irate later, another RN can able to switch out the the pt's SBP (systolic 30's. He then became round of CPR. (Name NUS throughout the cunsafe. This patient of an unsafe and unreas Report was investigation 07/06/2022 without previous Event #6858 07/21/2022 Doctor of added investigator not leading description of was "Human Factors, HarmHarm-interver summary of her report levophed was pulled 07/05/2022 at 1511 b	ats. While he was in one of tent's norepinephrine infusion became hypotensive. The was monitoring the BP (blood to get help from a non-ER ing at a computer outside to pider told the family that he because it was not his to about this. A few minutes the into the room and was the levophed, but by this point to blood pressure) was in the total and required a told RN #56) alerted the ER day that his assignment was acciding was a direct result of the sonable assignment" This ted by ED Director, RN #76 at any new findings from the solutionally, on the sharm cited by PharmD #79 potes to this report. The finarm cited by PharmD #79 potes to statistical to sustain life" A ret revealed that a bag of for Patient #28 on				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	340002 B. WING			C 12/09/2023	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		121	03/2023
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	VE ACTION SHOULD BE ED TO THE APPROPRIATE		(X5) COMPLETION DATE
A 068	her estimation of the levophed "would here he	or/05/2022 at 1514, and per rates of infusion, the bag of ave likely run out 1745" The days pulled on 07/05/2022 at and was started at 1801 for revealed Patient #28's was interrupted for 16 ded from 1803 to 1810 before eous circulation. ED RN #68 revealed she interview. ED RPH #78 revealed she netrinew. ED Manager RN #75 available for interview. ED Director, RN #76 available for interview. O23 at 1014 with RN #56 dered Patient #28 and had 5 years. Interview revealed 11, and rooms 10, 9, 8 in room 10 was combative, ger to himself and was sum dose of levophed to keep devated. I had him around 10 of a trauma patient, and they are another new trauma of I went to CNC (named RN assignment and the acuity of se, she put my dying trauma of, to make room for the new when I explained I felt my	AO	68			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED		
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
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III LIII OI (IA	E IIIIOOION 11001 11ALA	ACTIEVIELE CONCERT CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A 068	Continued From page	e 40	AC	68			
		my patients. So, then I went					
	to my Nurse Manage						
		ent and was assigned the					
		My new trauma patient had					
		D, I was working with them					
		ode had been called for my					
		nen I arrived in the room					
	•	person who was assisting					
		for the new trauma patient,					
		ew bag of levophed, and the					
	code was in progress	s. I was very upset. I voiced					
	my concerns, I talked	I to the administration, to the					
	ethics and compliance	e committee and filed a					
	complaint with HR (h	uman resources). I tried to					
		st I could" Interview					
		I gone to the CNC, RN #74					
		fore new assigned trauma					
	T = 1	oncerns with his high patient					
		terview revealed RN #56					
		er patient, when the levophed					
		ausing Patient #28's blood					
		d a code was initiated. The					
		assessment and monitoring					
		follow hospital policy.					
	(request for all docun						
	,	committee and HR were					
	not made available fo	or this surveyor).					
	Intoniou on 11/16/20	023 at 1128 with CNC, RN					
		approached her one time,					
		. CNC RN #74 stated she					
	-	alling on the trauma team					
		rauma patients in the ED,					
	but were not assigne	•					
		If we need help, we pull					
		interview with CNC RN #74					
		no concerns with nursing					
	reassessments in the	•					
		ed Pod (where the most					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>
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MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE		ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	
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A 068	Continued From page		A 06	88	
		signed) were 1 RN to 4			
	•	iew revealed CNC #74 urses to assist RN #56 and			
		NC's filled in themselves			
	when needed to supp				
	whom hooded to dapp	on pation care.			
		23 at 1637 with VPED #20			
	_	revealed the Red Pod in the			
	•	most acute ED patients.			
		d nursing assignments were			
		and RNs are expected to			
		e CNC's any concerns or are. "starting in 2023 we			
	-	with nursing, providers, and			
		ments every 2 hours to			
	• •	e and appoint resources			
		ed" Interview revealed the			
		essment and monitoring			
	patients were for all s	taff to follow hospital policy.			
	Interview revealed ho	spital policy for Patient #28			
	was not followed.				
	Telephone interview	on 12/01/2023 at 1209 with			
	Director of the Traum	a Team, MD #80 revealed			
		case with Patient #28 and			
		ervisor for PA #77 in 2022			
		ew revealed "when a			
		er was in the ED it was to			
	-	nsulted trauma patient,			
		eam member if clearly			
		ny patient in a life sustaining erview revealed PA #77			
		to touch an IV drip or			
		a patient they were not			
		w revealed PA #77 notified a			
		ust the drip for Patient #28.			
	•	ealed he had no concerns			
		care, and the Trauma Team			
		ad communicated with PA			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
340	340002 B. WING				C 09/2023	
NAME OF PROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SU	IRGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID SUMMARY STATEMENT OF DEFICIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED TAG REGULATORY OR LSC IDENTIFYING INFO	D BY FULL PR	ID EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
#77 "we should always respond with compassion to family" regarding this Interview revealed MD #80 had not foll with PA #77, the Trauma Team Direct talked with PA #77. Interview revealed not know Patient #28's blood pressure the levophed had run out but had comit to ED nursing staff who could attend the when family asked him. Telephone interview on 12/01/2023 at Trauma Team PA #77 revealed he had employed for 8 years. Interview reveal only in the ED when called/consulted for specific trauma patient. The family can desk, I told them I can get your nurse, I would have ment he was OK. I did not have that informat learned about the IV levophed today. Of would respond to help a patient coding not 'shirk' a patient needing help" Interevealed PA #77 recalled the family as help with an IV alarm. He told the family find the nurse, and he did. Patient #28 presented to the ED on 07 was critically ill, intubated and diagnos bacterial meningitis. The patient devel blood pressure and a Levophed IV drip started. Findings revealed the Levoph was allowed to run dry and the patient' pressure dropped to 33/18. A traumate requested by the family for help related and the patient was not the PAs assigned propagation. The patient arrested. A new Levophed hung. The patient arrested. A new Levophed hung. The patient and IV were not mothe bag ran dry with subsequent cardia.	event. owed up or had PA #77 did was low or municated the alarms 1241 with dibeen the di "I am or a the to the and I did. the ping. If I the ade sure tion. I only of course, I the I would the riview king for y he would 1/05/2022, the dith to be a low to was the IV drip to blood to alarms the did alar	A 068				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
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(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (CEACH CORRECTIVE ACTION SHOUTH CORRESTIVE ACTION SHOUTH CORREST TO THE APPROPRIES OF THE APP	OULD BE	(X5) COMPLETION DATE	
A 068	Continued From page	e 43	Α 0	68			
	revealed Patient #27 arrived at the emerge 07/04/2022 at 0025 the abdominal pain, naus #27 was triaged at 00 temperature 97.2, res blood pressure 169/5 94 percent on room as least pain and 10 beit assigned an emerge (urgent). At 0028 Number worders for Lipa STAT, CMP (compres STAT, Lactic Acid (cas) blood to other parts of (complete blood countest) STAT, and CT (Abdomen/Pelvis STAT) Normal Saline to be some fixed in the ED with the ED	cord review on 11/14/2023 , a 66-year-old female who ency department (ED) on by private vehicle with sea, and vomiting. Patient 025 by RN #38 vital signs: spirations 20, heart rate 107, 03, and oxygen saturation of air, a pain score of 10 (1 ing the most pain) and was next severity index (ESI) of 3 is e Practitioner (NP) #39 is e (a digestive enzyme) whensive metabolic panel) arries oxygen from your of your body) STAT, CBC int) STAT, Urinalysis (Urine cat scan) of the AT, an IV (intravenous) of its started and Ondansetron it is and 10 index of the implemented for Patient varieting room (6 hours and 3 is #27 was moved to Red Pod tients) room 20. Patient #27 is at 0656 and orders were on 4 mg, and Dilaudid ation) 0.5 mg for pain. At its ed (7 hours and 6 minutes after ations for pain (7 hours and tiffied pain level of 10, and 43 is edication ordered) and 11 minutes after original ered by RN #40. At 0742					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	` '	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
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MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		
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A 068	Continued From page	÷ 44	A 06	88		
	vital signs were docu	mented as heart rate 85,				
		pressure 174/89, oxygen				
	saturation of 93 perce	ent on room air (no				
	temperature), with a p	pain score of 10/10 by RN				
		of Abdomen and Pelvis (6				
		urs and 27 minutes after				
		a small bowel obstruction.				
		te Reevaluation (not timed)				
	•	Labs were reviewed without				
	· ·	e CT scan was consistent struction. Surgery was				
		evaluation and management				
		epeat pain assessment was				
		7/04/2022 at 1316 Hospitalist				
		set for admission. At 1319				
	•	n score of 10/10, vital signs				
	heart rate 83, respirat	tions 17, blood pressure				
		ation of 93 percent on room				
		audid 0.5mg IV for pain				
		iew of the Surgical Consult				
	•	0 #42 dated 07/04/2022 at				
	1543, Patient #27 wa					
		le Exploratory Laparotomy				
		Resection. At 1620 a repeat completed for a pain score				
		ent #27 left the ED for the				
	operating room for su					
		thout complications and was				
	discharged home on					
	Request for a Pationt	Safety Report (Incident				
		e was not one available.				
	, ,					
	Interview on 11/15/20	23 at 1350 with ED RN #38				
	who triaged Patient #	27 revealed "in 2022 no				
	=	d on in the ED waiting room,				
		made, and there are some				
		ry possible that this patient				
	waited without any lal	bs or orders completed. At				

AND DI AN OF CODDECTION		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER IL MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 068	to triage patients. The orders" Interview or reassessments and prompleted in the ED Interview on 11/17/20 revealed "the IPA (area in the ED waitin Now if patients need the CNC (clinical nur we call. I personally patient reassessment in condition. One hur not safe, orders are reaconcern. There is a door, I can put orders done because of the minimal staff" Intercurrent concerns with getting orders completing orders completing orders done the new process the happen, but at night care in the waiting rovital signs, or overall meds. things are not basis. "Interview reveget vital signs, asses prescribed. Interview not followed for Patient #27 arrived in 0025 with a reported	ne nurse in the waiting room ere was no way to complete evealed nursing ohysician orders were not waiting room in 2022. 223 at 1102 with NP #39 Internal Processing Area groom) did not exist then. It o move to the back, I tell se coordinator), we call and have been pulled to do to the when there was a change addred percent, patients are not completed, and staffing is one nurse with a line out the sin, but it is not going to get evolume of patients and view revealed NP #39 had in waiting room patients not eted in the ED waiting room. 223 at 1414 with ED MD #26 patient after she was not always a person to get in No staff to do orders. With goal is for that not to suspect it does. As far as now, this patient didn't get assessments and no happening on a timely realed Patient #27 did not sements, or medications as revealed hospital policy was	AO	168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NITIMBED:		PLE CONSTRUCTION IG	(X3	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMODIA	I MICCIONI LIOCDITAL A	ND ACHEVILLE CURCERY CE		509 BILTMORE AVE			
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX TAG	((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETION DATE	
A 068	Continued From page	e 46	A 0	68			
	• •	7 that was not completed	, , ,				
	-	7 minutes later) resulted and					
		patient had pain reported as					
		and vomiting with vital					
		25 and was medicated with					
	•	n medication) at 0739 (7					
		s after arrival). The patient					
		a small bowel obstruction					
	•	day. The patient had a delay					
	with STAT lab work,						
	reassessment and pa						
		cord review on 11/14/2023					
		, a 78-year-old female who					
		rgency department (ED) via					
	emergency medical s						
		vith complaint of falling at					
	home with a laceratio	•					
	=	eport dated 04/05/2022 at					
		tient had fallen from the					
		n oxygen 3 liters by nasal					
		baseline for patient", had an					
		n her left forearm #20 gauge					
		rmal Saline 700 milliliters.					
		arrative note revealed "she					
		bleeding from her right					
	splinted", was on a	s controlledthe leg is					
	showing a heart rhyth						
		with a pulse of 88. At 1503 a					
		(PA) #45 was assigned and					
		eport Note at 1510 revealed					
		open fracture to right					
		plans to order CT (cat scan)					
	of the head and neck						
	antibiotics, and lab w						
		t 1514 Patient #29 was					
	-	or most acute patients)					
	•	17 Patient #29 was triaged					
	Hallway Deu 7. At 15	ii i alielil #25 was lilayeu					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340002	B. WING	B. WING		C 12/09	9/2023	
NAME OF PE	ROVIDER OR SUPPLIER	1 111		STREET ADDRESS, CITY, STATE, ZIP CODI	<u> </u> F	12/03	7/2023	
	10115211 011 001 1 2.2.1			509 BILTMORE AVE	-			
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE	
A 068	Continued From page	e 47	A 0	68				
		tive rapid assessment: fell in						
		e. On Eliquis (blood thinning						
		in score of 0. Open Tib Fib						
		nPre-hospital treatments:						
		O2. 20g Left armAcuity						
		emergency severity index of 5 (Non-Urgent). At 1536						
		d. At 1537 the CNC (clinical						
		RN #44 documented a						
	* *	I to 3-urgent. 1559 lab work						
	had resulted. At 1618	•						
		rcotic pain medication for						
		IV push every 15 minutes						
	duration 3 doses for	pain for Patient #29 and						
	Zofran 4mg IV for na	usea. At 1630 (one hour and						
	39 minutes after arriv							
		e 88, blood pressure 161/79,						
		90 percent (no oxygen was						
		respirations of 22, and						
		By 1627 all radiology had						
	resulted, and a review	•						
		valuation (not timed) by PA						
	has a rather significa	my read it appears the patient						
	_	this is an open fracture. She						
		Ancef (antibiotic), and I have						
		thopedic surgery. They will						
		the patient" At 1636						
		etanus (infectious disease						
		an unclean wound) booster						
	intramuscular, Hydro	morphone 0.5mg IV for a						
	pain score of 10/10 a	and Zofran 4mg IV were						
		#43(no evidence of an						
	oxygen assessment)	•						
		harted as 9/10 (no evidence						
	of an oxygen reasses	•						
		and History and Physical was						
		2 with diagnosis of "Open						
	tibial shaft fracture'	with plan for surgery to						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE	I	12/00/2020	
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)	
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETION DATE	
A 068	Continued From page	e 48	A 0	68			
	repair fracture. Revie	•					
		5 (not timed) revealed					
		y agrees this appears to be					
	open fracture and rec						
		eduction before surgery					
		316 Patient #29 was given					
		a pain score of 9/10 by RN					
	•	oxygen assessment). Review ary Report revealed Patient					
		om 11 at 1915. Review of an					
		Report by PA #45 (not					
		I was handing off the					
		by nursing staff that the					
		sive. Upon arrival at the					
		s unresponsive. She does					
	have DNR (no eviden	nce of this in the record). She					
	is moved into room 1	1 where Dr. (MD #46), my					
		as kind enough to evaluate					
		me of death" Review of the					
	ER Report 04/05/202						
		old female past medical					
		tion currently anticoagulated					
	-	nd had an open fracture of					
		nt has been admitted to the was called to the patient's					
		ursing found her pulseless					
		ation). After 60 seconds, the					
		c activity, she is in asystole					
		the monitor. Her pupils are					
	,	spontaneous respirations,					
		nd she is pulseless. Official					
		led at 709 PM" Patient					
	#29 was pronounced	dead in the ED on					
	04/05/2022 at 1909.						
	Review of the Patient	Event Record dated					
		y Nursing/Surgical Services					
		nt was "unexpected death"					
		2022 at 1903" with narrative					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	(X3) DATE SURVEY COMPLETED		
		340002	B. WING		C 12/09/2023
	ROVIDER OR SUPPLIER L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
A 068	bed. pt found unresponding Supervisor (RN #55) description of harm a reoccurrence was do trends and patterns". event per report. Request to interview revealed she was unaughter was the patient checking on the patient checking on the patient daughter was there. I her. She was full code me and asked me who pulling the stretcher a replied 'CPR' and the do that'. The traumant #56) took the patient my charge nurse (nan report off on my other end of the shift. I didn't to go by my charting, on oxygen" A further should have charted error" The interview recall if Patient #29 redid not recall if an oxycompleted and did not a change in condition policy for reassessment #29. Telephone interview of the shift was a change in condition policy for reassessment #29.	ergency room) c/o acture. pt placed in the hall onsivein hallHouse notified at 1905", the nd action to prevent cumented as "monitor There was no witness to Trauma Nurse, RN #56 available for interview. 23 at 1204 with ED RN #43 #29 revealed "I was nt, she was responding, her was charting and could see e, her daughter ran over to at I was doing, as I was away from the wall and daughter said, 'please don't hurse that day, (named RN to room 11. I reported it to med RN #57), and I went to e patients because it was the 't see her againyou'll have I don't remember if she was er interview revealed "I she expired, that was an erevealed RN #43 did not exceived oxygen in the ED, ergen reassessment was at get vital signs or reassess Interview revealed hospital ent was not followed for	A 06	68	
		e did not recall Patient #29. .monitoring of patients in			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		((X3) DATE SURVEY COMPLETED				
		340002	B. WING _	B. WING		C 12/09/2023	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE
A 068	in the Red Pod shour monitor with a pulse always better" Integrative at the patient asystole, and she prodaughter at the beds Interview on 11/16/2 #44 revealed "I do hallway bed, and (na passed. I had checked told me the daughter 'somethings wrong were member if she had monitored. I would ecomplete assessment the chartStaffing we nurse tells me I'm own urse to assist with prevealed RN #44 did reassessments or chart completed for Patier hospital policy for recondition was not following the policy for the condition was not following the patient's family called because 'she didn't lunresponsive and were days to patient with the patient's family called because 'she didn't lunresponsive and were days to patient with the patient's family called because 'she didn't lunresponsive and were days to patient's family called because 'she didn't lunresponsive and were days to patient's family called the patient's family called because 'she didn't lunresponsive and were days to patient's family called the patient's family called	oncern. Ideally every patient Id be on some sort of a oximeter. More monitoring is rview revealed when MD #46 It's bedside she was in onounced the patient with side. 023 at 1747 with CNC, RN remember she was in a smed RN #43) said she had ed on her. (Named RN #43) or came to her and said, with my mom'. I don't I oxygen or was being expect the ED nurse to hat and document them in the sas 4:1 in the Red Pod, If a derwhelmed, I will ask another obtained care" Interview I not know why oxygen hanges in conditions were not at #29. Interview revealed cassessment for a change of lowed for Patient #29. 023 at 1433 with Assistant RN #15 to review the internal and Patient #29's death in the canager (not identified) the distaff over to the patient ook good'. She was as taken to room 11 to be monitor which showed	Α0	68			
	Interview revealed th	daughter at the bedside. is event was reviewed by the ity which was comprised of and the MD who had					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		((X3) DATE SURVEY COMPLETED			
		340002	B. WING _	B. WING		C 12/09/2023	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD		SHOULD BE	(X5) COMPLETION DATE			
A 068	Continued From pag		A 0	68			
	completed the reporinternal investigation revealed the patient to antibiotics was greneeded closer monit was not allowed to his interview.) Patient #29 arrived of EMS and had atrial frhythm) on arrival. Twith fracture prior to 94% prior to arrival. 90% (1 hour and 39 evidence of oxygen at 1630 and at 1816, assessment on an eon the patient with a after the administrati was subsequently as Patient #29 had one until time of death at minutes). Nursing statement after narcotic failed to reassess the condition (not breath on 10/03/2023. Revirevealed " Reason started having left sie weakness and left sileg. Facial drooping	t dated 07/11/2022 the of Patient #29's death was under triaged, the door eater than 1 hour, and oring. (note: this surveyor old or view documents during on 04/05/2022 at 1451 via ibrillation (abnormal heart the patient had a recent fall arrival. Pulse Oximetry was 1630 pulse oximetry was minutes after arrival) with no administration at hospital. Ins (mg) IV was administered the No vital sign or oxygen derly patient was assessed prior pulse oxygen of 90% on of Dilaudid. The patient systole at 1909 and expired. Set of vital signs from 1451 1909 (5 hours and 18 aff failed to reassess the administration. Nursing staff e patient for a change in					
	Stroke symptoms	concerning to patient?:" Review of a MD "ER e/time 10/03/2023 at 1714,					

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	C	(X3) DATE SURVEY COMPLETED	
		340002	B. WING	B. WING		C 12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	. 2, 00, 2020	
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801			
()(1) ID	CHMMADVC	TATEMENT OF DEFICIENCIES	ID	<u> </u>	DDECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMPLETION	
A 068	Continued From page	e 52	A 00	68			
	revealed " History	of Present Illness					
		vith a past medical history of					
	=	ays prior who presents to					
	the emergency depa						
	weakness. Patient st	ates that she felt normal					
	when she went to tak	ce a nap at approximately 2					
		ke up at 330 (3:30) she					
		weakness on the left side of					
		oping weakness in the left					
		e notes that she was unable					
		that she has never had any					
		the past. She notes that last sode of epigastric pain, but					
	-	since fully. States that the					
	developing left-sided						
		me and called EMS for					
		cy was uncomplicated					
		9 F Oral HR: 65 RR: 20 BP:					
		Medical Decision Making					
	22-year-old female						
	emergency departme	ent secondary to onset of					
	neurologic deficit with	h last known normal of					
		PM. On exam, I initially had					
	· · · · · · · · · · · · · · · · · · ·	lsy given her age and					
	demographic info, bu						
		appreciable weakness on the					
	left side of the body v						
		expect Bell's palsy to cause					
		dition to this she was able to equally. Although there can					
		of eyebrow raise or inability to					
		lsy, I would not expect the					
		bjective deficit and motor					
		refore I did initiate a code					
		is is also complicated by the					
	•	days postpartum which does					
		ited risk for ischemic CVA					
	•	at this point would also					

* *		IDENTIFICATION NILIMPED:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
	340002 B. WING			C 12/09/2023		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/00/2020	
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
A 068	complication character pressure), or complex did not report any sei Ultimately, the decision the stroke neurologis provide thrombolytics However, patient will A) for further close we	esia (serious pregnancy erized by high blood c partial seizure, though she zure-like activity on was made in concert with t at (Hospital A) not to at this point in time require transport to (Hospital ork-up and likely MRI	A 06	68		
	testing). Ultimately m (serious pregnancy c present given her ele abnormal neurologic IV labetalol (to treat E dose in addition to 4 with a 2g/h (grams pedid reach out to and son-call who agreed and possible diagnos blood pressure and stransferred to (Hospit	e Imaging- type of diagnostic y concern for eclampsia omplication) is certainly vated blood pressure and exam. I did order 20 mg of 3P) to be given as a stating of magnesium as a bolus er hour) infusion thereafter. I speak with the OB/GYN I with this management plan is of eclampsia given her ymptoms. Patient was al A) emergently for further isposition Postpartum				
	from Hospital B to Ho indicated they arrived Review of the EMS N "(EMS) on scene at (I informed of a Red Tra urgent transport)/ in room 3, alert to EM obvious distressrei (Diagnosis): HTN (hy Preeclampsia Stroke	re Record, dated EMS transported Patient #6 spital A. The EMS record I to Hospital A at 1938. carrative note revealed Hospital B) and was cansport (red is the most Arrived to find the pt (patient) IS presence and in no cort is as follows:Dx				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		PLE CONSTRUCTION G	(X	(X3) DATE SURVEY COMPLETED	
		340002	B. WING	B. WING		C 12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CODE		12/00/2020	
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A 068	Continued From page		A 06	68			
	weakness and tinglin postpartum CT Hea	g onset10 days ad clear for bleed and clots					
		e' Meds: Mag (Magnesium) 4					
		gm/hr infusion, Labetalol 10					
	mg (milligrams)Vit						
	•	els super weak but denies					
		sea/Vomiting). Due to the					
	•	ation, (EMS) waited for					
	drip before departing	d start a magnesium (Mag)					
		obtained by Paramedic					
		ed over to the stretcher,					
	· , .	ing Pt was placed on					
	- ' -	n dioxide monitoring) noting					
	elevated rate and bo	rderline hypocapnia					
	· ·	dioxide levels below normal)					
		g waveform Once all					
		d and Mag is started pt is					
		k and transport is initiated to					
		ncy. Enroute pt is monitored					
		nts While waiting on a bed					
	· · · / ·	s monitored with minimal					
	_	Repeat neuro checks were ly Pt began to complain of					
		posterior neck pain similar					
		e she delivered. Pt report					
		I (Name) bedside Arrived:					
		Care 22:24 (2 hours 44					
		rrived to the hospital).					
	Review of the EMS R	Record revealed EMS staff					
	continued to monitor	the patient, including					
		an EKG was performed at					
		sment was completed at					
		I slight yellowing of the skin,					
		tenderness and left arm and					
		with a facial droop and neck					
		inued approximately every 5					
	147/90 at 2215.	recorded blood pressure					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	` '	
		240002	B. WING		С	
		340002	B. WING		12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	I MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
MEMORIA	L IMIOOION 11001 11AL A	ND AGNEVILLE GONGENT GE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETIO	N
A 068	Continued From page	e 55	A 0	68		
	Patient #6 arrived to I 1942. An "ED Triage" 2227 (2 hours 45 min "Subjective Rapid A for Visit: Brought by I (Hospital B) due to st facial droop and left s normal was 1400H (h symptoms at 1530H. Mode - ED (Emergen Treatments: IV Acce sulfate at 2g/hrArr Review of vital signs respiratory rate of 18, saturation of 93% on 4. Record review rev Screen Exam Form EDT" which noted ". (Transfer) from (Hosp concern for ecclamps already ordered." Reservice date/time, 10/"Patient presents as hospital for concern of presented to (Hospital droop that she notice her nap around 3:30 I around 2 PM. At (Hospital droop and leg weakness. So the patient was seen neurologist decision to (breaks down blood of here for further stroke resonance imaging). hypertensive at outside	roke like symptoms, left sided weakness, last known lours) and onset ofED Full Triage Arrival tt): EMSPre-Hospital ss, Other: Magnesium lived From: Hospital" revealed a heart rate of 82, BP of 168/96, oxygen room air and a pain score of lealed an "ED Medical Entered on 10/03/23 22:23 MSE Comments: tx loital B) for MRI brain, lia. Appears admit bed is view of the "ER Report", loid/2023 at 2310, revealed as a transfer from outside of strokelike symptoms. She lated B) today with left facial did when she woke up from PM. Her last known well was spital B), she was noted to as well as some left arm troke consult was called and in concert with telemetry was made against using tPA elots). She was transferred eval and MRI (magnetic She was also notably				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
			D. MINO			С	
		340002	B. WING _			12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMODIA	I MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
MEMORIAE MICCION TICCI TIAL AND ACITEVILLE CONCERT CE			ASHEVILLE, NC 28801				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX			COMPLETION DATE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DAIL	
A 068	Continued From page	e 56	A 0	68			
	headaches recently,	did have a headache at the					
	time of her delivery. S	She denies any chest pain or					
		urrently Physical Exam					
		2 RR: 19 BP: 168/96 SpO2:					
	93% Neurological:	Alert and oriented to					
		Patient does have left facial					
	droop with left eyebro	ow droop as well. Has very					
	mild drift on the left as	s compared to right. Has					
	difficulty lifting left leg	up against gravity					
	Medical Decision Mak						
		eclampsia less likely given					
		npsia, Bell's palsy although					
	this is less likely giver	n her symptoms in the left					
	arm and legTreatn	nent and Disposition					
		emergency department with					
	left sided weakness a	and left facial droop. Chart					
	reviewed from outside	e hospital as she is a					
	transfer from (Hospita	al B). Discussed with					
	neurologist who will a	admit to their service. MRI					
	and MRV (magnetic r	resonance					
	venography-imaging	that focuses on the veins)					
	have been ordered. F	Patient continues to have left					
	facial droop on exam	, does seem to have					
	eyebrow sparing as s	she is able to lift her left					
	eyebrow. She also do	oes have some very mild					
	pronator drift on the le	eft side as compared to the					
	right as well as difficu	ılty lifting up her left leg					
	Concern remains for	stroke. MRI has been					
	ordered and MRV as	well as ordered by					
		iss the case with OB given					
	her hypertension here						
		at 2 g/h as well as a 10 mg					
		iven her systolic of 168 here.					
	Patient admitted to ne	•					
		n Left-sided facial droop					
		ecord review failed to reveal					
		itoring of Patient #6 by					
		2227 (~2 hours 45 minutes					
	after arrival). Record	review did not reveal					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
			A. BOILDING	<u> </u>		_
		340002	B. WING			C 09/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLETION DATE
A 068	Continued From page	e 57	A 06	68		
	documentation of a pl	hysician evaluation until				
	2310. Record review	revealed the only				
		on and monitoring of Patient				
	•	riod from arrival to triage				
		Patient #6 was moved from				
		a holding unit and later to a				
		ne unit. The patient was				
	discharged home on	10/06/2023.				
	Telephone interview	with EMS #63, on				
		evealed the EMS team was				
	at Hospital B dropping	g off another patient and				
	were notified of a "red	d" transfer of a patient who				
		um with a hypertensive				
		sia or stroke. Interview				
	revealed they were no					
	wanted the patient tra					
	Medications were sta					
		ed. Patient #6, per interview,				
		toms and waited at Hospital nute wait time on the wall"				
		waits in the ED with patients				
		available bed). Interview				
	_	ued to monitor the patient				
		had right upper quadrant				
		ag Drip. Interview revealed				
		patients holding for a bed				
	had been an ongoing	issue for 3 1/2 years and				
		worse. Interview revealed				
		er did not feel the patient's				
		D as Patient #6 required				
	neuro checks, vital sig	gns and close monitoring.				
	Interview with RN #64	4 during observation on				
		030 revealed that when EMS				
	arrives with patients a					
		tays "on the wall" with the				
	=	available. They do not				
	hand-off the patient u	ntil patients get to an				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED	
			7. BOILDING		(С	
		340002	B. WING			09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
MEMORIA	I MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
MEMORIA	E IMIOOION TIOOI TIAL A	ND AGREVILLE SONGENT GE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5) COMPLETION	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR		DATE	
				DEFICIENCY)			
A 068	Continued From page	. F0	A 00	20			
A 000	Continued From page		A 06	08			
		ians may see patients on nonly hand-off to a RN."					
		interview on 11/15/2023 at					
		relation to patients arriving					
		do not "triage patients until					
	taking ownership of	the patient. Interview					
		NC in the EMS arrival area					
		ent, then the RN was "taking					
		ent." The RN stated they					
		CNC and still meet all the ble. Interview revealed that					
	in this ED, "EMS is st						
	III tillo ED, EMO 13 3t	штезропзівіе.					
	Telephone interview	on 11/15/2023 at 1410 with					
	DO #65 revealed the	DO went to assess Patient					
		bed in the ED. Interview					
		ed up for Patient #6 as soon					
		up on the ED tracking ne, the DO was not aware					
		department. Interview					
		ally the patient was already					
		n accepted by neurology, but					
		sfer. ED physicians still did					
		ng on transferred patients,					
		ew revealed Patient #6 was					
	on a Mag infusion and						
		O #65 called the accepting					
	since the patient was	called an Obstetric Resident					
	hypertensive and the						
	preeclampsia.	To Word defice the for					
	•						
	•	with Patient #6's Triage					
		/17/2023 at 0932, revealed					
	the nurse did not reca Interview revealed the	all Patient #6 or the situation.					
		e EMS team was atient they brought in until					
		attent they brought in until					
		ne ED. Once the patient was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2 0	123	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	<u></u>	12,00,20	,20	
MEMORIA	L MISSION HOSPITAL /	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) MPLETION DATE	
A 068	Continued From pag	e 59	A 0	68				
		N triaged the patient and and-off between EMS and						
	MD #67, the accepting revealed they were of the patient to Hospital decided not give through obstetrics was called delivered and Mag wobstetrics. Interview patient was triaged work revealed the patient frequent vital signs bootten do ED to ED training man ED room and the would not know a part until a call was received the patient was there. In a room the patient would not would street would not the patient was the patient would not the	on 11/17/2023 at 1205 with any neurologist for Patient #6, concerned enough to transfer al A even though they ambolytics. Interview revealed is since the patient recently was given more often by revealed the time until the was "a long time." Interview should have received by staff. The MD stated they cansfers. Interview revealed saw the patient when she was that the accepting physicians tient had arrived to the ED wed from the ED that the atterview revealed if they had ould have gone to Neuro. It was determined rensive related to pregnancy ther to be admitted to						
	symptoms at 10 days accepted for transfer ED transfer. Patient EMS on 10/03/2023 in the ED for a bed a by EMS. No docume medical provider unt not triaged or assess until 2227 (approxim after arrival by EMS)	Hospital B with strokelike s postpartum. She was r to Hospital A as an ED to #6 arrived to the hospital via at 1942. The patient waited and continued to be managed entation was noted by a il 2223 and Patient #6 was seed by hospital nursing staff ately 2 hours 45 minutes . There was a delay in t and a delay in triage,						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING		12	/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	Į.		
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETION DATE	
A 068	Continued From page		A 06	68			
	assessment and mon	itoring.					
	8. Hospital B Medica 12/16/2023 revealed arrived to Hospital B of Review of the ED Tria "Subjective Rapid of For Visit: 2130 onset weakness with facial thinning medications) TriageAcuity: 1 (hthe "ER Report" by a " History of Present 64-year-old woman symptoms. Independ the patient's husband said that at approximate him that something and saw that she was and seemed to be sluspeech was noted to the right side. Physica BP: 204/100 VITAL are reviewed and sho approximately 204/10 GENERAL: Patient is well-nourished, and cand slurred speech paralysis of the right I moderate dysarthria (consciousness seem drift of the right arm well-nourished amount of the right arm well-nourished of the right	I Record review on Patient #1, a 64-year-old, on 10/31/2023 at 2203. age, at 2203, revealed Assessment Stated Reason slurred and right sided droop; no thinners (bloodCODE STROKE. ED Full ighest acuity) " Review of physician, at 2212, revealed is Illness This patient is a . here with neurologic ent history is obtained from II, who is here with her. He ately 9:30 PM, she called out g was wrong. He looked over shaving difficulty walking amping to the side. Her be slurred She is weak on al ExamInitial Vitals SIGNS: Triage vital signs aw elevated blood pressure 100, otherwise normal. as well-developed, elearly with facial asymmetry NEURO: The patient has a sower face She has a slurred speech) Level of as normal. She does have without hitting bed Medical as patient presents with as concerning for acute nink she will likely be a colytics assuming that we can be down. She is going to CAT					
	(computerized axial to diagnostic imaging) s	omograpny - type of can right now. We are giving					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER		 	STREET ADDRESS, CITY, STATE, ZIP CODE	12,00/2020	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
A 068	intravenously). [spacereviewed CT scan hemorrhage (hemorrhof the brain] I did doneurologist, who accessor for treatment of acute The patient did receivher blood pressure drown then went back up ovinfusion was started. atraumatic intraparent (bleeding into the brathypertensive emerge in BP associated with Right-sided weaknes Transfer Form reveal for transfer at 2225. For Certification for Medical Condition and Patient requires neurology a medical attendar Review revealed Patitives are all and Review of the EMS Patient requires reduction reveal transfer. Review documentation reveal RED TRANSPORT TWAS BEING TRANS	on for blood pressure given e] 10/31/23 23:00:55I . Showing left basal ganglia nagic [bleed] stroke in a part iscuss the patient with the epts the patient in transfer a traumatic hemorrhage. The a dose of labetalol, and ropped below 160 briefly but er 170, so nicardipine Diagnosis/Disposition Acute inchymal hemorrhage in) [space] Acute incy (acute marked elevation a signs of damage) [space] is "Review of the ed Patient #1 was accepted Review of the Physician's cal Transport form revealed "at the Time of Transport: ological, cardiac, and oring and a nicardipine drip int throughout transport" ent #1 was transferred out at rity. attent Care Record revealed ent #1 as an emergency of the "Narrative" led "(EMS) WAS ISSUED A EO (Hospital A)THE PT PORTED TO (Hospital A)	A 06			
	PT WAS PLACED OF	ESTABLISHEDTHE D TARGET BLOOD 0 AND ADVISED TO RESSURE DURING				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING		12/	09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
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WILIVIONIA	E MISSION HOSFITAL A	ASITEVILLE SUNGENT CE		ASHEVILLE, NC 28801			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)	
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A 068	Continued From page		A 0	68			
	ADMINISTERED AND	D MAINTAINED					
	THROUGHOUT ROL	JTE EMERGENCY					
		AS REASSESSED EVERY					
	5 MINUTES DURING						
		ORIENTED, SLURRED					
		ED. PT CAREUPON					
	•	/AS REGISTERED, AND					
		OOM ASSIGNMENTS.					
	VITAL SIGNS WERE						
		YSICIAN STATED, WHAT					
		IE PHYSICAN (sic) WAS NSPORT FROM (Hospital B)					
		VITH AN INTRACRANIAL					
	, , ,	E PHYSICIAN ASKED FOR					
		THEN STATED 'NEVER					
	_	AINED STABLE WITH					
		sic) OF A HEADACHE. THE					
	-	me of accepting physician)					
	•	OULD MOVE TO THE ICU					
	ONCE A BED WAS A						
		HALLWAY AND WAS					
	CONTINUOUSLY MO						
		WAS ADVISED THE PT					
	WOULD BE TRANSF						
	NEUROLOGY ICU. F	PT CARE REPORT WAS					
	GIVEN TO THE ATT	ENDING NURSE PT					
	CARE WAS TRANSF	ERRED" Review					
	revealed the EMS un	it arrived to Hospital A at					
	2312 and Patient #1's	s care was handed-off to					
		(1 hour 54 minutes after					
). Review revealed EMS					
		every 5 minutes to 10					
	•	ne wait time for a bed and					
	hand-off to the hospit	al.					
		al A medical record for					
	•	2023, revealed the patient					
		via EMS at 2314. Review of					
	the "ED Report" by a	n ED physician, at 2351,					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRU		(X3) DATE COMP	SURVEY PLETED				
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NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				50	9 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		AS	SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 068	Continued From page	e 63	A (068			
		old female who presents as	1				
		oid remaie who presents as acranial hemorrhage. Was					
		ospital due to concern					
		weakness and speech					
	_ ·	130. At that time had a head					
		intracranial bleed and thus					
		ferred here. At the outside					
	•	ed to have fairly profound					
	•	en IV Lopressor (treats					
		for neurology admission					
	,	ike angiography of the head					
		ing a bed. Nicardipine was					
	also initiated for blood	-					
		ical ExamInitial Vitals No					
		ro: Right-sided facial droop					
		al fold as well as dysarthria					
		the right arm over relatively					
		ower extremities. Medical					
	Decision Making P	atient presents as a transfer					
	due to intracranial he	morrhage. Working with					
	nursing staff in order	to have this patient placed in					
	a room. Neurology is	already consulted on this					
	patient, will follow-up	with their requested CT					
	angiography. We will	also needs (sic) very close					
	blood pressure monit	oring " Review also					
	revealed a Neurology	"History and Physical",					
	service date/time 10/						
	indicated "Impressi						
		age): hypertensive etiology					
	•	hypertension) urgency: no					
	, · · · · · · · · · · · · · · · · · · ·	TN, treat >160/90 with goal					
	towards normotensio						
	I	ess or partial paralysis on					
		. Plan: admit to ICU for close					
		g" Review of the ED					
	record failed to revea	, ,					
		ing. Review revealed "Nurse					
		3 at 0051 that stated "RN					
	gave heads up to NS	ICU (Neurosurgery ICU) by					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIAL MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
assuming care of participations (patient) upstairs. Provided the hallway for approximate the hallway for approximate the hallway for approximate the hallway for approximate the transfer of the hospital they are to the hospital staff and the neurologist came to she would move as EMS, interview reverse and the meds to keep the needed to be." Interview with MD #revealed it was not utransfers, that it was for emergent evaluated in the ED as soon as patient's arrival. Interview in the highest arrival.		A 06			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING))9/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/	70/2020	
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)	
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A 068	Continued From page	e 65	A 06	68			
	care - patients needed	d hourly neuro checks and					
	vital signs with provid	er updates on changes.					
	Interview with RN #64	4 during observation					
		030 revealed that when EMS					
	arrives with patients a						
		tays "on the wall" with the					
	patient until a bed is a hand-off the patient u	available. They do not					
	-	ians may see patients on					
		n only hand-off to a RN."					
		interview on 11/15/2023 at					
		relation to patients arriving					
		do not "triage patients until					
	•	the patient. Interview					
		NC in the EMS arrival area ent, then the RN was "taking					
		ent." The RN stated they					
	· · · · · · · · · · · · · · · · · · ·	CNC and still meet all the					
	expectations of the ro	le. Interview revealed that					
	in this ED, "EMS is sti	ill responsible."					
	Telephone interview	with RN #66, on 11/17/2023					
	•	EMS team was responsible					
		prought in until a room was					
	•	ent moved to a room in the					
	triaged the patient and	was in a room, the ED RN					
	hand-off between EM						
	Dationt #4 arrived	a transfer on 10/01/0000 at					
		a transfer on 10/31/2023 at ge, nursing assessment or					
		leted in the ED. The patient					
		e NSICU (Neurosciences					
	•	on 11/01/2023 at 0105. A					
	•	ten that stated the nurse					
		the patient to the inpatient					
		med care of the patient.					
	ine first nursing vitals	s or assessment were done					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	.=	
				5	09 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		A	ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFII TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 068	Continued From page	e 66	Α (068			
	at 0110 in NSICU. EM	IS monitored Patient #1 in					
		ailed to accept, triage and					
	provide care to a patie						
	9. Review of the EMS	Patient Care Record, on					
	11/14/2023, revealed	EMS was called to Patient					
		2023. The EMS record					
		e in at 1654, EMS reached					
	T	eparted the scene at 1720					
		pital at 1748. The Patient					
		ne patient's medical history					
		er, Diabetes, Infectious					
		Other-Infection of foot - for 10/21." Review of the					
	•	ed "(EMS) DISPATCHED					
		FIC TO LISTED ADDRESS					
		OPAL EPISODE WITH					
		HORTNESS OF BREATH					
	ARRIVED ON SCE						
		, A&Ox4, SKIN PALE,					
		ITTING UPRIGHT IN A					
		IVING ROOM. PT ADVISED					
	HE HAD BEEN HAVI	NG CHEST PAIN AND					
	SHORTNESS OF BR	REATH FOR THE LAST					
	WEEKADMINISTE	ERED ASPIRINPT					
	7.5 VIOLE 11 11 11 11 11 11 11 11	AND HIS FRIEND HAD					
		OUND THE HOUSE AND					
		HE DID NOT FEEL GOOD					
		PT'S FRIEND ADVISED PT					
	*	UGHT HIM ON THE WAY					
		SED HE RECENTLY HAD					
		OOT AND IT HAD GOT AN AS TAKING ANTIBIOTICS					
	= • •	ISED HE WAS GOING TO					
		RGERY TO REMOVE THE					
		FT FOOT. IT WAS NOW					
		EKG WAS SHOWING					
		NS OF A WIDE COMPLEX					
		REMAINED COMPLETELY					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE COMP	SURVEY PLETED
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		340002	B. WING_			12/	09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	<u> </u>	
MEMORIA	. MOOION HOODITAL A	ND AGUEWU E GUDGERY OF		509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD B THE APPROPRIA		(X5) COMPLETION DATE
A 068	Continued From page		A	068			
	IMPROVEMENT IN ETO THE PT. PT WAS ROUTINE TRAFFIC ENROUTE PT'S VITA ASSESSEDIV ACC WAS FOUND TO HY SUGAR). PT ADVISED TO TAKE HIS INSUL ADMINISTERED FLUADVISED HIS CHEST THAT TAKING A DE ADVISED THIS HAS WEEK AND HAS NOWAS CONTACTED IN UPON ARRIVAL AT TO ER ROOM, WHEER PERSONNEL TO HANDOFF REPORT CONTINUALLY MONFINALLY ARRIVED AGIVEN AND PT CAR THE RECEIVING RN revealed the team ar Patient #2 at 1748 ar hospital staff at 1907 arrival). Review rever monitoring Patient #2 generally taken every recorded EMS vital s noted as 104/61, pulse ox and a pain service.	RYGEN WITH NOTED BREATHING, ACCORDING BREATHING, ACCORDING BREATHING, ACCORDING BREATHING, ACCORDING BREATHING, ACCORDING BREATHING, ACCORDING BREATHOUSE BREATHOUSE BREATH HORT PT BREATH HURT. PT BREATH HUR					
	revealed Patient #2	al record, on 11/14/2023, arrived to the hospital on ria EMS. Review of "ED					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		DATE SURVEY COMPLETED
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1210312023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 068	Triage", performed 10 and 7 minutes after a pre-hospital blood glu "3-urgent". Vital signs Pulse 72, Respiration and oxygen saturation oxygen. Patient #2's Review of the "ER Re Assistant, on 10/17/2 66-year-old male pat emergency department complaint of chest parallel patient reports that his shortness of breath of and reports that these with exertion. He also shortness of breath of states that today he is symptoms and also hearlier today. He reports that are still present bilateral lower extrements.	o/17/2023, at 1900 (1 hour rrival) revealed a access of 459 and an acuity of sewere: Temperature 97.9, as 20, blood pressure 106/69 and 100% on 4 liters pain score was 7. eport" by a Physician 023 at 1845, revealed " eent presents (to the) ent today via EMS for chief ain and shortness of breath. e has had chest pain and engoing over the past week e symptoms are aggravated or reports aggravation to with lying supine and he had acute worsening to his had a syncopal episode orts pain and shortness of the states that he also has hity swelling which has been	A 0	68		
	states that he has uld his left foot and this estates that he has plathe first digit of his left patient currently takin Diflucan (antifungal), (antibiotic)Medical reports that they gas aspirinblood press mmHg. They gave or blood pressure is 100 that patient had 7 bestracing in route with pand occasional biger	Decision Making EMS				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING _		12	/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
MEMODIA	I MICCIONI LICODITAL A	ND ACUEVILLE CURCERY OF		509 BILTMORE AVE			
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)		COMPLETION DATE	
A 068	Continued From page	e 69	A 0	68			
		comprehensive metabolic					
		te blood count), troponin,					
	•	ctic acid, and portable 1 view					
	_	EKG obtained and notes					
	-	/Cs and 4 beat run of V					
		ne) called to patients bedside assumed care of patient.					
		'Called lab to request					
		be available as soon as					
	possible. Labs resulte						
	•	mpt failed. Patient deceased.					
	Suspect etiology to ca	ardiac arrest related to MI					
	(Myocardial infarction	n- heart attack).					
	Review revealed a St	at order for an EKG at 1841.					
	Review did not revea	I an EKG was completed					
	until 1905 (24 minute	s after ordered and 1 hour					
		arrival). Review of lab					
		ollowing lab tests were					
		at at 1841 (48 minutes after					
	Patient #2 arrived): La						
	•	abolic panel), Troponin,					
	D-Dimer, Pro B-Type	vith Differential. Review of					
	•	abs were collected as Nurse					
		ninutes after the lab orders).					
	•	ed cardiac arrest at 1953, 2					
		e CBC resulted at 2002 and					
	the CMP resulted at 2	2012. The D-Dimer resulted					
		i. The Pro BNP resulted as					
		ce range 5-125) at 2023 and					
		l as 0.460 (High - reference					
		t 2039 (1 hour 19 minutes					
		ected; 1 hour, 58 minutes					
		The physician was notified.					
		physician was notified 2					
		er Patient #2 arrived to the					
		fter the patient expired).					
	keview revealed dela	ays in ordering, collecting					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION IG	(X3)	(X3) DATE SURVEY COMPLETED		
						С	
		340002	B. WING			12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A 068	Continued From page	e 70	Α 0	68			
	and resulting the labs EKG.	and a delay in obtaining an					
	10/17/2023 at 2030, rinitially evaluated by the physician assistant and syncope were unpatient's bedside at 1 reports that only more been alert and talking resuscitation) was initially placed on a monitor at rhythm revealed ventheart rhythm). He recorded to the compressions consciousness indicated perfusion (blood to the compressions, but reart rhythmrequired correceived multiple dos received magnesium (medication for irregular tachycardia progress (life threatening arrhymultiple doses of epirmedication) per ACLS support) protocol for pintubated I called the bedside to brief me of presentation. During opportunity to review EKG was brought to a this patient who presentation to the presentation of the p	ricular tachycardia (fast beived electrical therapy and Patient received high-quality He would briefly show signs atting adequate cerebral e brain) with chest mained without an organized ontinuation of CPR. He less of electrical therapyHe as well as amiodarone as well as amiodaro					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED	
		340002	B. WING_		12/0) 9/2023
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	1270	372023
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETION DATE
				DEFICIENCY)		
A 068	Continued From page	2 71	A 0	68		
	addressreversible resuscitation proceedto asystole After he remained in asystole agreed that further research the patient was proceed 10/17/23 20:38:56 chemistry lab. Tropor Diagnosis/Dispositi Ventricular tachycardi" Telephone interview EMS #70 revealed the patient with chest pai Interview revealed or irritated, throwing PV (arrhythmias) and the complex tachycardia revealed there was proposed the patient with chest pai Interview revealed or irritated, throwing PV (arrhythmias) and the complex tachycardia revealed there was proposed there was proposed they arrived to were assigned a room room and there was a caused the wait. EMS the patient started to fluids had emptied, so gathered another bag EMS, was on suppler complaints at the time got the patient into ar	causes of cardiac arrest. As led the rhythm progressed 30 minutes of resuscitation ole. All team members suscitative efforts were futile prounced dead at 8:24 PM I received a (sic) from the nin is 0.46 on Chest pain Syncope ia Cardiopulmonary arrest. On 11/20/2023 at 1415 with ey responded to a call for a n and shortness of breath. In EKG the heart was very CS (arrhythmias), PACs en short runs of wide (rapid heart rate). Interview otential for things to turn he time they got to the last a few PVCs. EMS #70 the hospital at 1750 and in at 1756 but they got to the a patient in the room which S #70 stated at some point get hypotensive and the	AU			
	minutes after arrival), able to give hand-off revealed waits had go	per interview, EMS was report to a nurse. Interview otten more common recently				
	and it seemed like a s	staffing issue. with PA #71, on 11/15/2023			_	

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		12	C 2/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		IOULD BE	COMPLETION DATE
A 068	Continued From page	e 72	A 00	68		
A 068	at 1600, revealed the with EMS and there w #71 stated he saw the and placed orders. In had not been triaged, Interview revealed pr "a few runs, approxim #71 stated the patien and the rhythm improthe EMS monitor priothe ED, the PA stated were another 4 beats sustained; the patient moved to another pat #2 after he got in an Ethe code and respond these patients should Interview revealed the evaluation was 20 mi Telephone interview at 0938, revealed the #2's room was busy a patient, so a radio rec RN #66 responded, and triaged Patient #2 placed on a monitor to Assistant (CNA). RN from EMS. Interview available when Patien When RN #66 went to #2 had just been put alert and talking. RN #65 and talking. RN #66 responded.	patient came into the ED vere no rooms available. PA e patient while in the hallway terview revealed the patient he was still in the hall. ior to arrival the patient had hately 8 beats", of V tach. PA t was given a liter of fluids ved. Patient #2 remained on r to getting a formal EKG in d. Interview revealed there of V tach but it was not t appeared stable. PA #71 hient and did not see Patient ED room until the PA heard ded. Interview revealed be closely monitored. e goal for the screening nutes from arrival. with RN #66, on 11/16/2023 nurse assigned to Patient and not able to triage the quest for help was made and lid the hand-off with EMS 2. The patient had been by the Certified Nursing #66 then received report revealed there was no bed out #2 first arrived by EMS. to triage the patient, Patient in a room and was stable, #66 stated that after Patient	A 00	58		
	were not drawn until a accepted and in a roo a room and care hand	66 drew blood for labs; labs after the patient was om. Until the patients were in ded-off from EMS, interview counting on EMS to care for				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12001202
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
A 068	Continued From page	e 73	A 06	68	
	MD #72 revealed he Patient #2 and immer revealed the expecta was an EKG within 10 a provider within 10 n there is a chest pain had to be activated be acknowledged there Interview revealed in would have gone stracture started. Patient #2 was broughome. The patient ar with chest pain and a The provider ordered after Patient #2 arrive collected by nursing after orders), after the (1 hour and 7 minutes was on a cardiac morby EMS until triage at completed until 1905 1 hour 12 minutes aft D-Dimer did not resulting and the patient expired to accept the patient resulting in delayed to 10. Closed medical revealed a 41 year of ED (emergency departs)	was a delay for Patient #2. an ideal situation the patient aight back to a room and the to the ED by EMS from rived on 10/17/2023 at 1753 syncopal episode at home. labs at 1841 (48 minutes ed), and the labs were not staff until 1920 (39 minutes e patient was triaged at 1900 as after arrival). The patient into rand received vital signs at 1900. No hospital EKG was (24 minutes after order and er arrival). The elevated it until 2006, the elevated			

NAME OF PROVIDER OR SUPPLIER	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	` '	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 3 A SHEVILLE, NC 28801 (X4) ID REFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSTS BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG				, , ,		
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of the General Surgery History and Physical at 1820 revealed a plan to proceed with						
1820 revealed a plan to proceed with	_					
laparoscopic appendectomy. Pain control and	-					
		· · · · · · · · · · · · · · · · · · ·				
antiemetics as needed. Review of ED record						
revealed the patient was transferred to preop at	·					
1830. Review of ED record revealed triage time						
at 1832 and vital signs documented at 1832 (2						
hours and 9 minutes after the patient's arrival).	hours and 9 minut	nd 9 minutes after the patient's arrival).				
Interview on 11/14/2023 at 1153 with RN #91	Interview on 11/1/	ow on 11/14/2023 at 1153 with RN #91				
revealed when patients are "on the wall" they are						
waiting to be assigned an RN (registered nurse)	-	•				
and put in a room. EMS stays with the patient in						
case they need any medical attention. Interview	=					
revealed it is typically not a long wait but can be						
up to an hour. Interview revealed patients can be						
seen by providers and prescribed medications						
while "on the wall" but can not get them because						
no RN has been assigned.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING		12/	09/2023
NAME OF PR	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	I MICCION HOCDITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
WIEWORIA	L WISSION HOSPITAL A	ND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR		COMPLETION DATE
		,		DEFICIENCY)		
A 068	Continued From page	? 75	A 06	88		
	11 Daview on 11/16/	2022 of "Nursing				
	11. Review on 11/16/	nds and Alterations of Skin"				
	policy revised 11/202					
		d on admission and once				
		r alterations in skin integrity				
		PE:Inpatient, acute care				
		ss hospitals, and other				
	related services. Eme	ergency Department				
	(ED)DOCUMENTA	TION: Document wound				
	* * * * * * * * * * * * * * * * * * * *	r, odor, drainage (color and				
		g/tunneling, induration, and				
	erythema. Document	intervention".				
	Review on 11/16/202	3 of the "Assessment and				
		y revised 06/2021 revealed:				
	"PURPOSE: A. The					
		sment is to provide the and treatment possibleThe				
	· ·	lized in order to achieve this				
	~ -	cludes assessing, analyzing,				
	-	ng, and evaluating patient				
	care or treatment".	.g,				
	Closed medical re-	d review on 11/11/00 -f				
		d review on 11/14/23 of a 22-year-old patient that				
		rgency Department (ED) via				
		nagement Services) on				
		or complaints of abdominal				
		etite, watery non-bloody				
		If burn. Review of an ED				
	_	22 at 2130 per medical				
		ssessment/PlanBurn. I				
		d instructed the nurse to				
		ssing". Review of Patient				
	#26's closed medical					
		n ED nurse assessed and				
		d a Xeroform dressing to the				
	patient's right-calf bur	n. Review revealed the				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 09/2023
	ROVIDER OR SUPPLIER L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		,o, 2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 068	A5-West on 09/03/20 revealed a nursing we completed on 09/04/2 Inpatient Wound/Osted dated 09/04/2022 at consult received for owound bed, superficial (Registered Nurse) the able to prioritize this precommend provider be applied generousl gauze, then dry gauzenly follow if wound we treament-please record a physician's order indicated: "Bactrobar applied three times dofor 7 days to right-cal a lack of documentation of the aforementioner nursing. Review of the record lacked nursing the assessment and right calf wound from 09/01/2022 through of EMERGENCY SERV CFR(s): 482.12(f)(1) If emergency services hospital, the hospital requirements of §482. This STANDARD is a Based on policy review Services (EMS) trip reservices (E	and to inpatient room #566 22 at 1357. Review bund consultation was 2022 at 1024. Review of bomy Documentation Note 1024 indicated: "Wound care alf burnwound is pink, red al. Communicated with RN hat wound team will not be beatient today. Would place order for bacitracin to y, cover with xeroform e and gauze roll, daily. Will worsend with appropriate hould if this occurs". Review dated 09/04/2022 at 2100 hopical 2% cream to be ally at 0900, 1500, and 2100 f wound". Review revealed for related to the application d wound treatment per he patient's closed medical y documentation related to treatment of the patient's presentation in the ED on hischarge on 09/07/2022. ICES	A 06	Subject of Deficiency: The hospital's leadership failed to ensure emergency care and services were provious according to policy and provider orders be to accept patient upon arrival to the eme department, evaluate, monitor and provious treatment to emergency department paties prevent delays and/or lack of triage, nurs assessment, and implementation of orde including lab, telemetry and medication of Each individual Condition of Participation cross-referenced tag in this section will be outlined in the appropriate tags section be cuttined in the appropriate tags section be outlined in the appropriate tags section be outlined in the appropriate tags section be	ided by failing rgency de ents to sing ers, orders. a's be below.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION IG	, ,	SURVEY PLETED	
340002			B. WING _			C /09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5) COMPLETION
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		DATE
A 092	by failing to accept paemergency department to expatients to prevent denursing assessment, orders, including lab, orders for eleven (11) (#92, #83, #43, #28, and #26). The findings included Cross refer to all findings included Cross	are and services were o policy and provider orders atient upon arrival to the ent, evaluate, monitor and emergency department elays and/or lack of triage, and implementation of telemetry and medication of 35 ED records reviewed #27, #29, #6, #1, #2, #12 : ings at §482.55: Emergency ent (ED) nursing staff failed care and services were o policy and provider orders atient upon arrival to the ED, d provide treatment to ent patients to prevent delays nursing assessment, and ders, including lab, telemetry es for eleven (11) of 35 eved (Patient #'s 92, 83, 43, and 26).	AC	educated that to the ED need care promptly goal of 10 min arrival. 12/1/23 Times implementation Education for process for an reflecting pating to time of trian 12/1/2023 Tripatients promore pathway for an 12/2/2023 Time real-time struccommunication.	ite surveyors lation (COP) of ights, and illowing actions ligs: loeginning with led by providing rounding. mentation of time re accurate lapid triage lation - Staff were to patients arriving led to be seen and lation assumed with a mutes upon long process - lation time of arrival ge lage line of >3 light escalation lidditional support mely and frequent	12/1/23 12/1/23
	pain on 11/09/2023 a assessed by a nurse at 1155, or with a cha pain medication was patient was never pla in the ED as ordered	ted to the ED with chest t 1149. The patient was not after triage was completed inge in condition, or after administered at 1703. The ced on continuous telemetry by a physician at 1218. The		to include saf throughput, p	ety, patient ending reassessments, and all ia internal	
	placed on telemetry a	ed to a medical floor and at 2111 when he was found on with rapid ventricular rate,			aff education with	12/1/23

		o 12/2/2023 Timely and frequent	
		real-time structured	
		communication regarding	
		review and escalation of	
		outstanding EKG orders	
		involving ED CNC/ED	
		leadership oversight.	
		Post Medication Administration	
		Assessment Completed as indicated	
			/2/23
		attestation	
		 12/2/2023 Timely and frequent real-time structured 	
		communication regarding	
		review and escalation of	
		outstanding pain	
		reassessment post medication	
		administration involving ED	
		CNC/ED leadership oversight.	
		Order to lab draw-30 minutes	
		o 12/2/2023 Timely and frequent	
		real-time structured	
		communication regarding	
		review and escalation of	
		outstanding order to lab	
		collection involving ED	
		CNC/ED leadership oversight.	
		Provider response to emergent needs	
		when escalated	
		o 12/2/2023 Letter sent from	/2/23
		CMO and Chief of Staff to all	2,23
		hospital-based providers who	
		render care in the ED	
		Timely and frequent structured real time	
		communication involving ED CNC/ED	
		Leadership oversight to include: safety,	
		patient throughput, pending	
		medications/reassessments/diagnostics	
		and escalations via internal	
		communication tool. o 12/2/2023 CNO and VP	
		Emergency Services meeting	/2/23
		to level set on CNC	
		expectations	
		ED tracking board enhancements to	
		include vital signs, telemetry, pain	
		reassessment, and EKG icons	
			/2/23
		boost	_,
		12/21/2023 Stethoscope icon	
		12/26/2022 Tolomotry	21/23
		• 12/6/2023 Multi-disciplinary team with	26/23
			6/23
		access, performance improvement, to	-
		develop a process to off-load EMS	
		· ·	
FORM CMS-256	7(02-99) Previous Versions Obsolete Event ID: EE0P11	1 Facility ID: 943349 If continuation sheet Page 93 of	of 384

		 12/7/23 Deployed inpatient tech to assist 	12/7/23
		Emergency Department Staff with vital	
		sign reassessments in the Internal	
		Processing Area (IPA). (This measure	
		was in place through the implementation	
		of the front-end redesign).	
		 12/6/2023 Multi-disciplinary team with 	12/6/23
		ER staff, facility executives, CSG, patient	12/0/23
		access, performance improvement, to	
		develop a process to off-load EMS	
		 12/14/2023 Instituted rapid triage 	12/14/23
		process	12/14/23
		 12/14/2023 Provider alterations in 	12/14/23
		workflows including the printing of	
		discharge instructions to decrease	
		patient disposition to depart metric and	
		improve throughput.	
		 12/9/2024 Trial EMS off-load location 	
		set-up	
		 12/12/23 Explored alternate inpatient 	12/12/23
		treatment locations to increase inpatient	
		capacity and decrease ED holds. This	
		resulted in halting the remodel of A3	
		West (38 beds) inpatient unit and the	
		area was prepared for reopening. This	
		allows for increased inpatient capacity,	
		decreased number of emergency	
		department holds, which reduced ED	
		volume and allows ED staff to be free to	
		care for ED patients. D2 (20 beds) was	
		identified as an additional overflow treatment area. These areas are staffed	
		with acute care inpatient nurses	
		 12/13/2023 Trial EMS off-load process 	
			10/11/00
		12/14/2023 Tracking and trending of implementation of EKG orders	12/14/23
		 12/20/2023 ED CMU escalation pathway 	12/20/23
		education and implementation	
		12/29/23 A3W unit (38 beds) opened to	10/00/00
		increase inpatient capacity, reduce the	12/29/23
		overall inpatients being held in the	
		Emergency Department, which reduced	
		ED volume and allows ED staff to be	
		free to care for ED patients. Also, during	
		this time D2 (20 beds) was utilized	
		intermittently as needed in response to	
		increases in inpatient volumes. These	
		areas are staffed with acute care inpatient nurses.	
		inpatient naises.	
		Ongoing Actions:	
		Monitoring of patient condition beginning with	
		RN triage, vital signs are obtained by providing	
		qualified personnel for ongoing rounding.	
FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: EE0	P11 Fa	cility ID: 943349 If continuation sheet Pag	ge 94 of 384

	Time also and fine resent atments and read time	
	Timely and frequent structured real time	
	communication involving ED CNC/ED	
	Leadership oversight to include: safety,	
	patient throughput, pending	
	medications/reassessments/diagnostics	
	and escalations via internal	
	communication tool.	
	$_{\odot}$ 1/5/2024 direction was given $^{1/5/2}$	/24
	for closed loop communication	
	within 60 minutes of escalated	
	barriers via internal	
	communication tool	
	ED tracking board enhancements to	
	include vital signs, telemetry, pain	
	reassessment, and EKG icons	
	 2/1/2024 EHR enhancement 	/24
	of visual cue at 30 minutes to	
	prompt staff to better capture	
	post-medication administration	
	assessments	
		1/24
	1/20/2024 Meeting between Radiology, ED, and Quality Leadership to review	,, <u>2</u> -7
	ED current processes and	
	opportunities. Applicable actions taken	
	from that meeting include:	
	o 1/25/2024 Modification of HCG _{1/25}	5/24
	order process to streamline	
	results 0 1/30/2024 Structured 1/30	1/24
	0 1/00/2021 Otractarea	1/24
	communication to close loop	
	on identified opportunities for	
	improvement	
	o 1/30/2024 Standardized _{1/30})/24
	process to facilitate patient	
	readiness for CT	
	1/22/2024 Regional EMS Coordinator 1/22	2/24
	hired for coordination and	
	communication with EMS	
	1/26/2024 Process implemented to 1/26	5/24
	evaluate ED CMU tech staffing during	
	peak hours	
	 1/30/2024 Escalation of pending CTs)/24
	via internal communication tool	
	beginning with RN triage, vital signs are	
	obtained by providing qualified	
	personnel for ongoing rounding.	
	 1/30/2024 ED triage process/workflow 1/30)/24
	enhancement launched with ED front	
	end re-design	
	 1/5/2024 Process in place to 	/24
	evaluate need for additional	
	triage RN during peak hours	
	1/E/2024 Daysland triggers	/24
	for triage escalation and	/ 24
	posted at triage desk	
		/24
	o 1/5/2024 Assessment/Re-	-
FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: EE0P11	Facility ID: 943349 If continuation sheet Page 95 o	of 384

FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: EE0P11	 ility ID: 943349	If continuation sheet Page	
			live	
			participation during 1/30 go-	
			Health Leadership	1/18/24
		0	1/18/2024 Confirmed Team	1/10/04
			supply carts	
		0	1/23/2024 Standardization of	1/23/24
			Medical Director	
			provider meeting by ER	
			of ER providers in January	
		0	1/18/2024 Front-end education	1/18/24
			responsibilities review	
			education and roles and	
			multidisciplinary team	
		0	1/17/2024 Front-end	1/17/24
			provided	
			additional vital sign machines	
		0		1/1//24
		_	1/17/2024 Per staff request, 3	1/17/24
		0	front-end area	1/29/24
		_	1/17-29/2024 Reconfigured	
			and pre-arrivals	
			in waiting room, EMS entrance	
			patients with unassigned beds	
			allow total visibility of ER	
			(ATC) desk to display and	
		0	monitor to Air Traffic Control	1/10/21
		0	1/16/2024 Added additional	1/16/24
		9	for 4 portable cardiac monitors	1/16/24
		0	1/16/2024 Capital PO issued	1/1/2/24
			expedite results for HCG	
			new lab order process to	
			operations, IT agreement to	1/10/27
		0	1/16/2024 MD, Lab	1/15/24 1/16/24
		0	1/15/2024 IT refresh complete	1/15/24
			printer in room 115	
		0	1/15/2024 Addition of script	1/15/24
			room 32	1/13/27
		0	1/13/2024 Mock set-up of	1/13/24
			cardiac monitors	
			BioMed for wall mounted	
		0	1/12/2024 Walkthrough with	1/12/24
			Critical Supply Room	
			organization and set-up of	1/12/24
		0	1/12/2024 Staff participated in	1/12/24
			Operations Council	
			by CNO and Nursing	
			assessment policy approved	-,, 1
		0	1/12/2024 Assessment/Re-	1/12/24
			session	
			multidisciplinary team design	
		0	1/11/2024 Front-end	1/11/24
			and IT	
			through with ER Operations	1/11/24
		0	1/11/2024 Due diligence walk	1/11/24
			assessment policy review	
CENTERS FOR MEDICARE & MEDICAID SE	ITTIOLO			. 0930-0391

CENTERS FOR MEDICARE & MEDICAID SER	(VIOLO			1/19/24
		0	1/18/2024 Standardization and	1/18/24
			escalation of Pharmacy order	
			verification under the MAR	
			education	
		0	1/18/2024 Worked with	1/18/24
			pharmacy to standardize	
			medication storage units	
		0	1/18/2024 Added medication	1/18/24
			refrigerator to the medication	1/10/24
			storage unit	
		0	1/18/2024 Educate staff on	1/18/24
			defined roles/responsibilities	
			and standard work flow	
		_	1/19/2024 Designated location	1/10/24
		0		1/19/24
			for discharge paperwork and	
			standardized process	
		0	1/22/2024 Streamlined	1/22/24
			laboratory process for COVID,	
			Flu, and RSV to improve	
			timeliness of results	
		0	1/23/2024 Confirmed 100% of	1/23/24
			providers received education	1/23/24
			on front-end process re-design	
		0	1/24/2024 Front-end	1/24/24
			multidisciplinary team Go/No	
			Go meeting with decision to	
			move forward	
		0	1/25/2024 Launch discharge	1/25/24
			print button to support greater	1/23/24
			efficiency for the providers to	
			print discharge instructions	
		0	1/26/2024 Greet tracker	1/26/24
			installed in provider area	
		0	1/26/2024 Streamlined	1/26/24
			laboratory process to expedite	1/26/24
			results for HCG	
		0	1/26/2024 6 workstations on	1/26/24
			wheels (WOW) deployed for	
			provider and CNC	
			documentation efficiency	
			(decreased time from arrival to	
			first clinical order)	
		0	1/29/2024 Increased staff	1/29/24
			efficiency by stocking blood	
			culture bottles in all areas	
			1/30/2024 Created intake	
		0		1/30/24
			teams to perform MSE,	
			nursing documentation, and	
			implement initial interventions	
			in Internal Processing Area	
			(IPA)	
		0	1/30/2024 Deployed 4 portable	1/30/24
			cardiac monitors	
			-	
ORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: EE0P11 F	acility ID: 943349	If continuation sheet Page	no 07 of 38/

	OMB NC). 0938 - 0391
and targ mechan email, H used by assistan Advance Departm working (7am, 9a huddle t staff. Sta education absence during fi incorpor education used to	on provided to currently working eligible geted staff and providers using multiple isms. These mechanisms included lealthStream, huddles, 1:1, and/or flyers department leaders and with the nee of the Center for Clinical ement (education). Emergency ment huddles occur at the start of each shift. Working shift start times include am, 11am, 1pm, 3pm, and 7pm). Shift factic used to educate 100% of working aff who have not completed required on, on paid time off (PTO), and leave of the will complete education prior to and/or arts returned shift. Education has been reated into new hire and contract staff on. Education in the huddle format is capture 1:1 dialogue and understanding the opportunities for teach back and	
•	12/2/2023 Education for ED nursing staff regarding process for accurately capturing patient arrival time for both walk in and EMS arrivals	12/2/23
•	12/2/2023 Education provided to ED CNCs/ED Leadership regarding timely escalations and departmental oversight	12/2/23
•	12/2/2023 ED nursing staff education regarding timely triage for both walk in and EMS patient arrivals	12/2/23
•	12/2/2023 ED nursing staff educated regarding EKG completion timely per policy/protocol	12/2/23
•	12/14/2023 ED nursing staff education with attestation post-opiate medication administration assessment	12/14/23
•	12/21/2023 ED nursing staff education regarding telemetry order initiation 12/21/2023 ED nursing staff education	12/21/23
	regarding telemetry initiation escalation process	12/21/23
•	12/21/2023 Education/resource binder created for ED Central Monitoring Unit (CMU) staff	12/21/23
•	12/21/2023 ED nursing and ED CMU staff educated regarding CMU escalation pathway	12/21/23
•	1/15/2023 ED nursing staff focused education on pain assessment/re-assessment, EKG Order to complete, lab order to collect, Arrival to Triage for EMS and Front Entrance Patients (Triage), escalation process, and telemetry cardiac monitoring through 1:1 conversations with nursing staff completed by education team.	1/15/23

completed by education team

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: EE	OP11 Fac	cility ID: 943349 If continuation sheet P	age 99 of 384
			 Numerator = # of compliant arrival-to triage times per policy/protocol Denominator = 70 observation per month Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) 	
			monitoring for subsequent 4 quarters.	
			remediation specific to outliers for 3 months, with quarterly	
			outliers/deviation from process. There will be review and	
			100% remediation of	
			The goal of our audit is to reach a minimum of 90% compliance with	
			per policy/protocol (walk in and EMS)	
			Effective: Monitoring and tracking of arrival-to-triage times	
			 CT order to exam Sustained Compliance Audits to Ensure POC is 	
			safety concerns	
			policy/protocol Realtime escalation of patient	
			 CIWA assessments per 	
			reassessment per policy/protocol	
			complete per policy/protocol o Pain Medication assessment/	
			 Arrival to EKG order-to- 	
			 Arrival to Triage Times for walk-in and EMS 	
			following:	
			requirements. Daily monitoring of performance for the	
			and that the specific deficiency cited remain corrected and in compliance with the regulatory	
			implemented to ensure that the POC is effective	
			Monitoring for Compliance/Audit Details: Monitoring and tracking procedures were	
			regarding ligature risk definition and documentation	
			2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on regarding light up rick definition and	2/6/24
			(CIWA) remedial education provided via shift huddles.	
			 2/2/2024 ED nursing staff Clinical Institute Withdrawal Assessment 	2/2/24
			end redesign	1/18/24
			greet to first order • 1/18/2024 Provider education for front-	1/10/04
			staff) for front-end redesign, order to collect, arrival to triage, arrival to greet,	
			1/18/2024 All ED staff education (all	1/18/24

Monitoring and tracking of EKG order-tocompletion per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant EKG orderto-completion per policy/protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant ECG monitoring and timely initiation of monitoring per policy/ protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of pain medication assessment/reassessment per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant pain medication assessment/reassessment per policy/protocol audits
 Denominator = 70 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of CIWA assessments per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant CIWA assessments per policy/protocol audits Denominator = 30 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team Facilitation of early event identification for timely investigation/action as appropriate Monitor for trends Ensures routing of events to appropriate parties for review Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) Process improvement initiative – Tracking ED CT order-to-exam average time and trending outliers Escalation of pending CTs via internal communication tool. Outliers are reviewed by interdisciplinary team Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) Owner: Chief Nursing Officer/ Chief Medical Officer/ACNO/VP Emergency Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 340002 12/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 BILTMORE AVE** MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE ASHEVILLE, NC 28801

PRINTED: 02/01/2024

(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
۸ ۵۵۵	Continued Frame and	. 70	4 000			
A 092	Continued From page		A 092			
		code Activation. The patient				
	at 2249. ED nursing	ency cardiac catheterization				
		of the patient's condition				
		s orders for application of				
		Nursing staff failed to				
	ensure policies and p					
	implemented.					
	2. Patient #83 was pr	esented to the ED with				
		023 at 1216. The patient had				
	,	work ordered at 1218 with				
		itoring. Labs were drawn at				
	,	minutes after ordered).				
		b at 1412 and resulted at minutes after ordered).				
	3	as 1137 (critically high).				
	-	s ordered at 1626 and				
initiated at 1709 (1 hour and 13 minutes after ordered and 1 hour and 37 minutes after the						
glucose resulted). Orders for continuous ECG						
	monitoring placed at	1218, and vital signs every 2				
		ated in the ED. At 2349 an				
		CL was ordered that was				
	=	157 (2 hours, and 8 minutes				
	0127 for nurse collect	acid was ordered NOW at				
		was a delay in labs and				
		insulin IV infusion. The lactic				
		d in the ED. At 0529 the				
	original lactic acid NC)W, order was cancelled and				
	reordered as lab colle	ect NOW on the floor. It was				
	,	ours and 15 minutes after				
		resulted at 1108 (9 hours				
and 41 minutes after originally ordered at 0127)						
		critical high. A second lactic				
acid was reordered at 1108 and resulted at 1256 (1 hr. and 36 minutes after ordered) with a result						
	•	a. A rapid response was			ļ	
		11 - 2				<u> </u>
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMP	LETED
					(C
		340002	B. WING		12/	00/2023

A 092 Continued From page 79 called previously at 1158, the patient was intubated at 1247, and ultimately expired on 11/30/2023. 3. Patient #43, a 39-year-old who presented to the emergency department (ED) by private vehicle on 08/14/2023 at 1603 with complaints of chest pain, nausea, clammy, lightheaded, right-side tingling for several weeks, with a	(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
revealed the patient was located in the waiting room area and was observed by a physician to be diaphoretic. The physician ordered intravenous (IV) fluids and CIWA protocol (assessment tool used for alcohol withdrawal) at 1841, and Ativan (medication for anxiety) was ordered at 1947. These orders were not implemented. Multivitamin was ordered at 2100. Another order was placed at 2226 for IV fluids and Lopressor. Aspirin was ordered at 2229. None of these orders were implemented. An order written at 2305 for Phenobarbital administration was not implemented. At 0107, a physician's note referenced the patient had a seizure and fall with a head injury outside the ED waiting room area. Findings revealed the patient had delays with nursing assessments, and failure to implement orders, including medication administration, and following the CIWA protocol. The patient subsequently had a seizure and fall with a resulting head injury. 4. Patient #28 presented to the ED on	A 092	called previously at 1158, the patient was intubated at 1247, and ultimately expired on 11/30/2023. 3. Patient #43, a 39-year-old who presented to the emergency department (ED) by private vehicle on 08/14/2023 at 1603 with complaints of chest pain, nausea, clammy, lightheaded, right-side tingling for several weeks, with a reported history of drinks 12 beers a day. Review revealed the patient was located in the waiting room area and was observed by a physician to be diaphoretic. The physician ordered intravenous (IV) fluids and CIWA protocol (assessment tool used for alcohol withdrawal) at 1841, and Ativan (medication for anxiety) was ordered at 1947. These orders were not implemented. Multivitamin was ordered at 2100. Another order was placed at 2226 for IV fluids and Lopressor. Aspirin was ordered at 2229. None of these orders were implemented. An order written at 2305 for Phenobarbital administration was not implemented. At 0107, a physician's note referenced the patient had a seizure and fall with a head injury outside the ED waiting room area. Findings revealed the patient had delays with nursing assessments, and failure to implement orders, including medication administration, and following the CIWA protocol. The patient subsequently had a seizure and fall with a resulting head injury.	A 092		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		
A 092	Continued From page	e 80	A 09	92		
A 092	trauma PA was requerelated to alarms and the PA indicated the passigned patient. The Levophed bag was howere not monitored a subsequent cardiac as 5. Patient #27 arrived 0025 with a reported patient had a STAT Copelvis ordered at 002 until 0755 (7 hours, 2 signed at 0825. The p10 of 10, with nauseasigns at arrival at 002 Dilaudid (narcotic pai hours and 14 minutes was diagnosed with a and had surgery that with STAT lab work, 8 reassessment and patient #29 arrived EMS and had atrial fill rhythm) on arrival. The with fracture prior to a 94% prior to arrival. The with fracture prior to a 94% prior to arrival. 190% (1 hour and 39 nevidence of oxygen and Dilaudid 0.5 milligram at 1630 and at 1816. assessment on an election the patient with a pafter the administration was subsequently as	ested by the family for help the patient's condition and patient was not the PAs e patient arrested. A new ung. The patient and IV and the bag ran dry with arrest. I in the ED on 07/04/2022 at pain level of 10 of 10. The ET of the abdomen and 7 that was not completed 7 minutes later) resulted and patient had pain reported as a and vomiting with vital estandard with a medication) at 0739 (7 after arrival). The patient a small bowel obstruction day. The patient had a delay STAT CT, nursing	A OS			
	until time of death at	<u> </u>				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					С
		340002	B. WING		12/09/2023
NAME OF PR	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)	SE COMPLETION
A 092	Continued From page	81	A 09	2	
		administration. Nursing staff patient for a change in ng).			
	symptoms at 10 days accepted for transfer ED transfer. Patient # EMS on 10/03/2023 at in the ED for a bed and by EMS. No documer medical provider until not triaged or assession until 2227 (approximater arrival by EMS), accepting the patient assessment and monosessessment and monosessessment and monosessessment and monosessessment arrival by EMS. No or evaluation was compatient was transported (Neurosciences Internatival by EMS), accepting the patient was transported (Neurosciences Internatival by EMS). No or evaluation was compatient was transported (Neurosciences Internatival by EMS), accepting the stated the nurse patient to the inpatient care of the patient. The assessment were dormonitored Patient #1 to accept, triage and patient #2 was browned. Patient #2 was browned. The patient arrival by EMS.	and a delay in triage, itoring by nursing staff. as a transfer on 10/31/2023 triage, nursing assessment inpleted in the ED. The ed to the NSICU sive Care Unit) on a nursing note was written was only transporting the trunit and had not assumed the first nursing vitals or the at 0110 in NSICU. EMS in the ED and nursing failed provide care to a patient in ught to the ED by EMS from ived on 10/17/2023 at 1753 syncopal episode at home.			
	after Patient #2 arrive collected by nursing s	labs at 1841 (48 minutes d), and the labs were not staff until 1920 (39 minutes patient was triaged at 1900			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
		340002	B. WING_			C /09/2023
NAME OF P	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	I MICCION LIOCDITAL A	ND ACHEVILLE CURCERY CE		509 BILTMORE AVE		
WEWORIA	AL MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 092	Continued From page	e 82	A 0	92		
	was on a cardiac more by EMS until triage at completed until 1905. I hour 12 minutes aft D-Dimer did not resure levated Troponin did 1953 a physician resure bedside due to a card and the patient expire accept the patient up resulting in delayed to 10. Patient #26 prese 09/01/2022 at 1845 fipain, decreased appediarrhea, and right-capatient's closed medidocumentation related treatment of the patients.	d not result until 2039. At bonded to the patient's diac arrest. CPR was started ed. Nursing staff failed to on arrival to the ED, riage, care and treatment. Intended to the ED via EMS on or complaints of abdominal etite, watery non-bloody alf burn. Review of the cal record lacked nursing d to the assessment and ent's right calf wound from D on 09/01/2022 through				
A 115	11. Closed medical re revealed a 41 year of ED (emergency departed a 45 year of 1623 via EMS (emergency departed abdominal pain, naus general surgery for conference review reveal her vital signs monitor assigned to monitor signs.	ecord review of Patient #12 d female transferred to the artment) on 07/18/2023 at gency medical service) for sea, chills, and evaluation by concerns of appendicitis. led the patient did not have red and had no nurse status or provide care.	A 1	Subject of Deficiency – A 115 The hospital staff failed to promote an protect patient's rights by failing to propose a safe environment to Emergency 15 Department patients and failed to obsconsent to treat authorization for peopatients. The hospital failed to ensure safe environment for behavioral heal patients subject to self-harm in the Emergency Department (ED) Pods	ovide tain diatric re a	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION	, ,	TE SURVEY MPLETED	
		340002	B. WING _				D 9/2023	
NAME OF PE	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE	12/	J3/2023	
MEMORIA	I MICCION HOCDITAL A	ND ASHEVII I E SUBCEDV CE		509 B	ILTMORE AVE			
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASH	EVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
A 115	Continued From page This CONDITION is r Based on policy revie Emergency Medical S review, incident repor environmental risk as and provider interview promote and protect p provide a safe enviror Department patients a authorization for psyc nonpsychotropic med The findings included: The hospital staff faile environment for behave to self-harm in the ED environmental risks in pods (cluster of rooms to house Behavioral F placement (Green Po Cross refer to 482.13 Tag A 0144. The hospital nursing s authorization for psyc	not met as evidenced by: w, medical record review, services (EMS) trip report t review, observations, sessment review and staff vs, the hospital staff failed to patient's rights by failing to ment to Emergency and failed to obtain hotropic and icinal interventions. and to ensure a safe vioral health patients subject by failing to limit the Emergency Room s in a designated area) used dealth patients awaiting d and Purple Pod). Patient Rights' Standard: staff failed to obtain hotropic and icinal interventions for 1 of 4 havioral health patient tient #75). Patient Rights'		in the des		ere care e who plaints. intain a ons and ess ed a to ency ture risk were ve sary ncern. ding house dant monitor risks. in each s, were uired for	2/3/24 2/3/24 2/3/24	
					assessment.Ongoing sustained process			

	commenced in 2022 patients presenting to the emergency department with a behavioral health complaint are screened using the Columbia Suicide Severity and Risk screening process. Patients identified to be at risk will have appropriate risk mitigation strategies through implementation of interventions such as: in-person 1:1, camera observation, and/or q15 minute rounder. • 2/3/24 Additional safety sweeps were
	conducted to identify and remove 2/3/24 potential ligature risks/ unnecessary equipment or areas of safety concern.
	 2/3/24 Emergency department leadership, accreditation readiness specialist, and facilities conducted a new Ligature Risk Assessment to include each room in the emergency depart identifying new ligature risks items such as the call cord as a potential ligature risk. 2/6/24 Education provided to the emergency department staff (RN, PCT, Paramedic, Unit Clerk, ED Leadership) on what is a potential ligature risk to natients
	 patients Education provided to the Patient Safety Attendants (PSA) regarding what is a potential ligature risk to patients 2/6/24 Increased safety rounding conducted by the administrative house supervisor, patient safety attendant lead, and nursing team lead to monitor real time compliance in ligature risks
	Education <u>Provided to Staff:</u> 2/6/24 ED Huddle start date 2/5/24 PSA Huddle start date
	 Emergency department shift huddles are conducted at the start of each employees working shift. Working shift start times include (7am, 9am, 11am, 1pm, 3pm, and 7pm). Shift huddle tactic used to education 100% of working staff to potential ligature risks to patients. Education conducted by Charge nurse and or Manager. Patient Safety Attendant education conducted in huddle at the start of each working shift. Education conducted by PSA team lead to capture 100% of working staff are educated to potential ligature risks to patients.
FORM CMS 2567/02 00) Provious Varsions Obsolate Front ID: FF0R44	Education in the huddle format is used to capture 1:1 dialogue and Facility ID: 043240 Facility ID: 043240 Facility ID: 043240

understanding to include opportunitie
for teach back and questions.

- Closed loop understanding of huddle information is tracked via staff signed document
- **Emergency Department education** ligature risk education focused on topics regarding environmental safety, CSSRS, ED expectations, and closed loop communication.
 - Re-circulated CSSRS huddle card which includes displayed icons for ED tracking board for overall care team awareness.

A 131

Monitoring for Compliance/Audit Details:

Daily, in person, rounding observations to monitor, track, and ensure that the safety measures are implemented. Patient Safety Rounding audits are used to monitor compliance with ligature risk mitigating factors such as environmental safety and patient safety attendant awareness. Ensuring the POC is effective and that the specific deficiency cited remains corrected and in compliance with the regulatory requirements.

1. Patient Safety Rounding audits are conducted by the administrative house supervisor, PSA team lead, or nursing team lead.

Sustained Compliance Audits to Ensure POC is Effective:

·The goal of our audit is to reach a minimum of 90% compliance with the rounding observations. There will be review and remediation specific to outliers for 3 months, with quarterly monitoring for subsequent 4 quarters. Numerator = # of compliant patient safety round observations

Denominator = 70 observation per month

- · Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) 2. Education: Daily monitoring and tracking using the huddle tactic to ensure
- 100% of working staff are educated to potential ligature risks to patients. See above section Education Provided to staff bullet 1 and 2.

Owner: Chief Nursing Officer/ACNO/VP of Emergency Services

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: FF0P11

Facility ID: 943349

COA Immediate Corrections and System Changes:

- Began daily review on 2/6/24 to ensure all patients under the age of eighteen presenting to the emergency department have appropriate Consent of Admission (COA) completed.
- New education created regarding Consent of Admission (COA)
 Procedures: Minors and Involuntary Commitment (IVC) to highlight identified areas of opportunity
- New education Consent of Admission: Minors and Involuntary Commitment (IVC) added to general orientation and onboarding
- New education provided to all patient access staff members working in the emergency department regarding COA

Education Provided to Staff:

Date: 2.6.24

- Education regarding COA added to general orientation and onboarding
- Patient Access education for staff
 working in the emergency department
 conducted via HealthStream and
 huddle during working shift.
 Education conducted by Patient
 Access Team Lead, Manager, or
 PAS Leadership to capture 100% of
 working staff are educated to Consent
 of Admission
- Education in the daily huddle format for patient access staff working in the emergency department (huddles conducted at 12:45 and 10pm) is used to capture 1:1 dialogue and understanding to include opportunities for teach back and questions.

Monitoring for Compliance/Audit Details: Date: 2.6.24

Utilizing the electronic medical record, pediatric patients who present to the emergency department are reconciled and audited for completion of COA.

PI	RINTED: 02/01/2024
	FORM APPROVED
Daily monitoring of appropriate	MB NO. 0938-0391
pediatric emergency department	
charts for completion of COA.	
This daily audit is being	
conducted currently to identify	
real time fallouts in our process.	
Sustained Compliance Audits to Ensure POC is Effective:	
We will conduct audits as outlined below to monitor our sustained compliance.	
The goal of our audit is to reach a	
minimum of 90% compliance with	
a completed COA. There will be	
review and remediation specific	
to outliers for 3 months, with	
quarterly monitoring for	
subsequent 4 quarters.	
Numerator = # of completed COA	
Denominator = 70 pediatric	
emergency department charts a month	
 Results reported through Quality 	
Council, Medical Executive	
Committee (MEC), and Board of Trustees (BOT)	
Owner: Chief Financial Officer/Director of	
Patient Access	
Subject of Deficiency: A 131	

PATIENT RIGHTS: INFORMED CONSENT A 131 CFR(s): 482.13(b)(2) The patient or his or her representative (as

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

Subject of Deficiency: A 131 The hospital staff failed to promote and protect patient's rights by failing to obtain consent to treat authorization for pediatric patients.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
				С
	340002	B. WING		12/09/2023
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			509 BILTMORE AVE	
			ASHEVILLE, NC 28801	

PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391

0	3 FOR WEDICARE & WEDICAID SERVICES		32 : 13	. 0930-0391
(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 DEFICIENCY)	(X5) COMPLETION DATE
A 131	Continued From page 84 allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. This STANDARD is not met as evidenced by: Based on review of the "Authorization for Nonpsychotropic Medicinal Intervention" form, medical record review and interview, the nursing staff failed to obtain authorization for psychotropic and nonpsychotropic medicinal interventions for one (1) of four (4) sampled pediatric behavioral health patient record reviewed. (Patient #75).	A 131	COA Immediate Corrections and System Changes: Began daily review to ensure all patients under the age of eighteen presenting to the emergency department have appropriate COA. New education regarding COA Procedures: Minors and Involuntary Commitment (IVC) to highlight identified areas of opportunity New education COA: Minors and Involuntary Commitment (IVC) added to general orientation and onboarding New education provided to all patient access staff members working in the emergency department regarding COA	
	Request for policy revealed the hospital staff advised there was no policy available. The hospital provided a consent form titled "Authorization for Nonpsychotropic Medicinal Intervention" which stated "By signing below I, as the Legally Responsible Person for the minor,, do hereby give my consent for the physician to perform medicinal intervention as related to the aforementioned minor. I understand that the physician will be using as medication for the purpose of treating the minor for I also understand that I can revoke this consent at any time" and "Authorization for Psychotropic Medicinal Intervention" which stated "By signing below I, as the Legally Responsible Person for the physician to perform		Education Provided to Staff: Date: 2.6.24 • Education regarding consent of admission added to general orientation and onboarding • Patient Access education for staff working in the emergency department conducted via HealthStream and huddle during working shift. Education conducted by Patient Access Team Lead, Manager, or PAS Leadership to capture 100% of working staff are educated to COA • Education in the daily huddle format for patient access staff working in the emergency department (huddles conducted at 12:45 and 10pm) is used to capture 1:1 dialogue and understanding to include opportunities for teach back and questions.	
			Monitoring for Compliance/Audit Details: Date: 2.6.24 Utilizing the electronic medical record, pediatric patients who present to the	

Facility ID: 943349

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 emergency department are reconciled and audited for completion of COA. Daily monitoring of appropriate pediatric emergency department charts for completion of COA. This daily audit is being conducted currently to identify real time fallouts in our process. We will conduct audits as outlined below to monitor our sustained compliance. The goal of our audit is to reach a minimum of 90% compliance with a completed COA. There will be review and remediation specific to outliers for 3 months, with quarterly monitoring for subsequent 4 quarters. Numerator = # of completed COA Denominator = 70 pediatric emergency department charts a month Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) Owner: Chief Financial Officer/Director of Patient Access STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 340002 B. WING 12/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 BILTMORE AVE**

MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE

ASHEVILLE, NC 28801

PRINTED: 02/01/2024

(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
				DEFICIENCY)		
A 131	Continued From page	. 85	A 131			
71101			A 131			
		al intervention as related to ninor. I understand that the				
		gas medication for				
	the purpose of treating					
		can revoke this consent at				
	any time." The forms					
	=	ponsible person signature,				
	relationship, and with					
	Review on 12/04/202	3 of the closed medical				
		revealed a 12-year-old				
	female that presented	•				
	Department on 06/30	• •				
	•	oluntary Commitment (IVC)				
	paper for assault on the	nerapist and mother. Patient				
	#75 was admitted to i	npatient behavioral health				
	services on 07/01/202	23 at 2027. Review of the				
		ation Record (MAR) showed				
		administered Zyprexa on				
		Melatonin and Trazodone at				
	0045, Prozac, Guanfa					
		ylenol at 0913, Benadryl				
		and Sarna Topical Lotion at				
		nedical record revealed a				
	signed authorization/o					
		or the following psychotropic				
		ns: Zyprexa (15 hours and inistered), Trazodone (15				
	hours and 29 minutes					
		Lamictal and Quetiapine (7				
	hours and 57 minutes	• •				
	Zyprexa (6 hours and	•				
		ew of the MAR revealed that				
	Patient #75 was admi					
		rith no evidence of a signed				
	authorization/consent					
	parent/guardian. Revi	iew of the medical record				
revealed a signed authorization/consent form						
dated 07/01/2023 at 1614 for the following						
	,				1	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING _		COMPI	-E I E D
		340002	B. WING		(0/2022

NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(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 DEFICIENCY)	(X5) COMPLETION DATE	
A 144	Continued From page 86 non-psychotropic medicinal interventions: Melatonin (15 hours and 29 minutes after administered), Tylenol (7 hours and 1 minute after administered), and Sarna Topical Lotion (5 hours and 39 minutes after administered). Interview on 12/06/2023 at 1520 with RN #84 revealed that consent forms should be obtained from the parent/legal guardian prior to administration of psychotropic and/or non-psychotropic medications to a minor. PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2) The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: Based on observations, review of the "Environmental Risk Assessment for Suicide Prevention" form, and staff and provider interviews, the hospital failed to ensure a safe environment for behavioral health patients subject to self-harm in the Emergency Department (ED) Pods (cluster of rooms in a designated area), and identify and/or remove potential environmental hazards that were located in the designated behavioral health area. The findings included:	A 144	Subject of Deficiency: A 144 The hospital failed to ensure a safe environment for behavioral health patients subject to self-harm in the Emergency Department (ED) Pods (cluster of rooms in a designated area), and identify and/or remove potential environmental hazards that were located in the designated behavioral health area. Mission Hospital ED is a medical ED where care is provided to all patients, including those who may present with behavioral health complaints. The ED at Mission Hospital does not maintain a designated behavioral health area. Policy: 1PC.PSY.0102 – Patients At Risk for Suicide in Non-BH Settings Safe Environment Immediate Corrections and System Changes:		
	Observation on 11/13/2023 at 1150 during tour of the emergency department (ED) revealed Green Pod had twelve patient care rooms, eight of which had adolescent behavioral health patients in them. Three of the eight patients had a sitter at		 Emergency department leadership, accreditation readiness specialist, and facilities conducted a new Ligature Risk Assessment to include each room in the emergency depart identifying additional ligature risks items such as the call cord as a potential ligature risk. Additional safety sweeps were conducted to identify and remove potential ligature risks/ unnecessary equipment or areas of safety concern. Increased safety rounding conducted 		

by the administrative house supervisor, patient safety attendant lead, and nursing team lead to monitor real time compliance in ligature risks

System Changes:

- The necessity of objects in each room, as well as anything that is specifically located in the rooms, were evaluated and anything not required for direct patient care was removed following an ongoing ligature risk assessment.
- Patients presenting to the emergency department with a behavioral health complaint are screened using the Columbia Suicide Severity and Risk (CSSRS) screening process. Patients identified to be at risk will have appropriate risk mitigation strategies through implementation of interventions such as: in-person 1:1, camera observation, and/or q15 minute rounder.
- Additional safety sweeps were conducted to identify and remove potential ligature risks/ unnecessary equipment or areas of safety concern.
- Emergency department leadership, accreditation readiness specialist, and facilities conducted a new Ligature Risk Assessment to include each room in the emergency depart identifying additional ligature risks items such as the call cord as a potential ligature risk.
- Education provided to the emergency department staff (RN, PCT, Paramedic, Unit Clerk, ED Leadership) on what is a potential ligature risk to patients
- Education provided to the Patient Safety Attendants (PSA) regarding what is a potential ligature risk to patients
- Increased safety rounding conducted by the administrative house supervisor, patient safety attendant lead, and nursing team lead to monitor real time compliance in ligature risks

Education Provided to Staff: 2/6/24 ED Huddle start date 2/5/24 PSA Huddle start date

 Emergency department shift huddles are conducted at the start of each employees working shift. Working shift start times include (7am, 9am, 11am, 1pm, 3pm, and 7pm). Shift huddle tactic

- used to education 100% of working staff to potential ligature risks to patients. Education conducted by Charge nurse and or Manager.
- Patient Safety Attendant education conducted in huddle at the start of each working shift. Education conducted by PSA team lead to capture 100% of working staff are educated to potential ligature risks to patients.
- Education in the huddle format is used to capture 1:1 dialogue and understanding to include opportunities for teach back and questions.
- Closed loop understanding of huddle information is tracked via staff signed document
- Emergency Department education ligature risk education focused on topics regarding environmental safety, CSSRS, ED expectations, and closed loop communication.
 - Re-circulated CSSRS huddle card which includes displayed icons for ED tracking board for overall care team awareness.

Monitoring for Compliance/Audit Details:

Daily, in person, rounding observations to monitor, track, and ensure that the safety measures are implemented. Patient Safety Rounding audits are used to monitor compliance with ligature risk mitigating factors such as environmental safety and patient safety attendant awareness. Ensuring the POC is effective and that the specific deficiency cited remains corrected and in compliance with the regulatory requirements.

- 1. Patient Safety Rounding audits are conducted by the administrative house supervisor, PSA team lead, or nursing team lead:
- The goal of our audit is to reach a minimum of 90% compliance with the rounding observations. There will be review and remediation specific to outliers for 3 months, with quarterly monitoring for subsequent 4 quarters.

 Numerator = # of compliant observations
 Denominator = 70 observation per month
 Results reported through Quality
 Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVI CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-03				
CENTERS FOR INIEDICARE & I	MEDICAID SERVICES		2. Education: Daily monitoring and tracking using the huddle tactic to ensur 100% of working staff are educated to potential ligature risks to patients. See above section Education Provided staff bullet 1 and 2. Owner: Chief Nursing Officer/ACNO/VF of Emergency Services	re to	.0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			LETED
	340002	B. WING		C 12/09/2023	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(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 DEFICIENCY)	(X5) COMPLETION DATE	
A 144	Continued From page 87 the doorway of their room (Room 78, 80, and 83). Observation revealed all eight behavioral health patients had a corded call bell. Tour of the Purple Pod revealed a twelve-patient care room unit with eleven behavioral health adult patients in them. Observation revealed all eleven patients had corded call bells. There were two sitters for two of the eleven patients (Room 44 and 48). There were three rooms in the Purple Pod that had Hoyer lifts (device to assist with moving and lifting a patient who cannot move themselves) on the ceiling (Rooms 37, 42, and 45). The twelve rooms and the bathrooms in the Purple Pod had rectangle shaped hook(s) behind the door that were not breakaway hooks. Staffing consisted of two Registered Nurses and a Rover (a Patient Safety Attendant assigned to round every fifteen minutes on the patients in the unit). Observation on 11/15/2023 at 1315 in the Purple Pod revealed eight behavioral health adult patients. The Rover (Patient Safety Attendant assigned to perform every fifteen-minute checks)	A 14	4		DATE	
	took a corded telephone into Room 46 and left the room. The patient in the room did not have a virtual sitter nor a one-to-one sitter while having the corded telephone. Observation on 11/30/2023 at 0947 during tour revealed there were four patients in the Green Pod with corded call bells. There were no sitters with the four patients. The patient in room 77 had a hospital bed with a fitted sheet on the bed instead of the behavioral health safe sheets (linen that is designed to not hold tied knots). Observation revealed Rooms 73 and 82 had bathrooms within the patient rooms. Each bathroom contained safety handrails that you could tie something completely around the rail,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING		12	2/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMODIA	I MICCION LICCRITAL A	ND ACUEVILLE CURCERY OF		509 BILTMORE AVE			
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETION DATE	
A 144	Continued From page		A 14	14			
		r faucets on the sinks, and					
		servation during tour of the					
	•	the Pod had been "flipped"					
	back for non-behavio	ral health patients.					
		ew of the "Environmental					
	Risk Assessment for	2023 revealed any ligature					
		sted as being mitigated by					
		t were put in place as					
	identified by the suici						
	Interview on 11/27/20	023 at 1500 with Acting Chief					
		O) #47 revealed that all the					
	•	and all the Pods in the ED					
	were used for any typ	e of ED patients. A					
	behavioral health pat	ient could be placed					
	anywhere in the ED r	not only in the Blue Pod, or					
	the current overflow F	Pods, Green and Purple, that					
	were currently used t	o house overflow behavioral					
	health patients. ACN						
	behavioral health pat						
	(Columbia Suicide Se						
		d to evaluate a patient's					
		behavior) score performed					
		SRS score was used to					
		was low, moderate, or high					
	` '	key questions within the					
		crease the score from low to). Interview revealed a					
		ald perform their assessment on trumps the score of the					
		aled the risk of self-harm					
		on the patients' C-SSRS					
	score, if a patient was						
		een minutes by the Rounder,					
		derate risk, they got a virtual					
		nt was High risk, they got a					
	one-to-one sitter.						
						1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12,00,1020	
				509 BILTMORE AVE		
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
A 144	Continued From page	e 89	A 14	4		
	Interview on 11/27/20	023 at 1504 with Nurse Vice				
		vices #20 revealed the risk				
	of self-harm were mit					
		ore. Interview revealed if a				
	•	they were rounded on every				
		Rounder, if the patient was				
		ot a virtual sitter, and if the				
		they got a one-to-one sitter.				
		ck on the patient as they				
		d perform safety checks on				
	every patient in the P					
	Interview on 11/28/20	023 at 1306 with COO (Chief				
		0 and ACNO #47 revealed				
		teps for overflow areas of				
		ients in the Green and				
		ff members reported that				
		n the electronic medical				
	_	validated the rooms were				
	safe for the patient. T	he hospital saw an increase				
		avioral health patients, so				
	when the new Pediat	ric ED area opened in				
	September of 2023, t	he space that was				
	previously used for po	ediatrics (identified as the				
	Purple Pod) became	an overflow/holding area for				
	•	ients. Interview revealed the				
		dical ED patient was in the				
		ric patient) was September				
	26, 2023 (after the en					
		de prevention was performed				
		3). Interview revealed safety				
		patients in the Green Pod				
		RS score would be every				
		by the Rounder or the virtual				
		ne sitter. Depending on the				
		nd their acuity (high risk,				
		nts that wander) there would				
	be either one or two F	Rounders in the Pod.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
NAME OF DE	ROVIDER OR SUPPLIER	0.10002		STREET ADDRESS, CITY, STATE, ZIP COD	Œ	12/09/2023	
NAME OF T	COVIDER OR SOLT EIER			509 BILTMORE AVE	_		
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				ASHEVILLE, NC 28801			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
A 144	Continued From page	e 90	A 14	44			
	· -	the volume was low, the					
		and can put an adult patient					
		h the adolescent behavioral					
		view revealed that based on					
		ney would put in place					
		onitor) to assure safety for					
	-	ember stated they do not					
	monitor and cannot p	oull the data to determine the					
	last time there were b	ooth pediatric/adolescent and					
	adult patients in the	Green Pod at the same time.					
		e staff do not monitor when					
		s behavioral health only					
		cal ED patients, nor how					
		eing flipped back and forth. It					
		e staff mitigate the risk of					
		ace down to what is deemed					
		ving trash cans, suction,					
		e the beds have a behavioral					
		et on it. Interview revealed					
		as not removed from the ent's way of calling staff if					
	they need something						
		n. Mitigating factors (every					
		virtual sitter, or one-to-one					
		e based on the C-SSRS					
	score. The staff mem						
		if the patient wants to make					
		that it was a patient's right					
	•	alls. If the patient was high					
	risk, have a one-to-or	ne sitter with them when they					
		if they were a moderate risk					
		tter with them, and the low					
	risk has an every fifte	een-minute check done by					
	the Rounder. The "nu	urses are really in tune with					
	the patients" in behar	vioral health. Interview					
	revealed the nurses	rotate throughout the ED and					
		king in the pods that have					
		y patients in them. Interview					
	revealed the Green F	Pod and Purple Pods were					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
			A. BOILDING				С
		340002	B. WING			12/09/2023	
NAME OF PE	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	,	00/2020
MEMORIA	I MICCION LICCRITAL A	ND ACHEVILLE CURCERY OF		5	09 BILTMORE AVE		
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		A	SHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 144	Continued From page	e 91	Α,	144			
	not psych friendly. Mi place such as every f sitters, or one-to-one C-SSRS score. Interview on 11/30/20 #51 and Manager #45 Risk Environmental A revealed the Green P were a medical ED at unit. Behavioral Health area of the ED. The side behavioral patients in by every fifteen-minur sitter, or a one-to-one call bell cords break a instance, someone progressure on it. It was at the cord itself as a self-harm, just that it wall. Telephone cords risk assessment that reported they were not their rooms. The in assessment was don September 08, 2023. conducting the assess room in the ED when Risk Assessment for staff members stated	tigating factors were put in ifteen-minute check, virtual sitters based off the patients 223 at 1532 with Manager 9, that performed the Suicide assessment on 09/08/2023, and Purple Pod areas and not a Behavioral Health th patients could be in any staff reported that all risks for a the ED could be mitigated the observation, a virtual esitter. The staff stated, the away from the wall if, for alled on it or put too much stated that they did not look risk used for hanging or could break away from the swere not evaluated on the was performed, and staff of aware that Behavioral given a telephone with cords terview revealed that a risk					
	over to behavioral he	alth holding/overflow after were moved to the new					
A 263	QAPI CFR(s): 482.21		Α2	263			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND I DAN OF GOTTLESTION		IDENTIFICATION NOWBER.	A. BUILDING				
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NAME OF D	DOVIDED OD CUDDUED	340002	B. WING	CTREET ADDRESS CITY STATE ZID CODE	12	/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE					
				ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
A 263	maintain an effective, data-driven quality as improvement program. The hospital's govern the program reflects thospital's organizatio hospital departments those services furnish arrangement); and fo to improved health ou and reduction of med. The hospital must make evidence of its QAPI. This CONDITION is Based on policy revies Improvement Plan reincident report review review, and staff interfailed to ensure advedocumented, tracked order to implement prosuccess of actions tal. The findings included.	velop, implement and one on one of the complexity of the one and services; involves all and services (including one of under contract or cuses on indicators related outcomes and the prevention of colors and demonstrate of program for review by CMS. In the complexity of the one and services (including one of under contract or cuses on indicators related outcomes and the prevention of colors and the prevention of colors and demonstrate of colors and in one of the colors and inspection of the colors and inspection of colors and inspection of colors and indentify seen.	A 2		e , order to identify n of the ny near misses, safety reports thip vestigation erral for remental ership and coversight of ure orts report ship for from past 24 safety reports d members of Risk team thy event imely		
	incidents for improve	ment opportunities and potential causes and identify		appropriate o Monitor for trend	3		
		seven (7) of 94 sampled		 Ensures routing 	of events to		
		wed. (Patient #'s 58, 27, 59,		appropriate part			
	50, 15, 13, and 2).				ated concerns		
	, -, -, -,,-			and events service line			
	Cross refer to §482.2	1 Standard: QAPI Quality		and/or peer			

DEPARTMENT OF HEALTH AN	ND HUMAN SERVICES		FI	FORM APPROVED		
CENTERS FOR MEDICARE &	MEDICAID SERVICES			MB NO. 0938-0391		
			appropriate All mortality events captured in daily mo report being reviewe CMO/ACMO Intense Analysis/SEAs Unit/departmental leader accountability for timely e investigation, actions, an MOS in partnership with Quality/Patient Safety/Riteam as appropriate Lessons learned and bes practices shared via case studies at monthly Patier Safety Committee	rship event ad isk st e		
			 Monitor for Compliance: Monthly reporting in Quality Counciling Reporting through Board of Truste (BOT) Owner: Chief Medical Officer/ACMO 			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION (X	(3) DATE SURVEY COMPLETED		
				С		
	340002	B. WING		12/09/2023		
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801					

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OLIVILIN	3 FOR MEDICARE & MEDICAID SERVICES		OWE ITO	. 0930-0391
(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 DEFICIENCY)	(X5) COMPLETION DATE
A 263	Continued From page 93 Improvement Activities: Tag A 0286. 2. The hospital's leadership failed to provide	A 263		
	oversight and responsibility of the quality improvement program to ensure medical errors were tracked and trended, failed to document incidents for improvement opportunities and failed to investigate potential causes and identify corrective action for 7 of 94 sampled patients reviewed. (Patient #'s 58, 27, 59, 50, 15, 13 and and 2).			
	Cross refer to §482.21 Standard: QAPI Quality			
	Improvement Activities: Tag A 0309.		Subject of Deficiency, A 296	
A 286	PATIENT SAFETY	A 286	Subject of Deficiency: A 286	
	CFR(s): 482.21(a), (c)(2), (e)(3)		The hospital staff failed to ensure tracking and	
	(a) Otan danda Dan mana Ocana		trending of medical errors by failing to document	
	(a) Standard: Program Scope		incidents for improvement opportunities and	
	(1) The program must include, but not be limited		failing to investigate potential causes and identify	
	to, an ongoing program that shows measurable		corrective action.	
	improvement in indicators for which there is			
	evidence that it will identify and reduce medical errors.		Plan of Correction:	
	(2) The hospital must measure, analyze, and		Education:	
	trackadverse patient events		12.3.23 Healthstream online annual safety event reporting mandatory education completed for all staff.	
	(c) Program Activities		completed for all staff.	
	(2) Performance improvement activities must		Actions:	
	track medical errors and adverse patient events,		Widespread dissemination of the	
	analyze their causes, and implement preventive		importance of reporting any	
	actions and mechanisms that include feedback		patient/staff/visitor events, near misses,	
	and learning throughout the hospital.		and/or concerns for safety.	
			Daily reporting of patient safety reports	
	(e) Executive Responsibilities, The hospital's		activity at Safety Huddle	
	governing body (or organized group or individual		Unit/departmental leadership	
	who assumes full legal authority and responsibility		accountability for event investigation and actions, including referral for	
	for operations of the hospital), medical staff, and		intradisciplinary/interdepartmental	
	administrative officials are responsible and		collaboration	
			Routine call with ED leadership and	
			Quality/Patient Safety/Risk for review of	
			ED patient safety reports	
			 Quality/Patient Safety/Risk oversight of 	
			patient safety reports closure	
			Routine patient safety reports emailed	
			to hospital leadership for review of	
			reported events from past 24 hours	
			Routine review of patient safety reports	
-00110110 050	7/02-99) Previous Versions Obsolete Event ID: EE0P11	_	rility ID: 043340	

PRINTED): 02/01/2024	
FORM	1APPROVED	
	. 0938-0391	1
by Hospital Leadership and members of		
the Quality/Patient Safety/Risk team		
Facilitation of early event identification for timely o investigation/action as		
 investigation/action as appropriate 		
 Monitor for trends 		
 Ensures routing of events to 		
appropriate parties for review		
 Provider-related concerns 		
and events escalated to		
service line leadership		
and/or peer review as		
appropriate • Ensure that any mortality		
events are also captured		
in daily mortality report		
being reviewed by		
CMO/ACMO		
Intense Analysis/SEAs Init/departmental leadership		
 Unit/departmental leadership accountability for timely event 		
investigation, actions, and		
MOS in partnership with		
Quality/Patient Safety/Risk		
team as appropriate		
 Lessons learned and best 		
practices shared via case		
studies at monthly Patient		
Safety Committee		
Monitor for Compliance:		
 Monthly reporting via Patient Safety 		
Committee		
Monthly reporting via Quality Council Paragraph of Transfer and		
Reporting through Board of Trustees (BOT)		
(601)		
Owner: Chief Medical Officer/ACMO		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	340002	B. WING		C 12/09/2023	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			509 BILTMORE AVE		
			4 OUEVILLE NO 00004		

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

ASHEVILLE, NC 28801

(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 286	Continued From page	04	A 206			
A 200	accountable for ensur		A 286			
	(3) That clear expects	-				
	established.	ations for safety are				
		not met as evidenced by:				
		w, medical record review,				
		, pharmacy unit inspection				
	review, personnel file	review, hospital document				
		physician interviews, the				
	hospital staff failed to					
	-	rrors by failing to document ment opportunities and				
		otential causes and identify				
		even (7) of 94 sampled				
		atient #'s 58, 27, 59, 50, 15,				
	13 and 2)					
	The findings included:	:				
	Review of the hospita	Il policy titled "Event and				
	Close Call Reporting"					
	revealed " Facility ri	isk management personnel				
		luty to oversee timely and				
		thin the designated systems				
		ement personnel have the				
		ersee timely and thorough esignated systems This				
		ces provided by (Hospital				
		ff members in each of these				
		services, including acute				
	care and behavioral h	nealth, critical access				
	· · · · · · · · · · · · · · · · · · ·	elated services * Emergency				
		lospital-based outpatient				
		atory services, including but				
		ral health services and stic Testing Facilities				
		or clinics that may include				
	•	federally qualified health				
		ivision Clarification In				
	addition to the roles li	sted in the policy, the				
			I			
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
		-	A. BUILDING _		(
		340002	B. WING			09/2023

MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(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 DEFICIENCY)	(X5) COMPLETIO DATE	
A 286	Continued From page 95 Directors of Quality and Patient Safety and/or Administrative Quality Directors are also responsible for oversight of this process Escalation to Leadership" 1. Medical record review revealed Patient #58 had a witnessed fall on 04/26/2023 following abdominal surgery for a gun shot wound. A CT (cat scan) of the Abdomen and Liver on 04/26/2023 showed changes to a liver hematoma (clotted blood within the tissues) from the previous CT study on 04/25/2023. Patient #58 was moved to ICU (intensive care unit) for closer monitoring, and Interventional Radiology was consulted to rule out active bleeding. On 04/27/2023 Patient #58's hemoglobin dropped from 13.2 to 7.3 [6.0] and he received 2 units of red blood cells, and he underwent CT Angiogram and found no active bleed. Request for an event report on 12/05/2023 revealed there was not one available for Patient #58 after a witnessed fall, that required interventions. Telephone interview on 12/06/2023 at 1332 with RN #95 revealed she remembered the patient. Interview revealed "he said he was going to pass out. We assisted him back to the bed after the fall and called a rapid response. I called the doctor. I didn't remember to complete a report, it was not quite a fall. I guided him to the bed, and another nurse picked his legs up onto the bed" Interview revealed Patient #58 had a witnessed fall, and an event report was not completed for Patient #58. Interview revealed hospital policy was not followed for Patient #58.	A 286			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		* /	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
	ROVIDER OR SUPPLIER L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	1200/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COMPLETION	
A 286	complete a (named) a Interview revealed for report should be com an event report should Patient #58. Interview was not followed for FT Telephone interview of MD #94 revealed he interview revealed " injury it would not be re-bleed, it required prontrol. He did get an interventional radiologister the event to ensibleedIt's impossible extend an injury or stall interview revealed Painterventions after the ensure he had no act revealed hospital police event reporting for Pafall.	led "if a patient falls, we an incident report" witnessed falls an incident pleted. Interview revealed dhave been completed for revealed hospital policy Patient #58. on 12/07/2023 at 0906 with remembered the patient. The had a traumatic liver surprising to have a acking, and hemorrhage CT and have an gy angiography procedure are he didn't have an active to tellthe fall did not any at the hospital"	A 28	36		
	Event and Close Call Procedure, with effect revealed "PURPOS minimize risks to patie development and impose call reporting sy affirmative duty of all agents and employee facility to report event Patient Safety Directed designee. Furthermore mitigate risks and impose reveals and impose the procedure of the p	Reporting Policy and tive date 04/01/2022 E: This policy is intended to ents,through the lementation of an event and estem based upon the health care providers and all s of the licensed health care s and close calls to the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
340002		B. WING		C 12/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	12/09/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
A 286	data elements througe event reporting system completed as soon as but no later than the experimental Accountable Reporting responsibility for reported with any person or has direct knowled call" Medical record review arrived in the ED on Coreported abdominal properted abdominal properted abdomen and pro	nd unsafe situations. I will provide the needed h a formal, documented m. Event reports should be s possible after the event, end of the shiftX. Fair and ng CultureB. The rting an event or close call who witnesses, discovers, ge of that event or close I revealed Patient #27 I7/04/2022 at 0025 with a ain level of 10 of 10, and The patient had a STAT CT belvis ordered at 0027 that ntil 0755 (7 hours, 27 d and signed at 0825. The rted as 10 of 10, with with vital signs at arrival at dicated with Dilaudid tion) at 0739 (7 hours and al). The patient was Ill bowel obstruction and had patient had a delay in pain ab work, STAT CT, and rescribed. Safety Report (Event e was not one available. 23 at 1350 with ED RN #38 27 revealed patients had in management, STAT lab of physician orders in the rview revealed an event	A 28		

` ,	ROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	340002	B. WING			C 12/09/2023	
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID SUMMARY STATEME PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		
A 286 Continued From page 98 Interview on 11/17/2023 at revealed she had current or room patients not getting on ED waiting room. Interview report should have been comport should have been comported should have been comported to should have been comported for should have been	oncerns with waiting riders completed in the revealed an incident impleted for Patient 1414 with ED MD #26 in after she was ays a person to get taff to place orders. It is patient didn't get sments and no ening on a timely Patient #27 did not STAT lab work, STAT is prescribed. Interview should have been eview revealed on admitted to the a diagnosis of acute sician orders, it leukemia included notherapy medication) ogy medication). On infused Dacogen after erified the medication. 3/18/2023, an at the patient received in.	A 2	86			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1200/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 286	March 2023 through there had only been on 5/16/2023. Interview on 12/6/202 with the oncology pheatients could be lochospital, in which case would be delivered from pharmacy to the onconurse(s) would be reperspective unit(s) for (intravenous and/or of pharmacist was unawas administered and Interview on 12/7/202 AM with oncology state declined the first doshave resulted in the amedication. Interview on 12/7/202 Director of Quality reto enter an incident reto anyone regarding expired dose of Daccoccurred 3/17/2023. Interview on 12/7/202 Oncology Unit Manage 2023 the oncology untreatment administration oncology nurses and The OUM further indications.	rmacy unit inspections from November 2023 revealed one inspection documented 23 at approximately 8:45 AM armacist revealed oncology ated on any unit within the se, the oncology medication om outpatient infusion ology unit. The oncology sponsible for going to the	A 28	36		

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.12 . 12 0.	0011112011011	.52	A. BUILDING	·		
		340002	B. WING		C	
NAME OF D	OVIDED OD CLIDDLIED	340002	1 2	CTREET ADDRESS CITY STATE 71D CODE	12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
				ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		
TAG	REGULATORT OR L	23C IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	116	
A 286	Continued From page	100	A 28	6		
7.1200			A 20	0		
	because no audits ha	a been performed.				
	Telephone interview of	on 12/8/2023 at 3:00 PM with				
		ed providers were made				
		of any problems or concerns.				
	As related to the adm	inistration of expired				
	medication to a patier	nt, the oncologist revealed,				
	=	e main concern which falls				
		epartment and was pretty				
		ppened in the case of				
		nquiry revealed that since				
		ame of organization], the				
		uable nurses which led to				
	the hiring of new/inex	=				
	led to an increase in e	el staff. The changes in staff				
	neutropenic patients,					
	• •	Additionally, in the past				
	_	re directly admitted to the				
		emergency department				
		ncology patients were				
	=	emergency department				
		of transfers, which put the				
	oncology patients at a	an increased risk for				
	infection. Additionally	, the unit no longer admitted				
		cology patients because				
		erred to other hospitals.				
		ealed pharmacy errors				
		to the loss of experienced				
		ts. The interview concluded				
		ed concerns were voiced to				
		or the oncology service line				
	in which there were n					
	observations of chang					
		ed medical record for Patient ar-old female presented to				
	the Emergency Depa	•				
		/C (involuntary commitment)				
		eening exam; Behavioral				
	ioi a Esychiatric Scre	bening exam, benavioral				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
			A. BUILDING	<u></u>		С	
		340002	B. WING			/09/2023	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		103/2023	
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETION DATE	
A 286	Continued From page	e 101	A 28	36			
	health concern." Revi	iew of the Provider Note					
	dated 05/04/2023 at 1	1640 revealed " patient					
	presents with IVC par	perwork and recent behavior					
		r to others in particular I					
	will have behavioral h	nealth services see the					
	patient" Review of	•					
		06/2023 at 0531 revealed					
		o (year old) female with h/o					
		d mild intellectual disability,					
		ne ED under IVC due to					
	increasingly aggressi						
		c) that the patient has been					
		ghborhood with a hammer.					
	She has done though	_					
	•	eyes with his hat while					
		ng him. The (sic) patient's					
		scalating since she could no ner programs during COVID					
		ad of going to a group home,					
		ged) home from her last					
	-	en increasingly irritable					
		to calm herself down and					
		c) dangerous behaviors					
	•	atient) became unexpectedly					
	•	ning), pulled nurse and					
	•	g asked if her ears hurt (she					
	was pulling at them).	-					
		medication to help you relax)					
	at time of arrival to the						
		rise no PRN (as needed)					
		not required restraint She					
		ning from speech), although					
	sometimes echolalic						
	echopraxic (involunta	ry copying of another					
		ovements). She waves					
	when I wave. Says 'he	ello' when I say hello, and					
	'happy' when I ask if s						
	Suggested plan; Upho	old the IVC for now; observe					
	the patient for the nex	kt 24-48 hours (sic); if the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		71. BOILBING		С	
		340002	B. WING		12/09/2023
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/03/2023
				509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
A 286	Continued From page	e 102	A 28	66	
	patient is stabilized, s	he can be discharged home			
	or to a new placemen				
	Review of the Mental	Health Contact Note dated			
	05/08/2023 at 1017 re	evealed " reached out to			
	Pt's mother,, and in	nformed her that Pt was			
		who is recommending			
		cerns of Pt safety on this			
	, 00	ehaviors w/ (with) other Pt's			
		se Note dated 05/29/2023 at			
		s was the third time pt had			
	attacked the hair of a				
		05/29/2023 at 1007 revealed			
		ed by her sitter and attacked			
	her this morning jump	- ·			
		lursing staff reports this is			
		ntact (sic) in the past 2 days			
		se Note dated 06/10/2023 at			
		r today had multiple rds me, the first was when			
		as handing her a snack in			
		health unit) The second			
		hours later when she saw			
	• •	me towards me. I attempted			
		ran towards me, screaming			
		ace. She was able to pull			
	• •	but I restrained her hands			
	_	s back, when she came			
	•	ning and tearing at my head			
	and face. I restrained				
		her room towards her bed.			
	As I let go and backed	d up leaned on her bed			
	and kicked me in the	chest with all her force I			
	don't intend to escala	te this matter any further			
	and have explained th	ne entire situation to the			
	psych clinician." Ment	tal Health Contact Note			
		2100 revealed " sitting in			
	BHU intake office and	heard yelling. Pt seen on			
		ale pt hair in hallway bed.			
	Pt was standing over	male pt's hallbed (sic), hand			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
				С	
		340002	B. WING		12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMODIA	I MICCIONI HOCDITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE	
WIEWORIA	L WISSION HOSPITAL A	ND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP	
170			17.0	DEFICIENCY)	
A 286	Continued From page	103	A 28	36	
	in male pt's hair shaki	ing pt's head around. Male			
		ediately came out of BHU			
		ack towards her room into			
		visibly upset and yelling at			
	•	se Note dated 06/18/2023			
		ran out of her room and			
		r pt who was in a hall bed.			
		e pt. ran after her back in to ehavioral health emergency)			
		, RNs, psych clinicians, and			
		d. The pt who was attacked			
		outing, punching the walls,			
		/e were able to de-escalate			
	_	pts. We moved the second			
		h his own room so he would			
	feel safe. It is unsure	if (Patient #50) was hit while			
	he was hitting her bed	d, physician did an			
		has no obvious injuries or			
		ettled in separate areas			
		nedical record revealed			
	Patient #50 was disch	narged to a facility on			
	06/20/2023 at 1659.				
	Review on 12/05/202	3 of the incident/variance			
		ording Patient #50 revealed			
		t/variance reports for the			
	incident on 05/29/202	23 nor on 06/10/2023 to			
	correspond with the ir	ncidents described in the			
	medical record notes.	There were incidents dated			
	05/27/2023 and 06/18	3/2023.			
	Telephone interview	on 12/06/2023 at 1400 with			
		e remembered Patient #50			
		distress alarm button when			
	•	. Interview revealed there			
		dents involving Patient #50			
		cking staff or other patients.			
		SA #18 had submitted			
	incident/variance repo	orts herself regarding more			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NITIMBED:		PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
	340002		B. WING	B. WING		C 12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER	l .		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	2,00,2020	
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5) COMPLETION	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SECRET CROSS-REFERENCED TO THE API		DATE	
A 286	Continued From page	e 104	A 28	86			
	than one incident with	n Patient #50. Interview					
		male patient in her room					
		ould not remember the					
		dent, however confirmed					
		ncident report. PSA #18					
		ne when Patient #50 kissed					
		in incident report should					
	have been filled out a	bout that.					
	Interview on 12/06/20	023 at 1500 with Director #82					
		d four incidents/variances for					
	-	the four were dated 2022					
	and only one from 20	23. Director #82 did not					
	have the incident/vari	iance provided to this					
	surveyor dated 05/27	/2023. Interview revealed					
	the person entering the	ne incident/variance did not					
		ord number and Director					
		medical record number.					
	Interview revealed it i						
		the medical record number					
		information will pull across					
	-	e it easier to find. Interview arch by name however if the					
		nere would be problems					
		variances that were entered.					
	• •	ed more time to research to					
		e incidents/variances. At					
		ty on 12/09/2023 at 1600,					
		provided any additional					
	information to this sur	rveyor regarding additional					
	incidents/variances for	or Patient #50.					
	5. Closed medical red	cord review of Patient #15					
	revealed a 21 year of						
		ominal pain. Record review					
		nad laparoscopic converted					
		nal colectomy (remove all or					
		d ileostomy (stoma-opening					
		y created) on 08/27/2023 for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. E		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		71. BOILDING		С	
		340002	B. WING		12/09/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/00/2020
				509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	,	/ MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
A 286	Continued From page	105	A 28	66	
	ulcerative colitis. Rec	ord review revealed on			
		ketamine drip was ordered			
		review revealed the patient			
	**	t anesthesia care unit) at			
		red to floor (unit) at 1420.			
		ed ketamine was started at			
		ent returned to PACU at			
		p. Review of nursing note on			
		evealed "Ketamine gtt (drip)			
	•	rmacy rather than to PACU. unit from PACU without			
		Notified (named) CNC			
		nator) and called to PACU			
		e transferred back to PACU			
	for ketamine gtt initiat				
	monitoring." Review of				
	08/27/2023 at 1656 re	evealed "Pt (patient)			
	transferred to floor aft	er report called to RN			
	(registered nurse). P7	was ordered Ketamine and			
	·	e medication to the nursing			
		RN agreed in report to start			
	•	to floor, since the ketamine			
		er brought back to pacu			
		aware that she was not			
	cleared by hospital re	gulations to start the			
	ketamine gtt."				
	Review of a ketamine	drip timeline document			
		ip ordered at 1117. The			
		pharmacy at 1140, but the			
		Missing medication request			
	sent by the RN at 122	8, high priority with			
	comment "please brin	ng to PACU pod 2 bay 9".			
		as accepted by pharmacy at			
	1243 and label was p				
		n. Medication hand delivered			
	•	received by the named RN.			
	•	ented as initiated at 1448.			
	Review of ketamine d	elivery signature sheet			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		340002	B. WING		C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	IND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE COMPLETION
A 286	Continued From page	e 106	A 28	86	
	revealed no time of a	cceptance documented.			
	regarding Patient #15 incident/variance rep	nt/variance reports provided 5 revealed there were no orts for the incident on pond with the incident ical record notes.			
	revealed medications on the patient's locati Interview revealed wh pharmacy staff rely o	223 at 1045 with RPH #87 s are sent to locations based from in the medical record. The patients are in PACU the n nursing to put in a missing order to get the drug to the			
	ordered the drip reve to be initiated as soon revealed the ketamin started before the pa Interview revealed "th	023 at 1230 with PA #90 who aled the drip was supposed in as possible. Interview e drip should have been tient went to the floor. The periop phase can be tricky ution does not populate			
	revealed the PACU s the pharmacy to fill th the medication had b and not to PACU. Into was called several tir medication, "so we th patient was in PACU Interview on 11/17/20 ketamine drips are no should be initiated or	223 at 1421 with RN #88 taff had waited for hours for the order. Interview revealed een delivered to the floor erview revealed pharmacy mes to inquire about thought they knew that the since we kept calling." 223 with NM #89 revealed of done on the unit, they in a higher level of care unit. e unit and pharmacy staff			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) I IDENTIFICATION NUMBER: A. BU		PLE CONSTRUCTION G	(X3)	(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	I	1203/2023	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 286	Continued From page	e 107	A 2	86			
	the ketamine drip. Int education was in 12/2 more education would	2022. Interview revealed					
	revealed the nursing medication request w medication to be prepthe location of the parequest. Interview rethat processed the la staff member that del patient's location may communicated to the Interview revealed the	when they are ready for the pared. The RN has to put in tient with the medication wealed the pharmacy staff bel may not be the same ivered the order, and the worden have been					
	Request to interview available for interview	a floor nurse revealed not v.					
	Request to interview available for interview	the unit CNC revealed not v.					
	revision date of 08/14 (lateral) transfers with Patients transferring unit) units with contin (Electrocardiogram) of continuous ECG. 2. TCMU (cardiac monito name/MRN (medical	elemetry Monitoring" with a 1/2023, revealed "Internal nin the (named hospital). C. to non-ICU (Intensive care					
	a 76 year old male ac	w on of Patient #13 revealed Imitted on 08/19/2023 at n (high blood pressure) and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 286	Intracranial hemorrha RN #53's note writter revealed "Transferred Given to (RN #54). To Mode: Wheelchair." (Patient #13 was trans Review on 11/15/202 written by CMU supe #13)" had active 48 horders from 08.24.20 being monitored." Refailed to reveal a telet of 08/25/2023. Revienot monitored by tele Review of a Safety E 08/29/2023 at 1408 ft A revealed "Status: A Manager of Floor B (Review revealed on "Assigned. Closed." Redocumentation from I revealed no document #13 without Interview on 11/15/20 supervisor #52 revea conducted at 0100 art to ensure patients are ordered. Interview refound to have an ordered. Interview refound to have an ordered being monitored. Pat monitored since trans 08/25/2023 at 1934. #13 was placed on telepton.	age (brain bleed). Review of a on 08/25/2023 at 1750 dt to Floor. Transfer Report ransport equipment: Monitor. On 08/25/2023 at 1934, afterred to a stepdown unit. 33 of an incident report rvisor #52 revealed (Patient or (hour) tele (telemetry) 23 at 1348 but were (sic) not eview of telemetry strips metry strip for evening hours or evening hours or evening hours. Went Timeline dated from Manager #56 from Floor assigned to Manager #55, sending floor manager)." 108/31/2023 at 1234, Status: eview revealed no further Manager #55. Review notation of the investigation of ut telemetry monitoring. 1023 at 1605 with CMU led a daily audit is and 1300 of telemetry patients	A 2	86			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING_			C 12/09/2023	
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	L	1200/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 286	of the transfer. Internot been interviewed Patient #13. Interview on 11/28/2 revealed no recolled of the transfer. Interview on 11/30/2 Manager #58 reveal reviewed and escala leaders. There show manager." Interview of Manage to no longer employ Patient #13 was trantelemetry orders. Af discovered without the sending floor or 7. Medical record repatient #2 revealed Emergency Departmon of the EMS Patient (Patient #2 reve	ction of Patient #13 or details view revealed RN #54 had degrarding the incident of 2023 at 1633 of RN #53 ction of Patient #13 or details 2023 at 1645 with Risk led "incidents should be atted to the department all be notes from the 2025 at 1645 with Risk led "incidents should be atted to the department all be notes from the 2025 was not obtained due ed. 2026 at 1645 with Risk led "incidents should be atted to the department all be notes from the 2025 was not obtained due ed. 2027 at 1645 with Risk led "incidents should be atted to the department all be notes from the 2025 was not obtained due ed. 2028 at 1645 with Risk led "incidents should be led "incidents should be atted to the department all be notes from the 2025 was not obtained due to the notes from the 2025 was not obtained at led to the notes in 1/14/2023 of the patient arrived to the nent on 10/17/2023. Review Care Record revealed EMS continued the patient to the hospital at led to the notes later. Prior to the lew revealed EMS continued the 2025 was not obtained and belaysED	A 28	86			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	l		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 286	of chest pain, shorted Patient #2 was noted at 1845 (52 minutes at 1845 (52 minutes at 1845 (52 minutes at 1845 (52 minutes at 1900 (1 hour, EKG was completed after arrival) and labs drawn at 1920 (1 hour Record review revea accepting the patient initiating care to the pand labs. Patient #2 1953 (2 hours after a expired after failed recommend at 1845 (1 hour satement: "I have reinitial presentation, the findings and escalation met standard of care was roomed at 1830 at 1845 the patient coof death at 22024 (sign a room. The EKG colinician and reported coded at 1953 and D Code. During the coof documented that the consciousness with the time he began review EKG, which was han read as sinus rhythm of non-sustained ven signed this EKG at the continued for anothe	as via EMS, with complaints ess of breath, and syncope. If as evaluated by a provider after arrival) and triaged by a rominutes after arrival). An at 1905 (1 hour 12 minutes is, including troponin, were are 27 minutes after arrival). Ited a delay in the hospital efform EMS, triaging and coatient, including an EKG went into cardiac arrest at arrival) and subsequently esuscitation attempts. Interceived from the hospital efform the hospital eff	A 2	86			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		340002	B. WING _	B. WING		C 2/09/2023
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	I MICCION HOCDITAL A	ND A CHEVILLE CUDCEDV CE		509 BILTMORE AVE		
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOLE CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 286	Continued From page	e 111	A 2	86		
A 286	received document in who completed it or widentify any areas of documented review of implementation of orcon the document was No updated information. Telephone interview of EMS #70 revealed El hand-off report to a nafter arrival). Interview EMS to hand-off patien more common. Telephone interview at 0938, revealed than room and care handed "counting on EMS to Telephone interview at 1600, revealed the evaluations was 20 m. Telephone interview of the case are by a provider wide acknowledged a delar revealed the physicial a review of documents.	acluding no identification of when. The document did not concern. There was no of the timing of triage or ders. Additional information arequested on 11/17/2023. On was received. On 11/20/2023 at 1415 with MS was able to given urse at 1907 (over an hour or revealed wait times for ents had recently gotten with RN #66, on 11/16/2023 at until patients were in a ed-off from EMS, they were care for (the patients) " with PA #71, on 11/15/2023 goal for screening	A2	86		
	provided revealed the	e hospital failed to identify n accepting, triaging and atment for a patient				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			5	D. WING		С		
		340002	B. WING			12/	09/2023	
NAME OF P	ROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		509 BI	LTMORE AVE			
				ASHE	EVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
					eject of Deficiency: A 309			
A 309	Continued From pa	_	A 3	309 The	hospital's leadership failed to provide	Δ		
A 309	QAPI EXECUTIVE	RESPONSIBILITIES			rsight and responsibility of the quality			
	CFR(s): 482.21(e)(1), (e)(2), (e)(5)			rovement program to ensure medical			
					e tracked and trended, failed to docu			
	The hospital's gove	rning body (or organized			dents for improvement opportunities			
	group or individual	who assumes full legal			ed to investigate potential causes and	identify		
	authority and respo	nsibility for operations of the		corr	rective action.			
		taff, and administrative		Dia	n of Commontion.			
	-	sible and accountable for		Piai	n of Correction:			
	ensuring the followi	ng:		Δct	ions:			
				7 101	 Widespread dissemination of the 	ie		
		g program for quality			importance of reporting any			
		atient safety, including the			patient/staff/visitor events, near	misses,		
	reduction of medica				and/or concerns for safety.			
	implemented, and r				 Daily reporting of patient safety 	reports		
		al-wide quality assessment			activity at Safety Huddle			
		nprovement efforts address			Unit/departmental leadership			
		ed quality of care and patient			accountability for event investig and actions, including referral for			
	_	mprovement actions are			intradisciplinary/interdepartmen			
	evaluated.	ningtion of the property of			collaboration	· cai		
		mination of the number of			Routine call with ED leadership	and		
	· ·	nt projects is conducted			Quality/Patient Safety/Risk for i			
	annually.				ED patient safety reports event			
					 Quality/Patient Safety/Risk ove 			
					patient safety reports event clos			
	This STANDARD is	s not met as evidenced by:			Routine patient safety reports reports reported to be a partial leadership for the safety reports reports and the safety reports reports and the safety reports r			
		riew, Quality Improvement			emailed to hospital leadership to review of reported events from			
		review, medical record review,			hours	μαδι 24		
		ew, pharmacy unit inspection			 Routine review of patient safety 	reports		
	-	ile review, hospital document			by Hospital Leadership and me			
		d physician interviews, the			the Quality/Patient Safety/Risk			
		p failed to provide oversight			 Facilitation of early even 			
		of the quality improvement			identification for timely			
		medical errors were tracked			investigation/action as	ļ		
	. •	to document incidents for			appropriateMonitor for trends	ļ		
		tunities and failed to			Monitor for trendsEnsures routing of ever	ante to		
		Il causes and identify			appropriate parties for			
		r seven (7) of 94 sampled			appropriate parties for			
		Patient#'s 58, 27, 59, 50, 15,						

DEPARTMENT OF HEALTH AND HUM	MAN SERVICES	FORM APPROVED
CENTERS FOR MEDICARE & MEDIC	CAID SERVICES	OMB NO. 0938-0391
		FORMAPPROVED
	ENTIFICATION NUMBER.	MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED
		C 12/09/2023
NAME OF PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE

MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE

ASHEVILLE, NC 28801

PRINTED: 02/01/2024

(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 309	Continued From page	113	A 309			
	13 and 2).					
	The findings included	:				
	Review of the Quality	Improvement Plan				
	•	oital Chief Executive Officer				
	(CEO), Board of Trus	tees Chair and Chief				
	Medical Officer (CMO) on 04/24/2023 revealed, "				
		Performance Improvement				
	_	nprove quality performance				
		imately reducing the risk to				
	-	ITABILITY The following				
		mittees are accountable for				
		developing plans, and				
		ures to assess, improve performance improvement				
		n Board of Trustees				
	The Board of Trustee					
		ementing this plan to the				
	Medical Staff, through	• .				
	_	ospital through its Quality,				
		erformance Improvement				
	Committees and lead					
	(hospital name) Quali	ty Council was organized as				
	an interdisciplinary te	am with representation of				
	Department Directors					
		taff members with input				
		al Officer. The functions of				
		e but are not limited to:2.				
	•	g continuous measurement				
	•	functions. 3. Identify of (sic)				
		es for improvement. 4. nned or completed. 5.				
		effectiveness of actions				
		vill be accountable to: 1.				
	•	s and near-misses. 2.				
		r-misses via the incident				
	•	Comply with all policies and				
		e risk and loss to the facility.				
			<u> </u>			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING _		COMP	LETED
					(0
		340002	B. WING		40/	00/2022

MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI)			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801 PROVIDER'S PLAN OF CORRECTION (X5)		
PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE	
A 309	Continued From page 114	A 309			
	Aggregation and analysis of performance data				
	is used to compare internal performance with				
	industry standards, comparable organizations,				
	and best practicesData is collected in a				
	systemic manner to: a Establish a performance				
	baseline and compare to national benchmarks				
	d) Identify areas of opportunity for more focused				
	data abstraction/reviews Data analysis is				
	performed to identify processes to be targeted for				
	change or improvement. The intent is to reduce				
	the probability of adverse outcomes and eliminate				
	patient harm events. The following events or				
	outcomes require data analysis:b)				
	Performance measurements that reveal				
	significant undesirable variation from recognized				
	standardsh) Patterns of frequent event				
	reporting (i.e. patient injury, including near				
	misses) Patient Safety/ Risk Management is				
	responsible for ensuring a culture of safety while				
	promoting safe, error-free care, and a safe				
	environment for our patients, staff and visitors.				
	Patient Safety/ Risk Management works				
	collaboratively with hospital personnel as they				
	review and triage all reported events and create				
	detailed analysis of the causes of events"				
	Review of the hospital policy titled "Event and				
	Close Call Reporting" revised 10/13/2022				
	revealed "Facility risk management personnel				
	have the affirmative duty to oversee timely and				
	thorough reporting within the designated systems				
	Facility risk management personnel have the				
	affirmative duty to oversee timely and thorough				
	reporting within the designated systems. This				
	policy applies to services provided by (Hospital				
	Corporate Name) staff members in each of these				
	settings:*Inpatient services, including acute				
	care and behavioral health, critical access				
	hospitals, and other related services * Emergency				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING		12	/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMODIA	I MICCION LIGEDITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP		COMPLETION DATE
TAG	REGULATORT OR I	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	ROFRIATE	
A 309	Continued From page		A 30	09		
		lospital-based outpatient				
		atory services, including but				
		ral health services and				
	. •	tic Testing Facilities				
		or clinics that may include				
		federally qualified health				
		ivision Clarification In				
	addition to the roles li	nd Patient Safety and/or				
	Administrative Quality					
	responsible for oversi					
	Escalation to Leaders	-				
		•				
		iew revealed Patient #58				
		on 04/26/2023 following				
		r a gun shot wound. A CT				
	(cat scan) of the Abdo					
		hanges to a liver hematoma				
	(clotted blood within t	04/25/2023. Patient #58				
		itensive care unit) for closer				
		ventional Radiology was				
	consulted to rule out a	•				
		58's hemoglobin dropped				
		and he received 2 units of				
		e underwent CT Angiogram				
	and found no active b	leed.				
	Poguast for an avent	raport on 12/05/2022				
	Request for an event	ot one available for Patient				
	#58 after a witnessed					
	interventions.	ian, macroquirou				
	-	on 12/06/2023 at 1332 with				
		remembered the patient.				
		he said he was going to				
	•	d him back to the bed after				
		apid response. I called the				
	doctor. I didn't remem	ber to complete a report, it				

· , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	12/09/2023	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
A 309	Continued From page	e 116	A 30	09		
	was not quite a fall. I another nurse picked Interview revealed Pafall, and an event represent #58. Interview was not followed for Futerview on 12/06/20 Nurse, RN #96 revea complete a (named) a Interview revealed for report should be coman event report should Patient #58. Interview was not followed for Futerview of Telephone interview of MD #94 revealed her	guided him to the bed, and his legs up onto the bed" atient #58 had a witnessed out was not completed for a revealed hospital policy Patient #58. 23 at 1409 with the Charge led "if a patient falls, we can incident report" witnessed falls an incident pleted. Interview revealed do have been completed for a revealed hospital policy Patient #58. 25 on 12/07/2023 at 0906 with remembered the patient.				
	Interview revealed " injury it would not be sit required packing, aldid get an CT and have radiology angiograph to ensure he didn't has impossible to tellthe or stay at the hospital Patient #58 did have 04/26/2023 to ensure Interview revealed he followed for event repwitnessed fall. 2. Review on 12/05/2 Event and Close Call Procedure, with effect revealed "PURPOS minimize risks to patient."	the had a traumatic liver surprising to have a rebleed, and hemorrhage control. He we an interventional by procedure after the event are an active bleedIt's a fall did not extend an injury" Interview revealed interventions after the fall on the had no active bleeding. In a spital policy was not corting for Patient #58 after a series of the policy Facility. Reporting Policy and tive date 04/01/2022 are: This policy is intended to ents,through the alementation of an event and				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 309	affirmative duty of all agents and employed facility to report event Patient Safety Director designee. Furthermo mitigate risks and impoutlining the processe events, close calls, an POLICY: Facility staff data elements througe event reporting syste completed as soon as but no later than the Accountable Reporting responsibility for reportests with any person or has direct knowled call" Medical record review arrived in the ED on Creported abdominal processes and vomiting of the abdomen and processes and vomiting of the abdomen and processes and vomiting on the abdomen	health care providers and all as of the licensed health care its and close calls to the or, Risk Manager, or re, this policy is intended to prove quality of services by the services by the services in a service of the distribution of the services of the health of the services of the se	A 3	09		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	340002	340002 B. WING		C 12/09/2023	
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
who triaged Patient # delays in receiving payork and completion ED waiting room. Interport was not completed she had curroom patients not get ED waiting room. Interport should have be #27. Interview on 11/15/20 revealed "I saw the roomed There is not labs and orders done With the new process happen, but at night I care in the waiting rovital signs, or overall meds. things are not basis. " Interview revereceive pain manage CT, and physician or revealed an incident completed for Patient 3. Closed medical reas/4/2023, Patient #58 oncology unit and recompleted for acute myeloid leukemia. Pet treatment for acute mon Dacogen (intravenou and Venetoclax (oral 3/17/2023, the patient	223 at 1350 with ED RN #38 27 revealed patients had ain management, STAT lab of physician orders in the erview revealed an event eted for Patient #27. 223 at 1102 with NP #39 rent concerns with waiting ting orders completed in the erview revealed an incident een completed for Patient 223 at 1414 with ED MD #26 patient after she was of always a person to get . No staff to place orders. It to place orde	A 30			

AND DUAN OF CORRECTION IDENTIFICATION NUMBER.		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1200/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 309	Oncologist document an expired dose of D The incident report for administration of the was requested on 12 the Director of Quality provided. Upon inquiry for phane March 2023 through there had only been on 5/16/2023. Interview on 12/6/202 with the oncology phane patients could be local hospital, in which case would be delivered for pharmacy to the onconurse(s) would be resperspective unit(s) for (intravenous and/or of pharmacist was unaw was administered and Interview on 12/7/202 AM with oncology state declined the first dos have resulted in the amedication. Interview on 12/7/202 Director of Quality restorents and incident restored to the first dos have resulted in the amedication.	ted that the patient received accogen. or Patient #59's medication expired dose of Dacogen, /7/2023 at 11:00 AM from y. No incident report was remacy unit inspections from November 2023 revealed one inspection documented 23 at approximately 8:45 AM armacist revealed oncology ated on any unit within the se, the oncology medication om outpatient infusion ology unit. The oncology sponsible for going to the report that an oncology patient expired dose of Dacogen. 23 at approximately 10:30 off revealed that Patient #59 e of Dacogen, which could administration of an expired caport and/or failed to speak	A 30	09		
	to enter an incident re to anyone regarding	•				

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	, ,	E SURVEY PLETED
						С
		340002	B. WING		12	2/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)		COMPLETION DATE
A 309	Continued From page		A 30	09		
	Interview on 12/7/202	23 at 1:51 PM with the				
		ger (OUM) revealed in April				
		nit adopted a more detailed				
		tion checklist to assist the				
	0.	the pharmacy department.				
		cated she could not speak				
		of the updated checklist				
	because no audits ha	d been performed.				
	Telephone interview	on 12/8/2023 at 3:00 PM with				
	the Oncologist reveal	ed providers were made				
	aware after-the-fact of	of any problems or concerns.				
	As related to the adm	inistration of expired				
	medication to a patier	nt, the oncologist revealed,				
		e main concern which falls				
		epartment and was pretty				
		appened in the case of				
		nquiry revealed that since				
		ame of organization], the				
	0.	uable nurses which led to				
	the hiring of new/inex					
		el staff. The changes in staff				
		errors, especially with				
	neutropenic patients,					
	•	Additionally, in the past				
		re directly admitted to the				
		emergency department				
		ncology patients were emergency department				
		of transfers, which put the				
	oncology patients at a	The state of the s				
		r, the unit no longer admitted				
		cology patients because				
		erred to other hospitals.				
		ealed pharmacy errors				
		to the loss of experienced				
		ts. The interview concluded				
	•	ned concerns were voiced to				
		or the oncology service line				
	the Medical Director f	or the oncology service line				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3)	(X3) DATE SURVEY COMPLETED	
						С	
		340002	B. WING			12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA		ND AQUEWU E QUEQUENY OF		509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 309	Continued From page	e 121	A 30	09			
	in which there were n						
	observations of change						
		ed medical record for Patient					
		ar-old female presented to					
	the Emergency Depa	•					
		/C (involuntary commitment)					
		eening exam; Behavioral					
		iew of the Provider Note					
	dated 05/04/2023 at	1640 revealed " patient					
		perwork and recent behavior					
		r to others in particular I					
		nealth services see the					
	patient" Review of						
		06/2023 at 0531 revealed					
	-	o (year old) female with h/o					
		d mild intellectual disability,					
	_	ne ED under VC due to					
	increasingly aggressi						
		c) that the patient has been					
	She has done though	ghborhood with a hammer.					
		eyes with his hat while					
	•	ng him. THe (sic) patient's					
		scalating since she could no					
		ner programs during COVID					
		ad of going to a group home,					
	"	ged) home from her last					
		en increasingly irritable					
		to calm herself down and					
	has demonstarted (si	c) dangerous behaviors					
		atient) became unexpectedly					
	agitated this AM (mor	ning), pulled nurse and					
		g asked if her ears hurt (she					
	was pulling at them).						
		medication to help you relax)					
	at time of arrival to th	• • • •					
	•	rise no PRN (as needed)					
		not required restraint She					
	is mostly mute (refrai	ning from speech), although					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG	(X3	(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1210312023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 309	person's actions or methen I wave. Says 'he 'happy' when I ask if so Suggested plan; Uph the patient for the next patient is stabilized, so or to a new placemer Review of the Mental 05/08/2023 at 1017 mether patient is stabilized, so or to a new placemer Review of the Mental 05/08/2023 at 1017 mether person with the seen by Psychiatrist discharge due to confunit, her aggressive but the Nur 0855 revealed "" Review of the Nur 0855 revealed " The attacked the hair of a Provider Note dated " Patient was trigger her this morning jump grabbing her hair In the third sitter she is in the third sitter sh	(repeat others) and ary copying of another sovements). She waves ello' when I say hello, and she is happy'(sic) old the IVC for now; observe at 24-48 hours (sic); if the she can be discharged home	A 3				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	(X3	(X3) DATE SURVEY COMPLETED	
						С	
		340002	B. WING _			12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A 309	and have explained to psych clinician." Men dated 06/18/2023 at 2 BHU intake office and camera gripping a map to was standing over in male pt's hair shak pt was yelling immeintake office, pt ran beher bed. Male pt was pt in her room" Nur at 2130 revealed "Pt. pulled hair/hit anothe After getting loose the	te this matter any further he entire situation to the tal Health Contact Note 2100 revealed " sitting in d heard yelling. Pt seen on ale pt hair in hallway bed. male pt's hallbed (sic), hand ing pt's head around. Male ediately came out of BHU ack towards her room into visibly upset and yelling at rse Note dated 06/18/2023 ran out of her room and r pt who was in a hall bed. e pt. ran after her back in to ehavioral health emergency)	A 3	09			
	was called, physician security all responder aggressively was shound and hitting her bed. We the situation and both pt. to a differed pod in feel safe. It is unsure he was hitting her beassessment and she marks. Pts are both snow." Review of the repatient #50 was discluded to 6/20/2023 at 1659. Review on 12/05/202 reports provided regathere were no incident incident on 05/29/202 correspond with the incident street was shown to the response of the response o	a, RNs, psych clinicians, and d. The pt who was attacked buting, punching the walls, We were able to de-escalate in pts. We moved the second in his own room so he would if (Patient #50) was hit while d, physician did an has no obvious injuries or settled in separate areas medical record revealed harged to a facility on 23 of the incident/variance arding Patient #50 revealed int/variance reports for the 23 nor on 06/10/2023 to incidents described in the . There were incidents dated					
	Telephone interview	on 12/06/2023 at 1400 with					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		340002	B. WING _			C 12/09/2023
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		12/03/2023
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 309	and had to push her caring for Patient #50 had been several incipulling staff hair, attace Interview revealed PS incident/variance repthan one incident with revealed there was a one time. PSA #18 condetails about this inciste had filled out an istated there was a time another patient and a have been filled out at a later was a time another patient and a have been filled out at a later was a time another patient and a have been filled out at a later was a time another patient and a have been filled out at a later was a time another patient and a have been filled out at a later was a time another patient and a later was a time another patient and a later was a time another patient and a later was a time another patient #50. Three of and only one from 20 have the incident/variance of another was a later was a late	distress alarm button when a literal l	A 3	,		
	Director #82 had not	provided any additional veyor regarding additional				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C /09/2023	
NAME OF PI	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE		00/2020	
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SECRET SERVICE OF THE APPLICATION OF THE APPLICATION OF THE APPLICATION OF THE ACTION OF T		COMPLETION DATE	
A 309	Continued From page	e 125	A 3	09			
		cord review of Patient #15					
	revealed a 21 year ol						
		ominal pain. Record review					
	•	nad laparoscopic converted					
	-	nal colectomy (remove all or dileostomy (stoma-opening					
		y created) on 08/27/2023 for					
	· ·	ord review revealed on					
		ketamine drip was ordered					
		review revealed the patient					
		t anesthesia care unit) at					
		rred to floor (unit) at 1420.					
		ed ketamine was started at					
		ent returned to PACU at					
		p. Review of nursing note on					
		evealed "Ketamine gtt (drip) rmacy rather than to PACU.					
		e unit from PACU without					
		Notified (named) CNC					
	~	nator) and called to PACU					
	· ·	e transferred back to PACU					
	for ketamine gtt initiat						
	monitoring." Review of	•					
	08/27/2023 at 1656 re	· · · /					
		ter report called to RN					
	. •	Γ was ordered Ketamine and e medication to the nursing					
		. RN agreed in report to start					
		I to floor, since the ketamine					
		ter brought back to pacu					
		aware that she was not					
	cleared by hospital re	gulations to start the					
	ketamine gtt."						
	Review of a ketamine	e drip timeline document					
		rip ordered at 1117. The					
		pharmacy at 1140, but the					
		Missing medication request					
	sent by the RN at 122	28, high priority with					

340002 B. WING 12/0) 9/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE 509 BILTMORE AVE	372023
ASHEVILLE, NC 28801	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 309 Continued From page 126 comment "please bring to PACU pod 2 bay 9". Medication request was accepted by pharmacy at 1243 and label was printed. Label stated A3W/A336 as location. Medication hand delivered to staff and signed as received by the named RN. Ketamine drip documented as initiated at 1448. Review of ketamine delivery signature sheet revealed no time of acceptance documented. Review of the incident/variance reports provided regarding Patient #15 revealed there were no incident/variance reports for the incident on 08/27/2023 to correspond with the incident described in the medical record notes. Interview on 11/16/2023 at 1045 with RPH #87 revealed medications are sent to locations based on the patient's location in the medical record. Interview revealed when patients are in PACU the pharmacy staff rely on nursing to put in a missing medication request in order to get the drug to the correct location. Interview on 11/16/2023 at 1230 with PA #90 who ordered the drip revealed the textamine drip should have been started before the patient went to the floor. Interview revealed the textamine drip should have been started before the patient went to the floor. Interview revealed "the periop phase can be tricky and the patient's location does not populate automatically." Interview on 11/16/2023 at 1421 with RN #88 revealed the PACU staff had waited for hours for the pharmacy to filt the order. Interview revealed the PACU staff had waited for hours for the pharmacy to filt the order. Interview revealed the PACU staff had waited for hours for the pharmacy to filt the order. Interview revealed the medication had been delivered to the floor and not to PACU. Interview revealed pharmacy was called several times to inquire about	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	((X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION E DATE	
A 309	Interview on 11/17/2 (NM) #89 revealed keeper of care unit. Interview of care unit. Interview of cannot initiate the keeper of care unit. Interview of the educater revealed the educater evealed more educed. Interview on 11/27/2 revealed the nursing medication requests medication to be presented to the location of the part of the location of the part of the location of the part of the location may be sufficiently locati	Usince we kept calling." 2023 with Nurse Manager setamine drips are not done uld be initiated on a higher erview revealed the unit and ved education on which units etamine drip. Interview ion was in 12/2022. Interview ation would be given to staff. 2023 at 1540 with RPH #79 at staff would put in a when they are ready for the expared. The RN has to put in atient with the medication excelled the pharmacy staff abel may not be the same elivered the order, and the expansion of the expansion on that was printed on the wealth on that was printed on the wealth of the unit CNC revealed not w. 2 titled "Physiologic Telemetry Monitoring" with a 4/2023, revealed "Internal thin the (named hospital). C. to non-ICU (Intensive care	A3	09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		12	C /09/2023	
NAME OF PI	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
A 309	Continued From page	e 128	A 30	09			
	continuous ECG. 2. T CMU (cardiac monito name/MRN (medical	The receiving RN will notify ring unit) with patient record number), room being emetry box being assigned."					
	a 76 year old male ac 1430 for hypertension Intracranial hemorrha RN #53's note writter revealed "Transferred Given to (RN #54). Tr Mode: Wheelchair." (Patient #13 was trans Review on 11/15/202 written by CMU supe #13)" had active 48 h orders from 08.24.20 being monitored." Re failed to reveal a telei	w on of Patient #13 revealed dmitted on 08/19/2023 at in (high blood pressure) and age (brain bleed). Review of in on 08/25/2023 at 1750 dt to Floor. Transfer Report ransport equipment: Monitor. On 08/25/2023 at 1934, afterred to a stepdown unit. It is of an incident report rivisor #52 revealed (Patient in (hour) tele (telemetry) 23 at 1348 but were (sic) not view of telemetry strips metry strip for evening hours werevealed Patient #13 was metry for 6 hours.					
	A revealed "Status: A Manager of Floor B (s Review revealed on " Assigned. Closed." R documentation from I revealed no documer the Patient #13 without Interview on 11/15/20 supervisor #52 reveat conducted at 0100 arto ensure patients are ordered. Interview rev	rom Manager #56 from Floor assigned to Manager #55, sending floor manager)." 08/31/2023 at 1234, Status: eview revealed no further Manager #55. Review attation of the investigation of ut telemetry monitoring. 023 at 1605 with CMU led a daily audit is and 1300 of telemetry patients					

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		340002	B. WING		C 12/09/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/03/2023
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
A 309	Continued From page	: 129	A 30	9	
	08/25/2023 at 1934. I #13 was placed on te 0139, 6 hours and 5 n floor. Interview on 11/28/20	ent #13 had not been efer to another floor on interview revealed Patient lemetry on 08/26/2023 at ininutes after transfer to the 23 at 1234 of RN #54 on of Patient #13 or details			
		ew revealed RN #54 had regarding the incident of			
		23 at 1633 of RN #53 on of Patient #13 or details			
	Interview on 11/30/20 Manager #58 reveale reviewed and escalat leaders. There should manager."	d "incidents should be ed to the department			
	Interview of Manager to no longer employed	#55 was not obtained due d.			
	B with telemetry orde #13 was discovered v	#13 was transferred to Floor rs. After 6 hours, Patient without telemetry. There was ent from the management of sk management.			
	Emergency Department Review of the EMS Parameters EMS received a call at #2's home at 1720 and	riew on 11/14/2023 of the patient arrived to the ent (ED) on 10/17/2023. The patient Care Record revealed at 1654, arrived to Patient and transported the patient to at 1748. EMS documented			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	IND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1200/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 309	they transferred care at 1907, 1 hour 19 mitransfer of care, review monitoring Patient #2 indicated "Turn Arour Overcrowding/ Trans The hospital emerger review revealed the patient, and syncope evaluated by a provious arrival) and triaged by minutes after arrival). 1905 (1 hour 12 minuincluding troponin, we minutes after arrival). delay in the hospital at EMS, triaging and initincluding an EKG and cardiac arrest at 1953 subsequently expired attempts. Review of a document related to this patient was not dated or time. Document review revistatement: "I have reinitial presentation, the findings and escalation met standard of care was roomed at 1830 at 1845 the patient coof death at 22024 (signing a room. The EKG of clinician and reported.)	of the patient to the hospital inutes later. Prior to the ew revealed EMS continued 2. A note in the EMS record and DelaysED fer of Care" Incy department record patient arrived at 1753 via as of chest pain, shortness of Patient #2 was noted as der at 1845 (52 minutes after y a RN at 1900 (1 hour, 7). An EKG was completed at attes after arrival) and labs, ere drawn at 1920 (1 hour 27). Record review revealed a accepting the patient from tiating care to the patient, di labs. Patient #2 went into 3 (2 hours after arrival) and di after failed resuscitation and received from the hospital to and was not signed.	A3	09		

AND BLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	<u>, </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 309	documented that the consciousness with the time he began review EKG, which was hand read as sinus rhythm of non-sustained ven signed this EKG at the continued for another death." There were not received document in who completed it or widentify any areas of the documented review of the documented review of the document was No updated information. Telephone interview reversely and-off patients had common. Telephone interview at 1938, revealed the room and care handed "counting on EMS to Telephone interview at 1600, revealed the evaluations was 20 m. Telephone interview at 1600, revealed the evaluations was 20 m. Telephone interview at 1600, revealed the evaluations was 20 m.	patient had brief return of the ongoing CPR. During this wing the workup and the ded to him at 2002. It was with a PVC and a 4 beat run tricular tachycardia. He is time 2002, the code was 22 minutes before time of the other notations on the following no identification of when. The document did not concern. There was no of the timing of triage or ders. Additional information or requested on 11/17/2023. In was received. Son 11/20/2023 at 1415 with MS was able to give hand-off 1907 (over an hour after ealed wait times for EMS to be recently gotten more With RN #66, on 11/16/2023 at until patients were in a ed-off from EMS, they were care for (the patients)"	A3	09		

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/03/2023	
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
A 309	Continued From page	:132	A 30	9		
	a review of the case.					
A 385	incident report. Revie provided revealed the and evaluate delays i initiating care and tre presenting via EMS v NURSING SERVICES	vith chest pain.	A 38	⁵ Subject of Deficiency – A 385		
	service that provides The nursing services supervised by a regis			The hospital's nursing staff failed to have an effective nursing service providing oversight of day to day operations by failing to ensure systems were in place to supervise and provide safe delivery of care to patients presenting to the emergency department (ED).		
	Based on policy review incident report review and staff and provide nursing staff failed to service providing over	ew, medical record review, y, EMS trip report review, r interviews, the hospital's have an effective nursing rsight of day to day		Each individual Condition of Participation cross-referenced tag in this section will be outlined in the appropriate tags section be immediate Corrections and System C	pelow.	
	place to supervise an			Immediate Actions Taken: Upon receipt of the recommendation of Immediate Jeopardy by the onsite surve under the Conditions of Participation (CC Emergency Services, Patient Rights, and Nursing Services on 12/1/23 the following	OP) of d	
	1. The hospital's emergency departments.	rgency department staff uate nursing staff was nd monitor the delivery of		Nursing Services on 12/1/23 the followin actions were taken to mitigate the finding 12/1/23-Added further financial incentive trained and competent staff to pick up in above their current commitment. These departments included: phlebotomy, Med Monitor Techs, Transport, EVS, Guest s and Registration (Patient Access Service 12/2/23 Leadership machine to determine the description.	gs: es for the ED Com, ervices, es) staff.	
	•	Nursing Standard: Tag A		12/2/23 -Leadership meeting to determine of focus and next steps. Attendees: Chie Executive Officer, Chief Operating Officer, Medical Officer, Chief Nursing Officer, Dedical Officer, Assistant Chief Nursing	ef er, Chief	

PRINTED: 02/01/2024 OMB NO. 0938-0391 Officer's, and Vice President of Emergency Services. Actions taken specific to staffing from that meetina: Developed and implemented a schedule for expanded ED leadership coverage to include weekends and nights Requested a performance improvement review of ED staffing and efficiencies Outlined and educated ED staff (RN, CNC, Paramedic, PCT's, HUC, and ED Leadership) around triage escalation process and deployment of additional triage team members when necessary. Education provided by CNC, Educators, and ED Leadership. Added ED Interim leaders. 12/4/23 Deployment of Emergency Department 12/4/23 Performance Improvement team to evaluate staffing, processes, and provide recommendations. 12/7/23 Deployed inpatient tech to assist Emergency Department Staff with vital sign reassessments in the Internal Processing Area (IPA). (This measure was in place through the implementation of the front-end redesign). 12/8/23 Added further financial incentives for as 12/8/23 needed staff and travelers to pick up additional shifts above their current commitment. 12/9/23 On site survey ended with DHHS with 12/9/23 disclosure of two additional concerns under the same conditions of participation (Emergency Services, Patient Rights, and Nursing Services). 12/12/23 Explored alternate inpatient treatment 12/12/23 locations to increase inpatient capacity and decrease ED holds. This resulted in halting the remodel of A3 West (38 beds) inpatient unit and the area was prepared for reopening. This allows for increased inpatient capacity, decreased number of emergency department holds, which reduced ED volume and allows ED staff to be free to care for ED patients. D2 (20 beds) was identified as an additional overflow treatment area. These areas are staffed with acute care inpatient nurses. 12/16/23 Incident Command Structure 12/16/23 established with Daily Emergency Operations

	0. 0938-0391
12/17/23 Emergency Operations Team on site to	12/17/23
provide continuous support of Emergency	
Operations.	
12/18/23 Three inpatient leaders were	12/18/23
redeployed to assist with oversight in the	
emergency department.	
12/19/23 Exit conference with DHHS team and	12/19/23
letter receipt which included the following	
information: that the state was recommending	
23-day termination due to noncompliance with	
the COP's of Emergency Services, Patient	
Rights, Nursing Services, as well as, Governing	
Body, Laboratory Services, and Quality	
Assurance. We were informed that CMS office in	
Atlanta would make the final determination	
regarding compliance or non-compliance with	
the COP's. No additional detail was provided at	
that time.	
12/21-12/29 ED and Inpatient staffing rapid	
response nurses deployed to Mission Hospital. A	
rapid response nurse is, a nurse who is able to	
arrive within approximately ten days of notice.	
They are competent in their area of specialty and complete traveler orientation on arrival to the	
facility. These resources were in addition to the	
travelers already in place throughout the facility.	
The primary focus of this deployment was to	
open up inpatient capacity, assist in the ED with	
shift coverage, and supplement current staffing	
until additional permanent staff could be hired	
and onboarded.	
12/29/23 A3W unit (38 beds) opened to increase	12/29/23
inpatient capacity, reduce the overall inpatients	, _ 0, _ 0
being held in the Emergency Department, which	
reduced ED volume and allows ED staff to be	
free to care for ED patients. Also, during this	
time D2 (20 beds) was utilized intermittently as	
needed in response to increases in inpatient	
volumes. These areas are staffed with acute	
care inpatient nurses.	
1/2/24 Increased overall ED traveler RN's based	
upon a continual assessment of ED staffing and	
onboarding.	
Ongoing Actions and System Changes	
1/11/2024 Comprehensive review of ED	
assignments/shifts resulted in modifications to	
better accommodate patient arrival patterns via EMS and walk-in.	
EIVIS and walk-in.	
1/1/2024-2/1/24 The following resources/actions	
were taken to continue to address staffing in the	
Emergency Department:	
Additional interim leadership was	
added.	
Added dedicated ED transporter at	
peak times.	
 Added ED Central Monitoring Unit 	
•	

- (CMU) resource at peak times.
 Departments that had incremental additions (i.e. travelers) to support the ED were: MAMA Ground Ambulance Transport, in-house transport, Environmental Services, Case Management, Phlebotomy, Respiratory Therapy, Physical Therapy, and the Central Monitoring Unit.
- Evaluated and modified front-end triage process to better align resources with patient arrival patterns.
- Modified closure review tool to increase sensitivity to surges in ED and inpatient volumes. Changes include the addition of sensitivity indicators for patients with consult for admission order. Additional sensitivity indicators added for total number of behavioral health patients in the department.
- Real time staffing is reviewed by the Charge RN, Administrative Supervisors, Nursing Leadership, and Staffing Coordinators to support patient acuity changes and/or adjust patient volumes.
- There is a rounding Administrative Supervisor who works directly with the staffing coordinators on a 24/7 basis to support staffing decisions to align with both census and overall patient care needs.
- The Administrative Supervisor is aware of high acuity needs, ED surge alerts, and overall operational needs in the hospital. The Administrative Supervisor adjusts staffing assignments based on this awareness.
- Staffing assignments for patient care are based on the level and scope of care that meets the acuity needs of the patient population, the frequency/intensity of care to be provided, and the caregiver competency and scope of nursing practice.
- Mission hospital is continuously recruiting and making efforts to retain current employees. Year to date (2024) Mission hospital ED has hired 17 RN positions, 2 CNC positions, and 4 StaRN (New Nurse) positions.

2/1/2024 Transmittal of 2567 received from CMS to Mission Hospital CEO

2/1/24

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & I				PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391	
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AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY	
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				С	
	340002	B. WING		12/09/2023	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
			509 BILTMORE AVE ASHEVILLE, NC 28801		
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE					

(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 DEFICIENCY)	(X5) COMPLETION DATE
A 385	1. The hospital nursing leadership staff failed to ensure policies were implemented to evaluate, monitor and provide treatment for patients presenting to the emergency department resulting in delays and lack of triage, nursing assessment, monitoring, and implementation of lab, telemetry, medication and treatment orders for 11 of 35 ED records reviewed (Patient #'s 92, 83, 43, 28, 27, 29, 6, 1, 2, 12 and 26). Cross refer to 482.23 Nursing Standard: Tag A 0398. 2. The hospital nursing staff failed to administer medications and biologicals according to provider orders and standards of practice by failing to administer medications as ordered and evaluate and monitor the effects of the medication for six (6) of 35 patients presenting to the emergency department (Patient #'s 92, 83, 43, 28, 27, and 26). Cross refer to 482.23 Nursing Standard: Tag A	A 385		
A 392	STAFFING AND DELIVERY OF CARE CFR(s): 482.23(b) The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for care of any patient. This STANDARD is not met as evidenced by: Based on policy, medical record review, incident		Subject of Deficiency – A 392 The hospital's emergency department staff failed to ensure adequate nursing staff was available to provide and monitor the delivery of assessments, care, and treatments in the Emergency Department (ED) Each individual Condition of Participation's cross-referenced tag in this section will be outlined in the appropriate tags section below. Immediate Corrections and System Changes: Upon receipt of the recommendation of Immediate Jeopardy by the onsite surveyors under the Conditions of Participation (COP) of Emergency Services, Patient Rights, and Nursing Services on 12/1/23 the following actions were taken to mitigate the findings	12/2/23
			of focus and next steps. Attendees: Chief Executive Officer, Chief Operating Officer, Chief	12/2/23

Medical Officer, Chief Nursing Officer, D. Chief Medical Officer, Assistant Chief Nursing Officer's, and Vice President of Emergency Services. Applicable actions taken from that meeting include:

- Developed and implemented education as outlined below
- Implemented a timestamp process to accurately capture the arrival time of patients at triage
- Development of audit tool to track timely care delivery through arrival to triage, order to lab collect, pain medication assessment/reassessment, order to intervention
- Developed and implemented timely and frequent real time communication structure involving ED CNC/ED leadership oversight to include: safety, patient throughput, pending medications/reassessments/diagnostics and escalations via internal communication tool.
- Developed and implemented a schedule for ED leadership coverage to include weekends and nights
- Requested and received additional incentives for ED staff, support staff, and inpatient staff to pick up extra shifts.

12/7/23 Deployed inpatient tech to assist Emergency Department Staff with vital sign reassessments in the Internal Processing Area (IPA). (This measure was in place through the implementation of the front-end redesign). 12/12/23 Explored alternate inpatient treatment locations to increase inpatient capacity and decrease ED holds. This resulted in halting the remodel of A3 West (38 beds) inpatient unit and the area was prepared for reopening. This allows for increased inpatient capacity, decreased number of emergency department holds, which reduced ED volume and allows ED staff to be free to care for ED patients. D2 (20 beds) was identified as an additional overflow treatment area. These areas are staffed with acute care inpatient nurses.

Additional immediate and ongoing actions:

 Designated inpatient nursing to care for inpatient holds and provide care within their designated scope/competency in the emergency department as needed. Staffing assignments for patient care are based on the level and scope of care that meets the acuity needs of the patient population, the frequency/intensity of care to be 12/12/23

- provided, and the caregiver competency and scope of nursing practice.
- Requested additional inpatient and emergency department rapid travel nursing staff.

System Changes:

- Evaluated front-end triage process to better align resources with patient arrival patterns. Assembled a team to include (pharmacy, radiology, lab, patient access, care experience, emergency department nurses, providers, IT, nursing administration, emergency department leadership),
 - Staffing Adjustments: Added a second triage nurse during peak times, second charge nurse for waiting room/ internal processing area, assembled two intake teams to assist with patient care implementation and waiting room throughput. Staffing assignment sheets adjusted to reflect the new changes.
 - Converted front end rooms to optimize new front-end process
 - Implemented quick registration and rapid triage process
 - Educated staff (RNs, CNCs, Paramedics, PCTs, HUCs, and ED Leadership) on new front-end process, medication verification (as required by specific scope), tracking and trending outcomes with data
 - Educated providers as outlined above as applicable per scope
 - Worked with pharmacy to standardize medication storage units
 - Worked with laboratory services on available equipment and identified additional resources needed
 - Data reviewed every two hours with issue and action closed loop communication, daily action plan for task and assignment review
 - Increased leadership coverage

- to include weekends and nights to maintain oversight of emergency department operations
- Provider alterations in workflows including the printing of discharge instructions to decrease patient disposition to depart metric and improve throughput.
- Modified closure review tool to increase sensitivity to surges in ED and inpatient volumes. Changes include the addition of sensitivity indicators for patients with consult for admission order. Additional sensitivity indicators added for total number of behavioral health patients in the department.
- Real time staffing is reviewed at AM and PM staffing assignments by the Charge RN, Administrative Supervisors, Staffing Coordinators, Performance Improvement Team, and Nursing Leadership to support patient acuity changes and/or adjust patient assignments as appropriate.
- The Administrative Supervisor is aware of high acuity needs, ED surge alerts, and overall operational needs in the hospital. The Administrative Supervisor adjusts staffing assignments based on this awareness.

Monitoring for Compliance/Audit Details:

Monitoring and tracking procedures were implemented to ensure that the POC is effective and that the specific deficiency cited remain corrected and in compliance with the regulatory requirements.

Daily monitoring of performance for the following:

- Arrival to Triage Times for walk-in and EMS
- Arrival to EKG order-tocomplete per policy/protocol
- Pain Medication assessment/ reassessment per policy/protocol
- CIWA assessments per policy/protocol
- Realtime escalation of patient safety concerns
- CT order to exam

Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)

- The goal of our audit is to reach a minimum of 90% compliance with 100% remediation of outliers/deviation from process.
 There will be review and remediation specific to outliers for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant arrival-to triage times per policy/protocol
- Denominator = 70 observation per month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring and tracking of EKG order-tocompletion per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant EKG orderto-completion per policy/protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol

Goal of 90% compliance with 100% remediation of outliers/deviation from

- process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant ECG monitoring and timely initiation of monitoring per policy/ protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of pain medication assessment/reassessment per policy/protocol

 Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.

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pliant pain nt/reassessment dits dits/month ugh Quality cutive Committee		
Trustees (BOT)		
nts per		
ace with 100% s/deviation from with quarterly uent 4 quarters. pliant CIWA cy/protocol audits/month ugh Quality cutive Committee Trustees (BOT) concerns by pers of the ment identification		
n/action as		
ents to r review ugh Quality cutive Committee Trustees (BOT)		
Tracking ED and trending		
CTs via internal Outliers are plinary team		

- Numerator = # of compliant pain medication assessment/reassessmen per policy/protocol audits Denominator = 70 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of CIWA assessments per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant CIWA assessments per policy/protocol audits Denominator = 30 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team

- Facilitation of early event identification for timely investigation/action as appropriate
- Monitor for trends
- Ensures routing of events to appropriate parties for review
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Process improvement initiative – Tracking ED CT order-to-exam average time and trending outliers

- Escalation of pending CTs via internal communication tool. Outliers are reviewed by interdisciplinary team
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Owner: Chief Nursing Officer/ACNO/VP Emergency Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	340002	B. WING	C 12/09/2023
			12/03/2023

NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(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 DEFICIENCY)	(X5) COMPLETIC DATE	
A 392	Continued From page 134 report review, and staff and provider interviews, the hospital's emergency department staff failed to ensure adequate nursing staff was available to provide and monitor the delivery of assessments, care, and treatments in the Emergency Department (ED) for eleven (11) of 35 patient records reviewed (Patient #'s 92, 83, 43, 28, 27, 29, 6, 1, 2, 12 and 26). The findings included: Cross refer to §482.55 Emergency Services Standard: Tag 1101. The ED nursing staff failed to ensure emergency care and services were provided according to policy and provider orders. Patients were not accepted upon arrival to the ED, evaluated, monitored and provided treatment to prevent delays and/or lack of triage, nursing assessment, and implementation of orders, including lab, telemetry and medication orders Patient #'s 92, 83, 43, 28, 27, 29, 6, 1, 2, 12 and 26. 1. Patient #92 presented to the ED with chest pain on 11/09/2023 at 1149. The patient was not assessed by a nurse after triage was completed at 1155, or with a change in condition, or after pain medication was administered at 1703. The patient was never placed on continuous telemetry in the ED as ordered by a physician at 1218. The patient was transferred to a medical floor and placed on telemetry at 2111 when he was found to be in atrial fibrillation with rapid ventricular rate, prompting a STEMI Code Activation. The patient underwent an emergency cardiac catheterization at 2249. ED nursing staff failed to provide ongoing assessment of the patient's condition and follow physician's orders for application of	A 392			

			X3) DATE SURVEY COMPLETED				
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801			
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A 392	Continued From pag	e 135	A 39	92			
	continuous telemetry ensure policies and p implemented.	v. Nursing staff failed to provider orders were					
	dizziness on 11/28/2 STAT (immediate) la continuous ECG mod 1358 (1 hour and 40 Labs arrived at the la 1532 (3 hours and 14 The blood glucose with land of the blood glucose resulted). Of monitoring placed at hours were never in land of the blood glucose resulted of 10/27 for nurse collect of the land of the land of the blood glucose resulted of 11/27 for nurse collect of the land of the l	resented to the ED with 023 at 1216. The patient had ab work ordered at 1218 with initoring. Labs were drawn at minutes after ordered). The patient had at 4 minutes after ordered). The patient had at 4 minutes after ordered). The patient had at 4 minutes after ordered). The patient had at 137 (critically high). The patient had a 137 minutes after the patient had a 137 minutes after the patient had at 1412 and vital signs every 2 that the ED. At 2349 an EVCL was ordered that was 1457 (2 hours. and 8 minutes at acid was ordered NOW at 151 to 161 to 16					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023
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A 392	the emergency depair vehicle on 08/14/202: chest pain, nausea, oright-side tingling for reported history of dri revealed the patient voom area and was o diaphoretic. The physical (IV) fluids and CIWA used for alcohol with (medication for anxiethese orders were not Multivitamin was ordered as placed at 2226 for Aspirin was ordered as orders were impleme 2305 for Phenobarbit implemented. At 010 referenced the patienta head injury outside Findings revealed the nursing assessments orders, including med following the CIWA psubsequently had as resulting head injury. 4. Patient #28 present 07/05/2022, was critical diagnosed with bacted developed a low bloo IV drip was started. For Levophed IV drip was patient's blood pressit trauma PA was requerelated to alarms and the PA indicated the passigned patient. The	tment (ED) by private 3 at 1603 with complaints of lammy, lightheaded, several weeks, with a nks 12 beers a day. Review vas located in the waiting beerved by a physician to be sician ordered intravenous protocol (assessment tool drawal) at 1841, and Ativan ty) was ordered at 1947. of implemented. ered at 2100. Another order or IV fluids and Lopressor. at 2229. None of these nted. An order written at al administration was not 7, a physician's note t had a seizure and fall with the ED waiting room area. a patient had delays with , and failure to implement lication administration, and rotocol. The patient eizure and fall with a ted to the ED on cally ill, intubated and rial meningitis. The patient d pressure and a Levophed	A3	92		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	0.0002		STREET ADDRESS, CITY, STATE, ZIP CODE	12/09/2	023	
				509 BILTMORE AVE			
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A 392	were not monitored a subsequent cardiac a subsequent cardiac a 5. Patient #27 arrived 0025 with a reported patient had a STAT Opelvis ordered at 002 until 0755 (7 hours, 2 signed at 0825. The particular of 10, with nausea signs at arrival at 002 Dilaudid (narcotic pai hours and 14 minutes was diagnosed with a and had surgery that with STAT lab work, 3 reassessment and particular hythm) on arrival. The with fracture prior to a 94% prior to arrival. The with fracture prior to a 94% prior to arrival. The with fracture of oxygen and Dilaudid 0.5 milligram at 1630 and at 1816. assessment on an election on the patient with a pafter the administration was subsequently as Patient #29 had one suntil time of death at a minutes). Nursing stapatient after narcotic a	in the ED on 07/04/2022 at pain level of 10 of 10. The eT of the abdomen and 7 that was not completed 7 minutes later) resulted and patient had pain reported as and vomiting with vital 5 and was medicated with a medication) at 0739 (7 after arrival). The patient a small bowel obstruction day. The patient had a delay STAT CT, nursing hin management. I on 04/05/2022 at 1451 via patient had a recent fall arrival. Pulse Oximetry was 630 pulse oximetry was 63	A 35	92			
	7. Patient #6 arrived t	o Hospital B with strokelike					

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		340002	B. WING _		C 12/09/2023
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				509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
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A 392	Continued From page symptoms at 10 days	e 138 postpartum. She was	A 3	92	
	accepted for transfer ED transfer. Patient # EMS on 10/03/2023 a in the ED for a bed ar by EMS. No documed medical provider untinot triaged or assess until 2227 (approxima after arrival by EMS), accepting the patient assessment and mor 8. Patient #1 arrived at 2314 by EMS. No or evaluation was compatient was transport (Neurosciences Inter 11/01/2023 at 0105. It that stated the nurse patient to the inpatier care of the patient. The assessment were domonitored Patient #1	to Hospital A as an ED to f6 arrived to the hospital via at 1942. The patient waited and continued to be managed attation was noted by a l 2223 and Patient #6 was ed by hospital nursing staff ately 2 hours 45 minutes There was a delay in and a delay in triage, aitoring by nursing staff. as a transfer on 10/31/2023 triage, nursing assessment impleted in the ED. The ed to the NSICU			
	home. The patient ar with chest pain and a The provider ordered after Patient #2 arrive collected by nursing after orders), after the (1 hour and 7 minutes was on a cardiac more by EMS until triage at completed until 1905	ught to the ED by EMS from rived on 10/17/2023 at 1753 syncopal episode at home. labs at 1841 (48 minutes ed), and the labs were not staff until 1920 (39 minutes e patient was triaged at 1900 s after arrival). The patient nitor and received vital signs 1900. No hospital EKG was (24 minutes after order and er arrival). The elevated			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		340002	B. WING		C 12/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	12/09/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
A 392	D-Dimer did not resure Pro BNP did not resure levated Troponin did 1953 a physician resure bedside due to a card and the patient expiraccept the patient up resulting in delayed to 10. Patient #26 prese 09/01/2022 at 1845 finally pain, decreased approdiarrhea, and right-capatient's closed med documentation relate treatment of the patients.	It until 2006, the elevated alt until 2023 and the don't result until 2039. At ponded to the patient's diac arrest. CPR was started ed. Nursing staff failed to on arrival to the ED, riage, care and treatment. The ented to the ED via EMS on or complaints of abdominal entite, watery non-bloody alf burn. Review of the ical record lacked nursing ed to the assessment and ent's right calf wound from D on 09/01/2022 through	A 392		
A 398	revealed a 41 year of ED (emergency department of ED) (emergency departmen	tho provide services in the to the policies and spital. The director of provide for the adequate	A 398	Subject of Deficiency: A 398 Hospital nursing leadership staff failed to policies were implemented to evaluate, n and provide treatment for patients preser the emergency department resulting in dand lack of triage, nursing assessment, monitoring, and implementation of lab, temedication and treatment orders	nonitor nting to elays

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NITIMBED:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
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	OVIDER OR SUPPLIER MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE		
				ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
ti si li si	services (that is, hospease, other agreeme This STANDARD is rease, other agreeme This STANDARD is reased on policy review Services (EMS) trip reprovider interviews, he staff failed to ensure provider in delays and assessment, monitoriab, telemetry, medical for eleven (11) of 35 provider (11) of 35 provider (11) of 35 provider (12) of 202 provider (13) of 35 provider (14) of 35 provider (15) of 35 provider (1	personnel are providing bital employee, contract, ant, or volunteer). The provided are provided by: w, medical record review, and staff and cospital nursing leadership policies were implemented and provide treatment for the emergency department did lack of triage, nursing and implementation of ation and treatment orders coatients records reviewed as, 28, 27, 29, 6, 1, 2, 12 and assessing the patient and alified RN (Registered coresentation and before focused assessment based complaint and consists of cobtained that would enable armine minimal acuity. A vertrage assessment is all of 10 minutes, on arrival to treent. 1. A rapid triage seed of airway, breathing, lity, general appearance, wen presenting complaint(s),	A3	Plan of Correction: Summary of policies/guidelines and any documents reviewed or revised during Podevelopment: • Assessment/Reassessment, 1PC.ADM.0013 • Pain Assessment and Managen 1PC.ADM.0002 • Physiologic Monitoring – Cardia Telemetry Monitoring, Continuo Pulse Oximetry Monitoring, Non Invasive Blood Pressure Monito (NIBP), 1PC.NRS.0001 • Triage – Emergency Departmen 1PC.ED.0401 • Triage Treatment Guidelines – 1PC.ED.0402 • CIWA Withdrawal Plan 2/22 Immediate Corrections and System Chamber of the recommendation of Immediate Jeopardy by the onsite survey under the Conditions of Participation (CCE Emergency Services, Patient Rights, and Nursing Services on 12/1/23 the following actions were taken to mitigate the finding 12/2/23 -Leadership Meeting to Determin of focus and next steps. Attendees: Chief Executive Officer, Chief Operating Officer Medical Officer, Chief Nursing Officer, D. Medical Officer, Assistant Chief Nursing Officer's, and Vice President of Emergen Services. Applicable actions taken from meeting include: • Developed and implemented ed as outlined below • Implemented a timestamp proce accurately capture the arrival tin patients at triage • Development of audit tool to trace the comment of the patients at triage • Development of audit tool to trace the comment of	nent, ic us irring int, ITTGs, nanges: /ors OP) of ig g is ne areas f r, Chief Chief ccy that lucation ess to ne of	

12/12/23

- timely care delivery through arrival to triage, order to lab collect, pain medication assessment/reassessment, order to intervention
- Developed and implemented timely and frequent real time communication structure involving ED CNC/ED leadership oversight to include: safety, patient throughput, pending medications/reassessments/diagnostics and escalations via internal communication tool.
- Developed and implemented a schedule for ED leadership coverage to include weekends and nights
- Requested and received additional incentives for ED staff, support staff, and inpatient staff to pick up extra shifts.

12/7/23 Deployed inpatient tech to assist Emergency Department Staff with vital sign reassessments in the Internal Processing Area (IPA). (This measure was in place through the implementation of the front-end redesign). 12/12/23 Explored alternate inpatient treatment locations to increase inpatient capacity and decrease ED holds. This resulted in halting the remodel of A3 West (38 beds) inpatient unit and the area was prepared for reopening. This allows for increased inpatient capacity, decreased number of emergency department holds, which reduced ED volume and allows ED staff to be free to care for ED patients. D2 (20 beds) was identified as an additional overflow treatment area. These areas are staffed with acute care inpatient nurses

Additional immediate and ongoing actions:

- Designated inpatient nursing to care for inpatient holds and provide care within their designated scope/competency in the emergency department as needed. Staffing assignments for patient care are based on the level and scope of care that meets the acuity needs of the patient population, the frequency/intensity of care to be provided, and the caregiver competency and scope of nursing practice.
- Requested additional inpatient and emergency department rapid travel nursing staff.

System Changes:

 Evaluated front-end triage process to better align resources with patient

arrival patterns. Assembled a team to include (pharmacy, radiology, lab, patient access, care experience, emergency department nurses, providers, IT, nursing administration, emergency department leadership).

- Staffing Adjustments: Added a second triage nurse during peak times, second charge nurse for waiting room/ internal processing area, assembled two intake teams to assist with patient care implementation and waiting room throughput. Staffing assignment sheets adjusted to reflect the new changes.
- Converted front end rooms to optimize new front-end process
- Implemented quick registration and rapid triage process
- Educated staff (RNs, CNCs, Paramedics, PCTs, HUCs, and ED Leadership) on new front-end process, medication verification (as required by specific scope), tracking and trending outcomes with data
- Educated providers as outlined above as applicable per scope
- Worked with pharmacy to standardize medication storage units
- Worked with laboratory services on available equipment and identified additional resources needed
- Data reviewed every two hours with issue and action closed loop communication, daily action plan for task and assignment review
- Increased leadership coverage to include weekends and nights to maintain oversight of emergency department operations
- Provider alterations in workflows including the printing of discharge instructions to decrease patient disposition to depart metric and improve throughput.
- Modified closure review tool to increase

sensitivity to surges in ED and inpatier	nt
volumes. Changes include the addition	n
of sensitivity indicators for patients wit	h
consult for admission order. Additiona	l
sensitivity indicators added for total	
number of behavioral health patients in	n
the department.	

- Real time staffing is reviewed at AM and PM staffing assignments by the Charge RN, Administrative Supervisors, Staffing Coordinators, Performance Improvement Team, and Nursing Leadership to support patient acuity changes and/or adjust patient assignments as appropriate.
- The Administrative Supervisor is aware of high acuity needs, ED surge alerts, and overall operational needs in the hospital. The Administrative Supervisor adjusts staffing assignments based on this awareness.

Education:

Education provided to currently working eligible and targeted staff, including all contract staff, and providers using multiple mechanisms. These mechanisms included email, HealthStream, huddles, 1:1, and/or flyers used by department leaders and with the assistance of the Center for Clinical Advancement (education). Emergency Department huddles occur at the start of each working shift. Working shift start times include (7am, 9am, 11am, 1pm, 3pm, and 7pm). Shift huddle tactic used to educate 100% of working staff. Staff who have not completed required education, on paid time off (PTO), and leave of absence will complete education prior to and/or during first returned shift. Education has been incorporated into new hire and contract staff education. Education in the huddle format is used to capture 1:1 dialogue and understanding to include opportunities for teach back and

•	12/2/2023 Education for ED nursing	ı
	staff regarding process for accurately	ĺ
	capturing patient arrival time for both	Ì
	walk in and EMS arrivals	Ì
•	12/2/2023 Education provided to ED	ĺ
	CNCs/ED Leadership regarding timely	Ì
	escalations and departmental oversight	ĺ

 12/2/2023 ED nursing staff education regarding timely triage for both walk in and EMS patient arrivals

 12/2/2023 ED nursing staff educated regarding EKG completion timely per 12/2/23

12/2/23

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12/2/23

12/2/23

questions.

			. 0000 0001
		policy/protocol • 12/14/2023 ED nursing staff education with attestation post-opiate medication	12/14/23
		administration assessment 12/21/2023 ED nursing staff education	12/21/23
		regarding telemetry order initiation	12/21/23
		regarding telemetry initiation escalation	12,21,20
		process • 12/21/2023 Education/resource binder	12/21/23
		created for ED Central Monitoring Unit	
		(CMU) staff • 12/21/2023 ED nursing and ED CMU	12/21/23
		staff educated regarding CMU escalation pathway	
		 1/15/2024 ED nursing staff focused 	1/15/24
		education on pain assessment/re- assessment, EKG Order to complete,	
		lab order to collect, Arrival to Triage for EMS and Front Entrance Patients	
		(Triage), escalation process, and	
		telemetry cardiac monitoring through 1:1 conversations with nursing staff	
		completed by education team	
		1/18/2024 All ED staff education (all staff) for front-end redesign, order to	1/18/24
		collect, arrival to triage, arrival to greet, greet to first order	
		1/18/2024 Provider education for front-	1/18/24
		end redesign • 2/2/2024 ED nursing staff Clinical	2/2/24
		Institute Withdrawal Assessment (CIWA) remedial education provided via	2/2/24
		shift huddles.	
		 2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on 	2/6/24
		regarding ligature risk definition and documentation	
		Monitoring for Compliance/Audit Details:	
		Monitoring and tracking procedures were implemented to ensure that the POC is effective	
		and that the specific deficiency cited remain	
		corrected and in compliance with the regulatory requirements.	
		Daily monitoring of performance for the following:	
		Arrival to Triage Times for walk-in and EMS	
		 Arrival to EKG order-to- 	
		complete per policy/protocol Pain Medication assessment/	
		reassessment per	
		policy/protocol o CIWA assessments per	
		policy/protocol o Realtime escalation of patient	
FORM CMS-256	7(02-99) Previous Versions Obsolete Event ID: EE0P11		ge 189 of 384

safety concerns

CT order to exam

Sustained Compliance Audits to Ensure POC is Effective:

Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)

- The goal of our audit is to reach a minimum of 90% compliance with 100% remediation of outliers/deviation from process. There will be review and remediation specific to outliers for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant arrival-to triage times per policy/protocol
- Denominator = 70 observation per month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring and tracking of EKG order-tocompletion per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant EKG orderto-completion per policy/protocol audits
 Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant ECG monitoring and timely initiation of monitoring per policy/ protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of pain medication assessment/reassessment per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant pain medication assessment/reassessment per policy/protocol audits
 Denominator = 70 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of CIWA assessments per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant CIWA assessments per policy/protocol audits Denominator = 30 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team

- Facilitation of early event identification for timely investigation/action as appropriate
- Monitor for trends
- Ensures routing of events to appropriate parties for review
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Process improvement initiative – Tracking ED CT order-to-exam average time and trending outliers

- Escalation of pending CTs via internal communication tool. Outliers are reviewed by interdisciplinary team
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Owner: Chief Nursing Officer/ACNO/VP Emergency Services

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		340002	B. WING _			12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE IE APPROPRIAT		ON
A 398	Continued From pag	e 141	A 3	98			
	caregiver 2 A comp	rehensive assessment,					
		patient that presents to the					
		ent, is a focused physical					
		g vital signs, pain scale,					
		rent complaint, current					
		re to infectious disease, and					
	·	al/surgical historyB.					
		The Emergency Severity					
		evel emergency department					
	` '	that provides clinically					
		of patients into five groups					
		to 5 (least urgent) on the					
	basis of acuity and re						
	Reassessment - A pr						
		patient's condition and					
	· ·	nd during the initiation of					
		ment components may					
	include some or all o	f the following: vital signs, a					
	focused physical ass	sessment, pain assessment,					
	general appearance,	and/or responses to					
	interventions and tre	atments. Reassessment					
	after the medical scre	eening exam are performed					
	by RN's (Registered	Nurses) according to acuity					
	or change in patient's	s condition. D. Vital Signs -					
	Helps nursing persor	nnel determine the stability of					
	patients and acuity o	f those that are that are					
		nreatening situations or who					
		ories. Usually refers to					
		ate, respiratory rate, and					
		include pulse oximetry for					
		vith respiratory and/or					
	-	romise, and pain scale for					
		ain as a component to their					
		tPROCEDURE: B. All					
		or care will be evaluated by					
	an RN. This RN shou	•					
		ient, including immediate					
		ient's airway, breathing, or					
	circulation H. If the	ere is no bed available, the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NITIMBED:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		340002	B. WING		12/09/2023
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/03/2023
10 10 11	TO VIDER OIL OOF FEILING			509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	
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A 398	Continued From page		A 39	98	
		ait in the lobby. While in the			
		ssment and vital signs			
		ed in the health record in			
	accordance with docu	umentation guidelines"			
	Review on 12/09/202	3 of the "Assessment and			
		y revised 06/2021 revealed,			
	" PURPOSE: A. Th				
	assessment/reassess	sment is to provide the			
		and treatment possible			
		s utilized in order to achieve			
	•	ss includes assessing,			
		mplementing and evaluating			
		ent DEFINITIONS: A. Iltidisciplinary assessment			
		ent begins at the point			
	•	ers a (facility name) facility			
	for care, and in respo				
	patient's condition	The assessment will			
	include systematic co	llection and review of			
	-	necessary to determine			
	patient care and treat				
		reassessment process is			
		erformed when there is a the patient's condition or			
		onse to care SECTION			
	•	PARTMENT: A. Patients			
		owing guidelines set forth in			
	the system Triage Po				
		ion of required elements			
		nedical record (e.g. Vital			
		a Scale (GCS)). B. The			
		rmined by the patient's			
		On arrival to unit, an initial			
	assessment is initiate				
	life-threatening needs				
	appropriate interventi	ons implemented. C. hould be performed based			
	on the developmental				
	on the developmental	i, payorioacciai,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023	
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1203/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A 398	individual. D. Focus physical assessment presenting problem indicators of vulneral Reassessment is on by key decision point the needs of the pati assessment/reasses frequency are based change in condition, history, not to exceed may warrant more from 1. Closed medical repatient #92 revealed presented to the emotion of the patient #92 revealed presented to the emotion of the patient #92 revealed presented to the emotion of the patient #92 revealed presented to the emotion of the patient #92 revealed presented to the emotion of the patient #92 revealed presented as sharp at (shortness of breath diaphoresis (sweating (cancer) with mets (recurrently on chemoth vital signs of blood presented as 2 (scale Review revealed a trurgent). Review revealed a trurgent). Review revealed a physician's notes recipain had been waxing waves and lasting at Review revealed a presented to the presented as physician's notes recipain had been waxing waves and lasting at Review revealed a presented to the presented patients.	ge-specific needs of the ed patient history and that are based on patient's including individual bility. E. Reassessment: 1. It is going and may be triggered its and at intervals based on ents. Additional is sment elements and in upon patient condition or diagnosis, and/or patient individual is interventions equent assessments" It is a 69 year-old male that ergency department on via private vehicle with a chief ain. The patient was triaged complaint of "Woken from	A3	98			

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUIDENTIFICATION NUMBER: A. BUILE		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING		12/09/2023	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/03/2023	
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		
A 398	Continued From page	e 144	A 39	8		
	labs including CBC, c	hemistry, lipase and				
	troponin, and adminis					
		fferential diagnosis of GERD				
		flux disease), referred				
		culoskeletal chest pain, ACS				
	• •	rome), with lower suspicion				
	for PE (pulmonary em	, •				
		sion, or evidence of DVT				
	(deep vein thrombosis revealed the ED physical contents of					
		chest pain workup based on				
	risk factors. Review of					
		dered at 1218, collected at				
		1332. Review revealed a				
	troponin result of 0.01					
		s order placed at 1218 for				
		metry) monitoring in the ED.				
	Review of the ED rec	ord revealed no evidence				
	that continuous ECG	monitoring was initiated in				
	_	was ordered at 1220 and				
		normal results. An EKG				
	•	24 which showed sinus				
		e atrial complexes (PACs),				
		n compared with a prior				
		or the physician's read. A				
		320 as 0.013 (normal) and a				
		ninistered as ordered at online ordered at 1607 and				
		.014 (normal). Review of a				
		ed at 1628 revealed "Sinus				
		e atrial complexes (PACs).				
		G. When compared with				
		12:24, Non-specific change				
		rior leads. ST elevation now				
	_	ds." Review recorded the				
	-	oy a physician on 11/09/2023				
		ealed a physician's order at				
	1659 for nitroglycerine					
	sublingual every five	minutes times three as				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPL IDENTIFICATION NUMBER: A. BUILDING		IPLE CONSTRUCTION NG	((X3) DATE SURVEY COMPLETED	
		340002	B WING	B. WING		C	
NAME OF D	ROVIDER OR SUPPLIER	340002	B. WING_	STREET ADDRESS, CITY, STATE, ZIP CODE		12/0	09/2023
NAIVIE OF PI	ROVIDER OR SUPPLIER						
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE
A 398	no nursing assessmedocumented after the recorded at 1155. The Morphine (narcotic pintravenously (IV) at level of 4. There was patient's pain and no patient's condition by moved from the waitiorange pod (admission 1937. Nitroglycerine was administered by level of 10 at 2013. Freassessment of the medication interventiassessment of the padocumented. The patient telemetry at 2111 who Atrial Fibrillation with (abnormal heart rhyth completed at 2110 reconsider lateral injury ACUTE MI / STEMI (heart attack) ** ** "Cardiovascular Considocumented on 11/1 Addendum revealed AF/RVR (Atrial Fibrill Rate) at 2110 hrs this demonstrating evolvia VL) which was more ECG at 2210 hrs pro	ain. Record review revealed ent/reassessment enterties triage was the patient's triage was the patient was administered ain medication) 2 milligrams 1703 by a medic for a pain is no reassessment of the documentation of the ED) at 0.4 milligrams sublingual a nurse times one for a pain Review revealed no patient's response to the on and no nursing attent's condition was attent was transported from surgical floor on 11/09/2023 was placed on continuous then he was noted to be in Rapid Ventricular Rate fam). Review of the ECG docorded an "ST elevation or acute infarct ** ** myocardial infarction or Review of a sult History and Physical 0/2023 at 0020 as an the patient " went into lation with Rapid Ventricular is evening with ECG ing high lateral STEMI (I, do pronounced on follow-up mpting formal STEMI	A3				
	" Review of a Disc 11/13/2023 at 1211 r	ent cardiac catheterization. harge Summary dated revealed the patient was 11/13/2023 with a diagnosis					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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	201/1050 00 01/1001/150	340002		OTDEET ADDRESS SITY OTATE TIP CODE		12/0	J9/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE				
				ASHEVILLE, NC 28801				
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE	
A 398	Continued From page	e 146	A 3	98			ı	
	of STEMI (ST elevation	on myocardial infarction),					1	
	•	ase, Hypertension, and Atrial						
	Director of Nursing (A #92 was identified as have been assessed minimum, every two with any change in the Interview revealed the pain and required into assessments or reast documented in the Elecontinuous telemetry at 1218 and telemetry at 1218 and telemetry patient in the ED. Intelemetry was placed the patient transferred In summary, Patient a chest pain on 11/09/2 was not assessed by	nours for a level two and e patient's condition. e patient developed chest erventions and no nursing sessments were D record. Interview revealed was ordered for the patient y was not placed on the						
	1703. The patient wa floor and placed on to was found to be in att ventricular rate. Find showed ST elevation STEMI Code Activati evolving lateral STEM an emergency cardia	on was administered at stransferred to a medical elemetry at 2111 when he rial fibrillation with rapid ings of an EKG at 2110, **ACUTE MI/STEMI**. A on was initiated for an MI. The patient underwent c catheterization at 2249.						
	ED nursing staff faile assessment of the pa physician's orders for telemetry. 2. Review on 11/17/2							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
340002 B. WING				C 09/2023		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
A 398	efficient testing service high-risk situations. In the time placement to result represented by the carring the Laboratory. Macontrolled by the Laboratory and result Laboratory and result Laboratory and result LaboratorySTAT: a life-threatening requests will be performed specimen quality and requests will be manable first-in, First-out (FIF facilitate rapid and eff specimens through the also prioritized based meet defined turn-are STAT requests:ST specimens and should receipt until result rephandling or testing. In for most tests is 45-5 receipt Response to the same staff will immediate perform testing, and to be available within (1 receipt TAT Summ from ORDER Receipt from SPECIMEN receipt Closed medical recorrevealed Patient #83 patient who arrived at	SE: To provide timely and ces for routine, critical and DEFINITIONS: Turn Around elapsed from order eporting. Categorized as: the period between test regiver and specimen receipt by be influenced, but not coratory. Analytical Phase: pecimen receipt in the treporting. Controlled by the mergent, potentially est. NOW: as soon as as with ASAP. POLICY: All ad without delay to maximize the integrity. STAT, NOW aged as priority situations. O) processes are utilized to ficient movement of the system. Requests are also not the following criteria to bound times:Response to ATS take priority over other does managed from time of corting with no interruption in a general, the maximum TAT of minutes from order to NOW/ASAP requests: also process the specimen, verify results. Results should one hour from specimen tary (Inpatient): STAT, Time ta 45-50 minutes. NOW, Time	A 3	98		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
						С	
		340002	B. WING _		1	2/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)	
PREFIX TAG	((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETION DATE	
A 398	Continued From page	e 148	A 3	98			
	11/28/2023 at 1216 w	vith a chief complaint of					
	dizziness from her do	octor's office. Patient #83					
	_	Medical Doctor (MD) #1 on					
		comprehensive metabolic					
	. , .	s serum glucose] was					
	•	tests ordered as STAT (an					
		life-threatening request)					
		monitoring. At 1259 Patient					
		ed Pod (for the most acute					
		d-17. At 1309 the first set of					
	vital signs was record	art rate 84, respirations 19,					
	•	8, and oxygen saturation of					
		ir. At 1316 Registered					
	Nurse (RN) #3 compl	-					
	assessment and Pati	5 5					
		ndex (ESI) [level 1 as the					
	most urgent and 5 as						
	_	he CMP history revealed the					
	•	ed at 1358 by RN #3 (1 hour					
		the order was placed), the					
		ed at the laboratory at 1412,					
	and resulted at 1532	(3 hours and 14 minutes					
	after the STAT order	was placed) with a serum					
	glucose resulted of 17	137 (high normal range 120).					
	Review of the Physici	ian's Order on 11/28/2023 at					
		actitioner (NP) #5 revealed					
		sulin (IV medication to					
		e) IV infusion to be started					
	•	glucose had resulted). At					
		vas initiated for Patient #83					
	-	9, the Hospitalist NP #6					
		telemetry monitoring order					
		nt #83, with vital signs every					
		D. At 1908 ED MD #14					
		ed Hemoglobin NOW that					
		3 (2 hours after ordered). At					
	2109 Patient #83 was						
	Holding-Orange Pod-	Room-2 awaiting an					

. , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
				С			
		340002	B. WING		1	2/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORE		(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)		COMPLETION DATE	
A 398	Continued From page		A 3	98			
		9 Hospitalist MD #9 ordered					
		/2 NS with KCL (Dextrose,					
		otassium Chloride Solution).					
		27 MD #9 ordered a Lactic					
		from your blood to other					
	. ,	vel to be drawn "NOW" for					
		tient #83. At 0153 MD #9					
		ne insulin IV. An addendum					
	was made to the Hist						
		by MD #9 which revealed					
		ent has been on insulin drip					
	-	ntinuous fluid administration					
		it is currently 2 am, Nursing					
		contacted requesting these, er know there was difficulty					
		as well as delay in obtaining					
	· ·	om pharmacy. Given we					
		no fluids, for the safety of the					
		nsulin drip at this time, until					
	T	ensure appropriateness of					
		" 0157 RN #10 documented					
		KCL as started (2 hours and					
		ered). At 0200 Patient #83's					
		nded by RN #10. At 0256					
		V was reordered and was					
		after it was stopped). On					
	•	Patient #83 was transported					
	to a Stepdown Unit. F	Review of the ED record					
	-	that continuous telemetry					
	monitoring or vital sig	ns every 2 hours were					
	initiated in the ED by	a nurse, further the NOW					
	Lactic Acid "nurse co	llect" order at 0127 was					
		e patient was in the ED. On					
	the inpatient floor, at	0529, RN #11 canceled the					
		id order "nurse collect" from					
		the NOW Lactic Acid order					
	"lab collect". The Glyd	cosylated Hemoglobin NOW					
		28/2023 at 1908 resulted on 12 hours and 35 minutes					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP IDENTIFICATION NUMBER: A. BUILDING		PLE CONSTRUCTION IG	(X3)	(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		120012020	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	ON SHOULD BE COI E APPROPRIATE		
A 398	range 6.3). At 0844 thours and 15 minute in the lab for process 1108 (5 hours and 3 "7.48" (high normal the computer system au additional Lactic Acic collected at 1119 and processed at 1148. At a blood pressure of 36. At 1158 Rapid Repatient #83. At 1206 At 1213 blood pressure of 1225 a Levophed (moblood pressure) IV in interosseous to incresseous t	esult of 12.3 (normal high the Lactic Acid was drawn (3 as after it was ordered), was sing at 0907, and resulted at 9 minutes after ordered) as for lactic acid was 2.1). The atomatically reordered and order by default and was d was in the lab to be at 1146 RN #12 documented 141/67 with respirations of esponse was called for a blood pressure was 65/40. The dication used to increase a fusion was initiated via ease her blood pressure. At sure was 126/84 at 98 aration while the patient was bagged at the bedside. At as intubated (mechanical Patient #83 was transferred sive care unit. At 1256 the resulted as critically high changed Patient #83 Full to Limited Resuscitation with resuscitation (CPR). Patient	A3	98			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
340002		B. WING		C 12/09/2023	
	ROVIDER OR SUPPLIER L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
A 398	to be intubated at bed (intensive care unit). from Recurring? Pror Patient Safety Report of the report revealed lab work. MD #9 was unavailad MD #16 was unavailad MD #16 was unavailad Telephone interview of RN #10 who cared for Pod (location in the Erevealed "I work on pulled to the ED that don't recall this patient the labs, I would call at to get the labs if I cours she could not remember order was not collected physician orders for Followed. Interview on 12/08/20 revealed she did rem worked night shift. " this patient from the Emedical record number charge nurse gets an coming and will printipiece it together and reordered the lab worpending. My concerning etting in contact with morning they were not still the patient of the pending. My concerning they were not still the patient of the pending in contact with morning they were not still the pending they were not still th	patient took a turn and had diside and sent to ICUSolution to Prevent this inptly follow orders" This is was still in process. Review I Patient #83 had a delay in the for interview. In 12/07/2023 at 1632 with in Patient #83 in the Orange ID for pending admissions) an inpatient unit and was day. It's a revolving door, I in particular. If I can't get in particular. If I can't get in phlebotomist after 3 tries Idn't" Interview revealed ber why the NOW lactic acid ed. Interview revealed Patient #83 were not at 1023 at 0915 with RN #11 ember Patient #83 and I did not receive a report on ED. You have to look up the er and sometimes the alert that the patient is the face sheet. I had to go through the orders. If it when I saw it was is we have had trouble in the phlebotomist. That tot logged into to their imobile eneral lab number, and no	A 39	98	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		,	C 1 2/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 398	supervisor, and he to option right now.' I cat telemetry box or not, hour" Interview reve a phlebotomist during before. Interview reve multiple times to read draw NOW blood ord someone. Interview r Time for NOW lab ord Patient #83. Interview on 12/08/20 Phlebotomist Superv phlebotomists do not help if called. All labs "nurse collect". The eand NOW orders to b 15 minutes and to be order" Interview revand NOW orders for hospital policy for lab Interview on 12/08/20 revealed her expecta her to have continuous igns every 2 hours were vealed physician of Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 sevealed extremely busy day an ultrasound to start hallway beds is they is She had a monitor ar strongly advocated for	Id me 'we don't have another n't recall if she was on a I was only with her over an ealed not being able to reach gright shift had happened ealed RN #11 had called the the lab phlebotomist to ers without reaching evealed lab Turn Around ders was not followed for 123 at 1309 with Laboratory isor #17 revealed "the collect in the ED; we will ordered in the ED default to expectation was for STAT resulted in an hour from resulted in an hour form ealed lab collection for STAT Patient #83 did not follow	A 3	98		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		240002	B. WING		С	
NAME OF D	ROVIDER OR SUPPLIER	340002	b. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	12/09/2023	
NAME OF FI	COVIDER OR SUFFLIER			509 BILTMORE AVE		
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
A 398	We don't have the call a monitor in a hallway monitor; I spent the at MD. The doctors don't CNC where patients a all day,I was extren revealed Patient #83 continuous ECG monimonitored every 2 hophysician orders were #83. Interview on 12/08/20 of ED Services, RN # explain the lack of telesigns for Patient #83 revealed the ED nurs. Charge Nurse for the monitor a patient in a available. Further into Provider and ED Nurs monitoring lab results record in the ED. Inte policy was not followed the see at 1016 but was 1108. I don't know whe expectation was to call available. The expect	didn't think it was a big deal. pability to link the patient to bed. She wasn't on a sternoon telling the CNC and it have any say, it's up to the are roomed. I sat behind her nely frustrated" Interview was not placed on itoring, nor were vital signs urs. Interview revealed e not followed for Patient 23 at 1230 with Nursing VP 20 revealed she could not emetry monitoring or vital while in the ED. Interview e should elevate to the ED need to continuously hallway bed if one was not erview revealed the ED se were responsible for a via electronic medical rview revealed hospital	A 39			
	within an hour" Inte	W results to be completed rview revealed lab collection of follow hospital policy for				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING	·		
		340002	B. WING		C 12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		
A 398	Continued From page	e 154	A 39	8		
	Patient #83 was pres	ented to the ED with				
	dizziness on 11/28/20	023 at 1216. The patient had				
	STAT lab work ordered	ed at 1218 with continuous				
	ECG monitoring. Lab	s were drawn at 1358 (1				
		after ordered). Labs arrived				
		I resulted at 1532 (3 hours				
	and 14 minutes after	•				
	-	itically high). Insulin IV				
		at 1626 and initiated at 1709				
	3	es after ordered and 1 hour the glucose resulted).				
		s ECG monitoring placed at				
		every 2 hours were never				
		2349 an IV infusion of				
		red that was not completed				
		nd 8 minutes after ordered).				
	•	ed NOW at 0127 for nurse				
	collect in the ED. At 0	200 a physician wrote there				
	was a delay in labs ar	nd fluids so stopped the				
	insulin IV infusion. Th	e lactic acid was not				
		At 0529 the original lactic				
		canceled and reordered as				
		ne floor. It was collected at				
	•	minutes after ordered at				
	•	1108 (9 hours and 41				
	•	ly ordered at 0127) with a				
		nigh. A second lactic acid				
		8 and resulted at 1256 (1 hr. ordered) with a result of				
		A rapid response was called				
		e patient was intubated at				
	•	expired on 11/30/2023.				
	ŕ					
	3. Review of the CIW					
		ent for Alcohol) /Alcohol				
		ctive date 07/20/2022				
		g PhaseNow ONCE,				
	The state of the s	with goal CIWA < (less				
	than) 15" The CIWA	VAlcohol Withdrawal Plan				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3)) DATE SURVEY COMPLETED
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1203/2023
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 398	Reference Informatic questions 1-9 can sceed question, quest points, depending on each question. Score observations: 1. Naus sweats? 3. Agitation head? 5. Anxiety? 6. disturbances? 8. Tac disturbances? 10. Or sensorium -Ask what Management Commit four consecutive hou Severe Withdrawal F transfer to higher lever Closed medical recorrevealed Patient #43 presented to the emprivate vehicle on 08 complaints of "chest lightheaded, and righ week. Drinks 12 beer Registered Nurse (R temperature 98.5, he blood pressure 141/8 percent on room air, least pain, and 10 be assigned an emergent 1 as the most urgent 2. Patient #43 was the room IPA (Internal Presented) are the most urgent 2. Patient #43 was the most urgent 2. Patient #43 was the most urgent 2. Patient #43 was the room IPA (Internal Presented) and Patient Medical Doctor (MD) Physician Note from #23 revealed a review	on included 10 questions, ore between 0 and 7 points ion 10, can score 0 to 4 severity of symptoms for a range 0-68. Questions with sea/Vomiting? 2. Paroxysmal P. Headache, fullness in Tremor? 7. Visual tile disturbances? 9. Auditory ientation and clouding of aday it is? "CIWA unication If CIWA > 15 for rs, contact provider to initiate Phase and/or to consider el of care" Independent of the provider of t	A 3	98		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		12032023
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 398	cocktail (oral combinator indigestion), Zofragiven for nausea and MD #23's ER Report reassessment patien accompanying him at is still in the waiting roordered IV (intravence and 1 mg of Ativan (a and seizures) as he is (shaking) and diaphoreassessment [sic]l consulted for admissing placed orders for IV (NOW, thiamine (dieta milligrams (mg) orally CIWA scale/protocol plan/protocol). At 185 by IPA ED RN #24 te 103, blood pressure saturation of 92 perce Cocktail, and Zofran waiting room. At 194 mg IV push NOW (ur 2100 a multivitamin of Scale assessment. Tinitiated on 08/14/202 #25 while in the ED wwere placed for aspir (medication given in withdrawal) 12.5 mg at 2226. At 2305 MD phenobarbital (medicasione) 60 mg orally	ation of medications given an 4 mg orally (medication vomiting). An addendum to Note revealed "On the and his mom who is now the updated on his results. He common unfortunately. I have be sush fluids, CIWA protocol in sedative given for anxiety is slightly tremulous aretic (sweating) my Hospitalist has been from" At 1841 MD #23 intravenous) fluids-NS ary supplement/nutrient) 100 or STAT (immediately), and (alcohol withdrawal in vital signs were rechecked imperature 98.3, heart rate of 132/82, and oxygen ent on room air, the Glowere administered in the ED of MD #23 ordered Ativan 1 gent). Per the CIWA plan at orally was ordered and CIWA the History and Physical was 23 at 2229 by Hospitalist MD vaiting room, and new orders in orally NOW, Lopressor treatment of alcohol orally, and again IV access #25 ordered Patient #43 faction given to prevent three times a day STAT and dessment was due to be	A3	98		
	reassessments, med	ication administrations, IV sician orders were completed				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		340002	B. WING _		1	2/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
A 398	Continued From page	e 157	A 3	98			
	moved to the Red Po acute patients) room Patient #43 to have A given at 0106 by RN Report Note on 08/15 revealed "I became care after he apparer where he was awaitir seizure and struck his outside of the ER (en On my evaluation, the (the period following a symptoms, confusion actively seizing. He de	at 0057 Patient #43 was d (ED area for the most 11. At 0105 MD #25 ordered divan 4 mg IV STAT and was #27. Review of the ER 5/2023 at 0107 by MD #26 e involved in the patient's fully left the waiting room ag admission and then had a shead on the sidewalk fuergency room) entrance. The patient seems postictal as seizure, disorienting and drowsiness), he is not toes have a history of heavy					
	has been in the emer room for 9 hours and or Phenobarbital. I sualcohol withdrawal. We scan) given the patienalso has a small lace repair" Record reviroom orders for IV flut 1841 to 08/15/2023 at Ativan IV NOW order administered on 08/1 min), and Phenobarb 08/14/2023 at 2305 to 08/15/2023 at 0150 (2) Patient #43 were delay score/assessment was 08/15/2023 at 0437 (3) ordered). No CIWA sedocumented before the event with sustained nursing reassessment.	o administered on 2 hours and 45 min) for ayed and no CIWA					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12,00,2020	
MEMORIA		ND 40115/11 LE 011D05DV 05		509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
A 398	Continued From page	: 158	A 39	98		
	admitted to an inpatie	ninute). Patient #43 was nt room on 08/15/2023 at tient #43 was discharged				
	report submitted by M 0443 revealed the da at 0000. Brief descrip in waiting room for 9 I medications for alcoh seizure and sustained Investigator #28 Note work through ways to the waiting room duril limited staffing" Fur reviewed by the hosp 11/17/2023 (3 months revealed "Suggest CIWA precautionsN with provider about the administered medicate	s revealed: We continue to provide care to patients in a peak times of surge and ther comments were ital Pharmacy, dated a after the event) that education to sent out of lurse could have clarified				
		vent Recurrence: "Increase				
	MD #23 declined to b	e interviewed.				
	revealed "With the difficult to treat patien. The goal was for dela but especially at night with delays in patient off in a more clinical a monitored" Interview	23 at 1414 with MD #26 current process it's still ts in the ED waiting room. The patient was better to the patient was better trea where they can be well well afety in the ED waiting room int monitoring.				

PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

AND BLAN OF CORRECTION IDENTIFICATION NUMBER.		ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED		
		340002	B. WING _			C 12/09/2023
NAME OF PROVIDER		AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		.=
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	
Intervi Practic occas are on have of flow is had contimely Intervi reveal Intervi back to helpfu a reas room. (technot the technot helpfu a reas room. (technot helpfu a reas room.) Intervi Night Patier the IP always coordionly IF happe was not patien ED patien the IP rother IP rothe	oner (NP) #36 conally that ore hold until the concerns about not better" I concerns provid in the ED wait ew on 11/16/2 ed she did not ew revealed " o see if patient I. I must have sessmentI w There are multicians) who get chs notify us if at concerns with s do the same ared for Patien ber doing a re ation administr ew on 11/28/2 RN #28 reveal at #43. Intervice A area go by p s able to do the nator) should le cation administr or protocol for or to protoc	revealed "it does happen ders in the ED waiting room patient can be roomed. I do t it. The new waiting room nterview revealed NP #36 er orders were not completed ding room. O23 with ED IPA Day RN #22 remember Patient #43best practice was to go ts' meds (medication) were left before I was able to put in work IPA and the waiting diple nurses and nurse techs et vital signs in the lobby and abnormal. We escalate the charge nurse and the sum." Interview revealed RN t #43 until 1900 and did not eassessment after	A3	988		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
			A. BOILDIN	A. BUILDING		С	
		340002	B. WING			9/2023	
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	•		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
				ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
A 398	might see "repeat trop supposed to help with medication in the wait for the reassessment part of our duties to re revealed patients in the assigned a nurse for monitoring. Interview reassessment in the Patient #43. Interview on 12/01/20 #35 revealed "The responsible for patien initial orders were cor revealed the IPA nurs reassess patients in the Interview revealed hor reassessment was not interview on 12/08/20 Vice President of ED revealed she could not monitoring or comple ED waiting room. Interview rould be outstanding provider waiting room would be	the tracking board, you ponin", the CNC was a that. If I gave controlled ting room, I am responsible. If we are caught up it is a passess" Interview the ED waiting room are not treassessment and revealed hospital policy for ED was not followed for the waiting room, after the waiting room, after the waiting room, after the ED waiting room. The waiting room to the ED waiting room. The waiting room waiting room to the ED waiting room. The waiting room waitin	A 39	,			
	virtually for many hos and prioritize patient and any outstanding delegated to be comp RN #20 could not exp	pital departments to discuss needs) held every 2 hours provider orders would be bleted. Interview revealed blain why Patient #43's providers orders had not					
		r-old who presented to the ent (ED) by private vehicle on					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		340002	B. WING		C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE	.1
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
A 398	nausea, clammy, ligh for several weeks, widrinks 12 beers a day patient was located in was observed by a pl The physician ordere CIWA protocol (asses withdrawal) at 1841, anxiety) was ordered not implemented. Mu 2100. Another order fluids and Lopressor. 2229. None of these An order written at 23 administration was no physician's note refer seizure and fall with a waiting room area. Fhad delays with nursi to implement orders, administration, and for The patient subseque with a resulting head 4. Closed medical recrevealed Patient #28, who arrived at the emby emergency medical 07/05/2022 at 0947 waltered mental status was triaged at 0950 by temperature 97.8, pur pressure 175/86, oxyon room air, a pain so severity index (ESI) of Medical Doctor (MD) lab work, chest X-ray	with complaints of chest pain, theaded, right-side tingling th a reported history of w. Review revealed the in the waiting room area and hysician to be diaphoretic. It dintravenous (IV) fluids and assment tool used for alcohol and Ativan (medication for at 1947. These orders were ultivitamin was ordered at was placed at 2226 for IV Aspirin was ordered at orders were implemented. So for Phenobarbital of implemented. At 0107, a renced the patient had a head injury outside the ED indings revealed the patient ing assessments, and failure including medication ollowing the CIWA protocol. Pently had a seizure and fall injury.	A 3	98	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		, ,	(X3) DATE SURVEY COMPLETED	
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340002	B. WING _		-	12/09/2023	
		STREET ADDRESS, CITY, STATE, ZIP CODE	•		
		509 BILTMORE AVE			
ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETION DATE	
162	A 3	98			
venous was ordered by MD combativeness. Review of 59 dated 07/05/2023 at tory unable to be obtained vas combative with EMS ams) of Versed (given for e is only slightly sedated lines, not answering owing commands. " At od count resulted with a of critical high- 32.4 029 Normal Saline 1 liter IV Rocephin (antibiotic) 1 gram At 1045 vital signs were ure 226/107, oxygen on room air. At 1050 ated (mechanical ard IV sedation protocols. se 76, blood pressure d at 98 percent oxygen 811 Patient #28 went into a (lethal heart rhythm) and red by staff), defibrillated, placed. At 1322 a lumbar red by MD #59 and a ordered. At 1322 the SF) white blood count at 94000 (normal high range illion cubic meters]. At were given IV. Review of mination/Reevaluation (not ealed ". the patient intubation for sedation and mental status continued to I and Versed . The Head CT back from CT the patient					
	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 162 Venous was ordered by MD combativeness. Review of 59 dated 07/05/2023 at tory unable to be obtained vas combative with EMS ams) of Versed (given for 5 is only slightly sedated lines, not answering owing commands. " At bod count resulted with a of critical high- 32.4 029 Normal Saline 1 liter IV Rocephin (antibiotic) 1 gram At 1045 vital signs were ure 226/107, oxygen on room air. At 1050 ated (mechanical ard IV sedation protocols. se 76, blood pressure d at 98 percent oxygen 311 Patient #28 went into a (lethal heart rhythm) and sed by staff), defibrillated, placed. At 1322 a lumbar ated by MD #59 and a ordered. At 1322 the SF) white blood count at 94000 (normal high range illion cubic meters]. At were given IV. Review of mination/Reevaluation (not ealed ". the patient intubation for sedation and mental status continued to I and Versed The Head CT	A. BUILDIN 340002 ND ASHEVILLE SURGERY CE ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 162 Venous was ordered by MD combativeness. Review of 59 dated 07/05/2023 at tory unable to be obtained vas combative with EMS ams) of Versed (given for e is only slightly sedated lines, not answering owing commands. " At 2002 Normal Saline 1 liter IV Rocephin (antibiotic) 1 gram At 1045 vital signs were ure 226/107, oxygen on room air. At 1050 ated (mechanical ard IV sedation protocols. se 76, blood pressure dat 98 percent oxygen 311 Patient #28 went into a (lethal heart rhythm) and 128 medical ard IV sedation protocols. se 76, blood pressure dat 98 percent oxygen 311 Patient #28 went into a (lethal heart rhythm) and 129 medical ard IV sedation protocols. se 76, blood pressure dat 98 percent oxygen 311 Patient #28 went into a (lethal heart rhythm) and 129 medical for interest and a sordered. At 1322 a lumbar 129 medical for interest and a sordered. At 1322 the SF) white blood count at 94000 (normal high range illion cubic meters]. At were given IV. Review of mination/Reevaluation (not enaled ". the patient intubation for sedation and mental status continued to I and Versed The Head CT toack from CT the patient protensive and at 1 point CPR, total time roughly 5 to	A BUILDING 340002 STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCEO TO THE APP DEFICIENCY) 162 A 398 A 39	A BUILDING 340002 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE SURGERY CE ASHEVILLE, NC 28801 PROVIDER'S PLAN OF CORRECTION MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION) 162 PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 398 A 398	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	((X3) DATE SURVEY COMPLETED	
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		340002	B. WING _			12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	E		
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5) COMPLETION	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)			
A 398	Continued From page		A 3	398			
		n to sustain blood pressure)					
	,	tensive care unit) has been					
	consulted. Family add						
		Pulmonologist/ICU MD #60					
		sed to treat life-threatening					
		I mg/ in 250 milliliters (ml) to					
		ms (mcg)/per minute and					
		56 at 1514 (1 hour and 5					
		d), and at 1655 this drip rate					
	•	icg/min. At 1740 blood					
		, at 1750 blood pressure					
		lood pressure was 33/18.					
		ation Administration Record					
		#68 initiated a bag of					
		min for Patient #28. At 1803 and Patient #28 was in					
		/thm). The code ended at					
	, ,	of blood pressure. At 1814					
		249/118 with a pulse of 145.					
	I	n to the ER Report by MD					
		303 I was called to the					
		ad gone asystole. I was					
		's diagnosis of meningitis					
		R was in progress on my					
		that the patient's Levophed					
		the patient had been					
		od pressure) sometime					
	before codingShort						
		return pulse) and bicarb					
		es outcomes in cardiac					
		d return of pulses. Patient's					
		ICU attending entered					
		finished." At 1940 Patient					
		to the medical ICU for					
	admission. Patient #2	28 continued to decline and					
	showed no signs of ir	mprovement. Review of the					
		date 07/15/2022 at 1525 by					
		c Medicine, DO #63 revealed					
	"There was no char	nge in neurology exam, and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMF	SURVEY PLETED
		340002	B. WING			C /09/2023
NAME OF P	ROVIDER OR SUPPLIER	0.0002		STREET ADDRESS, CITY, STATE, ZIP CODE	12/	09/2023
TWAINE OF TH	NOVIDER OR OUT LIER			509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)		COMPLETION DATE
A 398	Continued From page	e 164	A 3	98		
	it was explained to the	e family that there were no				
		nprovement. At this time the				
		de status to DNR (do not				
	resuscitate)at this t					
		procurement. He was				
	` .	perating room) this morning				
		ted (removal of mechanical				
	,,	of death was 1040. On				
		Patient #28 had his kidneys				
	narvested and was pr	ronounced dead at 1040.				
	Paviaw on 11/28/202	3 of the Patient Safety				
		Patient #28 revealed it was				
	, ,	RN #57) on 07/05/2022 at				
		Event time was 07/05/2022				
		scription "assigned 5				
		coded due to unsafe staffing				
	ratioadditional comi	mentsNUS (nursing unit				
	supervisor RN #74) a	nd Director (named, RN				
	•	e assignment at approx.				
	1730. RN (named RN					
	•	ert which arrived at 1748. Pt.				
		nd of CPR, epi, sodium				
		of spontaneous circulation).				
		d due to unsafe staffing				
		h was reported to NUS and				
	-	t" Review on 07/06/2022				
	-	rirector of ED Services				
	(named RN #76) reve	n to Patient #28's family				
		was upset because they had				
	-	ne doorway of the patient's				
		d alarms going off in the				
		was at the nurse's station				
	,	ce line that reportedly did not				
		st" Further the CNC, RN				
		s only notified RN #56				
	-	hen the patient was coding.				
		2 times during his ER stay				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDII		LTIPLE CONSTRUCTION DING		SURVEY PLETED
		340002	B. WING		12	C 2 /09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12	103/2023
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 398		tay of 9:52 (9 hours and 52	A 3	98		
	minutes) in the ER. R was broken down by stable patients awaiti units (2), one patient hallway (1), a new Tra Patient #28, an ICU passigned and respondent #28's code/excollateral staff available #56. "Background in unable to provide state holds in the ER on this census of 295 on this Vice President (VP) or reviewed this Patient investigation revealed Patient Safety Report "Indicating that the an alleged unsafe parnotification to the Dires substantiated" Addi RN #56's assignment staffing in the ED. An family had voiced conto their request for her	IN #56's patient assignment RN #76 in the report as two ng admission to step down who had been moved to the auma Alert patient (1), and patient (1). (RN #56 was sible for 5 patients during vent). RN #76 discussed ble in the ED to support RN information: The House was ffing support for the admit is date. There was an ER a date" On 07/07/2022, of ED Services, VPED #48 Safety Report. Her dithere was an additional at for this same event ER Director was informed of tient assignment. This ector was not itionally, VPED #48 agreed at was safe due to collateral did did mention Patient #28's incerns who did not responded programs in the room of the Primary Contributing				
	FactorsCompeting Harm-intervention to Patient #28's levophe blood pressure was a pressure dropped, he until the infusion was patient assignment of Review on 11/28/202 Analysis report, Even	prioritiesLevel of Harm sustain life" In summary, ed IV infusion sustaining his allowed to run dry, his blood was coded for 7 minutes reinstated. RN #56 had a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		((X3) DATE SURVEY COMPLETED	
		340002	B. WING_			C 12/09/2023	
NAME OF PE	ROVIDER OR SUPPLIER	1 111		STREET ADDRESS, CITY, STATE, ZIP CODE		12/03/2023	
	10115211 011 001 1 2.2.1			509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	CCTIVE ACTION SHOULD BE CONCED TO THE APPROPRIATE		
A 398	Continued From page	e 166	A 3	98			
A 398	Pharmacist, ED RPH was 07/05/2022 at 18 "Patient required C resuscitation) due to RN was attending to pts), including two trapatientadditional con behalf of (named have time to make repatients: the patient intubated, ICU), a tratransfer-a comfort ca other admitted patier the traumas, this patier and different expressure) and tried to provider who was sitt the room and this procould not help them be patient. Family is irat later, another RN car able to switch out the the pt's SBP (systolic 30's. He then becam round of CPR. (Name NUS throughout the unsafe. This patient an unsafe and unrea Report was investigation of 07/06/2022 without previous Event #685 07/21/2022 Doctor of added investigator no leading description of was "Human Factors HarmHarm-interve	I #78 revealed the event date 800 with a brief description of PR (cardio-pulmonary levophed running dry while other patients (RN had 5 aumas and this ICU ommentsmaking this report RN #56) as he does not aport. (Named) had 5 from this report (named) had 5 from this report (named) had 10 from this none of ent's norepinephrine infusion ecame hypotensive. The was monitoring the BP (blood to get help from a non-ER thing at a computer outside evider told the family that he because it was not his entered about this. A few minutes me into the room and was the levophed, but by this point to blood pressure) was in the entered and ed RN #56) alerted the ER day that his assignment was coding was a direct result of sonable assignment" This fixed by ED Director, RN #76 four this report. The fixed had the fixed by Pharm 10 from	A 3	98			
	leading description o was "Human Factors HarmHarm-interve	f harm cited by PharmD #79 s/Staff FactorsLevel of ntion to sustain life" A rt revealed that a bag of					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) A. BUILDING (X7) PROVIDER/SUPPLIER/CLIA (X8) MULTIPLE CONSTRUCTION (X8) MULTIPLE CONSTRUCTION (X9) MULTIPLE		` '	X3) DATE SURVEY COMPLETED			
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	I	1203/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 398	07/05/2022 at 1511 be documented on the Record as given on the levophed "would have to bag of levophed 1757 by ED RN #68 Patient #28. Review levophed IV infusion minutes; he was cod returning to spontane ED RN #68 was not ED RPH #78 was un ED Manager RN #75 interview. ED Director, RN #76 interview. Interview on 11/15/20 revealed he remembe worked in the ED for "I had trauma bay initially. The patient intubated and a dang receiving the maximular his blood pressure ell hours of my day. I go were going to assign patient. Around 1730 #74) to discuss my a my already 4 patients patient in the hallway trauma patient even assignment was uns	Dy RN #56 and was Medication Administration D7/05/2022 at 1514, and per rates of infusion, the bag of ave likely run out 1745" The I was pulled on 07/05/2022 at and was started at 1801 for revealed Patient #28's was interrupted for 16 ed from 1803 to 1810 before eous circulation. available for interview. available for interview. was unavailable for D23 at 1014 with RN #56 ered Patient #28 and had 5 years. Interview revealed 11, and rooms 10, 9, 8 In room 10 was combative, ger to himself and was am dose of levophed to keep evated. I had him around 10 of a trauma patient, and they me another new trauma I went to CNC (named RN essignment and the acuity of s, she put my dying trauma of, to make room for the new when I explained I felt my	A3	98		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		340002	B. WING _			12/09/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	I MISSION HOSPITAL A	IND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
III LIII OI III A	E IIIIOOIOIT TIOOI TIAL A	AGILVILLE GONGERT GE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		OULD BE	(X5) COMPLETION DATE
A 398	Continued From page	e 168	A 3	98		
A 398	explain the acuity of recomplaint to my Nurse Manage discuss my assignment new trauma anyway. Just arrived after 1730 and didn't realize a contubated patient. Who (named RN #68), the me while I was caring had already hung a neode was in progress my concerns, I talked ethics and compliant complaint with HR (hedocument this the berevealed RN #56 had at 0800 and again be patient to voice his concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns acuity assignment. In was caring for another IV infusion ran out, concerns, I talked ethics and concerns acuity assignment. In the IV infusion ran out, concerns acuity assignment. In the IV infusion ran out, concerns acuity assignment. In the IV infusion ran out, concerns acuity assignment. In	my patients. So, then I went r (named, RN #75) to ent and was assigned the My new trauma patient had 0, I was working with them ode had been called for my nen I arrived in the room person who was assisting of for the new trauma patient, ew bag of levophed, and the strain I was very upset. I voiced I to the administration, to the recommittee and filed a suman resources). I tried to st I could" Interview I gone to the CNC, RN #74 fore new assigned trauma concerns with his high patient enterview revealed RN #56 for patient, when the levophed ausing Patient #28's blood if a code was initiated. The assessment and monitoring it follow hospital policy. The nents filed by RN #56 for committee and HR were	A 3	98		
	reassessments in the	•				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) MULTIPLE CONSTRUCTION (X3) A. BUILDING) DATE SURVEY COMPLETED				
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1203/2023
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 398	Continued From page	e 169	A 3	98		
	patients" The intervadded trauma team in stated she and the Cl when needed to support of the ED interview on 11/15/20 during tour of the ED interview revealed 1 nurse to 4 patients, communicate with the delays with patient can have Webex huddles other hospital departed discuss delays in carrowhere they are needed.	possible of the control of the contr				
	patients were for all s Interview revealed ho was not followed.	essment and monitoring taff to follow hospital policy. ospital policy for Patient #28				
	Director of the Traumhe was aware of the owas the Medical Suprand currently. Interview Trauma Team membroare for a specific conhowever a Trauma Tevident could assist a emergency" The interview ould not be allowed alarming IV pump of a	on 12/01/2023 at 1209 with a Team, MD #80 revealed case with Patient #28 and ervisor for PA #77 in 2022 ew revealed "when a er was in the ED it was to insulted trauma patient, eam member if clearly any patient in a life sustaining terview revealed PA #77 to touch an IV drip or a patient they were not ew revealed PA #77 notified a				
	person who could adj Further interview reve with PA #77's patient	just the drip for Patient #28. ealed he had no concerns care, and the Trauma Team nad communicated with PA				

NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE Description: B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE A SUPPLY LE NO 2004	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			340002	B. WING			
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE	NAME OF PRO	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ASHEVILLE, NC 28801	MEMORIAL	. MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
A 398 #77 "we should always respond with compassion to family" regarding this event. Interview revealed MD #80 had not followed up with PA #77. the Trauma Team Director had talked with PA #77. Interview revealed PA #77 did not know Patient #28 blood pressure was low or the levophed had run out but had communicated to ED nursing staff who could attend the alarms when family asked him. Telephone interview on 12/01/2023 at 1241 with Trauma Team PA #77 revealed he had been employed for 8 years. Interview revealed"l am only in the ED when called/consulted for a specific trauma patient. The family came to the desk, I told them I can get your nurse, and I did. The family was asking about an IV beeping. If I thought he was coding, I would have made sure he was OK. I did not have that information. I only learned about the IV levophed today, Of course, I would respond to help a patient coding, I would not 'shirk' a patient needing help" Interview revealed PA #77 recalled the family asking for help with an IV alarm. He told the family asking for help with an IV alarm. He told the family asking for help with an IV alarm. He told the family asking for sure and a Levophed IV drip was started. Findings revealed the Levophed IV drip was started. Findings revealed the Levophed IV drip was started. Findings revealed the Levophed IV drip was allowed to run dry and the patient's blood pressure dropped to 33/18. A trauma PA was requested by the family for help related to alarms and the patient's condition and the PA indicated the patient was not the PA's assigned patient. The patient and IV were not monitored and the bag ran dry with subsequent cardiac arrests.	# colling to the coll	#77 "we should alw compassion to family Interview revealed MI with PA #77, the Trautalked with PA #77. In not know Patient #28 the levophed had runt to ED nursing staff will when family asked hi Telephone interview Trauma Team PA #7 employed for 8 years only in the ED when a specific trauma patient desk, I told them I can The family was askin thought he was codin he was OK. I did not I learned about the IV would respond to help not 'shirk' a patient ne revealed PA #77 reca help with an IV alarm find the nurse, and he Patient #28 presente was critically ill, intub bacterial meningitis. blood pressure and a started. Findings rev was allowed to run dr pressure dropped to a requested by the fam and the patient was not the patient arrested. hung. The patient an	ays respond with" regarding this event. D #80 had not followed up Ima Team Director had Iterview revealed PA #77 did Is blood pressure was low or out but had communicated no could attend the alarms Im. on 12/01/2023 at 1241 with Trevealed he had been Interview revealed "I am called/consulted for a Int. The family came to the n get your nurse, and I did. If g about an IV beeping. If I ng, I would have made sure have that information. I only levophed today. Of course, I of a patient coding. I would beeding help" Interview alled the family asking for Interview he told the family he would be did. Interview revealed "I and the family he would be did. Interview revealed "I and the family he would be did. Interview revealed "I and the family he would be alled the family asking for Interview alled the family he would be alled the family he would be alled the family he would be alled the Levophed IV drip by and the patient developed a low Levophed IV drip was be alled the Levophed IV drip by and the patient's blood by and the patient developed and	A 39	98		

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		340002	B. WING			C 12/09/2023
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A 398	Continued From page	e 171	A 3	98		
	revealed Patient #27 arrived at the emerge 07/04/2022 at 0025 to abdominal pain, naus #27 was triaged at 00 temperature 97.2, res blood pressure 169/5 94 percent on room a least pain and 10 bei assigned an emerge (urgent). At 0028 Nus wrote orders for Lipa STAT, CMP (compre STAT, Lactic Acid (ca blood to other parts of (complete blood count test) STAT, and CT (Abdomen/Pelvis STA Normal Saline to be s (medication for naus be given. Record rev nursing reassessmer and medications wer #27 while in the ED v min). At 0631 Patient (for highest acuity pa was seen by MD #26 placed for ondansetm (narcotic pain medica 0734 lab work results after ordered). At 073 started of NS (7 hour ordered), and medica 14 minutes after iden minutes after pain me nausea (7 hours and	cord review on 11/14/2023 , a 66-year-old female who ency department (ED) on by private vehicle with sea, and vomiting. Patient 025 by RN #38 vital signs: spirations 20, heart rate 107, 03, and oxygen saturation of air, a pain score of 10 (1 and the most pain) and was acy severity index (ESI) of 3 are Practitioner (NP) #39 are (a digestive enzyme) hensive metabolic panel) arries oxygen from your of your body) STAT, CBC ant) STAT, Urinalysis (Urine cat scan) of the AT, an IV (intravenous) of started and Ondansetron ea) 4 milligrams (mg) IV to itew did not reveal lab work, at, or physician orders for IV e implemented for Patient valung room (6 hours and 3 are 27 was moved to Red Pod tients) room 20. Patient #27 at 0656 and orders were on 4 mg, and Dilaudid ation) 0.5 mg for pain. At and (7 hours and 6 minutes after ations for pain (7 hours and tifled pain level of 10, and 43 are dication ordered) and 11 minutes after original are do by RN #40. At 0742				

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NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	•		
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)	
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A 398	Continued From page	172	A 39	98			
	vital signs were docur	mented as heart rate 85,					
		pressure 174/89, oxygen					
	saturation of 93 perce	ent on room air (no					
	temperature), with a p	pain score of 10/10 by RN					
		of Abdomen and Pelvis (6					
		urs and 27 minutes after					
		a small bowel obstruction.					
		te Reevaluation (not timed)					
	•	_abs were reviewed without					
	· ·	e CT scan was consistent					
		struction. Surgery was evaluation and management					
		epeat pain assessment was					
		7/04/2022 at 1316 Hospitalist					
	=	set for admission. At 1319					
	•	n score of 10/10, vital signs					
		tions 17, blood pressure					
	147/96, oxygen satura	ation of 93 percent on room					
	air, and was given Dil	audid 0.5 mg IV for pain					
	-	iew of the Surgical Consult					
	-	0 #42 dated 07/04/2022 at					
	1543, Patient #27 was						
		le Exploratory Laparotomy					
		Resection. At 1620 a repeat					
		s completed for a pain score ent #27 left the ED for the					
	operating room for su						
		thout complications and was					
	discharged home on						
	Request for a Patient	Safety Report (Incident					
		e was not one available.					
		23 at 1350 with ED RN #38					
		27 revealed "in 2022 no					
	•	d on in the ED waiting room,					
		made, and there are some					
		ry possible that this patient os or orders completed. At					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3)	(X3) DATE SURVEY COMPLETED			
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP COE 509 BILTMORE AVE ASHEVILLE, NC 28801	DE	.200,2020
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
A 398	that time there was o to triage patients. The orders" Interview re reassessments and pcompleted in the ED Interview on 11/17/20 revealed "the IPA (area in the ED waitin Now if patients need the CNC (clinical nur we call. I personally hat patient reassessment in condition. One hur not safe, orders are reaconcern. There is a door, I can put orders done because of the minimal staff" Intercurrent concerns with getting orders completely and orders done the new process the happen, but at night care in the waiting rovital signs, or overall meds. things are not basis. "Interview reget vital signs, asses prescribed. Interview not followed for Patient #27 arrived in 0025 with a reported	ne nurse in the waiting room ere was no way to complete evealed nursing ohysician orders were not waiting room in 2022. 223 at 1102 with NP #39 Internal Processing Area groom) did not exist then. It o move to the back, I tell se coordinator), we call and have been pulled to do to the when there was a change addred percent, patients are not completed, and staffing is one nurse with a line out the sin, but it is not going to get volume of patients and view revealed NP #39 had in waiting room patients not eted in the ED waiting room. 223 at 1414 with ED MD #26 patient after she was not always a person to get in No staff to do orders. With goal is for that not to suspect it does. As far as now, this patient didn't get assessments and no happening on a timely realed Patient #27 did not sements, or medications as revealed hospital policy was	A3	98		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE	
170			IAG	DEFICIENCY)			
A 398	Continued From page		A 39	98			
	-	7 that was not completed					
		7 minutes later) resulted and					
		patient had pain reported as					
		and vomiting with vital					
	•	25 and was medicated with					
		n medication) at 0739 (7					
		s after arrival). The patient					
	•	a small bowel obstruction					
		day. The patient had a delay					
	with STAT lab work, S						
	reassessment and pa	ain management.					
		cord review on 11/14/2023					
	revealed Patient #29,	, a 78-year-old female who					
	presented to the eme	rgency department (ED) via					
	emergency medical s						
		vith complaint of falling at					
	home with a laceratio	· ·					
	=	eport dated 04/05/2022 at					
	-	tient had fallen from the					
		n oxygen 3 liters by nasal					
		baseline for patient", had an					
		n her left forearm #20 gauge					
		rmal Saline 700 milliliters					
	. ,	MS narrative note revealed					
	•	ficant bleeding from her right					
		s controlledthe leg is					
	splinted", was on a						
	showing a heart rhyth						
		with a pulse of 88. At 1503 a					
		(PA) #45 was assigned and					
		mergency room) Report					
		d "High suspicion for open					
	· ·	ior shin", with plans to					
	,	f the head and neck, pain					
		s, and lab work." PA #45					
	•	1508. At 1514 Patient #29					
		od (for most acute patients)					
	Hallway Bed 7. At 15	17 Patient #29 was triaged					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	B) DATE SURVEY COMPLETED
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WEWORIA	L MISSION HOSFITAL A	ND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 398	Continued From page	e 175	A 3	98		
	by RN #43 "subject	ive rapid assessment: fell in				
	the bathroom at home	e. On Eliquis (blood thinning				
	medication) and a pa	in score of 0. Open Tib Fib				
	started earlier unseer	nPre-hospital treatments:				
	oxygen, other: 3-liter	O2 (oxygen) 20g (gauge)				
	Left armAcuity 5-no	n-urgent", an emergency				
	severity index (ESI) v					
	- ·	6 lab work was ordered. At				
	1537 the CNC (clinical	•				
		N) #44 documented a				
	• .	to 3-urgent. 1559 lab work				
	had resulted. At 1618					
		cotic pain medication for				
		V push every 15 minutes				
		pain for Patient #29 and				
		usea. At 1630 (one hour				
		arrival) vital signs were				
	-	88, blood pressure 161/79,				
		90 percent (no oxygen was				
	documented), 1639 re	By 1627 all radiology had				
	resulted, and a review					
		aluation (not timed) by PA				
		ny read it appears the patient				
	has a rather significal					
		this is an open fracture. She				
		Ancef (antibiotic), and I have				
	•	hopedic surgery. They will				
		the patient" At 1636				
	•	etanus (infectious disease				
		n unclean wound) booster				
		morphone 0.5 mg IV for a				
		nd Zofran 4 mg IV were				
	•	#43(no evidence of an				
	oxygen assessment).					
		narted as 9/10 (no evidence				
	of an oxygen reasses	· ·				
		nd History and Physical was				
	completed by MD #52	2 with diagnosis of "Open				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE	SURVEY LETED
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		340002	D. WING			12/	09/2023
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
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				P	ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 398	repair fracture. Revie addendum by PA #45 "Orthopedic surger open fracture and red splinting and simple respiration of the Patient Summa #29 was moved to roaddendum to the ER timed) revealed "As patient to I was tolo patient was unresport bedside, the patient is have DNR (do not rest this in the record]. Sh where Dr. (MD #46), kind enough to evaluate of death" Review of at 1947 by MD #46 refemale past medical I currently anticoagula had an open fracture has been admitted to was called to the patinursing found her pul respiration). After 60 cardiac activity, she is rhythm) on the monited dilated. No spontanes sounds and she is pud death was called at 7	with plan for surgery to	A	398	,		
	Review of the Patient 04/06/2022 at 0341 b	t Event Record dated y Nursing/Surgical Services					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 398	date of event "04/05/2"pt came to ER (em (complaint) fall with fibed. pt found unrespondence of the patient areoccurrence was do trends and patterns". event per report. Trauma Nurse, RN #8 interview. Interview on 11/16/20 who cared for Patient checking on the patient daughter was there. I her. She was full cod me and asked me wholling the stretcher are piled 'CPR' and the do that'. The trauma if #56) took the patient my charge nurse (naireport off on my other end of the shift. I didn't to go by my charting, on oxygen" A further should have charted error" The interview recall if Patient #29 redid not recall if an oxygendence of the shift. I didn't on the patient #29 redid not recall if an oxygen are condition policy for reassessment #29.	nt was "unexpected death" 2022 at 1903" with narrative hergency room) c/o racture. pt placed in the hall onsive in hallHouse notified at 1905", the	A 3	98			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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MEMORIA	. MICCION LICORITAL A	ND AQUEWU E QUIDOEDY OF		509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF		(X5)	
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A 398	Continued From page	e 178	A 3	98			
	MD #46 revealed she	did not recall Patient #29.					
		monitoring of patients in					
		oncern. Ideally every patient					
		d be on some sort of a					
		oximeter (oxygen monitor).					
		ways better" Interview					
		46 arrived at the patient's					
	the patient with daugh	systole, and she pronounced hter at the bedside.					
	Interview on 11/16/20	023 at 1747 with CNC, RN					
		remember she was in a					
		med RN #43) said she had					
		d on her. (Named RN #43)					
	T = 1	came to her and said,					
	'somethings wrong w	ith my mom'. I don't					
	remember if she had	oxygen or was being					
	monitored. I would ex						
	T	ts and document them in					
		as 4:1 in the Red Pod, If a					
		erwhelmed, I will ask another					
		atient care" Interview					
		not know why oxygen anges in conditions were not					
		#29. Interview revealed					
	-	ssessment for a change of					
	condition was not follo	_					
	Interview on 11/28/20	023 at 1433 with Assistant					
		RN #15 to review the internal					
	•	g Patient #29's death in the					
		nager (not identified) the					
	-	staff over to the patient					
	because 'she didn't lo						
		s taken to room 11 to be					
	placed on a cardiac n						
	asystole. At 1909 was						
	T = 1	daughter at the bedside.					
	Interview revealed thi	s event was reviewed by the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3	B) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		12 00, 2020
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A 398	Mortality and Morbidi multiple providers an completed the report internal investigation revealed the patient to antibiotics was greneeded closer moniti was not allowed to he this interview.) Patient #29 arrived on EMS and had atrial fir rhythm) on arrival. The with fracture prior to a 94% prior to arrival. The with fracture prior to a 94% prior to arrival. The with fracture of oxygen at 1630 and again at oxygen assessment assessed on the pation of 90% after the admit patient was subsequexpired. Patient #29 from 1451 until time of and 18 minutes). Nut the patient after narch staff failed to reasses condition (not breath the patient #6 and 10/03/2023. Reviewealed Patient #6 and 10/03/2023. Reviewealed "Reason started having left sid weakness and left sid leg. Facial drooping in thinners and 10 days	ty which was comprised of d the MD who had dated 07/11/2022 the of Patient #29's death was under triaged, the door eater than 1 hour, and oring. (note: this surveyor old or view documents during on 04/05/2022 at 1451 via brillation (abnormal heart he patient had a recent fall earrival. Pulse Oximetry was minutes after arrival) with no administration at hospital. In second 1816. No vital sign or on an elderly patient was ent with a prior pulse oxygen inistration of Dilaudid. The ently asystole at 1909 and had one set of vital signs of death at 1909 (5 hours raing staff failed to reassess otic administration. Nursing as the patient for a change in	A3	98		

9/2023
9/2023
(X5) COMPLETION DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(.	X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE		ND ASHEVILLE SURGERY CE	•	STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 398	include complex migroreclampsia/eclampsia/eclampsia/eclampcomplication character pressure), or complex did not report any sei Ultimately, the decisit the stroke neurologis provide thrombolytics. However, patient will A) for further close with the stroke neurologis provide thrombolytics. However, patient will A) for further close with the stroke neurologic lover the strong of th	at this point would also raine, so ia (serious pregnancy erized by high blood a partial seizure, though she zure-like activity on was made in concert with at at (Hospital A) not to at this point in time require transport to (Hospital ork-up and likely MRI e Imaging- type of diagnostic y concern for eclampsia omplication) is certainly vated blood pressure and exam. I did order 20 mg of BP) to be given as a stating of magnesium as a bolus er hour) infusion thereafter. I speak with the OB/GYN is with this management plantis of eclampsia given her ymptoms. Patient was al A) emergently for further isposition Postpartum Emergency Medical re Record, dated EMS transported Patient #6 is pital A. The EMS record at to Hospital A at 1938. Itarrative note revealed Hospital B) and was ansport (red is the most Arrived to find the pt (patient) its presence and in no port is as follows:Dx	A3	98		

· · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/	09/2023
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MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE		ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
				ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
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A 398	Continued From page	e 182	A 39	98		
	Preeclampsia Stroke	HPI (History/Physical):				
	Came in with EMS for	L (left) sided drooping and				
	weakness and tingling	g onset10 days				
	postpartum CT Hea	d clear for bleed and clots				
	'Preeclampsia Stroke	' Meds: Mag (Magnesium) 4				
	g (gram) Bolus with 2	gm/hr infusion, Labetalol 10				
	mg (milligrams)Vit	als: 172/98 Pt states that				
	-	ls super weak but denies				
	, i	sea/Vomiting). Due to the				
		ition, (EMS) waited for				
		l start a magnesium (Mag)				
	drip before departing.					
	<u>-</u>	obtained by Paramedic				
		ed over to the stretcher,				
		ngPt was placed on				
		dioxide monitoring) noting				
	elevated rate and bor					
	· ·	lioxide levels below normal)				
		g waveform Once all				
		d and Mag is started pt is				
		k and transport is initiated to				
		cy. Enroute pt is monitored				
		its While waiting on a bed				
	, , ,	monitored with minimal				
		epeat neuro checks were				
		y Pt began to complain of				
		posterior neck pain similar				
		she delivered. Pt report				
		(Name) bedside Arrived:				
	minutes after EMS ar	Care 22:24 (2 hours 44				
		ecord revealed EMS staff				
	continued to monitor					
		n EKG was performed at				
		sment was completed at				
		slight yellowing of the skin,				
		enderness and left arm and				
		vith a facial droop and neck				
	-	nued approximately every 5				
	Pairi. Vitai Sigris Conti					

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NAME OF F	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	•
				509 BILTMORE AVE	
MEMORIA	AL MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
A 398	Continued From page	e 183	A 39	98	
	minutes, with the last 147/90 at 2215.	recorded blood pressure			
	Patient #6 arrived to I 1942. An "ED Triage" 2227 (2 hours 45 min "Subjective Rapid A for Visit: Brought by I (Hospital B) due to st facial droop and left s normal was 1400H (h symptoms at 1530H. Mode - ED (Emergen Treatments: IV Acce sulfate at 2g/hrArr Review of vital signs respiratory rate of 18 saturation of 93% on 4. Record review rev Screen Exam Form EDT" which noted ". (Transfer) from (Hospiconcern for ecclamps already ordered." Reservice date/time, 10/" Patient presents a hospital for concern opresented to (Hospital droop that she notice her nap around 3:30 I around 2 PM. At (Hospital droop that was seen neurologist decision work (breaks down blood of here for further strokes)	roke like symptoms, left ided weakness, last known ours) and onset ofED Full Triage Arrival t): EMSPre-Hospital ss, Other: Magnesium ived From: Hospital" revealed a heart rate of 82, BP of 168/96, oxygen room air and a pain score of ealed an "ED Medical Entered on 10/03/23 22:23 MSE Comments: tx			

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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORI	RECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)		COMPLETION DATE
A 398	Continued From page		A 3	98		
		de hospital with blood				
		c. She has also had some				
		did have a headache at the				
		She denies any chest pain or				
		urrently Physical Exam				
		RR: 19 BP: 168/96 SpO2:				
	93% Neurological:					
		Patient does have left facial				
		ow droop as well. Has very				
		s compared to right. Has				
		up against gravity				
	Medical Decision Mak					
	_	eclampsia less likely given				
		npsia, Bell's palsy although				
		n her symptoms in the left nent and Disposition				
	_	emergency department with				
		and left facial droop. Chart				
	reviewed from outside	•				
	transfer from (Hospita					
	, .	admit to their service. MRI				
	and MRV (magnetic r					
		that focuses on the veins)				
		Patient continues to have left				
	facial droop on exam					
	-	the is able to lift her left				
		oes have some very mild				
		eft side as compared to the				
	right as well as difficu	ılty lifting up her left leg				
		stroke. MRI has been				
	ordered and MRV as	well as ordered by				
	neurology. I did discu	ss the case with OB given				
	her hypertension here	e. I have ordered the				
	magnesium infusion a	at 2 g/h as well as a 10 mg				
		iven her systolic of 168 here.				
	Patient admitted to ne	eurology				
	Diagnosis/Disposition	n Left-sided facial droop				
	Preeclampsia " Re	ecord review failed to reveal				
	acceptance and moni	itoring of Patient #6 by				

, , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	, ,	E SURVEY IPLETED
		340002	B. WING		1:	C 2/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		100/2020
MEMORIA	. MICCION LICORITAL A	ND AGUEWU E GUDGERY OF		509 BILTMORE AVE		
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)		COMPLETION DATE
A 398	Continued From page	e 185	A 39	98		
	nursing until triage at	2227 (~2 hours 45 minutes				
	after arrival). Record					
		hysician evaluation until				
	2310. Record review	•				
		on and monitoring of Patient riod from arrival to triage				
	•	Patient #6 was moved from				
		a holding unit and later to a				
	maternal fetal medici	ne unit. The patient was				
	discharged home on	10/06/2023.				
	Telephone interview	with EMS #63, on				
		evealed the EMS team was				
		g off another patient and				
		d" transfer of a patient who				
		tum with a hypertensive				
		sia or stroke. Interview otified that Neurology				
		ansferred emergently.				
	Medications were sta	- -				
		red. Patient #6, per interview,				
		toms and waited at Hospital				
		nute wait time on the wall"				
	•	waits in the ED with patients				
	•	available bed). Interview				
		ued to monitor the patient				
		had right upper quadrant ag Drip. Interview revealed				
	T = 1	I patients holding for a bed				
		issue for 3 ½ years and				
		worse. Interview revealed				
		er did not feel the patient's				
		D as Patient #6 required				
	neuro checks, vital si	gns and close monitoring.				
		4 during observation on				
		030 revealed that when EMS				
		and there are no beds				
	avaliable then EIVIS S	tays "on the wall" with the				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C /09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDER OF THE APPROPRIES OF THE APPROP	LD BE	(X5) COMPLETION DATE
A 398	hand-off the patient to assigned bed. Physic the wall, but "EMS care Follow-up telephone 1430 revealed that in with EMS, ED nursestaking ownership of revealed that if the Cl was to triage the patie ownership of the patie could not do that as Cl expectations of the roin this ED, "EMS is st Telephone interview DO #65 revealed the #6 when she was in a revealed the DO sign as her name popped board. Before that tim the patient was in the revealed that technic admitted, having bee was an ED to ED trara full medical screeni the DO stated. Intervion a Mag infusion and Interview revealed DO Neurologist and also since the patient was hypertensive and the preeclampsia. Telephone interview Nurse, RN #66, on 12 the nurse did not recall interview revealed the nurse did	available. They do not antil patients get to an intil patients get to an intil patients get to an in only hand-off to a RN." interview on 11/15/2023 at relation to patients arriving do not "triage patients until fithe patient. Interview NC in the EMS arrival area ent, then the RN was "taking ent." The RN stated they CNC and still meet all the ole. Interview revealed that ill responsible." On 11/15/2023 at 1410 with DO went to assess Patient abed in the ED. Interview ed up for Patient #6 as soon up on the ED tracking ne, the DO was not aware department. Interview ally the patient was already in accepted by neurology, but insfer. ED physicians still diding on transferred patients, iew revealed Patient #6 was do was hypertensive. Do #65 called the accepting called an Obstetric Resident postpartum and re were concerns for with Patient #6's Triage 1/17/2023 at 0932, revealed all Patient #6 or the situation.	A 3	98		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С
		340002	B. WING		12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	_
MEMODIA	I MICCIONI LICODITAL A	ND ACHEWILLE CURCERY OF		509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
A 398	Continued From page		A 39	8	
		assignment and was			
		e ED. Once the patient was			
		triaged the patient and and end-off between EMS and			
	the RN.	and-on between LINO and			
	Telephone interview	on 11/17/2023 at 1205 with			
		g neurologist for Patient #6,			
		oncerned enough to transfer			
	the patient to Hospita	· ·			
		mbolytics. Interview revealed			
	obstetrics was called	since the patient recently			
		as given more often by			
		evealed the time until the			
		as "a long time." Interview			
	revealed the patient s				
		staff. The MD stated they			
		nsfers. Interview revealed aw the patient when she was			
		at the accepting physicians			
		ient had arrived to the ED			
		ed from the ED that the			
	patient was there. Int	erview revealed if they had			
	•	ould have gone to Neuro.			
	Ultimately, the MD sta	ated, it was determined			
	Patient #6 was hypert	tensive related to pregnancy			
	and it was better for h	er to be admitted to			
	obstetrics.				
	In summary. Patient #	#6 arrived to Hospital B with			
		at 10 days postpartum. She			
	• •	sfer to Hospital A as an ED			
		at #6 arrived to the hospital			
		23 at 1942. The patient			
		bed and continued to be			
	managed by EMS. No	documentation was noted			
		until 2223 and Patient #6			
		sessed by hospital nursing			
	staff until 2227 (appro	oximately 2 hours 45			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	, ,	TE SURVEY MPLETED
240002					С	
		340002	B. WING	<u> </u>	1	2/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMODIA	I MICCION LIGERITAL A	ND ACUEVILLE CURCERY OF		509 BILTMORE AVE		
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE A		COMPLETION DATE
				DEFICIENCY)		
A 398	Continued From page	e 188	A 39	98		
	minutes after arrival b	by EMS). There was a delay				
		ent and a delay in triage,				
		nitoring by nursing staff.				
		mering by mareing etain				
	8. Hospital B Medica	I Record review on				
		Patient #1, a 64-year-old,				
	arrived to Hospital B	on 10/31/2023 at 2203.				
	Review of the ED Tria	age, at 2203, revealed "				
	Subjective Rapid A	ssessment Stated Reason				
	for Visit: 2130 onset	slurred and right sided				
		droop; no thinners (blood				
	,	CODE STROKE. ED Full				
	-	ighest acuity) " Review of				
		physician, at 2212, revealed				
		Illness This patient is a				
	64-year-old woman	· ·				
		ent history is obtained from				
		I, who is here with her. He				
		ately 9:30 PM, she called out				
		g was wrong. He looked over				
		s having difficulty walking				
		imping to the side. Her				
	•	be slurred She is weak on				
		al ExamInitial Vitals				
		. SIGNS: Triage vital signs				
		w elevated blood pressure				
	approximately 204/10					
	GENERAL: Patient is					
		learly with facial asymmetry				
		NEURO: The patient has				
		ower faceShe has				
		slurred speech)Level of				
		s normal. She does have				
		vithout hitting bed Medical				
		s patient presents with				
		s concerning for acute				
		nink she will likely be a				
		olytics assuming that we can				
	get ner blood pressur	e down. She is going to CAT				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7. BOILDING	·	С
		340002	B. WING		12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
A 398	Continued From page	e 189	A 39	8	
	(computerized axial to	omography - type of			
		can right now. We are giving			
		on for blood pressure given			
		e] 10/31/23 23:00:55I			
		Showing left basal ganglia			
	• •	nagic [bleed] stroke in a part			
		iscuss the patient with the			
	O 1	epts the patient in transfer			
		atraumatic hemorrhage.			
		re a dose of labetalol, and ropped below 160 briefly but			
	•	er 170, so nicardipine			
		Diagnosis/Disposition Acute			
	atraumatic intraparen	- ·			
	(bleeding into the brain				
	`	ncy (acute marked elevation			
	in BP associated with	signs of damage) [space]			
	Right-sided weakness	s " Review of the			
		ed Patient #1 was accepted			
		Review of the Physician's			
		cal Transport form revealed "			
		at the Time of Transport:			
	Patient requires neur	~			
		oring and a nicardipine drip			
		nt throughout transport" ent #1 was transferred out at			
	2233 as a "Red" prior				
	Review of the FMS Pa	atient Care Record revealed			
		ent #1 as an emergency			
	"red" transfer. Review	9 .			
		led "(EMS) WAS ISSUED A			
		O (Hospital A)THE PT			
		PORTED TO (Hospital A)			
		NAL HEMORRHAGE. THE			
	PT WAS PLACED ON	N THE CARDIAC			
	MONITOR, 12 LEAD	ESTABLISHEDTHE			
	PHYSICIAN ADVISE				
	PRESSURE IS 140/9	0 AND ADVISED TO			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
						С	
		340002	B. WING_			12/09/2	023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (CODE		
MEMODIA	I MISSION HOSDITAL A	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
WEWORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		_	(X5) DMPLETION DATE
A 398	TRANSPORT. NICA ADMINISTERED AN THROUGHOUT ROUTRAFFIC. THE PTW 5 MINUTES DURING REMAINED ALERT, SPEECH WAS NOTE ARRIVAL, THE PTW EMS WAITED ON ROUTAL SIGNS WERE MONITORED. A PHYDO YOU HAVE?'. TH	PRESSURE DURING RDIPINE WAS D MAINTAINED JTE EMERGENCY AS REASSESSED EVERY ORIENTED, SLURRED ED. PT CAREUPON VAS REGISTERED, AND OOM ASSIGNMENTS. E CONTINUOUSLY YSICIAN STATED, WHAT HE PHYSICAN (sic) WAS	AS	398			
	ADVISED RED TRANER TO (Hospital A) V HEMORRHAGE. TH PAPERWORK AND MIND.' THE PT REM ONLY COMPLIANT (NEUROLOGIST (NA ADVISED THE PT W ONCE A BED WAS A REMAINED IN THE ICONTINUOUSLY MASSESSED. (EMS) V WOULD BE TRANSINEUROLOGY ICU. FI GIVEN TO THE ATT CARE WAS TRANSFI revealed the EMS un 2312 and Patient #1's hospital staff at 0106 arrival to the hospital completed vital signs minutes throughout the hospital for the hospital Review of the Hospital Review of the Hospital Review of the Hospital STANER WAS TRANSFI AND THE ATT CARE WAS TRANSFILLED TO THE ATT CARE WAS TRANSFI	NSPORT FROM (Hospital B) VITH AN INTRACRANIAL E PHYSICIAN ASKED FOR THEN STATED 'NEVER IAINED STABLE WITH (sic) OF A HEADACHE. THE me of accepting physician) OULD MOVE TO THE ICU AVAILABLE. THE PT HALLWAY AND WAS ONITORED AND WAS ADVISED THE PT FERRED TO THE PT CARE REPORT WAS ENDING NURSE PT FERRED " Review it arrived to Hospital A at as care was handed-off to (1 hour 54 minutes after). Review revealed EMS a every 5 minutes to 10 the wait time for a bed and tal. al A medical record for					
		al A medical record for 2023, revealed the patient					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
			A. BOILDIN	<u> </u>		С	
		340002	B. WING		1	2/ 09/2023	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		2/09/2023	
TO THE OT THE	TO VIDER ON OUT LIER			509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S		(X5) COMPLETION	
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A		DATE	
				DEFICIENCY)			
A 398	Continued From page	9 191	A 39	98			
	arrived as a transfer v	via EMS at 2314. Review of					
	the "ED Report" by ar	n ED physician, at 2351,					
		old female who presents as					
		cranial hemorrhage. Was					
		ospital due to concern					
	,	weakness and speech					
		30. At that time had a head					
		intracranial bleed and thus					
	•	ferred here. At the outside					
	•	ed to have fairly profound en IV Lopressor (treats					
		for neurology admission					
		ike angiography of the head					
	_	ing a bed. Nicardipine was					
		d pressure management					
	Physical Exam						
	•	ght-sided facial droop with					
		as well as dysarthria noted.					
	Weakness of the righ	t arm over relatively normal					
	left arm and lower ext	remities. Medical Decision					
	-	esents as a transfer due to					
		ge. Working with nursing					
		this patient placed in a					
		ready consulted on this					
		with their requested CT					
		also needs (sic) very close					
		oring " Review also					
	service date/time 10/3	"History and Physical",					
		ion and Plan:#ICH					
		age): hypertensive etiology					
		nypertension) urgency: no					
		TN, treat >160/90 with goal					
	towards normotension						
		ess or partial paralysis on					
		Plan: admit to ICU for close					
	3,	J" Review of the ED					
	record failed to revea						
	assessments by nurs	ing. Review revealed "Nurse					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3)	(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		12/03/2023	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 398	Notes" on 11/01/2023 gave heads up to NS (Name), RN. ED CNG Coordinator) aware the assuming care of pate (patient) upstairs. Pthallway for approx. (anow has bed assignment transporting from EM failed to reveal an ED assessed or did vital patient was in the Emfirst documented vital Patient #1 arrived to pressure at 0110 was Telephone interview at 1415 revealed the the transfer of Patien was a "red" transfer. to the hospital they go hospital staff and the neurologist came to a she would move as seen EMS, interview revealed to be." Interview revealed to be." Interview at 1415 revealed it was not un transfers, that it was for emergent evaluation concern for a patient." Interview revealed Millerview re	B at 0051 that stated "RN ICU (Neurosurgery ICU) by C (Clinical Nurse nat (Name), RN is not ient and only transporting PT has been with EMS in approximately) 2 hours and nent upstairs. RN only S to NSICU." Record review RN ever accepted, triaged, signs on Patient #1 while the nergency Department. The I signs were at 0110, once NSICU. The patient's blood a documented as 162/85. With EMS #73 on 11/30/2023 paramedic was involved in the first that the paperwork to in "sat on the wall." The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a bed was available. The evaluate the patient and said oon as a staff had to "fluctuate blood pressure where it is we revealed no nurse while she was in the ED. 9 the accepting neurologist, noommon to do ED to ED good to have them in the ED on when there was a stability on arrival. 0 # 69 came to see patients they were notified of the	A3	98			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		12	C 2/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
A 398	Continued From page	e 193	A 3	98			
A 390	"surprising" not to har the ED and stated it of care - patients needed vital signs with provided Interview with RN #6-11/13/2023 around 10 arrives with patients a available then EMS is patient until a bed is a hand-off the patient of the wall, but "EMS care Follow-up telephone 1430 revealed that in with EMS, ED nurses taking ownership of revealed that if the Cl was to triage the patic could not do that as the expectations of the rotin this ED, "EMS is stored and the patient was igned and the patient triaged the patient triaged the patient triaged the patient triaged the patient and hand-off between EMP at ED. Once the patient and hand-off between EMP at EVALUATION TO THE EMS IN The evaluation was comply was transported to the state of the patient was comply was transported to the state of the patient was comply was transported to the state of the patient was comply was transported to the patient was careful to the patient was c	ve vital signs completed in did not meet expectations for d hourly neuro checks and der updates on changes. 4 during observation 030 revealed that when EMS and there are no beds tays "on the wall" with the available. They do not until patients get to an cians may see patients on un only hand-off to a RN." interview on 11/15/2023 at relation to patients arriving do not "triage patients until f the patient. Interview NC in the EMS arrival area cent, then the RN was "taking ent." The RN stated they CNC and still meet all the ole. Interview revealed that ill responsible." with RN #66, on 11/17/2023 EMS team was responsible brought in until a room was ient moved to a room in the was in a room, the ED RN d there was a proper	A3	98			
	•	ten that stated the nurse the patient to the inpatient					

AND BLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		12/03/2023
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 398	1 0		A 3	98		
	The first nursing vital at 0110 in NSICU. EI the ED and nursing fiprovide care to a pati 9. Review of the EMS 11/14/2023, revealed #2's home on 10/17/2 revealed the call came the patient at 1702, cand reached the Hose Care Record noted the was "Cirrhosis of Live disease, Neuropathy amputation schedule Narrative Note revealed EMERGENCY TRAFREFERENCE SYNCOCHEST PAIN AND SECHEST PAIN AND DRY, SECLINER IN THE LIFE HAD BEEN HAV SHORTNESS OF BEWEEKADMINIST ADVISED THAT HE BEEN WORKING AFALL OF A SUDDEN AND PASSED OUT.	B Patient Care Record, on I EMS was called to Patient 2023. The EMS record in at 1654, EMS reached departed the scene at 1720 pital at 1748. The Patient in a patient's medical history er, Diabetes, Infectious, Other-Infection of foot for 10/21." Review of the led "(EMS) DISPATCHED FIC TO LISTED ADDRESS OPAL EPISODE WITH HORTNESS OF BREATH NT TO FIND A E, A&Ox4, SKIN PALE, SITTING UPRIGHT IN A IVING ROOM. PT ADVISED ING CHEST PAIN AND REATH FOR THE LAST ERED ASPIRINPT AND HIS FRIEND HAD ROUND THE HOUSE AND HE DID NOT FEEL GOOD PT'S FRIEND ADVISED PT				
	DOWN.'PT ADVI SURGERY ON HIS F INFECTION AND WA FOR SAME. PT ADV NEED ANOTHER SU BIG TOE OF HIS LE	AUGHT HIM ON THE WAY SED HE RECENTLY HAD FOOT AND IT HAD GOT AN AS TAKING ANTIBIOTICS FISED HE WAS GOING TO JIRGERY TO REMOVE THE FT FOOT. IT WAS NOW EKG WAS SHOWING				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
						(0
		340002	B. WING			12/0	09/2023
NAME OF P	ROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP CODE	•		
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
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A 398	TACHYCARDIA. PT A&OX4 PT WAS P SUPPLEMENTAL O IMPROVEMENT IN TO THE PT. PT WA ROUTINE TRAFFICE ENROUTE PT'S VIT ASSESSEDIV AC WAS FOUND TO H' sugar). PT ADVISEI TO TAKE HIS INSU ADMINISTERED FL ADVISED HIS CHE THAT TAKING A DE ADVISED THIS HAS WEEK AND HAS NO WAS CONTACTED UPON ARRIVAL AT TO ER ROOM, WHI ER PERSONNEL TO HANDOFF REPOR CONTINUALLY MO FINALLY ARRIVED GIVEN AND PT CAR THE RECEIVING RI revealed the team a Patient #2 at 1748 a hospital staff at 190' arrival). Review reve monitoring Patient #	JUNS OF A WIDE COMPLEX REMAINED COMPLETELY PLACED ON DXYGEN WITH NOTED BREATHING, ACCORDING S TRANSPORTED TO (Hospital) WHILE FALS WERE CONTINUALLY CCESS WAS OBTAINED PT YPERGLYCEMIC (high blood D HE HAD NOT BEEN ABLE LIN YET TODAY PT WAS LUID AS RECORDED PT ST PAIN WAS A 6/10 AND EEP BREATH HURT. PT S BEEN GOING ON ALL OT CHANGED. (Hospital) FOR PT NOTIFICATION. (Hospital) PT WAS TAKEN ERE (EMS) WAITED FOR O COME FOR THE	A 3	·			
	recorded EMS vital anoted as 104/61, purpulse ox and a pain on "Turn Around De Overcrowding/ Tran	signs were at 1858 with BP lse 70, respirations 15, 99% score of 6. A note was made lays" that indicated "ED					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING	G		
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/	09/2023
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MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE	509 BILTMORE AVE			
				ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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IAO		,	1710	DEFICIENCY)		
A 398	Continued From page	e 196	A 39	98		
		rrived to the hospital on				
		ia EMS. Review of "ED				
		0/17/2023, at 1900 (1 hour				
	and 7 minutes after a	•				
		icose of 459 and an acuity of				
		s were: Temperature 97.9,				
		s 20, blood pressure 106/69				
	and oxygen saturation	·				
	oxygen. Patient #2's					
	Review of the "ER Re	eport" by a Physician				
		023 at 1845, revealed "				
	,	ent presents (to the)				
	-	nt today via EMS for chief				
		in and shortness of breath.				
	T	e has had chest pain and				
	-	ngoing over the past week				
	and reports that these	symptoms are aggravated				
	with exertion. He also	reports aggravation to				
	shortness of breath w	rith lying supine and he				
	states that today he h	ad acute worsening to his				
	symptoms and also h	ad a syncopal episode				
	earlier today. He repo	orts pain and shortness of				
		t. He states that he also has				
		ity swelling which has been				
	ongoing over the pas	t couple of weeksHe				
		er to the first metatarsal of				
		xtends to his bone. He				
	•	nned to have amputation of				
		t foot this coming Friday				
		g ciprofloxacin (antibiotic,				
		and Duricef (antibiotic).				
		laking EMS reports that				
	they gave patient 324					
		mately 96 mmHg. They				
	gave one L (liter) of n					
		ow. EMS also reports that				
	•	n of V tach on their EKG				
	tracing in route with p	atient now in sinus rhythm				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CON A. BUILDING A. BUILDING		PLE CONSTRUCTION IG		ATE SURVEY OMPLETED				
		340002	B. WING_			C 12/09/2023		
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE			
A 398	and occasional bigern patient to be on telem (blood sugar), CMP (panel), CBC (comple proBNP, D-dimer, lac chest x-ray ordered. I sinus rhythm with PV 1953 Dr. (Name) c cardiac arrest and as initiated2017 Cachemistries be availa Labs resulted after ar attempt failed. Patien etiology to cardiac arr (Myocardial infarction). Review revealed a St Review did not revea until 1905 (24 minute and 12 minutes after ordered in the ED sta Patient #2 arrived): L (comprehensive meta Patient #2 arrived): L (comprehensive meta D-Dimer, Pro B-Type (ProBNP) and CBC worders revealed the lacollects at 1920 (39 m Patient #2 experience hours after arrival. The CMP resulted at 2 as 824 (high) at 2006 9690 (High - reference the Troponin resulted range 0.000-0.034) a after the lab was colleafter it was ordered). Review revealed the	niny. Ordered EKG and for netry Point-of-care CBG comprehensive metabolic te blood count), troponin, tic acid, and portable 1 view EKG obtained and notes Cs and 4 beat run of V tach alled to patients bedside for sumed care of patient. CPR alled lab to request results of ble as soon as possible. Trest Resuscitation to deceased. Suspect rest related to MI neart attack). Lat order for an EKG at 1841. If an EKG was completed as after ordered and 1 hour arrival). Review of lab collowing lab tests were to at 1841 (48 minutes after actic Acid, CMP abolic panel), Troponin,	A 3	98				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
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MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)	
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A 398	Continued From page		A 39	98			
	Review revealed dela	fter the patient expired). ays in ordering, collecting and a delay in obtaining an					
	10/17/2023 at 2030, rinitially evaluated by the physician assistant and syncope were unpatient's bedside at 1 reports that only more been alert and talking resuscitation) was initially placed on a monitor at rhythm revealed ventheart rhythm). He received method to the compressions. consciousness indicate perfusion (blood to the compressions, but rear thythmrequired correceived multiple dos received multiple dos received magnesium (medication for irregular tachycardia progress (life threatening arrhymultiple doses of epir medication) per ACLS support) protocol for protection assistant and the support of t	ricular tachycardia (fast beived electrical therapy and Patient received high-quality He would briefly show signs ating adequate cerebral e brain) with chest mained without an organized ontinuation of CPR. He les of electrical therapyHe as well as amiodarone allar heart rhythm) for shock tachycardia. Ventricular ed to ventricular fibrillation of thmia). He also received					
	bedside to brief me o presentation. During opportunity to review EKG was brought to this patient who prese	n the details of the initial the resuscitation I took the the available work-up. The me for review at 2002For					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE A. BUILDING		IPLE CONSTRUCTION IG		DATE SURVEY COMPLETED				
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	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801				
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE		
A 398	suffered an MI or rhytreviewed his medicat addressreversible resuscitation proceedto asystoleAfter he remained in asyst agreed that further re the patient was pro 10/17/23 20:38:56 chemistry lab. Tropor Diagnosis/Disposit Ventricular tachycard" Telephone interview EMS #70 revealed the patient with chest pai Interview revealed or irritated, throwing PV (arrhythmias) and the complex tachycardia revealed there was punstable quickly. By thospital there were justated they arrived to were assigned a roor room and there was a caused the wait. EMS the patient started to fluids had emptied, significant got the patient into ar was no nurse for reporting the give hand-off able to give hand-off	thm disturbance I made attempts to causes of cardiac arrest. As led the rhythm progressed of 30 minutes of resuscitation pole. All team members suscitative efforts were futile produced dead at 8:24 PM I received a (sic) from the polin is 0.46 in Chest pain Syncope in Cardiopulmonary arrest. In EKG the heart was very CS (arrhythmias), PACs an and shortness of breath. In EKG the heart was very CS (arrhythmias), PACs an short runs of wide (rapid heart rate). Interview otential for things to turn the time they got to the last a few PVCs. EMS #70 the hospital at 1750 and in at 1756 but they got to the apatient in the room which is 470 stated at some point get hypotensive and the of the other EMS staff go of fluids. Patient #2, per mental oxygen and had no be. Interview revealed they in ED bed at 1845 but there out. At 1907 (1 hours, 17 per interview, EMS was report to a nurse. Interview of the more common recently of the more common recently of the more common recently	A 3	98				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		((X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		120	7372023
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A 398	at 1600, revealed the	with PA #71, on 11/15/2023 e patient came into the ED	A 3	98			
	#71 stated he saw the and placed orders. In had not been triaged Interview revealed p "a few runs, approxir #71 stated the patier and the rhythm improte EMS monitor prior the ED, the PA state were another 4 beats sustained; the patier moved to another part #2 after he got in an the code and responsible these patients should interview revealed the evaluation was 20 m.	with RN #66, on 11/16/2023					
	#2's room was busy patient, so a radio re RN #66 responded, and triaged Patient # placed on a monitor Assistant (CNA). RN from EMS. Interview available when Patie When RN #66 went #2 had just been put alert and talking. RN #2 was triaged, RN # were not drawn until accepted and in a ro	e nurse assigned to Patient and not able to triage the quest for help was made and did the hand-off with EMS 22. The patient had been by the Certified Nursing #66 then received report revealed there was no bed ent #2 first arrived by EMS. To triage the patient, Patient in a room and was stable, #66 stated that after Patient #66 drew blood for labs; labs after the patient was om. Until the patients were in inded-off from EMS, interview					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(XC	3) DATE SURVEY COMPLETED
		340002	B. WING_			C 12/09/2023
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A 398	(the patients)" Telephone interview MD #72 revealed he Patient #2 and immerevealed the expect was an EKG within a provider within 10 there is a chest pain to be activated by a acknowledged there Interview revealed in would have gone stream care started. Patient #2 was broughome. The patient a with chest pain and The provider ordere after Patient #2 arrival collected by nursing after orders), after the (1 hour and 7 minuted was on a cardiac mode) EMS until triage a completed until 1909. 1 hour 12 minutes a D-Dimer did not reselevated Troponin delayed 1953 a physician reselevated the patient expirance the patient upresulting in delayed 10. Closed medical	"counting on EMS to care for y on 11/16/2023 at 1100 with heard the overhead page for ediately responded. Interview ation for chest pain patients 10 minutes and to be seen by minutes. Interview revealed protocol but the protocol had	A 3	98		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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		340002	b. WING		12/09	9/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
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A 398	Continued From page	e 202	A 3	98			
	general surgery for corpast medical history. revealed vital signs with via EMS. Review of E Screening Examination 1653. Further review (computed tomograp	sea, chills, and evaluation by concerns of appendicitis. No Review of EMS run report were taken at 1526 and 1555 ED record revealed a Medical on (MSE) was performed at of MSE revealed the CT hy) was consistent with eral surgery consult placed					
	at 1652. Review of phorder for q4h (every 4 An order for Dilaudid PRN (as needed), paorder for Dilaudid 0.5 at 1734. Review of El was assigned to RPC of ED record revealed 1759. Review of MAF record) revealed the 4 mg at 1757 and Dila of the General Surge 1820 revealed a plan	nysician orders revealed an 4 hours) vital signs at 1729. 0.25mg (milligram) Inj. Q3h, in (refractory) at 1729. An mg Inj. Q15min, PRN, pain, D record revealed the patient DD-Hall 18 at 1756. Review d a pain assessment of 10 at R (medication administration patient was given Zofran audid 0.5mg at 1759. Review ry History and Physical at					
	antiemetics as needed revealed the patient of 1830. Review of ED of at 1832 and vital sign hours and 9 minutes. Interview on 11/14/20 revealed when patient waiting to be assigned and put in a room. EN case they need any of revealed it is typically up to an hour. Interview	ed. Review of ED record was transferred to preop at record revealed triage time as documented at 1832 (2 after the patient's arrival). 223 at 1153 with RN #91 ats are "on the wall" they are d an RN (registered nurse) MS stays with the patient in medical attention. Interview of not a long wait but can be eaver revealed patients can be d prescribed medications					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1200/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 398	while "on the wall" but no RN has been assis 11. Review on 11/16/Management of Wout policy revised 11/202 Patients are assesse every 12-hour shift for and/or wounds. SCO services, critical accerelated services. Emergiated services. Emergiated services. Emergiated services. Emergiated services. Emergiated services amount, undermining erythema. Document Review on 11/16/202 Reassessment" polici "PURPOSE: A. The assessment/reassess patient the best care an ursing process is uting goal. This process in uplanning, implementicare or treatment" Closed medical recompatient #26 revealed presented to the Emergiated to the Emergiated to the Emergian, decreased appendiarrhea, and right-can Note dated 09/01/202 provider indicated: "A ordered bacitracin an apply a Xeroform dre #26's closed medical	t can not get them because gned. (2023 of "Nursing nds and Alterations of Skin" et revealed, "POLICY: d on admission and once or alterations in skin integrity PE:Inpatient, acute care ess hospitals, and other ergency Department ergency Department ergency Department or, odor, drainage (color and g/tunneling, induration, and intervention". (23 of the "Assessment and ergency Department and ergency because the sament is to provide the sament is to provide the sament is to provide the and treatment possibleThe elized in order to achieve this cludes assessing, analyzing, and, and evaluating patient ergency Department (ED) via anagement Services) on our complaints of abdominal erite, watery non-bloody alf burn. Review of an ED erite, watery non-bloody alf burn. Review of an ED erite, watery non-bloody alf burn. Review of Patient ergency. Review of Patient	A3	98		

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NITIMBED		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/03/2023	
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
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A 398	Continued From page	204	A 3	98		
A 398	applied bacitracin and patient's right-calf bur patient was transferred A5-West on 09/03/20 revealed a nursing wo completed on 09/04/2 Inpatient Wound/Osted dated 09/04/2022 at 1 consult received for cowound bed, superficial (Registered Nurse) the able to prioritize this precommend provider be applied generously gauze, then dry gauze only follow if wound we treament-please record a physician's order indicated: "Bactroban applied three times da for 7 days to right-calf a lack of documentati of the aforementioned nursing. Review of the record lacked nursing the assessment and tright calf wound from 09/01/2022 through desired.	d a Xeroform dressing to the m. Review revealed the do to inpatient room #566 22 at 1357. Review bund consultation was 2022 at 1024. Review of omy Documentation Note 1024 indicated: "Wound care alf burnwound is pink, red al. Communicated with RN at wound team will not be batient today. Would place order for bacitracin to by, cover with xeroform and gauze roll, daily. Will worsend with appropriate insult if this occurs". Review dated 09/04/2022 at 2100 topical 2% cream to be ally at 0900, 1500, and 2100 from wound reatment per the patient's closed medical of documentation related to the application of wound treatment per the patient's closed medical of documentation in the ED on discharge on 09/07/2022.	A 3	Subject of Deficiency: A 405		
	administered in according State laws, the orders	ble for the patient's care as 12(c), and accepted		provider orders and standards of practic failing to administer medications as ordevaluate and monitor the effects of the medication Each individual Condition of Participatic correction for the cross-referenced tag is section are outlined below.	e by ered, and n plan of	

12/2/23

Plan of Correction:

Immediate Actions Taken

Upon receipt of the recommendation of Immediate Jeopardy by the onsite surveyors under the Conditions of Participation (COP) of Emergency Services, Patient Rights, and Nursing Services on 12/1 the following actions were taken to mitigate the findings:

- Medication Administration
 Assessment/Re-assessment Completed as indicated
 - 12/2/2023 Staff education with attestation
 - 12/2/2023 Timely and frequent real-time structured communication regarding review and escalation of outstanding pain reassessment post medication administration involving ED CNC/ED leadership oversight.
 - 12/2/2023 Timely and frequent real-time structured communication involving ED CNC/ED leadership oversight to include safety, patient throughput, pending medications, reassessments, diagnostics, and all escalations via internal communication tool.

Education:

Education provided to currently working eligible and targeted staff, including all contract staff, and providers using multiple mechanisms. These mechanisms included email, HealthStream, huddles, 1:1, and/or flyers used by department leaders and with the assistance of the Center for Clinical Advancement (education). Emergency Department huddles occur at the start of each working shift. Working shift start times include (7am, 9am, 11am, 1pm, 3pm, and 7pm). Shift huddle tactic used to educate 100% of working staff. Staff who have not completed required education, on paid time off (PTO), and leave of absence will complete education prior to and/or during first returned shift. Education has been incorporated into new hire and contract staff education. Education in the huddle format is used to capture 1:1 dialogue and understanding to include opportunities for teach back and auestions.

- ED nursing staff remedial education with attestation post-opiate medication administration assessment
- ED nursing staff Clinical Institute Withdrawal Assessment (CIWA) remedial education provided via shift huddles.

Action:

- Timely and frequent communication involving ED CNC/ED Leadership oversight to include: safety, patient throughput, pending medications/reassessments/diagnostics and escalations via internal communication tool.
- ED tracking board enhancements to include vital sign, telemetry, pain reassessment, and EKG icons
- EHR enhancement of visual cue to prompt staff to better capture postmedication administration assessments

Monitoring for Compliance/Audit Details:

The monitoring and tracking procedures that will be implemented to ensure that the POC is effective and that the specific deficiency cited remain corrected and in compliance with the regulatory requirements.

Routine monitoring of pain medication assessment/reassessment per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant audits
 Denominator = 70 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Routine monitoring of CIWA assessments per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant audits
 Denominator = 30 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Owner: Chief Nursing Officer/ACNO

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	12/03/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
A 405	administered on the conot specified under §- practitioners are actin law, including scope of	als may be prepared and rders of other practitioners	A 40	05	
	or other personnel in and State laws and reapplicable licensing reaccordance with the apolicies and procedur. This STANDARD is reaccordent report review and staff and provider staff failed to adminis biologicals according standards of practice medications as order monitor the effects of patients presenting to (#92, #83, #43, #28, #The findings included Cross refer to A-0398 Review of a "Pain Assipolicy revised 01/05/2 patient is screened for settings where treatmemergency departments screened for pain dur frequency of pain assi	accordance with Federal egulations, including equirements, and in approved medical staff ees. not met as evidenced by: w, medical record review, r, EMS trip report review, r interviews, hospital nursing ter medications and to provider orders and by failing to administer ed, and evaluate and the medication for 6 of 35 the emergency department #27, and #26).			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
A 405	patient's treatment pla management/treatment ongoing basis and is achievement of pain of practices, patient's clinhistory, and pain goal documented prior to the pain medication. If of sedation level must a rating and sedation level must be appression using one scales: 1. For the non (adult and pediatric), Sedation Scale (POS pain/treatment plan is basis and is revised to pain goals. " Review of a "Medications medications may be a prevent pain. Proacti preferred to reactive. ordered "as needed for administration must be the patient's symptom may administer additions maximum dose within 2. Subsequent doses assessment, the patients and is revised to see assessment, the patients of pain goals."	as are provided based on the an for painThe pain and plan is evaluated on an revised to facilitate goals based on best mical condition, past medical s Pain rating must be the administration of PRN poioids are administered, also be documented. Pain evels are reassessed within administration by any administered, sedation is per opioid-induced respiratory of the following sedation and provided in the Pasero Opioid-Induced S) should be used The sevaluated on an ongoing of facilitate achievement of the properties of pain management is administered to treat or the properties of pain for the specified in the order. 1. If the is unrelieved, the nurse onal doses of PRN (as ordered, not to exceed the other prescribed frequency, are based on the nurse's ent's response to the ce of adverse effects, and	A 4	05	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	C	X3) DATE SURVEY COMPLETED
		340002	B. WING _			C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	L E	12,00/2020
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
A 405	Patient #92 revealed presented to the em 11/09/2023 at 1149 chest pain. The pati a chief complaint of with midsternal ches and pressure. No S arm/jaw/back pain, of H/o (history of) color (metastasis) to the lichemotherapy" Reported as 2 (scale Review of the physic patient's chest pain coming in waves and a time. Review revedose of aspirin. A bas ordered at 1334. physician's order at milligrams (mg) subtimes three as need review revealed no assessment/reasses patient's triage was patient was adminis	ecord review on 12/09/2023 of da 69 year-old male that ergency department on with a chief complaint of ient was triaged at 1155 with "Woken from sleep at 0400 st pain, described as sharp OB (shortness of breath), or diaphoresis (sweating). In CA (cancer) with mets ung, currently on eview revealed a pain level 1-10 with 10 the worst). Cian's notes recorded the had been waxing and waning, d lasting about five minutes at ealed a plan to administer a laby aspirin was administered Review revealed a 1659 for nitroglycerine 0.4 lingual every five minutes ed (prn) chest pain. Record nursing essment documented after the recorded at 1155. The tered Morphine (narcotic pain	A 4	05		
	1703 by a medic for no reassessment of Nitroglycerine 0.4 m administered by a ni of 10 at 2013. Revie of the patient's respiritervention and no patient's condition w. Interview on 12/09/2 Director of Nursing (illigrams sublingual was urse times one for a pain level we revealed no reassessment onse to the medication nursing assessment of the				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	:		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 405	revealed Patient #83 patient who arrived a (ED) via emergency if 11/28/2023 at 1216 via dizziness. Review reversulted of 1137 (high of the Physician's Ord ED Nurse Practitione order for an Insulin (I's erum glucose) IV inf minutes after the gluc an Insulin drip was in Registered Nurse (RI minutes after ordered after the glucose resi Medical Doctor (MD) D5 1/2 NS with KCL (and Potassium Chlor #10 documented the started (2 hours and it Interview on 12/08/20 cared for Patient #83 physician orders were #83. Interview on 12/08/20 Vice President (VP) orevealed hospital poli Patient #83. 3. Closed medical recrevealed Patient #43 presented to the eme private vehicle on 08, complaints of "ches	D record. Cord review on 12/06/2023 , a 74-year-old female It the emergency department medical services (EMS) on with a chief complaint of vealed a serum glucose In normal range 120). Review der on 11/28/2023 at 1626 by or (NP) #5 revealed a new V medication to reduce fusion to be started (54 cose had resulted). At 1709 itiated for Patient #83 by the N) #3 (1 hour and 13 d and 1 hour and 37 minutes outled). At 2329 Hospitalist #9 ordered an IV infusion of (Dextrose, Normal Saline, ide Solution). At 0157 RN IV with D5 1/2 NS KCL as 27 minutes after ordered). D23 at 1425 with RN #3 who on 11/28/2023 revealed the not followed for Patient D23 at 1230 with Nursing of ED Services, VPED #20 dicy was not followed for	A 4	05			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		12	C /09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		700/2020	
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S		(X5) COMPLETION	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE AF		DATE	
A 405	Continued From page		A 4	05			
		s a day" Patient #43 was					
	•	cal Doctor (MD) #23. At					
	1732 MD #23 ordered						
		ations given for indigestion),					
		edication given for nausea					
	Report Note revealed	dendum to MD #23's ER					
		1 . Thave ordered tv 1 mg of Ativan (a sedative					
		seizures) as he is slightly					
	tremulous (shaking) a	,					
		st has been consulted for					
		MD #23 placed orders for					
		s-NS NOW, and thiamine					
		nutrient) 100 milligrams (mg)					
		vere administered. At 1947					
		an 1 mg IV push NOW					
	(urgent). At 2100 a m						
	ordered. The History	and Physical was initiated					
	on 08/14/2023 at 222	9 by Hospitalist MD #25					
		ig room, and new orders					
		in orally NOW, Lopressor					
	(medication given in t						
	,	orally, and again IV access					
		#25 ordered Patient #43					
		ation given to prevent three times a day STAT. No					
	, ,	ations, IV access/fluids, or					
		e completed after 1851					
	(when the GI Cocktai	•					
	•	ient #43 while in the ED					
		5 MD #25 ordered Patient					
		mg IV STAT and was given					
		Review of the ER Report					
		at 0107 by MD #26 revealed					
	"I became involved	in the patient's care after he					
		iting room where he was					
	awaiting admission a	nd then had a seizure and					
	struck his head on the	e sidewalk outside of the ER					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С
		340002	B. WING		12/09/2023
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	-
MEMORIA	I MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE	
MEMORIA	E MIGOION TIOO! TIAL A	ND AGREVICES SONGENT GE		ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
A 405		trance. On my evaluation,	A 40	05	
	seizure, disorienting s	stictal (the period following a symptoms, confusion, and			
	•	t actively seizing. He does vy alcohol use, drinks about			
	12 beers a daily. He h	nas been in the emergency			
		oom for 9 hours and has not or Phenobarbital. I suspect			
	-	alcohol withdrawal. Will			
		scan) given the patient did so has a small laceration			
		r " Record review revealed			
	•	orders for IV fluids NOW on			
		Ativan IV NOW ordered on and Phenobarbital STAT			
		23 at 2305 for Patient #43			
	were delayed.				
		023 at 1615 with NP #36			
		appen occasionally that ing room are on hold until			
		omed. I do have concerns			
	about it. " Interview re				
	timely in the ED waitin	ders were not completed			
	•				
	Interview on 11/16/20	023 with ED Internal A) Day RN #22 revealed she			
	•	tient #43. Interview revealed			
	"best practice was t	to go back to see if patients'			
		ere helpful. I must have left			
		out in a reassessment. " N #22 cared for Patient #43			
	until 1900 and did not	t remember doing a			
	reassessment after m	nedication administration.			
		023 at 1639 with ED IPA			
	-	ed she did not remember			
	Patient #43. Interview	revealed "NOW orders in			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
					С
		340002	B. WING		12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMODIA	I MICCION LIGEDITAL A	ND ACUEVILLE CURCERY OF		509 BILTMORE AVE	
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
				22.10.2.10.1	
A 405	Continued From page	211	A 40	05	
		iority and ESI (Emergency			
		score to determine patients			
		ent needs), we are not			
	<u>•</u>	m. The CNC (Clinical Nurse			
		e informedIf you are the			
	= -	e doctor says 'this has to the next on my list. There			
		ho was actually assigned			
	-	room. Reassessments for			
	-	waiting in the lobby would			
		se tasks but they are doing			
		and medications as well.			
	There were only two	ways to know if additional			
	-	a patient after IPA, the			
		the tracking board, you			
	might see "repeat trop				
		that. If I gave controlled			
		ting room, I am responsible			
	part of our duties to re	. If we are caught up it is a			
	•	ne ED waiting room are not			
	assigned a nurse for				
		revealed hospital policy for			
	_	ED was not followed for			
	Patient #43.				
		023 at 1230 with Nursing VP			
	•	0 #20 revealed she could			
	•	f completion of provider			
		ng room. Interview revealed			
		provider orders for patients n would be elevated to the			
	CNC. Further there w				
		many hospital departments			
		ze patient needs) held every			
		tanding provider orders			
	·	be completed. Interview			
		ld not explain why Patient			
	#43's providers order	s had not been completed.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		340002	B. WING		12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	
A 405	Continued From page	e 212	A 40	05	
	4. Closed medical red	cord review on 11/14/2023			
		a 48-year-old male patient			
		nergency department (ED)			
	by emergency medica				
	07/05/2022 at 0947 w	vith headache x 2 weeks,			
	altered mental status	, fall, and was combative. At			
		s intubated (mechanical			
	•	dard IV sedation protocols.			
		#28 went into ventricular			
	,	eart rhythm) and was coded			
	· ·), defibrillated, and had a			
	-	eview of the ER Report			
		aluation (not timed) by MD			
		patient ultimately did require n and airway protection, his			
		ed to worsen despite Haldol			
		ad CT was negativeOnce			
		ient became profoundly			
		point lost pulses requiring			
	= -	nly 5 to 10 minutesWe			
		prepinephrine (given to			
	sustain blood pressur	· · · · · · · · · · · · · · · · · · ·			
		nas been consulted" At			
	1409 Pulmonologist/I	CU MD #60 ordered			
	Levophed (used to tre	eat life-threatening low blood			
		O milliliters (ml) to titrate to			
	30 micrograms (mcg)				
	-	t 1514 (1 hour and 5 minutes			
		1655 this drip rate was			
		nin. At 1740 blood pressure			
		blood pressure was 73/42,			
	-	re was 33/18. Review of the			
		ation Record revealed at			
		d a bag of Levophed at 30			
	•	28. At 1803 a code was			
		#28 was in asystole (no			
	• ,	ode ended at 1807 with the ure. At 1814 blood pressure			
	return or blood presst	ure. At 1014 blood pressure			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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		340002	B. WING _			12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	. MICCION LICODITAL A	ND AGUEVILLE QUIDOERY OF		509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 405	Continued From page	e 213	A 4	05			
		ulse of 145. At 1816 an					
	•	Report by MD #62 revealed					
		ed to the patient's room, who					
		was notified of the patient's					
		tis and hypotension. CPR					
		ny arrivalI was notified that					
	. •	ed had run dry, and that the					
	patient had been hyp	otensive (low blood					
	pressure) sometime I	before codingShortly after					
	the epi (epinephrine-	used to return pulse) and					
	•	mproves outcomes in					
		7) we had return of pulses.					
		ure high. ICU attending					
	•	the code finished." At 1940					
		sferred to the medical ICU					
		t #28 continued to decline					
		of improvement. Review of					
	_	ary date 07/15/2022 at 1525					
		athic Medicine, DO #63					
		as no change in neurology					
		lained to the family that of meaningful improvement.					
	_	changed its code status to					
		ate)at this time the family					
		rgan procurement. He was					
		perating room) this morning					
	٠, ٠	ated (removal of mechanical					
		of death was 1040"					
	Review on 11/28/202	23 of the Patient Safety					
	(Incident) Report for	Patient #28 revealed it was					
		RN #57) on 07/05/2022 at					
	1930. Event #: 6858.	Event time was 07/05/2022					
	at 1803 with brief des	scription "assigned 5					
		coded due to unsafe staffing					
		mentsNUS (nursing unit					
		and Director (named, RN					
		e assignment at approx.					
	1730. RN (named RN	l #56) responded to					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION	, ,	E SURVEY IPLETED
			A. BUILDING			
		340002	B. WING		1.	C 2 /09/2023
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		109/2023
TVAINE OF TH	TOVIDER OR OUT LIER			509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
A 405	Continued From page	214	A 40	05		
	assigned Trauma Ale	rt which arrived at 1748. Pt.				
	•	nd of CPR, epi, sodium				
		of spontaneous circulation).				
	-	d due to unsafe staffing				
		n was reported to NUS and				
	Director prior to even	t" Review on 07/06/2022				
	by Investigator and D	irector of ED Services				
	(named RN #76) reve	ealed one of the ED				
	_	n to Patient #28's family				
		vas upset because they had				
		ne doorway of the patient's				
		l alarms going off in the				
	, ,	n's Assistant PA #77) was at				
		m a different service line				
		t respond to her request"				
		#74 reported she was only				
		ed assistance when the				
		Patient #28 did code 2 times				
	9:52 (9 hours and 52	d had a length of stay of minutes) in the ER. RN				
		nent was broken down by				
	RN #76 in the report a					
		step down units (2), one				
		moved to the hallway (1), a				
		ient (1), and Patient #28, an				
		\$56 was assigned and				
		ents during Patient #28's				
		discussed collateral staff				
	available in the ED to	• •				
	~	nation: The House was				
		ffing support for the admit				
		s date. There was an ER				
		date" On 07/07/2022, of ED Services, VPED #48				
	reviewed this Patient					
		d there was an additional				
	_					
	Patient Safety Report	ER Director was informed of				
		tient assignment. This				
	an anogou unsale par	aon assignment. This				

PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	I	12103/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	
A 405	RN #56's assignment staffing in the ED. And family had voiced cout to their request for his with (named, PA #77 Factor was "Human FactorsCompeting Harm-intervention to Patient #28's levoph blood pressure was a pressure dropped, huntil the infusion was patient assignment of Review on 11/28/202 Analysis report, Eve #28 dated 07/05/202 Pharmacist, ED RPH was 07/05/2022 at 1 "Patient required Competition on the standard to pts), including two trapatientadditional con behalf of (named have time to make repatients: the patient intubated, ICU, a tratransfer-a comfort can other admitted patient the traumas, this patient of the patient befamily o	litionally, VPED #48 agreed at was safe due to collateral and did mention Patient #28's incerns who did not respondelp for alarms in the room? The Primary Contributing Factors/Staff prioritiesLevel of Harm sustain life" In summary, ed IV infusion sustaining his allowed to run dry, his blood e was coded for 7 minutes are reinstated. RN #56 had a of 5 patients. The Primary Contributing Factors/Staff prioritiesLevel of Harm sustain life" In summary, ed IV infusion sustaining his allowed to run dry, his blood e was coded for 7 minutes are reinstated. RN #56 had a of 5 patients. The Patient Safety in the #6856, referencing Patient with #6856, referencing Patient with #78 revealed the event date with a brief description of CPR (cardio-pulmonary levophed running dry while other patients (RN had 5 aumas and this ICU commentsmaking this report RN #56) as he does not eport. (Named) had 5 from this report (named)	A 4			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	, ,	E SURVEY IPLETED
		340002	B. WING		12	C 2/09/2023
NAME OF P	ROVIDER OR SUPPLIER	L	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)		COMPLETION DATE
A 405	Continued From page	e 216	A 40	05		
	1 .	e about this. A few minutes				
		ne into the room and was				
		levophed, but by this point				
		blood pressure) was in the				
		e aystolic and required a				
	,	ed RN #56) alerted the ER				
		day that his assignment was				
		coding was a direct result of sonable assignment" This				
		ted by ED Director, RN #76				
		ut any new findings from				
	previous Event #6858					
	•	Pharmacy, PharmD #79				
		otes to this report. The				
		f harm cited by PharmD #79				
	was "Human Factors	Staff FactorsLevel of				
	HarmHarm-interver	ntion to sustain life" A				
	_ =	rt revealed that a bag of				
	levophed was pulled					
	07/05/2022 at 1511 b	-				
		Medication Administration				
	•	7/05/2022 at 1514, and per				
		rates of infusion, the bag of				
		we likely run out 1745" The was pulled on 07/05/2022 at				
		and was started at 1801 for				
		revealed Patient #28's				
		was interrupted for 16				
		ed from 1803 to 1810 before				
	returning to spontane					
	Request to interview	ED RN #68 revealed she				
	was not available for	interview.				
		ED RPH #78 revealed she				
	was unavailable for ir	nterview.				
	Request to interview revealed he was unav					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
			5 14/11/0		С	
		340002	B. WING		12/09	9/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMODIA	I MICCION HOCDITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
WEWORIA	L MISSION HOSPITAL A	IND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX			COMPLETION DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	RIATE	BATE
A 405	Continued From page	e 217	A 40	05		
	Request to interview	ED Director, RN #76				
	-	available for interview.				
	Interview on 11/15/20	023 at 1014 with RN #56				
	revealed he remember	ered Patient #28 and had				
	worked in the ED for	5 years. Interview revealed				
	"I had trauma bay 1	1, and rooms 10, 9, 8				
	initially. The patient in	room 10 was combative,				
	intubated and a dang	er to himself and was				
	receiving the maximu	ım dose of levophed to keep				
	his blood pressure ele	evated. I had him around 10				
		t a trauma patient, and they				
		me another new trauma				
	·	I went to CNC (named RN				
		ssignment and the acuity of				
		s, she put my dying trauma				
		, to make room for the new				
	-	when I explained I felt my				
	assignment was unsa	<u> </u>				
	approached her that i					
	•	my patients. So, then I went				
	to my Nurse Manage					
		ent and was assigned the				
		My new trauma patient had D, I was working with them				
	•	ode had been called for my				
		nen I arrived in the room				
		person who was assisting				
		for the new trauma patient,				
		ew bag of levophed, and the				
		s. I was very upset. I voiced				
		to the administration, to the				
		e committee and filed a				
		uman resources). I tried to				
		st I could" Interview				
		gone to the CNC, RN #74				
		fore new assigned trauma				
		oncerns with his high patient				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	1	(X3) DATE COMP	SURVEY PLETED
		340002	B. WING				C (09/2023
	ROVIDER OR SUPPLIER L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	JLD BE		(X5) COMPLETION DATE
A 405	was caring for anothe IV infusion ran out, capressure to drop, and (request for all docum administration, ethics not made available for Interview on 11/15/20 revealed hospital polifollowed. Telephone interview of Director of the Traum he was aware of the owas the Medical Superand currently. Interview Trauma Team members are for a specific cornhowever a Trauma Teevident could assist a emergency" The interview of the consulted on. Interview person who could adjusted on. Interview revewith PA #77's patient Supervisor, RN #81 heromassion to family Interview revealed MI with PA #77, the Trautalked with PA #77. In not know Patient #28' the levophed had run	terview revealed RN #56 r patient, when the levophed ausing Patient #28's blood a code was initiated. Bents filed by RN #56 committee and HR were r this surveyor). 23 at 1637 with VPED #20 cy for Patient #28 was not 25 at 1637 with VPED #20 cy for Patient #28 was not 26 at 1637 with VPED #20 cy for Patient #28 was not 27 at 1637 with VPED #20 cy for Patient #28 was not 28 at 1637 with VPED #20 cy for Patient #28 was not 29 at 1637 with VPED #20 cy for Patient #28 and corvisor for PA #77 in 2022 cover revealed "when a cover was in the ED it was to consulted trauma patient, cover was in the ED it was to consulted trauma patient, cover was in the ED it was to cover was in the ED it was not cover was	A 4	05			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION G	` '	TE SURVEY MPLETED
		340002	B. WING			C
	20/4252 02 01/22/152	340002	B. WING	070557 ADDD500 017/ 07A75 710 00D5	1	2/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
				ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 405	Continued From page	e 219	A 4	05		
A 405	Telephone interview Trauma Team PA #7 employed for 8 years only in the ED when of specific trauma paties desk, I told them I can The family was askin thought he was codin he was OK. I did not learned about the IV would respond to hel not 'shirk' a patient not revealed PA #77 reco help with an IV alarm find the nurse, and he 5. Closed medical reco revealed Patient #27 arrived at the emerge 07/04/2022 at 0025 be abdominal pain, naus #27 was triaged at 00 score of 10 (1 least p pain). At 0028 Nurse orders for an IV (intra be started and Ondar nausea) 4 milligrams review did not reveal medications were imp	on 12/01/2023 at 1241 with 7 revealed he had been . Interview revealed "I am called/consulted for a nt. The family came to the n get your nurse, and I did. g about an IV beeping. If I not not get your nurse, and I did. g about an IV beeping. If I not not get your nurse, and I did. g about an IV beeping. If I not not get your nurse, and I did. g about an IV beeping. If I not not get your nurse, and I did. g about an IV beeping. I would not not get your nurse, and you have made sure nave that information. I only devophed today. Of course, I not not get you have that information. I only devophed today. Of course, I not not get your nurse in a not get you have not given. Patient you have not given. Record physician orders for IV and you have not get you have you have not given. Record physician orders for IV and you have not get you have you have not given. Record physician orders for IV and you have not get you have not you have not get you have not get you have not get you have not you have not get you have not get you have not get you have not you have not get you have not you h	A 4	05		
	Patient #27 was seer orders were placed for Dilaudid (narcotic pai pain. At 0739 Patient (7 hours and 11 minumedications for pain after identified pain less than the property of the patient of the pain less than the property of the place o	ng room (6 hours and 3 min). The by MD #26 at 0656 and The or ondansetron 4 mg, and The or ondansetron 0.5 mg for The ordered of NS The or				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
	340002	B. WING		C 12/09/2023
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AN	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
documented as heart blood pressure 174/85 percent on room air (n score of 10/10 by RN; Abdomen and Pelvis (and 27 minutes after of bowel obstruction. Interview on 11/15/202 who triaged Patient #2 patients were checked some changes were mimprovements. It's verwaited without any conwas one nurse in the vipatients. There was not Interview revealed phycompleted in the ED with Interview on 11/15/202 revealed "I saw the proomedThere is not and orders done. No sinew process the goal but at night I suspect it waiting room, this patioverall assessments a happening on a timely Patient #27 did not ge prescribed. Interview mot followed for Patient 6. Review on 11/16/202 Management of Woun policy revised 11/2021 Patients are assessed.	40. At 0742 vital signs were rate 85, respirations 16, 9, oxygen saturation of 93 to temperature), with a pain #40. At 0755 the CT of 66 hours) resulted (7 hours ordered) positive for a small 23 at 1350 with ED RN #38 27 revealed "in 2022 no don in the ED waiting room, nade, and there are some ry possible that this patient impleted. At that time there waiting room to triage o way to complete orders" ysician orders were not vaiting room in 2022. 23 at 1414 with ED MD #26 patient after she was always a person to get labs staff to do orders. With the is for that not to happen, to does. As far as care in the ent didn't get vital signs, or and no medsthings are not a basis" Interview revealed to the medications as revealed hospital policy was not #27.	A 40		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG	(X	(3) DATE SURVEY COMPLETED
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 405	services, critical acc related services. Em (ED)DOCUMENT, details: type, bed co amount), undermininerythema. Documer Review on 11/16/20 Reassessment" poli "PURPOSE: A. Thassessment/reasses patient the best care nursing process is ungoal. This process is ungoal. Th	DPE:Inpatient, acute care ess hospitals, and other lergency Department ATION: Document wound for, odor, drainage (color and ag/tunneling, induration, and at intervention". 23 of the "Assessment and cy revised 06/2021 revealed: lee goal of the sament is to provide the and treatment possibleThe tilized in order to achieve this acludes assessing, analyzing, sing, and evaluating patient order to eview on 11/14/23 of dra 22-year-old patient that the ergency Department (ED) via an agement Services) on for complaints of abdominal petite, watery non-bloody alf burn. Review of an ED 122 at 2130 per medical Assessment/PlanBurn. I and instructed the nurse to essing". Review of Patient	A 4	05		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	
PREFIX (EACH DEFICIENC	FATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
wound bed, superfici (Registered Nurse) the able to prioritize this recommend provider be applied generousling gauze, then dry gauze only follow if wound we treament-please record for a physician's order indicated: "Bactrobar applied three times of for 7 days to right-cal a lack of documentate of the aforementione nursing. Review of the record lacked nursing the assessment and right calf wound from 09/01/2022 through of CONTENT OF RECORD CFR(s): 482.24(c) The medical record in justify admission and support the diagnosis progress and responservices. This STANDARD is Based on review of horientation/competer review, and staff interedocument baths and performed to meet paneeds in seven (7) of	calf burnwound is pink, red al. Communicated with RN nat wound team will not be patient today. Would place order for bacitracin to ly, cover with xeroform the and gauze roll, daily. Will worsend with appropriate possible in this occurs. Review of dated 09/04/2022 at 2100 in topical 2% cream to be aily at 0900, 1500, and 2100 of wound. Review revealed ion related to the application of wound treatment per the patient's closed medical gradient of the patient's presentation in the ED on discharge on 09/07/2022. DRD In the patient of the patient's see to medications and the patient's see to medications and the patient of the patient's see to medications and the patient's see to medications and the patient of the patient's see to medications and the patient of the patient's see to medications and the patient of the patien	A 44	Subject of Deficiency – A 449 Hospital staff failed to document baths ar linen changes had been performed to me patient activity of daily living needs. Plan of Correction: Education: Education: Educations: Education: Education provided to currently working and targeted staff, including all contract and providers using multiple mechanism. These mechanisms included email, HealthStream, huddles, 1:1, and/or flyers by department leaders and with the assis of the Center for Clinical Advancement (education). Shift huddle tactic used to 6 100% of working staff. Staff who have no completed required education, on paid til (PTO), and leave of absence will comple education prior to and/or during first returs hift. Education has been incorporated.	eligible staff, s. s used stance educate of me off te med

DEPARTMENT OF HEALTH A	ND HUMAN SERVICES		'	FORM APPROVED
CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
			new hire and contract staff education. Education in the huddle format is used to capture 1:1 dialogue and understanding to include opportunities for teach back and questions. • Inpatient RN, LPN and PCT staff (excluding NICU and procedural remedial education on activities living (ADLs) expectations and documentation.	o f areas)
			Actions: Developed daily report to drive compliance with documentation ADLs. Monitoring for Compliance:	
			The department nursing leader will audit f compliance with hygiene documentation. • Goal of 90% compliance with 10 remediation of outliers/deviation process for 3 months, with quart monitoring for subsequent 4 qua • Numerator = # of compliant audi Denominator = 30 audits/month • Results reported through Quality Council, Medical Executive Com (MEC), and Board of Trustees (E	0% from erly urters. ts
			Owner: Chief Nursing Officer/ACNO	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	340002] 2: ******	STREET ADDRESS, CITY, STATE, ZIP CODE	12/09/2023
MEMORIAL MISSION HOSPITAL	. AND ASHEVILLE SURGERY CE		509 BILTMORE AVE	

ASHEVILLE, NC 28801

PRINTED: 02/01/2024

(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
A 449	Continued From page	223	A 449		
	The findings included	:			
	Care Tech (PCT) Starupdated 04/15/2022 reguide Provides detail orientee must do for it 'met." Further review stages ranged from 0 on basic patient care included documentati "Routine Application: which included "Safel routine daily care for a populations" and "Ant patient needs." Revie orientation the oriente following objectives: "MetContributes to aChanges linen as in unoccupied bed chan expected to meet "Dot the EHR (Electronic Inpreceptor assistance' (Activity of Daily Livin application included "Into ADLs and other care advance to answer quas ADLs" Review revenindicated the skills "air onboarding and shou orientee to successfu care." Further review assisted with ADLs w	Preceptor Guide Patient ged Orientation" last revealed the "Preceptor led instructions for what the tems to be checked off as revealed the orientation through 2. Stage 1 focused and procedures which ion. Stage 2 focused on Provision of Patient Care" y and reliably performs a variety of patient ticipates basic potential w revealed in stage 1 of the was expected to meet the "Objective that needs to be a healing environment adicated (includes occupied / tiges)" The orientee tocuments activities / care in the leath Record) with which included "ADL g". Stage 2 for routine providing information related tre to patientPrepares in the stills with "(**)" tre essential items to lid be completed with lly prepare them in patient revealed the orientee hich included "Hygiene thower and linen change."			
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	SURVEY LETED
		340002	B. WING		09/2023

MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		509 BILTMORE AVE ASHEVILLE, NC 28801	0.5
(4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
Continued From page 224 documentation titled "Preceptor Guide Medical Surgical RN Staged Orientation" last updated 04/15/2022 revealed the staged orientation grid was divided into stages 0 through 4. Stage 4 "Preceptor Guide Provides detailed instruction for what the orientee must do for items to be checked off as 'met" Further review revealed in the "Stage 1 - SKILL BUILDING" the preceptor was to "show" the orientee "how to document routine Activities of Daily Living (ADLs) in the EHR." On 12/08/2023 at 0911 review of hospital documentation titled "New Employee Orientation" module revealed "Cerner (hospital electronic system) Training for the PCT included "Documenting ADL's" 1. Closed medical record review on 12/05/2023 for Patient #55 revealed on 05/17/2023 at 1638 a 74 year old male arrived in the ED with SOB (shortness of breath). The admission H&P dated 05/17/2023 at 2100 by NP #29 revealed Patient #55 was seen earlier the same day at an outside hospital. The H&P included sarcoidosis diagnosed two years ago and during the last 3-4 days Patient #55 experienced a productive cough with increased SOB. The patient was transferred from the ED to a Medical Surgical Unit room 445 and remained assigned to the room until discharge on 06/06/2023 at 1115. Review revealed there was no documentation that Patient #55 was provided, offered or refused a bath for 16 days or that Patient #55 was provided, offered or refused linen changes x 14 days. On 12/05/2023 request made to interview CNA that provided care for Patient #55. On 12/06/2023	A 44		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
	ROVIDER OR SUPPLIER L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	1200/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
A 449	Manager (NM) #32 re to offer baths every to patient's request and revealed staff was experformed ADLs. Interview on 12/08/20 Nurse Aide) CNA #33 every day and as nee if the patient was able revealed she charted Interview on 12/08/23 revealed patient baths shift. She revealed she beginning of her day spatients that needed that CNA #34 documed done but if she did not the task down on papilater. Interview on 12/08/20 of Clinical Education was the same as CNA not a policy regarding linen was offered. She PCTs were oriented boths, linen change a task was completed. The assigned unit and hospital EMR (Electrosystem. DCE #36 star competencies may not seem to the patient of the system. DCE #36 star competencies may not seem to the patient of the patie	23 at 1320 with Nurse vealed staff were expected venty-four hours, per as needed. Interview pected "to document" 23 at 1403 with (Certified revealed she offered baths ded. She stated "especially" to take a shower. CNA #33 when the task was done. 24 at 1448 with CNA #34 so can be given day or night the checked the chart at the shift to see the number of paths. Interview revealed ented baths right away once to have time, she would write the rand document the task was at 0911 with the Director (DCE) #36 revealed PCT A. She revealed there was when baths or a change of the revealed that upon hire by preceptors which included and documentation once the The orientation continued on a face-to-face with the onic Medical Record)	A 449			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		0.40000	D WING				C
		340002	B. WING			12/	09/2023
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				509 BILTMORE AVE		
				A	ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 449		e 226 cord review on 12/06/2023 led on 08/30/22 at 1547 a 36	А	449			
	year old male arrived pain. Review of a pro 08/31/2023 at 1240 b	in the ED with upper back					
	between the spinal ve						
		s present with spinal cord					
	compression that extend						
	**	f the neck-cervical segment					
		ent - chest portion of the surgery consultation was					
		t surgical intervention.					
		ed on 08/31/2022 Patient					
	#64 had an emergend						
	_	urgical procedure. Review of					
		d 12/12/2022 at 1419 by an					
		e) MD revealed Patient #64					
	remained "profoundly	· ·					
		e is currently paraplegic but					
	_	nity strength issues." Patient					
		the Pulmonary unit Date:					
	_	ew revealed there was no					
	documentation the pa	atient was offered or refused					
	linen changes x 6 day	s. Patient #64 was assigned					
	to the K-Spine unit, D	ate: 10/19-26/2022. Review					
		o documentation that Patient					
	<u> </u>	fered or refused a bath x 6					
		64 was provide, offered or					
		ge x 5 days for sample week.					
	Patient #64 was assign	-					
		Date: (11/13-19/2022) and					
	T	the patient required total					
	assistance. Review re						
		Patient #64 was provided,					
	offered, or refused ba	•					
	T =	efused a linen change x 4 ple week. Review revealed					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER	111111		STREET ADDRESS, CITY, STATE, ZIP COD	L DE	12/03/2023	
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE		
A 449	provided, offered or was provided, offered seven days for the sassigned to the Neu 01/06-31/2023 and revealed there was #64 was provided, of changes x 5 days for Review revealed that Patient #64 was baths x 5 days or provided, of changes in the changes for the Interview on 12/06/2 Manager (NM) #32 to offer baths every patient's request an revealed staff was experformed ADLs. Interview on 12/08/2 Nurse Aide) CNA #3 every day and as neif the patient was ab revealed she charted. Interview on 12/08/2 revealed patient bat shift. She revealed she charted beginning of her day patients that needed that CNA #34 docur done but if she did in the task down on patients.	pe 227 leentation that Patient #64 was refused baths x 5 days or ed or refused linen change x econd week. Patient #64 was ro unit, Room A611, Dates: 02/19-25/2023. Review no documentation that Patient liffered or refused a bath x 23 fered or refused linen r the first sample week. Bre was no documentation a provided, offered or refused execond sample week. 2023 at 1320 with Nurse executed twenty-four hours, per d as needed. Interview expected "to document" 2023 at 1403 with (Certified as revealed she offered baths eded. She stated "especially" le to take a shower. CNA #33 d when the task was done. 23 at 1448 with CNA #34 hs can be given day or night she checked the chart at the reshift to see the number of d baths. Interview revealed mented baths right away once not have time, she would write per and document the task	A 4	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER	0.10002		STREET ADDRESS, CITY, STATE, ZIP CODE	12/09/2023	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
A 449	was the same as CN/not a policy regarding linen was offered. She PCTs were oriented by baths, linen change at task was completed. The assigned unit and hospital EMR (Electrosystem. DCE #36 state competencies may not because it depends of the assigned unit and hospital EMR (Electrosystem. DCE #36 state competencies may not because it depends of the competencies of the competencies may not because it depends of the competencies of the patient #90, a 57 year hospital on 07/05/202 total hip arthroplasty of the underlying bone). post-surgical orders or shower after surgery. baths revealed Patier or shower on 07/06/207/08/2022, 07/09/2007/11/2022, a total of discharged on 07/13/2011/2012. Interview on 12/06/202 Manager (NM) #32 reto offer baths every to patient's request and revealed staff were experformed ADLs (actishowers).	(DCE) #36 revealed PCT A. She revealed there was when baths or a change of e revealed that upon hire by preceptors which included and documentation once the The orientation continued on a face-to-face with the onic Medical Record) ted "the annual of be the same for each unit in the needs of that unit." nedical record revealed r old female arrived to the 2 for a scheduled surgical (total hip surgical inued failed treatment for peneration of cartilage and Review of physician evealed Patient #90 could Review of documentation of at #90 did not receive a bath 022, 07/07/2022, 22, 07/10/2022, and 6 days. Patient #90 was 2022. 123 at 1320 with Nurse evealed staff were expected venty-four hours, per	A 44	9		
	#81 was admitted on	cord review revealed Patient 09/20/2023 at 1445 with a plaint of shortness of breath.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING _				C 09/2023
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE				STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			00, 2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
A 449	09/20/2023 no evide activities of daily livi Stepdown unit wher at 2144. On 09/21/2 evidence of a bath or changed. On 09/22/evidence of a bath or changed. On 09/23/evidence of a bath or changed. On 09/24/hours), RN #4 provice Patient #81, which four file of the file of	ing Flowsheet, revealed on ence of assistance with ing on the Medical Cardiology in patient arrived onto the unit 023 review failed to reveal offer/decline or linens 2023 review failed to reveal offer/decline or linens 2023 review failed to reveal offer/decline or linens 2023 review failed to reveal offer/decline or linens 2023, 0700 through 1900 (12 ded primary nursing care to ailed to reveal evidence of a clinens changed. On ailed to reveal evidence of a clinens changed. Patient #81 09/26/2023 at 0759 to the 109/26/2023 at 0759 to the 109/26/2023 at 0759 to the 109/26/2023 at 0955 expectation of the facility staff to be offered and documented tunities and linen changes in every 24 hours. Interview Registered Nurse to oversee	A 4	,			
	record for Patient #6 female that presente	2023 of the closed medical 60 revealed a 63-year-old ed to the Emergency 1/2022 at 1101 with a chief					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		340002	B. WING		C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/00/2020
MEMORIA	. MOOION HOODITAL A	ND 401151/11 5 01100507 05		509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
A 449	Continued From page	230	A 4	49	
	complaint of chest pate to inpatient services of discharged on 11/18/nursing notes from 10/11/18/2022 revealed assisted with a bath on 11/04/2022 and 12/0 on 11/16/2022 and peon 11/17/2022. Docume vidence that Patient 11/01, 11/02, 11/05, 2/11/10, 11/11, 11/12, 1/13 of 18 days with not linterview on 12/01/20 NM #86 revealed the document that patient daily bath in the medially bath in	in. Patient #60 was admitted on 10/31/2022 at 1646 and 2022 at 1556. Review of the 0/31/2022 through that Patient #60 was on 11/03/2022, refused bath 1/15/2022, basin wipes bath erformed bath independently mentation failed to reveal #60 received a bath on 1/106, 11/07, 11/08, 11/09, 1/13, 11/14 and 11/18/2022 or documented bath). 123 at 0945 with NM #85 and staff were expected to the swere offered or refused a cal record every 24 hours. 124 cord review on 11/14/23 for on 3/4/2023 at 1747 an 84 shistory of Alzheimer's sing weakness and 0 remained in the lent (ED) until being admitted antil discharge to a nursing 1/22. There was no lect an offer/decline of a bath			
	#40 remained in the f	acility until discharge to a /23 at 1021. There was no			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X	(X3) DATE SURVEY COMPLETED	
		340002	B. WING_			C 12/09/2023	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1210312023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 449	for the 11-day admiss admission, there were changes with the exception of the expection of	elect an offer/decline of a bath sion. During the same 11-day re no documented linen ception of "no" being 23 at 0442 and 2000. 1 on 11/14/23 at 1200 tation for nursing to offer and and linen changes in the 2023 of the "Staffing Procedure" policy revised I, "Policy: Mission Hospital to meet patient care needs ". rd review on 11/14/23 of I a 22-year-old patient ergency Department (ED) via canagement Services) on for complaints of abdominal etite, watery non-bloody alf burn. Review revealed efferred from the ED to unit colding area) on 09/02/2022 closed medical record lacked on related to patient taing while located on unit tay 2022 through 09/03/2022. patient was transferred from A5-West room #566 on Review of closed medical g documentation related to th bathing (shower/bath) and	A 4	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	G	С	
		340002	B. WING_		12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1.200/2020	
MEMORIA	I MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
WEWORIA	E MIGOION TIOUT TIAL A	ND AGHEVILLE GONGLINT GE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
A 449	Continued From page	232	A 4	49		
	revealed unit B3-Sour currently not being ut RN #98 revealed duri admission starting on was a "holding unit" for and admission to an irevealed patient room bathrooms in the room to walk to a bathroom #98 revealed nursing	th (3rd floor holding area) is dized as a patient care unit. Ing Patient #26's hospital 09/02/2022, unit B3-South or patients between the ED inpatient bed. RN #98 ins on the unit did not have ins and patients would have located in the hallway. RN staff should have assisted and/or ambulating to the				
	(Patient Care Technic A5-West indicated that with ADL's (Activities bathing, toileting, and that patients located it assisted with bathing located in odd room re bathing on the nightsl is often staffed with 1	pical at 1130 with PCT #99 cian) while on tour of unit at he/she assists patients of Daily Living) such as oral care. PCT #99 stated in even room numbers are on the dayshift and patients numbers are assisted with hift. PCT #99 stated the unit PCT for up to 36 patients rovide care in a safe and atients.				
A 576	(Director) indicated up beds which ideally was PCT's and 1 unit clerk staffing the unit was CLABORATORY SERVICER(s): 482.27 The hospital must man adequate laboratory services.	-	A 5	Subject of Deficiency – A 576 The hospital failed to have available, adelaboratory services to meet the needs of for three (3) of 35 patients presenting to hospital's Emergency Department.	patients	

Plan of Correction:

Education:

- ED Staff were educated on laboratory Turn Around Time (TAT) collection time goals
- Laboratory staff education on new analyzer functionality to increase automation

Actions:

- Reviewed and implemented phlebotomy staffing needs during surge times in ED
- ED CNC/ED Leadership oversight of lab collection times and escalation via internal communication tool
- Expansion of Laboratory space to improve automation of services to decrease delays in turnaround times
- Reviewed new area plan to create efficiencies in workflow by positioning techs around the analyzers, allowing techs to communicate timely and work together to complete tasks faster and reduce TATs
- Adding new analyzer functionality to all analyzers that will increase automation and lower TATs

Monitoring for Compliance:

Monitoring and tracking of specimens received to verify timeliness per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant audits
 Denominator = 70 audits/month
- Results reported through Laboratory Services Meeting, ED Steering Committee, Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Owner: Chief Operating Officer/COO

Monitoring and tracking of ED laboratory order to collect times through retrospective chart review

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant audits
 Denominator = 70 audits/month

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
	340002	B. WING		C 12/09/2023
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL A			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	1 M OUI LULU

(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 DEFICIENCY)	(X5) COMPLETION DATE
A 576	Continued From page 233 laboratory services provided to its patients are performed in a facility certified in accordance with Part 493 of this chapter. This CONDITION is not met as evidenced by: Based on policy review, medical record reviews, and staff interviews the hospital failed to have available, adequate laboratory services to meet the needs of patients for three (3) of 35 patients presenting to the hospital's Emergency Department (ED) (Patient #'s 83, 27 and 2) and failed to ensure laboratory results were timely for three (3) of three (3) patients (Patient #'s 11, 93, and 94). The findings included:	A 576		
	The hospital failed to have available laboratory services to meet the identified turn around times for STAT results for three (3) of 35 patients presenting to the hospital's emergency department (Patient #'s 83, 27, and 2), and failed to ensure timely laboratory results for three (3) of 3 patients that had lab specimens sent to Hospital A's lab from Hospital B (Patient #'s 11, 93 and 94).			
A 583	Cross refer to §482.27 Laboratory Services Standard: Tag A 0583. EMERGENCY LABORATORY SERVICES CFR(s): 482.27(a)(1) Emergency laboratory services must be available 24 hours a day. This STANDARD is not met as evidenced by: Based on policy review, medical record review, incident report review, laboratory logs, documents		Subject of Deficiency – A 583 The hospital failed to have available, adequate laboratory services to meet the needs of patients for three (3) of 35 patients presenting to the hospital's Emergency Department. Each individual Condition of Participation plan of correction for the cross-referenced tag in this section are outlined below. Plan of Correction:	
			Education:	2/6/24

Reviewed and implemented phlebotomy staffing needs during surge times in ED ED CNC/ED Leadership oversight of lab collection times and escalation via internal communication tool Expansion of Laboratory space to improve automation of services to decrease delays in turnaround times Reviewed new area plan to create efficiencies in workflow by positioning techs around the analyzers, allowing techs to communicate timely and work together to complete tasks faster and reduce TATs Added new analyzer functionality to all analyzers that will increase automation and lower TATs Monitoring for Compliance: Monitoring and tracking of specimens received to verify timeliness per policy/protocol	CLIVILIX	OWB NC. 0930-0391
lab collection times and escalation via internal communication tool Expansion of Laboratory space to improve automation of services to decrease delays in turnaround times Reviewed new area plan to create efficiencies in workflow by positioning techs around the analyzers, allowing techs to communicate timely and work together to complete tasks faster and reduce TATs Added new analyzer functionality to all analyzers that will increase automation and lower TATs Monitoring for Compliance: Monitoring and tracking of specimens received to verify timeliness per policy/protocol		phlebotomy staffing needs during surge times in ED 12/2/23
improve automation of services to decrease delays in turnaround times Reviewed new area plan to create efficiencies in workflow by positioning techs around the analyzers, allowing techs to communicate timely and work together to complete tasks faster and reduce TATs Added new analyzer functionality to all analyzers that will increase automation and lower TATs Monitoring for Compliance: Monitoring and tracking of specimens received to verify timeliness per policy/protocol		lab collection times and escalation via internal communication tool
efficiencies in workflow by positioning techs around the analyzers, allowing techs to communicate timely and work together to complete tasks faster and reduce TATs • Added new analyzer functionality to all analyzers that will increase automation and lower TATs Monitoring for Compliance: Monitoring and tracking of specimens received to verify timeliness per policy/protocol		improve automation of services to decrease delays in turnaround times
analyzers that will increase automation and lower TATs Monitoring for Compliance: Monitoring and tracking of specimens received to verify timeliness per policy/protocol		efficiencies in workflow by positioning techs around the analyzers, allowing techs to communicate timely and work together to complete tasks faster and
Monitoring and tracking of specimens received to verify timeliness per policy/protocol		analyzers that will increase automation 2/16/24
to verify timeliness per policy/protocol		Monitoring for Compliance:
remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters. Numerator = # of compliant audits Denominator = 70 audits/month Results reported through Laboratory Services Meeting, ED Steering Committee, Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) Owner: Chief Operating Officer/VP Operations Monitoring and tracking of ED laboratory order to collect times through retrospective chart review Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters. Numerator = # of compliant audits Denominator = 70 audits/month Results reported through Laboratory Services Meeting, ED Steering Committee, Quality Council, Medical Executive Committee, Quality Council, Medical Executive Committee, (MEC), and Board of Trustees (BOT)		to verify timeliness per policy/protocol Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters. Numerator = # of compliant audits Denominator = 70 audits/month Results reported through Laboratory Services Meeting, ED Steering Committee, Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) Owner: Chief Operating Officer/VP Operations Monitoring and tracking of ED laboratory order to collect times through retrospective chart review Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters. Numerator = # of compliant audits Denominator = 70 audits/month Results reported through Laboratory Services Meeting, ED Steering Committee, Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)
Owner. Office Mulating Office//ACNO		Owner. Office realing Officer/ACINO

PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G	COM	SURVEY PLETED
		340002	B. WING			C / 09/2023
	ROVIDER OR SUPPLIER	IND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	12	10312023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 583	available laboratory sidentified turn-around results for three (3) of the hospital's Emerge (Patient #'s 83, 27, at timely laboratory resupatients that had lab A's lab from Hospital 94). The findings included A. Review on 11/17/2 Turn Around Time, larevealed "PURPOS efficient testing service high-risk situations. In the Laboratory and result repre-analytical Phase order entry by the car in the Laboratory. Macontrolled by the Lab the period between staboratory and result Laboratory and result LaboratorySTAT: a life-threatening requests will be performed specimen quality and requests will be manafirst-in, First-out (FIF facilitate rapid and eff specimens through the also prioritized based	the hospital failed to have services to meet the altimes for STAT (immediate) of 35 patients presenting to ency Department (ED) and 2), and failed to ensure alts for three (3) of three (3) specimens sent to Hospital B (Patient #'s 11, 93 and be also and be a	A 5	83		
	STAT requests:ST	ound times:Response to ATS take priority over other Id be managed from time of				

AND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(XX	3) DATE SURVEY COMPLETED
		340002	B. WING_			C 12/09/2023
NAME OF PROVIDE		ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CO 509 BILTMORE AVE ASHEVILLE, NC 28801	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
recei hand for m recei;Sta perfo be av recei; from from 1. Clorevea patie (ED) patie were 1412 minu minu 1137 NOW a phy fluids the o and r was o after hours 0127 lactic 1256 11.96 previ 1247 Revie RN #	ling or testing. In ost tests is 45-5 pt Response of the string in testing, and variable within (1 pt TAT Summ ORDER Receipt SPECIMEN receipts and Patient #83 pt. who arrived at with dizziness on the discount of the string in the	orting with no interruption in a general, the maximum TAT 0 minutes from order to NOW/ASAP requests: ely process the specimen, verify results. Results should 0 one hour from specimen hary (Inpatient): STAT, Time t 45-50 minutes. NOW, Time	AS	583		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		LETED
		340002	B. WING _			C 09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		 00,2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 583	#83. A description "A was placed at 0529. and in lab at 0907. Of 7.48 reported at 110 this (within the hour) had to be intubated a (intensive care unit) from Recurring? Propatient Safety Repoof the report revealed lab work. Telephone interview RN #10 who cared for Pod revealed "I wow was pulled to the ED door, I don't recall the can't get the labs, I was revealed she could relactic acid order was revealed physician of not followed. Interview on 12/08/2 revealed she did remorked night shift. ". this patient from the medical record number of the pending. My concern contact with the phile were not logged into called the general lage."	pe 236 onse to Order", for Patient A NOW LA (lactic acid) order Lab wasn't drawn until 0844, Critical results of lactic acid 8. MD at 1114Shortly after , the patient took a turn and at bedside and sent to ICUSolution to Prevent this imptly follow orders" This rt was still in process. Review d Patient #83 had a delay in on 12/07/2023 at 1632 with or Patient #83 in the Orange ork on an inpatient unit and that day. It's a revolving is patient in particular. If I would call a phlebotomist after is if I couldn't" Interview not remember why the NOW in not collected. Interview orders for Patient #83 were 1023 at 0915 with RN #11 nember Patient #83 andI did not receive a report on ED. You have to look up the ber and sometimes the in alert that the patient is it the face sheet. I had to I go through the orders. I ork when I saw it was in is we have trouble getting in abotomist. That morning they to their IMobile device. I b number, and no one intacted my house supervisor,	AS	83		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	
A 583	now.' I can't recall if sor not, I was only with Interview revealed not phlebotomist during before. Interview revealed not phlebotomist during before. Interview revealed not someone. Interview in Time for NOW blood or someone. Interview in Time for NOW lab or Patient #83. Interview on 12/08/21 Phlebotomist Superve phlebotomists do not help if called. All labs "nurse collect". The seand NOW orders to be order" Interview reveand NOW orders for hospital policy. Interview on 12/09/20 #18 revealed "I do day. The lactic acid was to see at 1016 but was 1108. I don't know we expectation was to cavailable. The expectation was to cavailable. The expectation was to fo and for STAT and NOW within an hour" Interview #83. 2. Closed medical reference in the Electron was to cavailable. The expectation was to fo and processing did in Patient #83.	on't have another option right she was on a telemetry box in her over an hour" of being able to reach a night shift had happened ealed RN #11 had called the lab phlebotomist to	AS	883		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		340002	B. WING		C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	12/03/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE COMPLETION
A 583	0028. Lab results we hours and 6 minutes awas diagnosed with a and had surgery that with STAT lab work. Interview on 11/15/20 Registered Nurse (RN #27 revealed " It's v waited without any lal that time there was of to triage patients. The orders" Interview rewere not completed in Interview on 11/15/20 Doctor (MD) #26 reveafter she was roomed person to get labs and orders. With the new not to happen, but at things are not happen Interview revealed ho followed for Patient #2 a 10/17/2023 at 1753 v Triage", performed 10 and 7 minutes after a pre-hospital blood glu "3-urgent". Review of the "ER Re Assistant, on 10/17/2 66-year-old male patiemergency department.	ab work were placed at re completed at 0734 (7 after ordered). The patient a small bowel obstruction day. The patient had a delay 123 at 1350 with ED N) #38 who triaged Patient ery possible that this patient os or orders completed. At the nurse in the waiting room ere was no way to complete vealed physician orders in the ED waiting room. 123 at 1414 with ED Medical called "I saw the patient l There is not always a did orders done. No staff to do process the goal is for that night I suspect it does ning on a timely basis. "spital policy was not 27. 126 ical record, on 11/14/2023, rrived to the hospital on its EMS. Review of "ED 0/17/2023, at 1900 (1 hour rrival) revealed a coose of 459 and an acuity of	A 58		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	(X:	3) DATE SURVEY COMPLETED
						С
		340002	B. WING			12/09/2023
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	I MICCIONI LIOCDITAL A	ND ACUEVILLE CURCERY CE		509 BILTMORE AVE		
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 583	Continued From page	e 239	A 58	33		
A 303	ED record review rev were ordered in the E after Patient #2 arrive (comprehensive meta D-Dimer, Pro B-Type (ProBNP) and CBC vorders revealed the lacollects at 1920 (39 m Patient #2 experience hours after arrival. That he CMP resulted at 2 as 824 (high) at 2006 9690 (High - reference the Troponin resulted range 0.000-0.034) a after the lab was colleafter it was ordered). Review revealed the hours, 46 minutes aft ED and 15 minutes a Review revealed dela and resulting the labs. Interview on 12/08/20 Phlebotomists do not help if called. All labs "nurse collect". The eand NOW orders to be order"	ealed the following lab tests ED stat at 1841 (48 minutes ed): Lactic Acid, CMP abolic panel), Troponin, Natriuretic Peptide with Differential. Review of abs were collected as Nurse minutes after the lab orders). ed cardiac arrest at 1953, 2 me CBC resulted at 2002 and 2012. The D-Dimer resulted 6. The Pro BNP resulted as me range 5-125) at 2023 and d as 0.460 (High - reference at 2039 (1 hour 19 minutes meted; 1 hour, 58 minutes The physician was notified. physician was notified 2 mer Patient #2 arrived to the fter the patient expired). ays in ordering, collecting s. 223 at 1309 with Laboratory misor #17 revealed "the collect in the ED; we will ordered in the ED default to expectation was for STAT me from order to collection in mesulted in an hour from 223 at 1159 with Lab Director expectation for lab collection to follow the policy TAT and NOW results to be	A 58			
	B. Review of policy M	licrobiology Turn Around				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		340002	B. WING		C
NAME OF PE	ROVIDER OR SUPPLIER	340002	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	12/09/2023
TO AME OF TH	COVIDENCIAL CONTRICTOR			509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
A 583	Continued From page	e 240	A 58	3	
A 583	Times, Effective 05/30 POLICY A. Microbiolo 24/7. B. Specimens a on all 3 shifts. Microbimenu and turnaround Culture a. Negative C clean catch & indwelli Invasive: 48 hours b. hours " Review on 11/15/202 Hospital A from Hosp service for Patient #1 culture was submitted positive results were (four days after the splab). Review on 11/15/202 Hospital A from Hosp service for Patient #9 culture was submitted positive results were adays after the speciment was after the speciment was submitted positive results were adays after the speciment was submitt	20/2023, revealed "III. 20	A 58	3	
	Review of an email from	om a Laboratory			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	12/03/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
A 583	revealed "There we finalized due to critical The decision was masending all of (named outpatient Laboratory have the staff to read prioritize cultures. Out on a daily basis. They and critical specimen cultures. However, the each day to make suridentification and suscidentification and suscident	r on 11/15/2023 at 1121 re delays in getting these al staffing in Microbiology. de on 09/19/2023 to start Hospital) to (Named Company) since we didn't all cultures. The staff had to atpatients were not looked at y had to prioritize inpatients types such as blood ey did sub the organisms the they were viable to do ceptibility testing." with the Laboratory r revealed they were on 11/17/2023 at 0959 with vision Director of Laboratory September 2023, the department was ttaffing problems due to	A 58			
A1100	EMERGENCY SERVI CFR(s): 482.55	CES	A110	Subject of Deficiency – A 1100 The hospital staff failed to have effective emergency services to meet the needs	9	

PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391 of patients that presented to the **Emergency Department.** Plan of Correction: Immediate Actions Taken Upon receipt of the recommendation of Immediate Jeopardy by the onsite surveyors under the Conditions of Participation (COP) of Emergency Services, Patient Rights, and Nursing Services on 12/1 the following actions were taken to mitigate the findings: Monitoring of patient condition beginning with RN triage, vital signs are obtained by providing qualified personnel for ongoing rounding. Arrival to triage – implementation of time stamp process to capture accurate arrival times including rapid triage process 12/1/23 Education - Staff were 12/1/23 educated that patients arriving to the ED need to be seen and care promptly assumed with a goal of 10 minutes upon arrival. 12/1/23 12/1/23 Timestamp implementation process -Education for staff regarding process for accurately reflecting patient time of arrival to time of triage 12/1/23 12/1/2023 Triage line of >3 patients prompt escalation pathway for additional support 12/2/2023 Timely and frequent real-time structured communication involving ED CNC/ED leadership oversight to include safety, patient throughput, pending medications, reassessments, diagnostics, and all escalations via internal communication tool. Arrival to EKG-10 min 12/1/2023 Staff education with 12/1/23 attestation 12/2/2023 Timely and frequent

12/2/2023 Timely and frequence real-time structured communication regarding review and escalation of outstanding EKG orders involving ED CNC/ED leadership oversight.

Post Medication Administration
 Assessment Completed as indicated

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			ER staff, facility executives, CSG, patient 12/6/23
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		access, performance improvement, to	
		develop a process to off-load EMS	
		 12/14/2023 Instituted rapid triage 	
		process	
		 12/14/2023 Provider alterations in 	
		workflows including the printing of	
		discharge instructions to decrease	
		patient disposition to depart metric and	
		improve throughput.	
		12/9/2024 Trial EMS off-load location	
		set-up	
		12/12/23 Explored alternate inpatient	12/12/23
		treatment locations to increase inpatient	
		capacity and decrease ED holds. This	
		resulted in halting the remodel of A3	
		West (38 beds) inpatient unit and the	
		area was prepared for reopening. This	
		allows for increased inpatient capacity,	
		decreased number of emergency	
		department holds, which reduced ED	
		volume and allows ED staff to be free to	
		care for ED patients. D2 (20 beds) was	
		identified as an additional overflow	
		treatment area. These areas are staffed	
		with acute care inpatient nurses	
		12/13/2023 Trial EMS off-load process	
		 12/14/2023 Tracking and trending of 	12/14/23
		implementation of EKG orders	12/14/20
		 12/20/2023 ED CMU escalation pathway 	12/20/23
		education and implementation	12/20/20
		 12/29/23 A3W unit (38 beds) opened to 	12/29/23
		increase inpatient capacity, reduce the	
		overall inpatients being held in the	
		Emergency Department, which reduced	
		ED volume and allows ED staff to be	
		free to care for ED patients. Also, during	
		this time D2 (20 beds) was utilized	
		intermittently as needed in response to increases in inpatient volumes. These	
		areas are staffed with acute care	
		inpatient nurses.	
		inpation nuises.	
		Ongoing Actions:	
		Monitoring of patient condition beginning with	
		RN triage, vital signs are obtained by providing	
		qualified personnel for ongoing rounding.	
		Timely and frequent structured real time	
		communication involving ED CNC/ED	
		Leadership oversight to include: safety,	
		patient throughput, pending	
		medications/reassessments/diagnostics	
		and escalations via internal	
		communication tool.	
		o 1/5/2024 direction was given	1/5/24
		for closed loop communication	1/3/24
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FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: EE0P11	Facility	ID: 943349	If continuation sheet Pa	ge 302 of 384
				 1/12/2024 Assessment/Re- assessment policy approved 	1/12/24
				session	
				multidisciplinary team design	1/11/27
				o 1/11/2024 Front-end	1/11/24
				through with ER Operations and IT	
				o 1/11/2024 Due diligence walk	1/11/24
				assessment policy review	., 5/2 1
				o 1/5/2024 Assessment/Re-	1/5/24
				posted at triage desk	
				for triage escalation and	1/5/24
				 1/5/2024 Developed triggers 	
				triage RN during peak hours	
				 1/5/2024 Process in place to evaluate need for additional 	1/3/24
				re-design	1/5/24
			enha	ancement launched with ED front	1/30/24
			• 1/30	/2024 ED triage process/workflow	
				connel for ongoing rounding.	
				nning with RN triage, vital signs are ined by providing qualified	
				nternal communication tool	
				/2024 Escalation of pending CTs	
			peak	k hours	
				uate ED CMU tech staffing during	
				/2024 Process implemented to	
				d for coordination and munication with EMS	
				/2024 Regional EMS Coordinator	1/22/24
				readiness for CT	
				process to facilitate patient	1/30/24
				improvement o 1/30/2024 Standardized	1/30/24
				on identified opportunities for	
				communication to close loop	
				o 1/30/2024 Structured	1/30/24
				results	
				 1/25/2024 Modification of HCG order process to streamline 	1/25/24
				that meeting include:	4 /0 = /5 :
			oppo	ortunities. Applicable actions taken	
				current processes and	
				/2024 Meeting between Radiology, and Quality Leadership to review	1/20/24
			4/00	assessments	4/00/04
				post-medication administration	
				prompt staff to better capture	
				of visual cue at 30 minutes to	2/1/24
				o 2/1/2024 EHR enhancement	2/1/24
				sessment, and EKG icons	
				racking board enhancements to ude vital signs, telemetry, pain	
			• ED+	communication tool	
				barriers via internal	
				within 60 minutes of escalated	
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			by CNO and Nursing	
			Operations Council	
		0	1/12/2024 Staff participated in	1/12/24
			organization and set-up of	
			Critical Supply Room	
		0	1/12/2024 Walkthrough with	1/12/24
			BioMed for wall mounted	1/12/24
			cardiac monitors	
		0	1/13/2024 Mock set-up of	
			- I	1/13/24
			room 32	
		0	1/15/2024 Addition of script	1/15/24
			printer in room 115	
		0	1/15/2024 IT refresh complete	1/15/24
		0	1/16/2024 MD, Lab	1/16/24
			· ·	1/10/24
			operations, IT agreement to	
			new lab order process to	
			expedite results for HCG	4 /4 5 /5 6
		0	1/16/2024 Capital PO issued	1/16/24
			for 4 portable cardiac monitors	
			1/16/2024 Added additional	
		0		1/16/24
			monitor to Air Traffic Control	
			(ATC) desk to display and	
			allow total visibility of ER	
			patients with unassigned beds	
			in waiting room, EMS entrance	
			and pre-arrivals	
		0	1/17-29/2024 Reconfigured	1/29/24
			front-end area	
		0	1/17/2024 Per staff request, 3	
			additional vital sign machines	1/17/24
			provided	
		0	1/17/2024 Front-end	1/17/24
			multidisciplinary team	1/11/24
			education and roles and	
			responsibilities review	
		_	1/18/2024 Front-end education	
		0		1/18/24
			of ER providers in January	
			provider meeting by ER	
			Medical Director	
			1/23/2024 Standardization of	1/23/24
				., 20, 2 1
			supply carts	
		0	1/18/2024 Confirmed Team	1/10/04
			Health Leadership	1/18/24
			participation during 1/30 go-	
			live	
		_	_	
		0	1/18/2024 Standardization and	1/18/24
			escalation of Pharmacy order	
			verification under the MAR	
			education	
		0	1/18/2024 Worked with	1/18/24
				1/10/24
			pharmacy to standardize	
			medication storage units	
		0	1/18/2024 Added medication	
			refrigerator to the medication	1/18/24
			3	
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					. 0000 0001
			0	storage unit 1/18/2024 Educate staff on defined roles/responsibilities	1/18/24
			0	and standard work flow 1/19/2024 Designated location	1/19/24
				for discharge paperwork and standardized process	
			0	1/22/2024 Streamlined laboratory process for COVID, Flu, and RSV to improve	1/22/24
			0	timeliness of results 1/23/2024 Confirmed 100% of	1/23/24
				providers received education on front-end process re-design	
			0	1/24/2024 Front-end multidisciplinary team Go/No	1/24/24
				Go meeting with decision to move forward 1/25/2024 Launch discharge	
			0	print button to support greater efficiency for the providers to	1/25/24
			0	print discharge instructions 1/26/2024 Greet tracker	1/26/24
			0	installed in provider area 1/26/2024 Streamlined	1/26/24
			0	laboratory process to expedite results for HCG 1/26/2024 6 workstations on	1/26/24
			Ü	wheels (WOW) deployed for provider and CNC	
				documentation efficiency (decreased time from arrival to	
			0	first clinical order) 1/29/2024 Increased staff efficiency by stocking blood	1/29/24
			0	culture bottles in all areas 1/30/2024 Created intake	1/30/24
				teams to perform MSE, nursing documentation, and	
				implement initial interventions in Internal Processing Area (IPA)	
			0	1/30/2024 Deployed 4 portable cardiac monitors	1/30/24
		Educatio		ad to augraphy working aligible	
		and targe mechanis	eted staf sms. Th	ed to currently working eligible if and providers using multiple lese mechanisms included eam, huddles, 1:1, and/or flyers	
		used by o	departm ce of the	ent leaders and with the Center for Clinical	
		Departm	ent hudo	ducation). Emergency dles occur at the start of each orking shift start times include	
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(/Zam, Bam, 11am, 1pm, 3pm, and 7pm). Shift huddle tactic used to educate 100% of working staff. Staff who have not completed required education, on paid time of (PTO), and leave of absence will complete education prior to and/or during first returned shift. Education has been incorporated into new hire and contract staff education. Education in the huddle format is used to capture 1:1 dialogue and understanding to include opportunities for teach back and questions. 12/22/2023 Education for ED nursing staff regarding process for accurately explained to the contract of the contract o	DEPARTMENT OF HEALTH AND HUMAN SERVICES		APPROVED
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shift huddles.			
ORM CMS 2557/02 00) Provious Versions Obsoleta Frank ID 555044		shift huddles.	
ORM CMS-2567(02-99) Previous Versions Obsolete Event ID: EE0P11 Facility ID: 943349 If continuation sheet Page 305 of 38-	FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: EE0P1	1 Facility ID: 943349 If continuation sheet Page	e 305 of 384

2/6/24

 2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on regarding ligature risk definition and documentation

Monitoring for Compliance/Audit Details:

Monitoring and tracking procedures were implemented to ensure that the POC is effective and that the specific deficiency cited remain corrected and in compliance with the regulatory requirements.

Daily monitoring of performance for the following:

- Arrival to Triage Times for walk-in and EMS
- Arrival to EKG order-tocomplete per policy/protocol
- Pain Medication assessment/ reassessment per policy/protocol
- CIWA assessments per policy/protocol
- Realtime escalation of patient safety concerns
- CT order to exam

Sustained Compliance Audits to Ensure POC is Effective:

Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)

- The goal of our audit is to reach a minimum of 90% compliance with 100% remediation of outliers/deviation from process.
 There will be review and remediation specific to outliers for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant arrival-to triage times per policy/protocol
- Denominator = 70 observation per month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring and tracking of EKG order-tocompletion per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant EKG orderto-completion per policy/protocol audits

Denominator = 70 audits/month

 Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant ECG monitoring and timely initiation of monitoring per policy/ protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of pain medication assessment/reassessment per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant pain medication assessment/reassessment per policy/protocol audits
 Denominator = 70 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of CIWA assessments per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant CIWA assessments per policy/protocol audits Denominator = 30 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team

- Facilitation of early event identification for timely investigation/action as appropriate
- Monitor for trends
- Ensures routing of events to appropriate parties for review

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & M				FORM APPROVED OMB NO. 0938-0391
CENTERS FOR MEDICARE & M	WEDICAID SERVICES		Results reported through Quality Council, Medical Executive Com (MEC), and Board of Trustees (I Process improvement initiative – Tracking CT order-to-exam average time and trendoutliers Escalation of pending CTs via in communication tool. Outliers are reviewed by interdisciplinary tea Results reported through Quality Council, Medical Executive Com (MEC), and Board of Trustees (I Owner: Chief Nursing Officer/ACNO/VP Emergency Services	/ nmittee BOT) g ED ding sternal e m / nmittee
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
	340002	B. WING		C 12/09/2023
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	

PRINTED: 02/01/2024

(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A1100	The hospital must me	e 242 eet the emergency needs of e with acceptable standards	A1100			
	Based on policy review incident report review Services (EMS) trip reprovider interviews, the services of the s					
	The findings included	:				
	to ensure emergency provided according to by failing to accept particles evaluate, monitor and emergency department and/or lack of triage, implementation of ordand medication order	ent patients to prevent delays nursing assessment, and ders, including lab, telemetry as for eleven (11) of 35 wed (Patient #'s 92, 83, 43,				
	Standard: Tag 1101.	5 Emergency Services		Subject of Deficiency: A 1101		
A1101	ORGANIZATION AND CFR(s): 482.55(a)	D DIRECTION	ı	Emergency Department (ED) nursing sta to ensure emergency care and services of provided according to policy and provide	were	
	Organization and Dire services are provided			by failing to accept patients upon arrival to ED, evaluate, monitor and provide treatmemergency department patients to prevelland/or lack of triage, nursing assessmen	to the nent to nt delays	
		not met as evidenced by: ew, medical record review,	į	implementation of orders, including labor telemetry and medication orders.		
XIES AND PLAN OF C	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	LETED
		340002	B. WING		12/0	C 09/2023

SUPPLIER

PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391

STREET ADDRESS, CITY, STATE, ZIP CODE

509 BILTMORE AVE HOSPITAL AND ASHEVILLE SURGERY CE ASHEVILLE, NC 28801 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Plan of Correction: A1101 Immediate Actions Taken Continued From page 243 Upon receipt of the recommendation of incident report review, EMS trip report review, Immediate Jeopardy by the onsite surveyors and staff and provider interviews. Emergency under the Conditions of Participation (COP) of Department (ED) nursing staff failed to ensure Emergency Services, Patient Rights, and emergency care and services were provided Nursing Services on 12/1 the following actions according to policy and provider orders by failing were taken to mitigate the findings: Monitoring of patient condition beginning with to accept patients upon arrival to the ED, RN triage, vital signs are obtained by providing evaluate, monitor and provide treatment to qualified personnel for ongoing rounding. emergency department patients to prevent delays Arrival to triage – implementation of time and/or lack of triage, nursing assessment, and stamp process to capture accurate implementation of orders, including lab, telemetry arrival times including rapid triage and medication orders for eleven (11) of 35 process patient records reviewed (Patient #'s 92, 83, 43, 12/1/23 12/1/23 Education - Staff were 28, 27, 29, 6, 1, 2, 12 and 26). educated that patients arriving to the ED need to be seen and The findings included: care promptly assumed with a goal of 10 minutes upon Review on 12/06/2023 of the hospital policy arrival. "Triage - Emergency Department 1PC.ED.0401" 12/1/23 12/1/23 Timestamp revised 07/2023 revealed, "...DEFINITIONS: ... A. implementation process -Triage Assessment: The dynamic process of Education for staff regarding sorting, prioritizing, and assessing the patient and process for accurately is performed by a qualified RN (Registered reflecting patient time of arrival Nurse) at the time of presentation and before to time of triage 12/1/2023 Triage line of >3 registration. This is a focused assessment based 12/1/23 patients prompt escalation on the patient's chief complaint and consists of pathway for additional support information, which is obtained that would enable 12/2/2023 Timely and frequent the Triage RN to determine minimal acuity. A real-time structured rapid or comprehensive triage assessment is communication involving ED completed, with a goal of 10 minutes, on arrival to CNC/ED leadership oversight the emergency department. 1. A rapid triage to include safety, patient assessment is composed of airway, breathing, throughput, pending circulation and disability, general appearance, medications, reassessments, eliciting symptom driven presenting complaint(s), diagnostics, and all and any pertinent objective and subjective escalations via internal data/assessment from the patient or parent or communication tool. caregiver. 2. A comprehensive assessment, Arrival to EKG-10 min performed on each patient that presents to the 12/1/23 12/1/2023 Staff education with emergency department, is a focused physical attestation assessment including vital signs, pain scale, 12/2/2023 Timely and frequent real-time structured communication regarding review and escalation of outstanding EKG orders

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB NO. 0938-03
	involving ED CNC/ED
	leadership oversight.
	Post Medication Administration
	Assessment Completed as indicated
	4.5/5/55.55.46.41.41.41.41.41.41.41.41.41.41.41.41.41.
	o 12/2/2023 Staff education with 12/2/23
	attestation
	 12/2/2023 Timely and frequent
	real-time structured
	communication regarding
	review and escalation of
	outstanding pain
	reassessment post medication
	administration involving ED
	CNC/ED leadership oversight.
	Order to lab draw-30 minutes
	o 12/2/2023 Timely and frequent
	real-time structured
	communication regarding
	review and escalation of
	outstanding order to lab
	collection involving ED
	CNC/ED leadership oversight.
	 Provider response to emergent needs
	when escalated
	o 12/2/2023 Letter sent from
	CMO and Chief of Staff to all
	hospital-based providers who
	render care in the ED
	Timely and frequent structured real time
	communication involving ED CNC/ED
	Leadership oversight to include: safety,
	patient throughput, pending
	medications/reassessments/diagnostics
	and escalations via internal
	communication tool.
	o 12/2/2023 CNO and VP 12/2/23
	Emergency Services meeting
	to level set on CNC
	expectations
	ED tracking board enhancements to
	include vital signs, telemetry, pain
	reassessment, and EKG icons
	o 12/2/2023 EKG icon education 12/2/23
	boost
	o 12/21/2023 Stethoscope icon 12/21/23
	12/26/2022 Talamatry
	12/20/23
	• 12/6/2023 Multi-disciplinary team with 12/6/23
	ER staff, facility executives, CSG, patient
	access, performance improvement, to
	develop a process to off-load EMS
	12/7/23 Deployed inpatient tech to assist
	Emergency Department Staff with vital
	sign reassessments in the Internal
	Processing Area (IPA). (This measure
FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: EE0P11	Facility ID: 943349 If continuation about Page 344 of 3
Ortivi CiviC-2507 (02-35) Fravious Variations Obsolete EVent ID: EE0PT1	Facility ID: 943349 If continuation sheet Page 311 of 3

		0.0938-0391
	was in place through the implementation	
	of the front-end redesign).	
•	12/6/2023 Multi-disciplinary team with	12/6/23
	ER staff, facility executives, CSG, patient	
	access, performance improvement, to	
	develop a process to off-load EMS	
	12/14/2023 Instituted rapid triage	
	process	12/14/23
_	12/14/2023 Provider alterations in	10/14/02
•		12/14/23
	workflows including the printing of	
	discharge instructions to decrease	
	patient disposition to depart metric and	
	improve throughput.	
•	12/9/2024 Trial EMS off-load location	
	set-up	
•	12/12/23 Explored alternate inpatient	12/12/23
	treatment locations to increase inpatient	
	capacity and decrease ED holds. This	
	resulted in halting the remodel of A3	
	West (38 beds) inpatient unit and the	
	area was prepared for reopening. This	
	allows for increased inpatient capacity,	
	decreased number of emergency department holds, which reduced ED	
	volume and allows ED staff to be free to	
	care for ED patients. D2 (20 beds) was	
	identified as an additional overflow	
	treatment area. These areas are staffed	
	with acute care inpatient nurses	
•	12/13/2023 Trial EMS off-load process	
•	12/14/2023 Tracking and trending of	12/14/23
	implementation of EKG orders	12/14/23
•	12/20/2023 ED CMU escalation pathway	12/20/23
	education and implementation	
	12/29/23 A3W unit (38 beds) opened to	10/00/00
	increase inpatient capacity, reduce the	12/29/23
	overall inpatients being held in the	
	Emergency Department, which reduced	
	ED volume and allows ED staff to be	
	free to care for ED patients. Also, during	
	this time D2 (20 beds) was utilized	
	intermittently as needed in response to	
	increases in inpatient volumes. These	
	areas are staffed with acute care	
	inpatient nurses.	
	oing Actions:	
	ring of patient condition beginning with	
	ge, vital signs are obtained by providing	
qualifie	ed personnel for ongoing rounding.	
•	Timely and frequent structured real time	
	communication involving ED CNC/ED	
	Leadership oversight to include: safety,	
	patient throughput, pending	
	medications/reassessments/diagnostics	

	and escalations via internal	
	communication tool.	1/5/04
	o 1/5/2024 direction was given	1/5/24
	for closed loop communication	
	within 60 minutes of escalated	
	barriers via internal	
	communication tool	
	ED tracking board enhancements to	
	include vital signs, telemetry, pain	
	reassessment, and EKG icons	
	o 2/1/2024 EHR enhancement	2/1/24
	of visual cue at 30 minutes to	2/1/24
	prompt staff to better capture	
	post-medication administration	
	assessments	
	 1/20/2024 Meeting between Radiology, 	
	ED, and Quality Leadership to review	1/20/24
	ED current processes and	
	opportunities. Applicable actions taken	
	from that meeting include:	
	o 1/25/2024 Modification of HCG	1/25/24
	order process to streamline	1/23/24
	results	
	o 1/30/2024 Structured	1/30/24
	communication to close loop	
	on identified opportunities for	
	improvement	
	o 1/30/2024 Standardized	1/20/24
	process to facilitate patient	1/30/24
	readiness for CT	
	1/22/2024 Regional EMS Coordinator	1/22/24
	hired for coordination and	
	communication with EMS	
	1/26/2024 Process implemented to	1/26/24
	evaluate ED CMU tech staffing during	
	peak hours	
	1/30/2024 Escalation of pending CTs	
	via internal communication tool	
	beginning with RN triage, vital signs are	
	obtained by providing qualified	
	personnel for ongoing rounding.	
	1/30/2024 ED triage process/workflow	
	enhancement launched with ED front	1/20/04
	end re-design	1/30/24
	o 1/5/2024 Process in place to	
	evaluate need for additional	1/5/24
	triage RN during peak hours	
	o 1/5/2024 Developed triggers	
	for triage escalation and	1/5/24
	posted at triage desk	
	o 1/5/2024 Assessment/Re-	1/5/24
	assessment policy review	1/3/24
	o 1/11/2024 Due diligence walk	1/11/24
	through with ER Operations	·
	and IT	
	o 1/11/2024 Front-end	1/11/24
	5 I/TI/2021TIOIR ONG	
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FORM CMS-2567	7(02-99) Previous Versions Obsolete Event ID: EE0P11	Fac	cility ID: 943349		If continuation sheet Page	31/Lof 38/
				0	education 1/18/2024 Worked with	1/18/24
				0	1/18/2024 Standardization and escalation of Pharmacy order verification under the MAR	1/18/24
					participation during 1/30 go- live	
				0	1/18/2024 Confirmed Team Health Leadership	1/18/24
				0	1/23/2024 Standardization of supply carts	1/23/24
					provider meeting by ER Medical Director	
				0	1/18/2024 Front-end education of ER providers in January	1/18/24
					responsibilities review	
					multidisciplinary team education and roles and	1/17/24
				0	provided 1/17/2024 Front-end	1/17/04
				0	1/17/2024 Per staff request, 3 additional vital sign machines	1/17/24
					front-end area	
				0	and pre-arrivals 1/17-29/2024 Reconfigured	1/29/24
					patients with unassigned beds in waiting room, EMS entrance	
					allow total visibility of ER	
					monitor to Air Traffic Control (ATC) desk to display and	
				0	for 4 portable cardiac monitors 1/16/2024 Added additional	1/16/24
				0	1/16/2024 Capital PO issued	1/16/24
					new lab order process to expedite results for HCG	
					operations, IT agreement to	
				0	1/15/2024 IT refresh complete 1/16/2024 MD, Lab	1/16/24
					printer in room 115	1/15/24
				0	room 32 1/15/2024 Addition of script	1/15/24
				0	1/13/2024 Mock set-up of	1/13/24
					BioMed for wall mounted cardiac monitors	
				0	1/12/2024 Walkthrough with	1/12/24
					organization and set-up of Critical Supply Room	
				0	1/12/2024 Staff participated in	1/12/24
					Operations Council	
					assessment policy approved by CNO and Nursing	.,
				0	1/12/2024 Assessment/Re-	1/12/24
					multidisciplinary team design session	
		i e				

				pharmacy to standardize	
				medication storage units	
			0	1/18/2024 Added medication	1/18/24
				refrigerator to the medication	1/10/24
				storage unit	
			0	1/18/2024 Educate staff on	1/18/24
				defined roles/responsibilities	
				and standard work flow	
			0	1/19/2024 Designated location	1/19/24
				for discharge paperwork and	
				standardized process	
			0	1/22/2024 Streamlined	1/22/24
				laboratory process for COVID,	1/22/24
				Flu, and RSV to improve	
				timeliness of results	
			0	1/23/2024 Confirmed 100% of	1/23/24
				providers received education	
				on front-end process re-design	
				1/24/2024 Front-end	1/24/24
				multidisciplinary team Go/No	
				Go meeting with decision to	
				move forward	
				1/25/2024 Launch discharge	1/25/24
				print button to support greater	
				efficiency for the providers to	
				print discharge instructions	
				1/26/2024 Greet tracker	1/26/24
				installed in provider area	
				1/26/2024 Streamlined	1/26/24
				laboratory process to expedite	
				results for HCG	
				1/26/2024 6 workstations on	1/26/24
				wheels (WOW) deployed for	
				provider and CNC	
				documentation efficiency	
				(decreased time from arrival to	
				first clinical order)	1/20/24
			0	1/29/2024 Increased staff	1/29/24
				efficiency by stocking blood culture bottles in all areas	
				1/30/2024 Created intake	
			0	teams to perform MSE,	1/30/24
				nursing documentation, and	
				implement initial interventions	
				in Internal Processing Area	
				(IPA)	
				1/30/2024 Deployed 4 portable	1/30/24
			O	cardiac monitors	1/30/24
				ca. a.do momento	
		Edu	cation:		
				ed to currently working eligible	
				and providers using multiple	
		med	hanisms. The	ese mechanisms included	
				am, huddles, 1:1, and/or flyers	
				ent leaders and with the	
FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: EE0P11	Facility ID	0: 943349	If continuation sheet Pa	ge 315 of 384

). 0938-0391
Advance Departm working (7am, 9a huddle to staff. Stafeducation absence during fincorpor education used to o	ce of the Center for Clinical ement (education). Emergency then thuddles occur at the start of each shift. Working shift start times include am, 11am, 1pm, 3pm, and 7pm). Shift actic used to educate 100% of working aff who have not completed required an, on paid time off (PTO), and leave of a will complete education prior to and/or rest returned shift. Education has been ated into new hire and contract staff and. Education in the huddle format is capture 1:1 dialogue and understanding e opportunities for teach back and is.	
•	12/2/2023 Education for ED nursing staff regarding process for accurately capturing patient arrival time for both walk in and EMS arrivals	12/2/23
•	12/2/2023 Education provided to ED CNCs/ED Leadership regarding timely escalations and departmental oversight 12/2/2023 ED nursing staff education	12/2/23
•	regarding timely triage for both walk in	12/2/23
•	and EMS patient arrivals 12/2/2023 ED nursing staff educated regarding EKG completion timely per	12/2/23
•	policy/protocol 12/14/2023 ED nursing staff education with attestation post-opiate medication administration assessment	12/14/23
•	12/21/2023 ED nursing staff education regarding telemetry order initiation	12/21/23
•	12/21/2023 ED nursing staff education regarding telemetry initiation escalation process	12/21/23
•	12/21/2023 Education/resource binder created for ED Central Monitoring Unit (CMU) staff	12/21/23
•	12/21/2023 ED nursing and ED CMU staff educated regarding CMU escalation pathway	12/21/23
•	1/15/2024 ED nursing staff focused education on pain assessment/re-assessment, EKG Order to complete, lab order to collect, Arrival to Triage for EMS and Front Entrance Patients (Triage), escalation process, and telemetry cardiac monitoring through 1:1 conversations with nursing staff completed by education team	1/15/24
•	1/18/2024 All ED staff education (all staff) for front-end redesign, order to collect, arrival to triage, arrival to greet, greet to first order	1/18/24
•	1/18/2024 Provider education for front- end redesign	1/18/24

FORM	0: 02/01/2024 MAPPROVED 0: 0938-0391
	2/2/24
2/2/2024 ED nursing staff Clinical Institute Withdrawal Assessment	2/2/24
(CIWA) remedial education provided via shift huddles.	
	2/6/24
 2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on 	2/0/21
regarding ligature risk definition and	
documentation	
documentation	İ
Monitoring for Compliance/Audit Details:	
Monitoring and tracking procedures were	İ
mplemented to ensure that the POC is effective	
and that the specific deficiency cited remain	
corrected and in compliance with the regulatory	
requirements.	
Daily monitoring of performance for the	
following:	İ
 Arrival to Triage Times for 	İ
walk-in and EMS	
 Arrival to EKG order-to- 	
complete per policy/protocol	
 Pain Medication assessment/ 	
reassessment per	
policy/protocol	
 CIWA assessments per 	İ
policy/protocol	
 Realtime escalation of patient 	
safety concerns	
 CT order to exam 	İ
Sustained Compliance Audits to Ensure POC is	İ
Effective	
Monitoring and tracking of arrival-to-triage times	İ
per policy/protocol (walk in and EMS)	
 The goal of our audit is to reach a 	İ
minimum of 90% compliance with	İ
100% remediation of	İ
outliers/deviation from process.	İ
There will be review and	İ
remediation specific to outliers for	
3 months, with quarterly	
monitoring for subsequent 4	
quarters.	
•	
Numerator = # of compliant strivel to trigge times per	
arrival-to triage times per	
policy/protocol	
 Denominator = 70 observation per 	
month	
 Results reported through Quality 	
Council, Medical Executive Committee	
(MEC) and Deard of Trustees (DOT)	i i

(MEC), and Board of Trustees (BOT)

Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with

Monitoring and tracking of EKG order-to-

completion per policy/protocol

- quarterly monitoring for subsequent 4 guarters.
- Numerator = # of compliant EKG orderto-completion per policy/protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol

Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.

- Numerator = # of compliant ECG monitoring and timely initiation of monitoring per policy/ protocol audits Denominator = 70 audits/month
- Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of pain medication assessment/reassessment per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant pain medication assessment/reassessment per policy/protocol audits
 Denominator = 70 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Monitoring of CIWA assessments per policy/protocol

- Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters.
- Numerator = # of compliant CIWA assessments per policy/protocol audits Denominator = 30 audits/month
- Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)

Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team

 Facilitation of early event identification for timely investigation/action as appropriate

DEPARTMENT OF HEALTH AND HUMAN SERVICES	FORMAPPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB NO. 0938-0391
	 Monitor for trends Ensures routing of events to appropriate parties for review Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)
	Process improvement initiative – Tracking ED CT order-to-exam average time and trending outliers • Escalation of pending CTs via internal communication tool. Outliers are reviewed by interdisciplinary team • Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT)
	Owner: Chief Nursing Officer/ACNO
	Owner: Chief Nursing Officer/ACNO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/01/2024

CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO.	0938-0391
CENTERS FOR MEDICARE & N	MEDICAID SERVICES			OMB NO.	0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002		A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DATE SI COMPLE C	ETED
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/01/2024

FORM APPROVED

(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A1101	Continued From page	244	A1101			
711.101		rent complaint, current	ATTOT			
		e to infectious disease, and				
	· ·	l/surgical history B.				
		The Emergency Severity				
		evel emergency department				
	, ,	that provides clinically				
		of patients into five groups				
		to 5 (least urgent) on the				
	basis of acuity and re	source needs. C.				
	Reassessment - A pro	ocess of periodic				
	re-evaluation of the pa	atient's condition and				
		d during the initiation of				
		ment components may				
		the following: vital signs, a				
		essment, pain assessment,				
	general appearance,					
		atments. Reassessment				
		ening exam are performed				
	• •	Nurses) according to acuity				
	~ .	condition. D. Vital Signs - nel determine the stability of				
		those that are that are				
	-	reatening situations or who				
	-	ories. Usually refers to				
		ite, respiratory rate, and				
		include pulse oximetry for				
	patients presenting w					
	-	omise, and pain scale for				
	those patients with pa	ain as a component to their				
	presenting complaint.	PROCEDURE: B. All				
		r care will be evaluated by				
	an RN. This RN shou	ld complete a brief				
		ent, including immediate				
		ent's airway, breathing, or				
		re is no bed available, the				
		ait in the lobby. While in the				
		ssment and vital signs				
should be documented in the health record in accordance with documentation guidelines"						
	accordance with docu	urnentation guidelines"				
OTATE: 451 = 5	DE DEFINITION OF C	(V4) PDOVIDED/OURE (5)	()(0) MI !! T!D: -	CONCEDUCTION	(/(0) 5 4 = =	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE S COMPL		
			A. BUILDING _			
		340002	B. WING		12/0	09/2023
				<u>—</u>	. 12/1	EUEJ

NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(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 DEFICIENCY)	(X5) COMPLETION DATE	
A1101	Continued From page 245	A1101			
	Review on 12/09/2023 of the "Assessment and Reassessment" policy revised 06/2021 revealed, " PURPOSE: A. The goal of the assessment/reassessment is to provide the patient the best care and treatment possible The nursing process is utilized in order to achieve this goal. This process includes assessing, analyzing, planning, implementing and evaluating patient care or treatment DEFINITIONS: A. Assessment: The multidisciplinary assessment process for each patient begins at the point where the patient enters a (facility name) facility for care, and in response to changes in the patient's condition The assessment will include systematic collection and review of patient-specific data necessary to determine patient care and treatment needs. B. Reassessment: The reassessment process is ongoing and is also performed when there is a significant change in the patient's condition or diagnosis and in response to care SECTION VI: EMERGENCY DEPARTMENT: A. Patients should be triaged following guidelines set forth in the system Triage Policy (1PC.ED.0401), including documentation of required elements within the electronic medical record (e.g. Vital signs, Glasgow Coma Scale (GCS)). B. The priority of data is determined by the patient's immediate condition. On arrival to unit, an initial assessment is initiated and immediate life-threatening needs are determined with appropriate interventions implemented. C. Patient assessment should be performed based on the developmental, psychosocial, physiological, and age-specific needs of the individual. D. Focused patient history and physical assessment are based on patient's presenting problem(s) including individual				

AND DUAN OF CORRECTION		` '	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED		
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		340002	B. WING			12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	I MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
MEMORIA	E IIIIOOION 11001 11AE A	ACTIEVIELE CONCERT CE		ASHEVILLE, NC 28801			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COF	/IDER'S PLAN OF CORRECTION (X		
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX			COMPLETION DATE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A	APPROPRIATE	5/112	
A1101	Continued From page		A11	01			
		oility. E. Reassessment: 1.					
		going and may be triggered					
		s and at intervals based on					
	the needs of the patie						
	assessment/reassess						
		upon patient condition or					
		diagnosis, and/or patient					
	• •	I four hours. Interventions					
	may warrant more fre	equent assessments"					
	1. Closed medical red	cord review on 12/09/2023 of					
		a 69 year-old male that					
		rgency department on					
		ia private vehicle with a chief					
	complaint of chest pa	in. The patient was triaged					
	at 1155 with a chief c	omplaint of "Woken from					
	sleep at 0400 with mi	dsternal chest pain,					
	described as sharp a	nd pressure. No SOB					
	(shortness of breath)	, arm/jaw/back pain, or					
		g). H/o (history of) colon CA					
		netastasis) to the lung,					
		erapy" Review revealed					
		essure (BP) 125/60, pulse					
		T) 97.4 degrees Fahrenheit,					
		2 Sat) 97% and a pain level					
		1-10 with 10 the worst).					
		age level of 2 (level 1 most					
		ealed a Medical Screening					
		vsician was started in the					
	waiting room area at						
	• •	orded the patient's chest					
		g and waning, coming in out five minutes at a time.					
	_	an to conduct an ED chest					
		g a chest x-ray, EKG and					
	labs including CBC, of						
	troponin, and adminis						
		fferential diagnosis of GERD					
		eflux disease), referred					
	(gastroesopriageal le	max disease), referred					

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
						С	
		340002	B. WING			12/09/2023	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	. MOOION HOODITAL A	ND AGUEVILLE GUDGERY OF		509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
A1101	Continued From page	e 247	A11	01			
A1101	(acute coronary synd for PE (pulmonary entachycardia, hypoten (deep vein thrombosi revealed the ED physadmission for further risk factors. Review revealed labs were of 1320 and resulted at troponin result of 0.00 revealed a physician's continuous ECG (teles Review of the ED received that continuous ECG the ED. A chest x-ray resulted at 1246 with was completed at 122 rhythm with prematur with no changes whe EKG done in 2022 pet troponin resulted at 1 baby aspirin was adn 1334. A second tropic resulted at 1704 as 0 second EKG completed that 1704 as 0 second EKG completed that 1704 as 0 second EKG completed that 1704 as 0 second EKG completed that 1704 as 0 second EKG completed at	culoskeletal chest pain, ACS lrome), with lower suspicion nbolus) given no sion, or evidence of DVT is) on exam. Review sician recommended chest pain workup based on of physician's orders rdered at 1218, collected at 1332. Review revealed a	A11	01			
	no nursing assessmedocumented after the	ent/reassessment					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′			(X3) DATE :	SURVEY LETED
		340002	B. WING				D 9/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		12/	30/2020
MEMORIA	I MICCION LIGORITAL A	AND AGUEVILLE GURGERY OF		509 BILTMORE AVE			
WEWORIA	L MISSION HOSPITAL F	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
A1101	Continued From page	e 248	A11	01			
	Morphine (narcotic pintravenously (IV) at level of 4. There was patient's pain and no patient's condition by moved from the waiti orange pod (admission 1937. Nitroglycerine was administered by level of 10 at 2013. Freassessment of the medication interventiassessment of the padocumented. The patient telemetry at 2111 who Atrial Fibrillation with (abnormal heart rhyth completed at 2110 reconsider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider lateral injury ACUTE MI / STEMI (heart attack) ** **" Cardiovascular Consider laterala	ain medication) 2 milligrams 1703 by a medic for a pain is no reassessment of the documentation of the documentati					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING_			C 1 2/09/2023
NAME OF P	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CODE		
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A1101	Continued From page	e 249	A11	01		
ATIOI	Interview on 12/09/20 revealed Patient #92 triage and should have hours at a minimum, two and with any charcondition. Interview of developed chest pair and no nursing assess were documented in revealed continuous the patient at 1218 aron the patient at 1218 aron the patient in the Etelemetry was placed the patient transferre. Patient #92 presente on 11/09/2023 at 114 assessed by a nurse at 1155, or with a charpain medication was patient was never plain the ED as ordered patient was transferred placed on telemetry at to be in atrial fibrillation prompting a STEMI Counderwent an emerging at 2249. ED nursing ongoing assessment and follow physician's continuous telemetry ensure policies and primplemented. 2. Review on 11/17/22	was identified as a level 2 re been assessed every four every two hours for a level nge in the patient's revealed the patient and required interventions sments or reassessments the ED record. Interview telemetry was ordered for nd telemetry was not placed ED. Interview revealed the on the patient at 2111 once d to the medical floor. d to the ED with chest pain 9. The patient was not after triage was completed ange in condition, or after administered at 1703. The ced on continuous telemetry by a physician at 1218. The ed to a medical floor and at 2111 when he was found on with rapid ventricular rate, code Activation. The patient ency cardiac catheterization staff failed to provide of the patient's condition s orders for application of . Nursing staff failed to	A11			
	efficient testing service	SE: To provide timely and ces for routine, critical and EFINITIONS: Turn Around				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
						С
		340002	B. WING			12/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMODIA	I MISSION HOSDITAL A	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
WEWORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801		
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A1101	Continued From page	e 250	A11	01		
	Pre-analytical Phase order entry by the car in the Laboratory. Ma controlled by the Lab the period between s Laboratory and result LaboratorySTAT: a life-threatening reque possible. Synonymoutests will be performed specimen quality and requests will be manafirst-in, First-out (FIF facilitate rapid and eff specimens through the also prioritized based meet defined turn-ard STAT requests:ST specimens and shoureceipt until result rephandling or testing. In for most tests is 45-5 receipt Response Staff will immediate	eporting. Categorized as: : the period between test regiver and specimen receipt ay be influenced, but not oratory. Analytical Phase: pecimen receipt in the t reporting. Controlled by the an emergent, potentially set. NOW: as soon as us with ASAP. POLICY: All ed without delay to maximize d integrity. STAT, NOW aged as priority situations. FO) processes are utilized to ficient movement of the system. Requests are d on the following criteria to bound times:Response to faTS take priority over other ld be managed from time of corting with no interruption in the general, the maximum TAT to minutes from order to NOW/ASAP requests: ely process the specimen,				
	be available within (1 receipt TAT Summ	verify results. Results should) one hour from specimen nary (Inpatient): STAT, Time t 45-50 minutes. NOW, Time eipt 1 hour. "				
	revealed Patient #83 patient who arrived a (ED) via emergency of 11/28/2023 at 1216 w dizziness from her do	rd review on 12/06/2023 , a 74-year-old female t the emergency department medical services (EMS) on vith a chief complaint of octor's office. Patient #83 //D #1 on arrival and at 1218				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
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		340002	B. WING			12/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
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PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETION DATE
A1101	Continued From page	e 251	A11	01		
	a comprehensive me	tabolic panel (CMP)				
	[includes serum gluco	. , ,				
		red as STAT (an emergent,				
	potentially life-threate	`				
	·	nitoring. At 1259 Patient #83				
		od (for the most acute				
		d-17. At 1309 the first set of				
	vital signs was record					
		art rate 84, respirations 19,				
	blood pressure 225/8	8, and oxygen saturation of				
	93 percent on room a	ir. At 1316 RN #3				
	completed a nursing	triage assessment and				
	Patient #83 was give	n an emergency severity				
	index (ESI) [level 1 as	s the most urgent and 5 as				
	the least urgent] of 3-	urgent. Review of the CMP				
		STAT lab was collected at				
		ur and 40 minutes after the				
		e blood specimen arrived at				
	_	2, and resulted at 1532 (3				
		s after the STAT order was				
	-	glucose resulted of 1137				
	(high normal range 1					
		11/28/2023 at 1626 by ED				
		P) #5 revealed a new order				
	·	lication to reduce serum				
		o be started (54 minutes				
		resulted). At 1709 an Insulin				
	· · · · · · · · · · · · · · · · · · ·	Patient #83 by the RN #3. At				
		NP #6 placed a continuous				
	telemetry monitoring					
		signs every 2 hours while in				
	the ED. At 1908 ED N					
	Glycosylated Hemog					
		nours after ordered). At 2109				
	Patient #83 was mov					
	Holding-Orange Pod-	•				
	l -	9 Hospitalist MD #9 ordered				
		/2 NS with KCL (Dextrose,				
	Normal Saline, and P	otassium Chloride Solution).				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	COMB	
		340002	B. WING			C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		12/03/2023
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1101	Continued From pag	e 252	A11	01		
	Acid (carries oxygen parts of your body) le "nurse collect" for Pa ordered to suspend was made to the His approximately 0200 "Unfortunately patisince 5pm without cor repeat blood work staff was previously later on did let provio obtaining blood work D51/2NS KCL fluid f have no blood work, patient will suspend blood work is back to insulin drip infusion the IV with D51/2NS 27 minutes after ord Insulin IV was suspend Patient #83's Insulin resumed (56 minute	by MD #9 which revealed ent has been on insulin drip portinuous fluid administration at, it is currently 2 am, Nursing contacted requesting these, der know there was difficulty as well as delay in obtaining rom pharmacy. Given we no fluids, for the safety of the insulin drip at this time, until to ensure appropriateness of a currently and the company of the compan				
	to a Stepdown Unit. revealed no evidence monitoring or vital significated in the ED by Lactic Acid "nurse conever drawn while the inpatient floor, at 0127 NOW Lactic Acid the ED and reordered "lab collect". The Gly that was ordered 11/1/29/2023 at 0743 after ordered) with re-	Patient #83 was transported Review of the ED record e that continuous telemetry gns every 2 hours were a nurse, further the NOW ollect" order at 0127 was be patient was in the ED. On 0529, RN #11 cancelled the old order "nurse collect" from d the NOW Lactic Acid order recosylated Hemoglobin NOW (28/2023 at 1908 resulted on (12 hours and 35 minutes esult of 12.3 (normal high				
	range 6.3). At 0844 t	he Lactic Acid was drawn (3 s after it was ordered), was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING ———————————————————————————————————			(X3) DATE SURVEY COMPLETED			
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1200/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1101	in the lab for process 1108 (5 hours and 39 "7.48" (high normal for computer system aut additional Lactic Acid collected at 1119 and processed at 1148. At a blood pressure of 136. At 1158 Rapid Repatient #83. At 1206 At 1213 blood pressure 1225 a Levophed (mblood pressure) IV in interosseous to incret 1245 the blood pressure 1245 the blood pressure 1247 Patient #83 waventilation), at 1250 It to the medical intens second Lactic Acid resultation that we will be a second Lactic Acid resultation at 11.96". After discussing the cardiopulmonary 11.96". After discussing a expired on 11/30 Review on 12/06/202 Analysis (Incident Resultation) at 1250 It was a "Delay in Caretimely response to Odescription "A NOW placed at 0529. Lab win lab at 0907. Critical reported at 1108. ME (within the hour), the to be intubated at been street in the second at the lab at 0907. Critical reported at 1108. ME (within the hour), the to be intubated at been street in the second at the lab at 0907. Critical reported at 1108. ME (within the hour), the to be intubated at been street in the second at 1108. ME (within the hour), the to be intubated at been street in the second at 1108. ME (within the hour), the to be intubated at been street in the second at 1108. ME (within the hour), the to be intubated at been street in the second at 1108. ME (within the hour), the to be intubated at been street in the second at 1108.	ing at 0907, and resulted at minutes after ordered) as or lactic acid was 2.1). The omatically reordered an lorder by default and was discussion was in the lab to be at 1146 RN #12 documented 41/67 with respirations of esponse was called for blood pressure was 65/40. In the was recorded at 68/40. At redication used to increase fusion was initiated via ase her blood pressure. At ure was 126/84 at 98 reation while the patient was agged at the bedside. At a intubated (mechanical patient #83 was transferred five care unit. At 1256 the resulted as critically high sion with the family, hanged Patient #83 Full to Limited Resuscitation with resuscitation (CPR). Patient 1/2023 at 1337.	A11	01		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		24000	B. WING		С
NAME OF D	ROVIDER OR SUPPLIER	340002	b. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	12/09/2023
NAME OF FI	COVIDER OR SUFFLIER			509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	SE COMPLETION
A1101	Continued From page	254	A110	1	
	Patient Safety Report	nptly follow orders" This was still in process. Review Patient #83 had a delay in			
	Request to interview lunavailable for intervi	MD #9 revealed she was ew.			
	Request to interview lunavailable for intervi	MD #16 revealed he was ew.			
	RN #10 who cared fo Pod (location in the E revealed "I work on pulled to the ED that of don't recall this patier the labs, I would call a to get the labs if I cou				
	revealed she did rem- worked night shift. " this patient from the E medical record numb charge nurse gets an coming and will print piece it together and reordered the lab wor pending. My concern getting in contact with morning they were no device. I called the ge- one answered. I then	alert that the patient is the face sheet. I had to go through the orders. I k when I saw it was is we have had trouble the phlebotomist. That ot logged into to their imobile eneral lab number, and no			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED			
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	L	12/03/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1101	option right now.' I cat telemetry box or not, hour" Interview revaphlebotomist during before. Interview rewaltiple times to read draw NOW blood or someone. Interview Time for NOW lab or Patient #83. Interview on 12/08/20 Phlebotomist Supervaphlebotomists do not help if called. All labs "nurse collect". The eand NOW orders to a 15 minutes and to be order" Interview revand NOW orders for hospital policy for lab Interview on 12/08/20 revealed her expectate her to have continuous igns every 2 hours or revealed physician or Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83. Interview on 12/08/20 cared for Patient #83.	an't recall if she was on a I was only with her over an ealed not being able to reach g night shift had happened ealed RN #11 had called ch the lab phlebotomist to ders without reaching revealed lab Turn Around ders was not followed for 023 at 1309 with Laboratory risor #17 revealed "the t collect in the ED; we will s ordered in the ED default to expectation was for STAT be from order to collection in the resulted in an hour from realed lab collection for STAT Patient #83 did not follow	A11	01		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	340002	B. WING		12/0) 9/2023
NAME OF PROVIDER OR SUPPLIE	TAL AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
PREFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
a monitor in a hamonitor; I spent MD. The doctors CNC where patinall day,I was erevealed Patient continuous ECC monitored every physician orders #83. Interview on 12/Vice President of she could not exmonitoring or viting the ED. Interview elevate to the Elevate to the Elevate to the Elevate to the Elevate for monitoring larecord in the ED policy was not for Interview on 12/#18 revealed " day. The lactic at to see at 1016 be 1108. I don't know expectation was available. The exprocessing was and for STAT are within an hour and processing Patient #83.	page 256 ne capability to link the patient to allway bed. She wasn't on a the afternoon telling the CNC and a don't have any say, it's up to the ents are roomed. I sat behind her extremely frustrated" Interview #83 was not placed on a monitoring, nor were vital signs 2 hours. Interview revealed were not followed for Patient 08/2023 at 1230 with Nursing of ED Services, RN #20 revealed plain the lack of telemetry all signs for Patient #83 while in we revealed the ED nurse should D Charge Nurse for the need to nitor a patient in a hallway bed if illable. Further interview revealed and ED Nurse were responsible be results via electronic medical. Interview revealed hospital ollowed for Patient #83. 09/2023 at 1159 with Lab Director I do know we had a call out that cid was available for the lab tech out wasn't called to the floor until low what the delay was. The to call as soon as the result was expectation for lab collection and to follow the policy guidelines, and NOW results to be completed Interview revealed lab collection did not follow hospital policy for presented to the ED with	A110	01		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A. BOILDING	· 	С
		340002	B. WING		12/09/2023
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/03/2023
				509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)	
A1101	Continued From page	257	A110	1	
		23 at 1216. The patient had			
		work ordered at 1218 with			
		itoring. Labs were drawn at			
		minutes after ordered).			
		b at 1412 and resulted at			
		minutes after ordered).			
	_	as 1137 (critically high). s ordered at 1626 and			
		our and 13 minutes after			
	•	nd 37 minutes after the			
		ders for continuous ECG			
		1218, and vital signs every 2			
	~ .	ated in the ED. At 2349 an			
		CL was ordered that was			
	not completed until 01	157 (2 hours. and 8 minutes			
		acid was ordered NOW at			
	0127 for nurse collect	in the ED. At 0200 a			
		was a delay in labs and			
	· ·	insulin IV infusion. The lactic			
		d in the ED. At 0529 the			
	•	W, order was cancelled and			
		ect NOW on the floor. It was			
		ours and 15 minutes after			
		resulted at 1108 (9 hours			
		originally ordered at 0127) ritical high. A second lactic			
		: 1108 and resulted at 1256			
		after ordered) with a result			
	•	A rapid response was			
	called previously at 1				
	-	d ultimately expired on			
	11/30/2023.	, i			
	3. Review of the CIW	A (Clinical Institute			
		ent for Alcohol) /Alcohol			
		ctive date 07/20/2022			
		g PhaseNow ONCE,			
		with goal CIWA < (less			
	than) 15" The CIWA	/Alcohol Withdrawal Plan			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
			A. BUILDING	9	С	
		340002	B. WING		12/09/2023	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/09/2023	
TO THE OT THE	COVIDENCE OF COLUMN			509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		
A1101	Continued From page	258	A110	01		
	Reference Informatio	n included 10 questions,				
	questions 1-9 can sco	ore between 0 and 7 points				
	each question, questi	on 10, can score 0 to 4				
	points, depending on	severity of symptoms for				
		range 0-68. Questions with				
		sea/Vomiting? 2. Paroxysmal				
		Headache, fullness in				
	head? 5. Anxiety? 6.					
		tile disturbances? 9. Auditory				
		entation and clouding of				
	sensorium -Ask what	unication If CIWA > 15 for				
	•	rs, contact provider to initiate				
		hase and/or to consider				
	transfer to higher leve					
		d review on 11/16/2023				
	revealed Patient #43,					
	private vehicle on 08/					
	The state of the s	t pain, nausea, clammy,				
		t-side tingling for several				
		s a day" At 1603 triage by				
		N) #21 with vital signs:				
		art rate 97, respirations 18,				
		9, oxygen saturation of 96				
	=	and pain of 4/10 (1 beinging most pain) and was				
		ncy severity index [ESI] (level				
		and 5 as the least urgent) of				
	•	en moved to the ED waiting				
		ocessing Area) area and				
		ractitioner (NP) #22. At 1650				
		chest Xray were completed,				
		assigned to ED Medical				
		view of the ER Physician				
	Note from 08/14/2023	3 at 1727 by MD #23				
		ab, ekg and chest Xray				
	results from 08/14/20	23 did not show any critical				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE	12/03/2023
TVAINE OF T	NOVIDER OR GOLT EIER			509 BILTMORE AVE	ZII OODL	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE				
				ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)	
A1101	Continued From page	e 259	A11	01		
	results At 1732 MD #	#23 ordered a GI cocktail				
	(oral combination of r					
	,	mg orally (medication given				
		ing). An addendum to MD				
	#23's ER Report Note	- -				
		t and his mom who is now				
	accompanying him a	re updated on his results. He				
	is still in the waiting ro	oom unfortunately. I have				
	•	us) fluids, CIWA protocol				
	· ·	sedative given for anxiety				
	and seizures) as he is					
	(shaking) and diapho					
	reassessment [sic]l					
		ion" At 1841 MD #23				
		intravenous) fluids-NS				
		ary supplement/nutrient) 100				
	CIWA scale/protocol	/ STAT (immediately), and				
	•	1 vital signs were rechecked				
		mperature 98.3, heart rate of				
	103, blood pressure					
		ent on room air, the GI				
	•	were administered in the ED				
	T	7 MD #23 ordered Ativan				
	_	rgent). Per the CIWA plan				
		n orally was ordered and				
	CIWA Scale assessn	nent. The History and				
	Physical was initiated	on 08/14/2023 at 2229 by				
	Hospitalist MD #25 w	hile in the ED waiting room,				
	and new orders were	placed for aspirin orally				
	NOW, Lopressor (me	edication given in treatment				
) 12.5 mg orally, and again				
		2305 MD #25 ordered				
		rbital (medication given to				
		ng orally three times a day				
		cale reassessment was due				
	to be completed per p					
		ication administrations, IV sician orders were completed				

	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	((X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		12/00/2020	
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	JLL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLE DATE	TION	
A1101	Continued From pag	e 260	A11	01			
A1101	after 1851 for Patien room. On 08/15/2023 moved to the Red Po acute patients) room Patient #43 to have A given at 0106 by RN Report Note on 08/11 revealed "I became care after he appare where he was awaiti seizure and struck his outside of the ER (er On my evaluation, the (the period following symptoms, confusion actively seizing. He calcohol use, drinks a has been in the eme room for 9 hours and or Phenobarbital. I stalcohol withdrawal. V scan) given the patie also has a small lace repair" Record revroom orders for IV flut 1841 to 08/15/2023 at 2305 to 08/15/2023 at 2305 to 08/15/2023 at 0150 (Patient #43 were del score/assessment wo 08/15/2023 at 0437 (ordered). No CIWA documented before event with sustained	t #43 while in the ED waiting 3 at 0057 Patient #43 was od (ED area for the most 11. At 0105 MD #25 ordered Ativan 4mg IV STAT and was #27. Review of the ER 5/2023 at 0107 by MD #26 or involved in the patient's intly left the waiting room ing admission and then had a sis head on the sidewalk mergency room) entrance. The patient seems postictal a seizure, disorienting in, and drowsiness), he is not does have a history of heavy about 12 beers a daily. He regency department waiting at has not received any Ativan suspect that he seized due to a will obtain head CT (cat are the did strike his head, he reation that will require friew revealed the ED waiting and 0106 (5 hrs. and 25 min), ared on 08/14/2023 at 1947 to 15/2023 at 0106 (5 hours 19 or on one of the completed until (9 hours and 45 min) for ayed and no CIWA are completed until (9 hours and 56 minutes after score/assessment was the patient had a seizure head injury. There was no	A11				
	Patient #43 were del score/assessment w 08/15/2023 at 0437 (ordered). No CIWA s documented before the event with sustained nursing reassessment	ayed and no CIWA as completed until (9 hours and 56 minutes after score/assessment was the patient had a seizure					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE OF AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE OF ALBUILDING		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		340002	B. WING		C 12/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1200,2020
MEMODIA	I MISSION HOSDITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE	
WIEWIOKIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
A1101	Continued From page	261	A11	01	
	admitted to an inpatie	minute). Patient #43 was ent room on 08/15/2023 at etient #43 was discharged			
	report submitted by M 0443 revealed the da at 0000. Brief descripin waiting room for 9 I medications for alcohoseizure and sustained Investigator #28 Note work through ways to the waiting room during limited staffing" Fur reviewed by the hosp 11/17/2023 (3 months revealed "Suggest CIWA precautionsN with provider about the administered medical documented as "Harm	es revealed: We continue to provide care to patients in any peak times of surge and ther comments were ital Pharmacy, dated as after the event) that education to send out of Jurse could have clarified the CIWA order and tion" Level of Harm was in-required intervention" and event Recurrence: "Increase			
	MD #23 declined to b	e interviewed.			
	revealed "With the of difficult to treat patien. The goal was for delabut especially at night with delays in patient off in a more clinical amonitored" Interview	ourrent process it's still ts in the ED waiting room. The patient was better area where they can be we revealed MD #26 had tafety in the ED waiting room nt monitoring.			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	(X3) DATE SURVEY COMPLETED		
		240002	B. WING		С
	00//055 05 0//05//55	340002	D. WING		12/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
A1101	Continued From page	262	A110	1	
A1101	Interview on 11/15/20 revealed "it does had orders in the ED waiting the patient can be rocabout it. The new wait better" Interview reverence ED waiting room. Interview on 11/16/20 revealed she did not interview revealed " back to see if patients helpful. I must have lead reassessmentI we room. There are multing technicians) who get the techs notify us if a patient concerns with doctors do the same #22 cared for Patient remember doing a reamedication administration administration in the waiting the IPA area go by pralways able to do the coordinator) should be only IPA nurse and the happen now' then it's was no protocol for we patients in the waiting ED patients who are well as the interview on a patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the waiting ED patients who are well as the interview of the interview of the waiting ED patients who are well as the interview of the	ppen occasionally that any room are on hold until omed. I do have concerns ting room flow is not realed NP #36 had concerns not completed timely in the process of the proc	A110	1	
	There were only two	and medications as well. ways to know if additional a patient after IPA, the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		340002	B. WING _				C 09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801			00,2020
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	SHOULD BE COMP		(X5) COMPLETION DATE
A1101	might see "repeat tr supposed to help wimedication in the war for the reassessment part of our duties to revealed patients in assigned a nurse for monitoring. Interview reassessment in the Patient #43. Interview on 12/01/2 #35 revealed " The responsible for patiential orders were conceased the IPA nureassess patients in Interview revealed the reassessment was a Interview on 12/08/2 of ED Services, VPI not explain the lack provider orders in the revealed any new or patients in the ED wielevated to the CNC huddle (meeting viril departments to disconceds) held every 2 provider orders wou completed. Interview explain why Patient providers orders have responsed to the Patient #43, a 39-yee emergency departments.	on the tracking board, you oponin", the CNC was at the that. If I gave controlled aiting room, I am responsible at. If we are caught up it is a reassess" Interview the ED waiting room are not a reassessment and a revealed hospital policy for a ED was not followed for ED was not followed for a IPA nurse continues to be cents in the waiting room, after completed" Interview are should continue to a the ED waiting room.	A11	01			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
340002 B. WING			C 12/09/2023			
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
A1101	for several weeks, with drinks 12 beers a day patient was located in was observed by a property of the physician ordered cliw physician ordered cliw physician ordered not implemented. Mu 2100. Another order fluids and Lopressor. 2229. None of these An order written at 23 administration was not physician's note refer seizure and fall with a waiting room area. Fhad delays with nursite to implement orders, administration, and for the patient subseque with a resulting head. 4. Closed medical recrevealed Patient #28, who arrived at the emby emergency medical or/05/2022 at 0947 waltered mental status was triaged at 0950 between the pressure 175/86, oxy on room air, a pain so severity index (ESI) of Medical Doctor (MD) lab work, chest Xray and the patient was triaged at 0950 between the pressure 175/86, oxy on room air, a pain so severity index (ESI) of Medical Doctor (MD) lab work, chest Xray and the patient was triaged at 0950 between the pressure 175/86, oxy on room air, a pain so severity index (ESI) of Medical Doctor (MD) lab work, chest Xray and the pressure the patient was triaged at 0950 between the pressure 175/86, oxy on room air, a pain so severity index (ESI) of Medical Doctor (MD) lab work, chest Xray and the patient was triaged at 0950 between the pressure 175/86, oxy on room air, a pain so severity index (ESI) of Medical Doctor (MD) lab work, chest Xray and the pressure 175/86 and the press	theaded, right-side tingling th a reported history of a Review revealed the a the waiting room area and hysician to be diaphoretic. It dintravenous (IV) fluids and assment tool used for alcohol and Ativan (medication for at 1947. These orders were altivitamin was ordered at was placed at 2226 for IV Aspirin was ordered at orders were implemented. At 0107, a renced the patient had a head injury outside the ED indings revealed the patient and assessments, and failure including medication of the color of the c	A110	01		
		venous was ordered by MD				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	C	X3) DATE SURVEY COMPLETED
		340002	B. WING			C 12/09/2023
NAME OF D	ROVIDER OR SUPPLIER	0.0002		STREET ADDRESS, CITY, STATE, ZIP COD)E	12/09/2023
TVAINE OF T	KOVIDER OR OUT LIER			509 BILTMORE AVE	_	
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A1101	Continued From pag	e 265	A11	01		
	· ·	combativeness. Review of				
	-	#59 dated 07/05/2023 at				
		istory unable to be obtained				
	•	was combative with EMS				
		grams) of Versed (given for				
	, 0	He is only slightly sedated				
		at lines, not answering ollowing commands. " At				
		lood count resulted with a				
	-	nt of critical high- 32.4				
		1029 Normal Saline 1 liter IV				
		Rocephin (antibiotic) 1 gram				
	· ·	. At 1045 vital signs were				
		sure 226/107, oxygen				
		at on room air. At 1050				
	Patient #28 was intu					
		dard IV sedation protocols.				
	•	ulse 76, blood pressure				
		ed at 98 percent oxygen				
		1311 Patient #28 went into				
	ventricular tachycard	dia (lethal heart rhythm) and				
		ated by staff), defibrillated,				
	and had a central lin	e placed. At 1322 a lumbar				
	puncture was compl	eted by MD #59 and a				
	meningitis panel was	s ordered. At 1322 the				
	cerebrospinal fluid (0	CSF) white blood count				
	(WBC) resulted high	at 94000 (normal high range				
		nillion cubic meters]. At 1324				
		e given IV. Review of the ER				
		on/Reevaluation (not timed)				
	-	". the patient ultimately did				
	•	r sedation and airway				
	•	al status continued to worsen				
	•	ersed The Head CT was				
	_	k from CT the patient				
		nypotensive and at 1 point				
		CPR, total time roughly 5 to				
	10 minutes. We hav	•				
	norepinephrine (give	n to sustain blood pressure)				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED	
			5 14/110			С	
		340002	B. WING		12	/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMODIA	I MICCION HOCDITAL A	ND ASHEVILLE SUBGERV CE		509 BILTMORE AVE			
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801				
(X4) ID	D SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORREC	ΓΙΟΝ	(X5)	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU		COMPLETION DATE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRODE	PRIATE	DATE	
A1101	Continued From page	266	A11	01			
	•	tensive care unit) has been					
	consulted. Family add						
	-	ulmonologist/ICU MD #60					
		sed to treat life-threatening					
	. ,	Img/ in 250 milliliters (ml) to					
		ms (mcg)/per minute and					
	•	56 at 1514 (1 hour and 5					
		l), and at 1655 this drip rate					
		cg/min. At 1740 blood					
		, at 1750 blood pressure					
	•	lood pressure was 33/18. ation Administration Record					
	revealed at 1801 RN						
		min for Patient #28. At 1803					
		and Patient #28 was in					
		/thm). The code ended at					
	,	of blood pressure. At 1814					
		249/118 with a pulse of 145.					
	-	n to the ER Report by MD					
		303 I was called to the					
		ad gone asystole. I was					
	•	's diagnosis of meningitis					
		R was in progress on my					
		that the patient's Levophed					
	had run dry, and that						
	hypotensive (low bloc	od pressure) sometime					
	before codingShort	ly after the epi					
	(epinephrine-used to	return pulse) and bicarb					
		s outcomes in cardiac					
		d return of pulses. Patient's					
		ICU attending entered					
	-	finished." At 1940 Patient					
	#28 was transferred t						
		28 continued to decline and					
		nprovement. Review of the					
	· ·	date 07/15/2022 at 1525 by					
		Medicine, DO #63 revealed					
		nge in neurology exam, and					
	it was explained to the	e family that there were no					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
	340002 B. WING		12	C 12/09/2023			
NAME OF PI	ROVIDER OR SUPPLIER	I	'	STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
A1101	Continued From page		A11	01			
	signs of meaningful ir family changed its co resuscitate)at this is amenablefor organ brought to the OR (or where he was extubated ventilation), and time 07/15/2022 at 0931 Fear harvested and was provided in the control of t	mprovement. At this time the de status to DNR (do not time the family was procurement. He was perating room) this morning sted (removal of mechanical of death was 1040. On Patient #28 had his kidneys ronounced dead at 1040. 3 of the Patient Safety Patient #28 revealed it was RN #57) on 07/05/2022 at Event time was 07/05/2022 scription "assigned 5 coded due to unsafe staffing mentsNUS (nursing unit and Director (named, RN e assignment at approx. N #56) responded to the twich arrived at 1748. Pt. and of CPR, epi, sodium of spontaneous circulation). In the due to unsafe staffing the was reported to NUS and t" Review on 07/06/2022 sirector of ED Services					
	room when she noted room. A PA (PA#77) from a different servic respond to her reque: #74 reported she was needed assistance w Patient #28 did code	d alarms going off in the was at the nurse's station be line that reportedly did not st" Further the CNC, RN is only notified RN #56 hen the patient was coding. 2 times during his ER stay tay of 9:52 (9 hours and 52)					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY LETED
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		0.40000	D WING				C
		340002	B. WING			12/	09/2023
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	I MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		5	09 BILTMORE AVE		
III LIII OI (IA	E IIIIOOIOIT TIOOI TIAEA	ND AGNEVILLE GONGLINT GE		A	ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
TAG	REGOLATORTORE	SO BENTI TINO IN ONNATION	IAG		DEFICIENCY)	\\\L	
A1101	Continued From page	268	A1	101			
		N #56's patient assignment					
		RN #76 in the report as two					
		ng admission to step down					
		who had been moved to the					
		auma Alert patient (1), and					
	Patient #28, an ICU p	atient (1). (RN #56 was					
	assigned and respons	sible for 5 patients during					
	Patient #28's code/ev	vent). RN #76 discussed					
		ole in the ED to support RN					
	Ü	nformation: The House was					
	•	ffing support for the admit					
		s date. There was an ER					
		date" On 07/07/2022,					
		of ED Services, VPED #48					
	reviewed this Patient	d there was an additional					
	Patient Safety Report						
		ER Director was informed of					
		tient assignment. This					
	notification to the Dire						
		tionally, VPED #48 agreed					
		was safe due to collateral					
	staffing in the ED. And	d did mention Patient #28's					
	•	cerns who did not respond					
		lp for alarms in the room					
). The Primary Contributing					
	Factor was "Human F						
		prioritiesLevel of Harm					
		sustain life" In summary,					
		ed IV infusion sustaining his					
	•	llowed to run dry, his blood					
	•	was coded for 7 minutes reinstated. RN #56 had a					
	patient assignment of						
	patient assignment of	ο ραιισπο.					
	Review on 11/28/202	3 of the Patient Safety					
		t #6856, referencing Patient					
		2 at 1843 by ED Clinical					
	Pharmacist, ED RPH	#78 revealed the event date					

		(3) DATE SURVEY COMPLETED					
		340002		B. WING		C	
	20,4252.02.0422452	340002	D: Wiito	0TDFFT 1DDDF00 0ITV 0T1TF 7ID 00DF		12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
				ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A1101	Continued From page	e 269	A11	01			
		300 with a brief description of					
		PR (cardio-pulmonary					
		levophed running dry while					
		other patients (RN had 5					
	pts), including two tra						
		ommentsmaking this report					
	•	RN #56) as he does not					
	have time to make re						
		rom this report (named)					
	intubated, ICU), a tra						
		re patient in the hall, and two					
	other admitted patien	ts. While he was in one of					
	the traumas, this patie	ent's norepinephrine infusion					
	ran dry-the patient be	ecame hypotensive. The					
	family of the patient w	vas monitoring the BP (blood					
	pressure) and tried to	get help from a non-ER					
		ing at a computer outside					
	-	vider told the family that he					
		pecause it was not his					
	1 .	e about this. A few minutes					
		ne into the room and was					
		levophed, but by this point					
		blood pressure) was in the					
		e aystolic and required a					
	· ·	ed RN #56) alerted the ER					
		day that his assignment was					
		coding was a direct result of					
		sonable assignment" This					
		ted by ED Director, RN #76					
		ut any new findings from					
	previous Event #6858						
		Pharmacy, PharmD #79					
		otes to this report. The					
		f harm cited by PharmD #79 /Staff FactorsLevel of					
		ntion to sustain life" A					
		rt revealed that a bag of					
	levophed was pulled						
	07/05/2022 at 1511 b						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		340002	B. WING_			C 12/09/2023
	NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1101	documented on the Mecord as given on 0 her estimation of the levophed "would hanext bag of levophed 1757 by ED RN #68 a Patient #28. Review revenued IV infusion minutes; he was code returning to spontane. Request to interview was not available for Request to interview was unavailable for in Request to interview revealed he was unavailable for in Request to interview revealed he was unavailable for in Interview on 11/15/20 revealed he remember worked in the ED for "I had trauma bay 1 initially. The patient in intubated and a dang receiving the maximular his blood pressure elections of my day. I gowere going to assign patient. Around 1730 #74) to discuss my as my already 4 patients patient in the hallway	Medication Administration 7/05/2022 at 1514, and per rates of infusion, the bag of ive likely run out 1745" The was pulled on 07/05/2022 at and was started at 1801 for revealed Patient #28's was interrupted for 16 ed from 1803 to 1810 before ous circulation. ED RN #68 revealed she interview. ED RPH #78 revealed she interview. ED Manager RN #75 vailable for interview. ED Director, RN #76 available for interview. 23 at 1014 with RN #56 ered Patient #28 and had 5 years. Interview revealed 1, and rooms 10, 9, 8 a room 10 was combative, er to himself and was m dose of levophed to keep evated. I had him around 10 at a trauma patient, and they me another new trauma I went to CNC (named RN assignment and the acuity of a, she put my dying trauma I to make room for the new when I explained I felt my	A11			

		E SURVEY IPLETED				
			A. BOILDIN	<u></u>		С
		340002	B. WING		1:	2/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		700/2020
				509 BILTMORE AVE		
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SECROSS-REFERENCED TO THE APPLICATION OF THE APPLICATION OF THE APPLICATION OF THE ACTION		COMPLETION DATE
A1101	Continued From page	271	A110	01		
	approached her that r	morning after 0800 to				
	explain the acuity of n	ny patients. So, then I went				
	to my Nurse Manager	r (named, RN #75) to				
	discuss my assignme	nt and was assigned the				
	new trauma anyway.	My new trauma patient had				
	just arrived after 1730), I was working with them				
	and didn't realize a co	ode had been called for my				
	intubated patient. Wh	en I arrived in the room				
		person who was assisting				
	_	for the new trauma patient,				
		ew bag of levophed, and the				
		. I was very upset. I voiced				
	=	to the administration, to the				
	· · · · · · · · · · · · · · · · · · ·	e committee and filed a				
	•	uman resources). I tried to				
	document this the bes					
		gone to the CNC, RN #74				
		fore new assigned trauma				
	= -	ncerns with his high patient				
		terview revealed RN #56				
	_	r patient, when the levophed				
		using Patient #28's blood				
	•	a code was initiated. The				
		assessment and monitoring				
		follow hospital policy.				
	(request for all docum					
		committee and HR were				
	not made available du	uring the survey).				
	Interview on 11/16/20	23 at 1128 with CNC, RN				
		approached her one time,				
		'. CNC RN #74 stated she				
		alling on the trauma team				
	-	rauma patients in the ED,				
	but were not assigned					
	•	If we need help, we pull				
		interview with CNC RN #74				
		no concerns with nursing				
	reassessments in the	•				

	OF DEFICIENCIES CORRECTION	· · ·			(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER L MISSION HOSPITAL A	I IND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1200/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A1101	assignments in the R acute patients are as patients" The intervadded trauma team r stated she and the C when needed to supple Interview on 11/15/20 during tour of the ED ED was assigned the The interview revealed 1 nurse to 4 patients, communicate with the delays with patient can have Webex huddles other hospital depart discuss delays in car where they are need expectation for reass patients were for all solutions and followed. Telephone interview Director of the Traum he was aware of the was the Medical Suple and currently. Interview Trauma Team membicare for a specific con however a Trauma Team and team in the same and the same	ed Pod (where the most signed) were 1 RN to 4 view revealed CNC #74 nurses to assist RN #56 and NC's filled in themselves port patient care. 223 at 1637 VPED #20 revealed the Red Pod in the emost acute ED patients. Ed nursing assignments were and RNs are expected to be CNC's any concerns or are. "starting in 2023 we with nursing, providers, and ments every 2 hours to be and appoint resources ed" Interview revealed the essment and monitoring staff to follow hospital policy. Despital policy for Patient #28 23 at 1637 VPED #20 24 revealed Teve and Interview revealed to be consulted trauma patient, eam member if clearly	A11	,		
	emergency" The in would not be allowed alarming IV pump of consulted on. Intervie person who could ad Further interview reve	any patient in a life sustaining terview revealed PA #77 I to touch an IV drip or a patient they were not ew revealed PA #77 notified a just the drip for Patient #28. ealed he had no concerns care, and the Trauma Team				

AND BLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
	340002 B. WING			C 12/09/2023		
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIF 509 BILTMORE AVE ASHEVILLE, NC 28801	CODE	12/09/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD B O THE APPROPRIA	
A1101	Supervisor, RN #81 h #77 "we should alw compassion to family Interview revealed MI with PA #77, the Trautalked with PA #77, the Trautalked with PA #77. In not know Patient #28 the levophed had run to ED nursing staff whether when family asked him. Telephone interview of Trauma Team PA #7 employed for 8 years only in the ED when of specific trauma patient desk, I told them I can the family was asking thought he was codin he was OK. I did not be learned about the IV would respond to help not 'shirk' a patient not revealed PA #77 reca help with an IV alarm find the nurse, and help with an IV alarm find the nurse, and help was critically ill, intubbacterial meningitis. blood pressure and a started. Findings rev was allowed to run dr pressure dropped to requested by the fam and the patient was not the patient was not the patient arrested.	ad communicated with PA ays respond with" regarding this event. D #80 had not followed up ama Team Director had aterview revealed PA #77 did as blood pressure was low or out but had communicated no could attend the alarms m. on 12/01/2023 at 1241 with a revealed he had been and alled/consulted for a not. The family came to the neget your nurse, and I did. If a gabout an IV beeping. If I go, I would have made sure nave that information. I only levophed today. Of course, I of a patient coding. I would beeding help" Interview alled the family asking for a telephone to the family asking for a telephone and the family he would	A1	101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING	B. WING		C 12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	<u> </u> E	12/03/2023	
				509 BILTMORE AVE	_		
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE		N
A1101	Continued From pag	e 274	A11	01			
		subsequent cardiac arrest.					
	revealed Patient #27 arrived at the emerge 07/04/2022 at 0025 k abdominal pain, nau. #27 was triaged at 00 temperature 97.2, re blood pressure 169/5 94 percent on room a least pain and 10 be assigned an emerge (urgent). At 0028 Nu wrote orders for Lipa STAT, CMP (compre STAT, CMP (compre STAT, Lactic Acid (c blood to other parts of (complete blood coutest) STAT, and CT (Abdomen/Pelvis STAN Normal Saline to be (medication for naus be given. Record revnursing reassessme and medications wer #27 while in the ED vmin). At 0631 Patien (for highest acuity pawas seen by MD #26 placed for ondansetr (narcotic pain medication ordered). At 073 started of NS (7 hour ordered), and medication minutes after ider minutes after pain m	cord review on 11/14/2023 (7, a 66-year-old female who ency department (ED) on by private vehicle with sea, and vomiting. Patient 025 by RN #38 vital signs: spirations 20, heart rate 107, 93, and oxygen saturation of eair, a pain score of 10 (1 ing the most pain) and was not severity index (ESI) of 3 rese Practitioner (NP) #39 ise (a digestive enzyme) enensive metabolic panel) earries oxygen from your of your body) STAT, CBC int) STAT, Urinalysis (Urine foat scan) of the AT, an IV (intravenous) of started and Ondansetron ea) 4 milligrams (mg) IV to riew did not reveal lab work, int, or physician orders for IV is implemented for Patient waiting room (6 hours and 3 at #27 was moved to Red Pod entients) room 20. Patient #27 of at 0656 and orders were fon 4 mg, and Dilaudid eation) 0.5 mg for pain. At ed (7 hours and 6 minutes after eations for pain (7 hours and 11 minutes after eations for pain (7 hours and edication ordered) and 11 minutes after original					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DEPARTMENT OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVE COMPLETED			
					С	
		340002	B. WING		12/09/20	23
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		MPLETION DATE
A1101	Continued From page	275	A110	01		
	order) were administe	ered by RN #40. At 0742				
	vital signs were docur	mented as heart rate 85,				
	respirations 16, blood	pressure 174/89, oxygen				
	saturation of 93 perce	ent on room air (no				
	temperature), with a p	pain score of 10/10 by RN				
	#40. At 0755 the CT of	of Abdomen and Pelvis (6				
		urs and 27 minutes after				
		a small bowel obstruction.				
		e Reevaluation (not timed)				
		_abs were reviewed without				
		e CT scan was consistent				
		struction. Surgery was				
		evaluation and management				
	· ·	epeat pain assessment was 7/04/2022 at 1316 Hospitalist				
	-	set for admission. At 1319				
	•	n score of 10/10, vital signs				
		tions 17, blood pressure				
		ation of 93 percent on room				
		audid 0.5mg IV for pain				
	_	iew of the Surgical Consult				
		0 #42 dated 07/04/2022 at				
	1543, Patient #27 wa	s scheduled for a				
	Laparoscopy, Possibl	e Exploratory Laparotomy				
	with Possible Bowel F	Resection. At 1620 a repeat				
	•	completed for a pain score				
		ent #27 left the ED for the				
	operating room for su					
	discharged home on	thout complications and was 07/06/2022 at 1136.				
	Request for a Patient	Safety Report (Incident				
		e was not one available.				
		23 at 1350 with ED RN #38				
	•	27 revealed "in 2022 no				
		d on in the ED waiting room,				
_		made, and there are some ry possible that this patient				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
340002 B. WING				C /09/2023		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	AL MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPED DEFICIENCY)) BE	(X5) COMPLETION DATE
A1101	that time there was of to triage patients. The orders" Interview re reassessments and prompleted in the ED. Interview on 11/17/20 revealed "the IPA (I area in the ED waiting Now if patients need the CNC (clinical nursew call. I personally in patient reassessment in condition. One hum not safe, orders are not a concern. There is of door, I can put orders done because of the minimal staff" Interview on 11/15/20 revealed "I saw the roomed There is not orders"	bs or orders completed. At the nurse in the waiting roomere was no way to complete evealed nursing obysician orders were not waiting room in 2022. 223 at 1102 with NP #39 Internal Processing Area groom) did not exist then. It of move to the back, I tell se coordinator), we call and have been pulled to do to when there was a change addred percent, patients are not completed, and staffing is ne nurse with a line out the sin, but it is not going to get volume of patients and view revealed NP #39 had a waiting room patients not eted in the ED waiting room. 223 at 1414 with ED MD #26 patient after she was ot always a person to get. No staff to do orders. With	A11	01		
	happen, but at night I care in the waiting row vital signs, or overall meds. things are not basis. "Interview rev get vital signs, assess prescribed. Interview not followed for Patien #27 arrived in	suspect it does. As far as om, this patient didn't get assessments and no happening on a timely realed Patient #27 did not sments, or medications as revealed hospital policy was				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE. DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1101	patient had a STAT Opelvis ordered at 002 until 0755 (7 hours, 2 signed at 0825. The plot of 10, with nauses signs at arrival at 002 Dilaudid (narcotic painours and 14 minutes was diagnosed with a and had surgery that with STAT lab work, reassessment and patient #29 presented to the emergency medical sources of the emergency of the emergency of the emergency of the emergency of the emergency of the emergency of the emergency of the emergency of the emergency of the emergency of the emergency of the emergency of the emergency of the emergency of the emerge	Tof the abdomen and 7 that was not completed 7 minutes later) resulted and patient had pain reported as a and vomiting with vital 25 and was medicated with an medication) at 0739 (7 as after arrival). The patient a small bowel obstruction day. The patient had a delay STAT CT, nursing ain management. Cord review on 11/14/2023 at 78-year-old female who ergency department (ED) via services (EMS) on with complaint of falling at on to the right lower report dated 04/05/2022 at tient had fallen from the noxygen 3 liters by nasal baseline for patient", had an in her left forearm #20 gauge rmal Saline 700 milliliters. A arrative note revealed "she is bleeding from her right is controlledthe leg is ECG (heart monitor) and a trial fibrillation with a pulse of 88. At 1503 a (PA) #45 was assigned and eport Note at 1510 revealed open fracture to right plans to order CT (cat scan)	A11	01		

AND PLAN OF CORRECTION IDI	X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED
	340002	B. WING		C 12/09/2023
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/00/2020
MENORIAL MISSION HOSPITAL AND ASI	UEVII I E QUIDOEDV OF		509 BILTMORE AVE	
MEMORIAL MISSION HOSPITAL AND ASI	HEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST I TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
A1101 Continued From page 278		A110	01	
Hallway Bed 7. At 1517 Pati by RN #43 "subjective rap the bathroom at home. On E medication) and a pain scor started earlier unseenPre-oxygen, other: 3-liter O2. 20 5-non-urgent", an emerge (ESI) was assigned of 5 (No lab work was ordered. At 15 nurse coordinator), RN #44 change in patient ESI to 3-u had resulted. At 1618 PA #4 Hydromorphone (narcotic pasevere pain) 0.5 mg IV push duration 3 doses for pain for Zofran 4mg IV for nausea. A 39 minutes after arrival) vita documented as pulse 88, bloxygen saturation of 90 per documented), 1639 respirat temperature of 98.4. By 162 resulted, and a review of the Reexamination/Reevaluation #45 revealed "On my read has a rather significant tib-fit fracture. I do believe this is a has already received Ancef already spoken to orthopedic come and speak with the pase Ancef 1 gram IV, a Tetanus that can occur from an uncleintramuscular, Hydromorphopain score of 10/10 and Zofi administered by RN #43(no oxygen assessment). At 173 reassessment was charted of an oxygen reassessment Orthopedic Consult and History	sid assessment: fell in Eliquis (blood thinning re of 0. Open Tib Fib rhospital treatments: by Left armAcuity ricy severity index on-Urgent). At 1536 s37 the CNC (clinical documented a regent. 1559 lab work at 5 ordered ain medication for revery 15 minutes or Patient #29 and at 1630 (one hour and al signs were ood pressure 161/79, cent (no oxygen was rich in (not timed) by PA at appears the patient b (tibia/fibula) an open fracture. She (antibiotic), and I have it in surgery. They will attent" At 1636 (infectious disease rean wound) booster one 0.5mg IV for a ran 4mg IV were evidence of an 36 a pain as 9/10 (no evidence). At 1748 the	A110		

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
	340002 B. WING				C 12/09/2023			
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		12/03/20	,23	
				509 BILTMORE AVE				
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) MPLETION DATE	
A1101	Continued From pag	e 279	A11	01				
	tibial shaft fracture repair fracture. Revie addendum by PA #4 "Orthopedic surge open fracture and re splinting and simple tomorrow am" At 1 Dilaudid 0.5mg IV fo #43 (no evidence of of the Patient Summ #29 was moved to re addendum to the ER timed) revealed "A patient to I was tol patient was unrespo bedside, the patient have DNR (no evide is moved into room attending physician the patient and call t ER Report 04/05/20 revealed "78-year- history of atrial fibrilla on Eliquis. She fell a the tibia/fibula. Patie orthopedic service. I bedside at 7 PM as r and apneic (no respi patient has no cardia (no heart rhythm) on fixed and dilated. No no cardiac sounds a time of death was ca #29 was pronounced 04/05/2022 at 1909. Review of the Patien	"with plan for surgery to ew of the ER Report 5 (not timed) revealed ry agrees this appears to be commends a room for reduction before surgery 816 Patient #29 was given r a pain score of 9/10 by RN oxygen assessment). Review ary Report revealed Patient from 11 at 1915. Review of an Report by PA #45 (not is I was handing off the lad by nursing staff that the insive. Upon arrival at the is unresponsive. She does not of this in the record). She lad where Dr. (MD #46), my was kind enough to evaluate time of death" Review of the 22 at 1947 by MD #46 old female past medical ation currently anticoagulated and had an open fracture of in thas been admitted to the was called to the patient's nursing found her pulseless ration). After 60 seconds, the ac activity, she is in asystole the monitor. Her pupils are a spontaneous respirations, and she is pulseless. Official alled at 709 PM" Patient is dead in the ED on						
	Review of the Patier 04/06/2022 at 0341 b							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	L E	12/00/2020	
MEMORIA	L MISSION HOSPITAL	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE		
A1101	"pt came to ER (er (complaint) fall with bed. pt found unresp. Supervisor (RN #55) description of harm a reoccurrence was do trends and patterns" event per the report. Trauma Nurse, RN # interview. Interview on 11/16/2 who cared for Patier checking on the pati daughter was there. her. She was full coome and asked me w pulling the stretcher replied 'CPR' and the do that'. The trauma #56) took the patient my charge nurse (na report off on my other end of the shift. I did to go by my charting on oxygen" A furth should have charted error" The intervier recall if Patient #29 in did not recall if an ox completed and did in a change in condition	/2022 at 1903" with narrative mergency room) c/o fracture. pt placed in the hall consive in hallHouse on notified at 1905", the and action to prevent ocumented as "monitor . There was no witness to the	A11	01			
		on 11/16/2023 at 1324 with e did not recall Patient #29.					

AND BLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIF	LE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
			7 50.25			С
		340002	B. WING			/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETION DATE
A1101	Continued From page	281	A110	01		
	Interview revealed "	monitoring of patients in				
		oncern. Ideally every patient				
		d be on some sort of a				
		eximeter. More monitoring is				
		view revealed when MD #46				
	arrived at the patient's	nounced the patient with				
	daughter at the bedsi	•				
	dauginer at the beast	uc.				
	Interview on 11/16/20	23 at 1747 with CNC, RN				
		remember she was in a				
	hallway bed, and (nar	med RN #43) said she had				
	passed. I had checke	d on her. (Named RN #43)				
	_	came to her and said,				
	'somethings wrong w	•				
	remember if she had					
	monitored. I would ex					
		ts and document them in				
		as 4:1 in the Red Pod, If a erwhelmed, I will ask another				
		atient care" Interview				
	-	not know why oxygen				
		anges in conditions were not				
		#29. Interview revealed				
		ssessment for a change of				
	condition was not follo	owed for Patient #29.				
	Interview on 11/28/20	23 at 1433 with Assistant				
		N #15 to review the internal				
	•	g Patient #29's death in the				
		nager (not identified) the				
		staff over to the patient				
	because 'she didn't lo	-				
		s taken to room 11 to be				
	placed on a cardiac n					
	asystole. At 1909 was					
		daughter at the bedside.				
		s event was reviewed by the				
	iviortality and iviorbidit	ty which was comprised of				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED		
		340002	B. WING _			C 12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
A1101	Continued From page	e 282	A11	01			
	internal investigation revealed the patient of to antibiotics was greeneeded closer monitor was not allowed to ho this interview.)	dated 07/11/2022 the of Patient #29's death was under triaged, the door eater than 1 hour, and oring. (note: this surveyor old or view documents during					
	rhythm) on arrival. The with fracture prior to a 94% prior to arrival. If 90% (1 hour and 39 revidence of oxygen at 1630 and at 1816. assessment on an eleon the patient with a after the administration was subsequently as Patient #29 had one until time of death at minutes). Nursing stapatient after narcotic	brillation (abnormal heart ne patient had a recent fall arrival. Pulse Oximetry was 1630 pulse oximetry was minutes after arrival) with no administration at hospital. In a (mg) IV was administered No vital sign or oxygen derly patient was assessed prior pulse oxygen of 90% on of Dilaudid. The patient systole at 1909 and expired. In the patient set of vital signs from 1451 1909 (5 hours and 18 aff failed to reassess the administration. Nursing staff					
	condition (not breathing). Medical Record revealed Patient #6 a on 10/03/2023. Reviewerevealed "Reason started having left sidweakness and left sidleg. Facial drooping rethinners and 10 days of reason for visit is constructed Stroke symptoms						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED	
		340002	B. WING	B WING		C	
NAME OF D	20/4050 00 014001450	340002	B: Wille	0TDEET ADDDESS OFTV OTATE 71D 00DD	<u>l</u>	12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	=		
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE			
				ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A1101	Continued From page	e 283	A11	01			
	revealed " History	of Present Illness					
		rith a past medical history of					
		ays prior who presents to					
	the emergency depart						
		ates that she felt normal					
		te a nap at approximately 2					
		ke up at 330 (3:30) she					
		weakness on the left side of					
	her face and is devel	oping weakness in the left					
	side of her body. She	e notes that she was unable					
	to smile fully. States t	that she has never had any					
	symptoms like this in	the past. She notes that last					
	night she had an epis	sode of epigastric pain, but					
		since fully. States that the					
	developing left-sided						
		ne and called EMS for					
	-	cy was uncomplicated					
		9 F Oral HR: 65 RR: 20 BP:					
	170/97 SpO2: 87% 22-year-old female	Medical Decision Making presenting to the					
	=	ent secondary to onset of					
		n last known normal of					
	•	PM. On exam, I initially had					
	concern for Bell's pal	sy given her age and					
	demographic info, bu	it on my physical					
	examination I noted a	appreciable weakness on the					
	left side of the body v	vith regards to motor					
	function. I would not	expect Bell's palsy to cause					
		dition to this she was able to					
	-	equally. Although there can					
		f eyebrow raise or inability to					
		lsy, I would not expect the					
		bjective deficit and motor					
		refore I did initiate a code					
	•	is is also complicated by the					
	· ·	days postpartum which does					
	-	ted risk for ischemic CVA					
		at this point would also					
	include complex migr	raine,					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
						С	
		340002	B. WING			12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMODIA	I MICCION LICCRITAL A	ND ACHEVILLE CHROERY OF		509 BILTMORE AVE			
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF		COMPLETION DATE	
				DEFICIENCY)			
A1101	Continued Frame none	2004	0.4.4				
ATTOT			A110)1			
		sia (serious pregnancy					
	complication characte	c partial seizure, though she					
	did not report any sei	· ·					
		on was made in concert with					
	3 .	t at (Hospital A) not to					
	•	at this point in time					
		require transport to (Hospital					
	A) for further close wo						
	(Magnetic Resonance	e Imaging- type of diagnostic					
	testing). Ultimately m	y concern for eclampsia					
	(serious pregnancy c	omplication) is certainly					
		vated blood pressure and					
	_	exam. I did order 20 mg of					
	•	BP) to be given as a stat					
		ng of magnesium as a bolus					
		er hour) infusion thereafter. I					
		speak with the OB/GYN					
		l with this management plan					
	-	is of eclampsia given her ymptoms. Patient was					
	-	al A) emergently for further					
		isposition Postpartum					
	eclampsia/stroke"						
	Review of the EMS (E	Emergency Medical					
	Services) Patient Car						
	10/03/2023, revealed	EMS transported Patient #6					
		spital A. The EMS record					
	-	to Hospital A at 1938.					
		arrative note revealed					
	"(EMS) on scene at (I	. ,					
		ansport (red is the most					
		Arrived to find the pt (patient)					
		S presence and in no					
	obvious distressrep (Diagnosis): HTN (hy	port is as follows:Dx					
	, , ,	репеляют) crisis, HPI (History/Physical):					
		L (left) sided drooping and					
	Carrie III WILLI EIVIS IOI	L (left) sided diooping and					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
A1101	Continued From page		A110	01	
	weakness and tingling				
		ad clear for bleed and clots			
	•	e' Meds: Mag (Magnesium) 4			
		gm/hr infusion, Labetalol 10			
	• • • •	als: 172/98 Pt states that			
		Is super weak but denies sea/Vomiting). Due to the			
	• • • • • • • • • • • • • • • • • • • •	ation, (EMS) waited for			
		d start a magnesium (Mag)			
	drip before departing.				
		obtained by Paramedic			
		ed over to the stretcher,			
	placed on all monitori	ing Pt was placed on			
	capnography (carbon	dioxide monitoring) noting			
	elevated rate and bor				
	T	dioxide levels below normal)			
		g waveform Once all			
		d and Mag is started pt is			
		k and transport is initiated to			
		ncy. Enroute pt is monitored			
		nts While waiting on a bed monitored with minimal			
	`	epeat neuro checks were			
		ly Pt began to complain of			
		posterior neck pain similar			
		she delivered. Pt report			
		(Name) bedside Arrived:			
		Care 22:24 (2 hours 44			
	minutes after EMS ar	rived to the hospital).			
	Review of the EMS R	ecord revealed EMS staff			
	continued to monitor				
		n EKG was performed at			
		sment was completed at			
		slight yellowing of the skin,			
		tenderness and left arm and			
		with a facial droop and neck			
		nued approximately every 5			
	147/90 at 2215.	recorded blood pressure			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		340002	B. WING		12/	09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u>.</u>		
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETION DATE	
A1101	Continued From page	e 286	A110	01			
		ent record review revealed					
		Hospital A on 10/03/2023 at					
	_	performed on 10/03/2023 at					
		utes after arrival) revealed					
	-	Assessment Stated Reason					
	for Visit : Brought by I						
	· • /	roke like symptoms, left					
	normal was 1400H (h	sided weakness, last known					
		ED Full Triage Arrival					
		it) : EMSPre-Hospital					
		ss, Other: Magnesium					
		ived From: Hospital"					
	•	revealed a heart rate of 82,					
	_	, BP of 168/96, oxygen					
		room air and a pain score of					
		ealed an "ED Medical					
		Entered on 10/03/23 22:23					
	EDT" which noted ".						
	(Transfer) from (Hosp	oital B) for MRI brain,					
	concern for ecclamps	sia. Appears admit bed is					
	already ordered." Rev	view of the "ER Report",					
	service date/time, 10/	/03/2023 at 2310, revealed					
	"Patient presents as	s a transfer from outside					
	hospital for concern of	of strokelike symptoms. She					
		al B) today with left facial					
	•	d when she woke up from					
	•	PM. Her last known well was					
		spital B), she was noted to					
		as well as some left arm					
		troke consult was called and					
	-	in concert with telemetry					
	•	was made against using tPA					
		clots). She was transferred					
		e eval and MRI (magnetic					
		She was also notably					
	• •	de hospital with blood					
	pressure 160s systoli	c. She has also had some					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		0.4000	D WING			С
		340002	B. WING _			12/09/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	P CODE	
MEMODIA	I MICCION LIGERITAL A	ND ACUEVILLE CURCERY OF		509 BILTMORE AVE		
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
A1101	Continued From page	e 287	A11	101		
		did have a headache at the				
		She denies any chest pain or				
		urrently Physical Exam				
		2 RR: 19 BP: 168/96 SpO2:				
	93% Neurological:	•				
	•	Patient does have left facial				
		ow droop as well. Has very				
		s compared to right. Has				
		up against gravity				
	Medical Decision Mal					
		eclampsia less likely given				
	•	npsia, Bell's palsy although				
	=	n her symptoms in the left				
		nent and Disposition				
		emergency department with				
		and left facial droop. Chart				
	reviewed from outsid	•				
	transfer from (Hospita	al B). Discussed with				
	neurologist who will a	admit to their service. MRI				
	and MRV (magnetic i	resonance				
	venography-imaging	that focuses on the veins)				
	have been ordered. F	Patient continues to have left				
	facial droop on exam	, does seem to have				
	eyebrow sparing as s	she is able to lift her left				
	•	oes have some very mild				
		eft side as compared to the				
	•	ılty lifting up her left leg				
		stroke. MRI has been				
	ordered and MRV as					
		iss the case with OB given				
	her hypertension her					
	•	at 2 g/h as well as a 10 mg				
		iven her systolic of 168 here.				
	Patient admitted to no					
		n Left-sided facial droop				
		ecord review failed to reveal				
	-	itoring of Patient #6 by				
		2227 (~2 hours 45 minutes				
	after arrival). Record	review did not reveal				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A. BOILDING	·	
		340002	B. WING		C 12/09/2023
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	12/00/2020
				509 BILTMORE AVE	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	
A1101	Continued From page	288	A110	01	
	documentation of a pl	hysician evaluation until			
	2310. Record review				
		on and monitoring of Patient			
	•	riod from arrival to triage			
		Patient #6 was moved from			
		a holding unit and later to a			
		ne unit. The patient was			
	discharged home on	10/06/2023.			
	Telephone interview	with EMS #63, on			
		evealed the EMS team was			
	at Hospital B dropping	g off another patient and			
	were notified of a "red	d" transfer of a patient who			
		um with a hypertensive			
		sia or stroke. Interview			
	revealed they were no				
	wanted the patient tra				
	Medications were sta				
		ed. Patient #6, per interview,			
		toms and waited at Hospital nute wait time on the wall"			
		waits in the ED with patients			
	•	available bed). Interview			
	_	ued to monitor the patient			
		had right upper quadrant			
		ag Drip. Interview revealed			
		patients holding for a bed			
	had been an ongoing	issue for 3 ½ years and			
	seemed to be getting	worse. Interview revealed			
		er did not feel the patient's			
		D as Patient #6 required			
	neuro checks, vital sig	gns and close monitoring.			
	Interview with RN #64	4 during observation on			
		030 revealed that when EMS			
	arrives with patients a	and there are no beds			
		tays "on the wall" with the			
	patient until a bed is a				
	hand-off the patient u	ntil patients get to an			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C /09/2023
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE	12/	09/2023
MEMORIA	L MISSION HOSPITAL A	AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A1101	assigned bed. Physic the wall, but "EMS care Follow-up telephone 1430 revealed that in with EMS, ED nurses taking ownership or revealed that if the C was to triage the paticownership of the pati	cians may see patients on an only hand-off to a RN." interview on 11/15/2023 at a relation to patients arriving a do not "triage patients until of the patient. Interview NC in the EMS arrival area ent, then the RN was "taking ent." The RN stated they CNC and still meet all the ole. Interview revealed that till responsible." on 11/15/2023 at 1410 with DO went to assess Patient a bed in the ED. Interview need up for Patient #6 as soon up on the ED tracking ne, the DO was not aware a department. Interview ally the patient was already in accepted by neurology, but insfer. ED physicians still did ing on transferred patients, iew revealed Patient #6 was d was hypertensive. O #65 called the accepting called an Obstetric Resident is postpartum and	A110	,		
	Telephone interview Nurse, RN #66, on 1 the nurse did not reca Interview revealed th responsible for any p the patient got a room	with Patient #6's Triage 1/17/2023 at 0932, revealed all Patient #6 or the situation. e EMS team was atient they brought in until n assignment and was he ED. Once the patient was				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		340002	B. WING_		12	C 2/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		. 00, 2020
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A1101	-	I triaged the patient and	A11	01		
	Telephone interview Medical Doctor (MD) neurologist for Patier concerned enough to Hospital A even thou thrombolytics. Intervicalled since the patie Mag was given more Interview revealed the triaged was "a long tipatient should have reby staff. The MD state transfers. Interview resaw the patient when that the accepting phepatient had arrived to received from the ED Interview revealed if would have gone to stated, it was determed better for her to be accepted for transfer. Patient #6 arrived to symptoms at 10 days accepted for transfer. Patient #6 ED transfer. Patient EMS on 10/03/2023 in the ED for a bed at by EMS. No docume medical provider until not triaged or assess until 2227 (approximatical proximatical revealed they were of transfer the patient to gh they decided not give ew revealed obstetrics was ent recently delivered and often by obstetrics. The time until the patient was me." Interview revealed the received frequent vital signs ed they often do ED to ED evealed MD #67 thought he is she was in an ED room and eysicians would not know a so the ED until a call was that the patient was there, they had a room the patient Neuro. Ultimately, the MD ined Patient #6 was to pregnancy and it was					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	CTION (X3) DATE S COMPL	
		340002	B. WING _			C 12/09/2023
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		1200/2020
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A1101	8. Hospital B Medica 12/16/2023 revealed arrived to Hospital B Review of the ED TrSubjective Rapid A for Visit: 2130 onset weakness with facia thinning medications TriageAcuity: 1 (the "ER Report" by a " History of Preser 64-year-old woman. symptoms. Independent the patient's husban said that at approxim to him that somethin and saw that she was and seemed to be sl speech was noted to the right side. Physica BP: 204/100 VITA are reviewed and sh approximately 204/1 GENERAL: Patient i well-nourished, and and slurred speech. paralysis of the right moderate dysarthria consciousness seen drift of the right arm Decision Making The neurologic symptom ischemic stroke It candidate for thromb get her blood pressu (computerized axial)	al Record review on Bratient #1, a 64-year-old, on 10/31/2023 at 2203. iage, at 2203, revealed Bassessment Stated Reason at slurred and right sided I droop; no thinners (blood I)CODE STROKE. ED Full highest acuity) "Review of a physician, at 2212, revealed at Illness This patient is a such here with neurologic dent history is obtained from d, who is here with her. He hately 9:30 PM, she called out g was wrong. He looked over its having difficulty walking umping to the side. Her obe slurred She is weak on cal ExamInitial Vitals L SIGNS: Triage vital signs ow elevated blood pressure 00, otherwise normal.	A11	01		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		340002	B. WING		12/0	9/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	. MICCIONI LICODITAL A	ND A QUEWU E QUIDOEDY OF		509 BILTMORE AVE		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CORRE		(X5)
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLETION DATE
A1101			A110	01		
		on for blood pressure given				
		e] 10/31/23 23:00:55I				
		Showing left basal ganglia				
		nagic [bleed] stroke in a part iscuss the patient with the				
	<u>-</u>	epts the patient in transfer				
		atraumatic hemorrhage.				
		e a dose of labetalol, and				
	The state of the s	ropped below 160 briefly but				
	· ·	er 170, so nicardipine				
		Diagnosis/Disposition Acute				
	atraumatic intraparen	chymal hemorrhage				
	(bleeding into the bra	in) [space] Acute				
		ncy (acute marked elevation				
		signs of damage) [space]				
	Right-sided weakness					
		ed Patient #1 was accepted				
		Review of the Physician's				
		cal Transport form revealed "				
	Patient requires neur	at the Time of Transport :				
		oring and a nicardipine drip				
	•	nt throughout transport"				
		ent #1 was transferred out at				
	2233 as a "Red" prior					
	•					
		atient Care Record revealed				
		ent #1 as an emergency				
	"red" transfer. Review	led "(EMS) WAS ISSUED A				
		O (Hospital A) THE PT				
		PORTED TO (Hospital A)				
		NIAL HEMORRHAGE. THE				
	PT WAS PLACED OF					
		ESTABLISHEDTHE				
	PHYSICIAN ADVISE					
	PRESSURE IS 140/9					
	MONITOR BLOOD P	RESSURE DURING				
	TRANSPORT. NICAR	RDIPINE WAS				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 12/00/2020	
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
A1101	TRAFFIC. THE PT W 5 MINUTES DURING REMAINED ALERT, O SPEECH WAS NOTE ARRIVAL, THE PT W EMS WAITED ON RO VITAL SIGNS WERE MONITORED. A PHY DO YOU HAVE?'. TH ADVISED RED TRAM ER TO (Hospital A) W HEMORRHAGE. THI PAPERWORK AND MIND.' THE PT REM ONLY COMPLIANT (NEUROLOGIST (Nai ADVISED THE PT W ONCE A BED WAS A REMAINED IN THE H CONTINUOUSLY MO ASSESSED. (EMS) W WOULD BE TRANSE NEUROLOGY ICU. F GIVEN TO THE ATTI CARE WAS TRANSE the EMS unit arrived Patient #1's care was at 0106 (1 hour 54 mi hospital). Review rev signs every 5 minutes the wait time for a bec hospital. Review of the Hospita Patient #1 revealed the	D MAINTAINED JTE EMERGENCY AS REASSESSED EVERY TRANSPORT PT ORIENTED, SLURRED ED. PT CARE UPON JAS REGISTERED, AND DOM ASSIGNMENTS. CONTINUOUSLY JSICIAN STATED, WHAT IE PHYSICAN (sic) WAS ISPORT FROM (Hospital B) JITH AN INTRACRANIAL E PHYSICIAN ASKED FOR THEN STATED 'NEVER AINED STABLE WITH sic) OF A HEADACHE. THE me of accepting physician) OULD MOVE TO THE ICU AVAILABLE. THE PT HALLWAY AND WAS DNITORED AND WAS ADVISED THE PT FERRED TO THE PT CARE REPORT WAS ENDING NURSE PT FERRED" Review revealed to Hospital A at 2312 and handed-off to hospital staff inutes after arrival to the lealed EMS completed vital is to 10 minutes throughout	A110	01		
	Report" by an ED phy	sician, at 2351, revealed "				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDI	ING _			_
		340002	B. WING				C
NAMEOED	DOVIDED OD CUDDUED	340002	B: WillO _	· ·	TREET ADDRESS, CITY, STATE, ZIP CODE	12/	09/2023
NAME OF P	ROVIDER OR SUPPLIER				, , ,		
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE			09 BILTMORE AVE		
				Α	SHEVILLE, NC 28801		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFI	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	E	(X5) COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΛTE	DATE
A1101	Continued From page	e 294	A1	101			
	64-year-old female	e who presents as a transfer					
		emorrhage. Was taken to an					
	outside hospital due						
		s and speech difficulty at					
	roughly 2130. At that	time had a head CT which					
		al bleed and thus the patient					
	was transferred here	. At the outside hospital she					
	was noted to have fa	irly profound hypertension					
	was given IV Lopress	sor (treats elevated BP). Plan					
	is for neurology admi	ssion however they would					
	like angiography of the	ne head and neck prior to					
	getting a bed. Nicard	ipine was also initiated for					
	blood pressure mana	gementPhysical Exam					
	Initial Vitals No Da	ata Available Neuro:					
	Right-sided facial dro	oop with loss of nasolabial					
	fold as well as dysart	hria noted. Weakness of the					
	right arm over relative	ely normal left arm and lower					
	extremities. Medical	Decision Making Patient					
	presents as a transfe	r due to intracranial					
	hemorrhage. Working	g with nursing staff in order					
	to have this patient p	laced in a room. Neurology					
	is already consulted	on this patient, will follow-up					
	with their requested (CT angiography. We will also					
	needs (sic) very close	e blood pressure monitoring.					
		aled a Neurology "History					
	and Physical", servic	e date/time 10/31/2023					
	2347, which indicated	d "Impression and Plan:					
		Hemorrhage): hypertensive					
	etiology suspected	.#HTN (hypertension)					
		(history) of HTN, treat					
	>160/90 with goal to						
		niparesis (weakness or					
	-	ne side of the body). Plan:					
		e neurologic monitoring "					
		ord failed to reveal any vital					
	signs or assessment						
		es" on 11/01/2023 at 0051					
	that stated "RN gave	heads up to NSICU					
	(Neurosurgery ICU) I	ov (Name), RN, ED CNC					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
		340002	B. WING _		12/0) 9/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				509 BILTMORE AVE		
MEMORIA	AL MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A1101	RN is not assuming of transporting PT (patie with EMS in hallway for hours and now has been only transporting from review failed to reveat triaged, assessed or while the patient was Department. The first were at 0110, once For The patient's blood period documented as 162/8. Telephone interview at 1415 revealed the the transfer of Patien was a "red" transfer. to the hospital they g	dinator) aware that (Name), care of patient and only ent) upstairs. Pt has been or approx. (approximately) 2 ed assignment upstairs. RN in EMS to NSICU." Record all an ED RN ever accepted, did vital signs on Patient #1 in the Emergency adocumented vital signs evatient #1 arrived to NSICU. ressure at 0110 was 35. with EMS #73 on 11/30/2023 paramedic was involved in the #1. Interview revealed it linterview revealed on arrival ave the paperwork to	A11	01		
	neurologist came to e she would move as s EMS, interview reveal Patient #1. The patie blood pressure and E the meds to keep the needed to be." Interview evaluated Patient #1 Interview with MD #6 revealed it was not un transfers, that it was for emergent evaluate concern for a patient' Interview revealed M in the ED as soon as patient's arrival. Inter "surprising" not to ha	s stability on arrival. D # 69 came to see patients they were notified of the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NITIMBED:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		340002	B. WING		C 12/09/2023		
NAME OF PE	ROVIDER OR SUPPLIER	0.0002		STREET ADDRESS, CITY, STATE, ZIP CODE		12/09/2023	
		AND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A1101	Interview with RN #6- 11/13/2023 around 10 arrives with patients a available then EMS is patient until a bed is a hand-off the patient to assigned bed. Physic the wall, but "EMS ca Follow-up telephone 1430 revealed that in with EMS, ED nursestaking ownership of revealed that if the C was to triage the patic ownership of the patic ownership of the patic ownership of the patic ould not do that as C expectations of the ro in this ED, "EMS is st Telephone interview at 0932, revealed the for any patients they assigned and the pat ED. Once the patient triaged the patient triaged the patient triaged the patient anhand-off between EM Patient #1 arrived as 2314 by EMS. No tria evaluation was comp was transported to th Intensive Care Unit) nursing note was writ was only transporting	d hourly neuro checks and der updates on changes. 4 during observation 030 revealed that when EMS and there are no beds stays "on the wall" with the available. They do not until patients get to an cians may see patients on an only hand-off to a RN." interview on 11/15/2023 at relation to patients arriving do not "triage patients until ff the patient. Interview NC in the EMS arrival area ent, then the RN was "taking ent." The RN stated they CNC and still meet all the ole. Interview revealed that cill responsible." with RN #66, on 11/17/2023 EMS team was responsible brought in until a room was ient moved to a room in the was in a room, the ED RN and there was a proper IS and the RN. a transfer on 10/31/2023 at age, nursing assessment or eleted in the ED. The patient the NSICU (Neurosciences on 11/01/2023 at on 105. A attent that stated the nurse of the patient to the inpatient	A110	01			
		umed care of the patient. s or assessment were done					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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		340002	B. WING_			12/	09/2023	
NAME OF P	ROVIDER OR SUPPLIER				ESS, CITY, STATE, ZIP CODE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE ASHEVILLE,				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A1101	at 0110 in NSICU. EN the ED and nursing fa provide care to a patin 9. Review of the EMS 11/14/2023, revealed #2's home on 10/17/2 revealed the call came the patient at 1702, department of the patient at 1702, department of the patient at 1702, department of the patient at 1702, department of the patient at 1702, department of the patient at 1702, department of the patient at 1702, department of the patient at 1702, department of the patient at 1702, department of the patient of the	AS monitored Patient #1 in ailed to accept, triage and ent in the ED. Be Patient Care Record, on EMS was called to Patient 2023. The EMS record e in at 1654, EMS reached eparted the scene at 1720 poital at 1748. The Patient re patient's medical history er, Diabetes, Infectious Other-Infection of foot-for 10/21." Review of the ed "(EMS) DISPATCHED FIC TO LISTED ADDRESS OPAL EPISODE WITH HORTNESS OF BREATH NT TO FIND A E, A&Ox4, SKIN PALE, ITTING UPRIGHT IN A IVING ROOM. PT ADVISED NG CHEST PAIN AND EEATH FOR THE LAST	A1	101	DEFICIENCY)			
	NEED ANOTHER SU BIG TOE OF HIS LEF NOTED THAT PT'S E ALSO SHORT RUI	ISED HE WAS GOING TO RGERY TO REMOVE THE FT FOOT. IT WAS NOW EKG WAS SHOWING NS OF A WIDE COMPLEX REMAINED COMPLETELY						

· · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED	
						С	
		340002	B. WING _		/	12/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE			
				509 BILTMORE AVE			
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		ASHEVILLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
A1101	Continued From page	e 298	A11	01			
	A&Ox4PTWASPI						
		(YGEN WITH NOTED					
		BREATHING, ACCORDING					
	TO THE PT. PT WAS	•					
		TO (Hospital) WHILE					
		ALS WERE CONTINUALLY					
		CESS WAS OBTAINED PT					
	WAS FOUND TO HY	PERGLYCEMIC (high blood					
	sugar). PT ADVISED	HE HAD NOT BEEN ABLE					
	TO TAKE HIS INSUL	IN YET TODAY PT WAS					
	ADMINISTERED FLU	JID AS RECORDED PT					
	ADVISED HIS CHES	T PAIN WAS A 6/10 AND					
	THAT TAKING A DEI	EP BREATH HURT. PT					
		BEEN GOING ON ALL					
		T CHANGED. (Hospital)					
		FOR PT NOTIFICATION.					
		(Hospital) PT WAS TAKEN					
	· ·	RE (EMS) WAITED FOR					
	ER PERSONNEL TO						
	HANDOFF REPORT						
		NITORED. A FACILITY RN AND A FULL REPORT WAS					
		E WAS TRANSFERRED TO					
		I" EMS record review					
		rived to the hospital with					
		nd care was transferred to					
		(1 hour, 19 minutes after					
	II -	aled EMS staff continued					
	,	2 after arrival with vital signs					
	_	5-6 minutes. The last					
	, ,	igns were at 1858 with BP					
		se 70, respirations 15, 99%					
		core of 6. A note was made					
		ays" that indicated "ED					
	Overcrowding/ Trans	fer of Care"					
		al record, on 11/14/2023,					
		arrived to the hospital on ria EMS. Review of "ED					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		340002	B. WING			C 12/09/2023
NAME OF PR	ROVIDER OR SUPPLIER	0.10002		STREET ADDRESS, CITY, STATE, ZIP CODE		12/09/2023
MEMORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1101	Continued From page	e 299	A11	01		
	and 7 minutes after a pre-hospital blood glu "3-urgent". Vital signs Pulse 72, Respiration and oxygen saturatio oxygen. Patient #2's Review of the "ER Re	scose of 459 and an acuity of were: Temperature 97.9, is 20, blood pressure 106/69 in of 100% on 4 liters pain score was 7.				
	66-year-old male pati emergency departme complaint of chest pa	023 at 1845, revealed " ent presents (to the) ent today via EMS for chief in and shortness of breath. e has had chest pain and				
	Patient reports that he has had chest pain and shortness of breath ongoing over the past week and reports that these symptoms are aggravated with exertion. He also reports aggravation to shortness of breath with lying supine and he					
	symptoms and also hearlier today. He repo breath are still preser	and acute worsening to his ad a syncopal episode orts pain and shortness of t. He states that he also has				
	ongoing over the pas states that he has uld	ity swelling which has been t couple of weeksHe er to the first metatarsal of xtends to his bone. He				
	the first digit of his lef patient currently takin Diflucan (antifungal),	nned to have amputation of t foot this coming Friday og ciprofloxacin (antibiotic , and Duricef (antibiotic).				
	they gave patient 324 pressure was approx gave one L (liter) of n	imately 96 mmHg. They ormal saline IV blood				
	patient had 7 beat rur tracing in route with p and occasional bigen	ow. EMS also reports that of V tach on their EKG atient now in sinus rhythm niny. Ordered EKG and for netry Point-of-care CBG				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	` ′	PLE CONSTRUCTION G	` '	(X3) DATE SURVEY COMPLETED	
						С	
		340002	B. WING _		12/	/09/2023	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMODIA	I MICCIONI LICODITAL A	ND ACUEVILLE CURCERY OF		509 BILTMORE AVE			
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE			ASHEVILLE, NC 28801				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SEC		COMPLETION DATE	
A1101	Continued From page	∋ 300	A11	01			
	(blood sugar), CMP (comprehensive metabolic					
	panel), CBC (comple	te blood count), troponin,					
	proBNP, D-dimer, lac	tic acid, and portable 1 view					
		EKG obtained and notes					
	-	Cs and 4 beat run of V tach					
		called to patients bedside for					
		ssumed care of patient. CPR					
		alled lab to request results of					
		ble as soon as possible.					
	Labs resulted after ar						
	attempt failed. Patien etiology to cardiac an						
	(Myocardial infarction						
	(iviyocardiai iiilarctioi	r riodit ditdoky.					
	Review revealed a St	at order for an EKG at 1841.					
		I an EKG was completed					
		s after ordered and 1 hour					
	and 12 minutes after	arrival). Review of lab					
	orders revealed the fo	ollowing lab tests were					
		t at 1841 (48 minutes after					
	Patient #2 arrived): La						
		abolic panel), Troponin,					
	D-Dimer, Pro B-Type	•					
	,	vith Differential. Review of					
		abs were collected as Nurse					
	· ·	ninutes after the lab orders). ed cardiac arrest at 1953, 2					
		ed Cardiac arrest at 1953, 2					
		2012. The D-Dimer resulted					
		5. The Pro BNP resulted as					
		ce range 5-125) at 2023 and					
		l as 0.460 (High - reference					
		t 2039 (1 hour 19 minutes					
		ected; 1 hour, 58 minutes					
		The physician was notified.					
	Review revealed the	physician was notified 2					
	hours, 46 minutes aft	er Patient #2 arrived to the					
		fter the patient expired).					
	Review revealed dela	ays in ordering, collecting					

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
711101 12111 01	CONTRECTION	IBERTI IO/THEITHOMBER	A. BUILDING	i <u></u>		
			5 14/11/0		С	
		340002	B. WING		12/09/2023	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMODIA	I MICCION LIGORITAL A	ND ASHEVILLE SURGERY CE		509 BILTMORE AVE		
WEWORIA	L MISSION HOSPITAL A	ND ASHEVILLE SURGERT CE		ASHEVILLE, NC 28801		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PRÉFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD I		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE SALE	
A1101	Continued From page 301		A110	1		
	and resulting the labs EKG.	and a delay in obtaining an				
	Review of the "FR Re	eport", service date/time				
		evealed "The patient was				
		he emergency department				
		Work-up for chest pain				
	and syncope were un	derway. I was called to the				
	-	953 for cardiac arrest. Staff				
		ents before the patient had				
		. CPR (cardia pulmonary				
		tiated. The patient was				
	placed on a monitor a					
	-	ricular tachycardia (fast				
	• ,	eived electrical therapy and				
		atient received high-quality He would briefly show signs				
	•	ting adequate cerebral				
	perfusion (blood to the	- ·				
		mained without an organized				
		ntinuation of CPR. He				
	•	es of electrical therapyHe				
		as well as amiodarone				
	(medication for irregu	lar heart rhythm) for shock				
	refractory ventricular	tachycardia. Ventricular				
	tachycardia progresso	ed to ventricular fibrillation				
		thmia). He also received				
	multiple doses of epir					
		6 (advanced cardiac life				
		oulseless arrest. He was				
		ne physician assistant to the				
		n the details of the initial				
	•	the resuscitation I took the				
		the available work-up. The				
		me for review at 2002For				
	this patient who prese	• •				
	syncope, and suπered suffered an MI or rhyt	d cardiac arrest has either				
	=					
	reviewed his medicati	ons I made attempts to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	340002	B. WING		C 12/09/2023		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MEMORIAL MISSION HOSPITAL AND	ASHEVII I E SURGERY CE		509 BILTMORE AVE			
MEMORIAL MISSION HOSPITAL AND	ASITEVILLE SUNGENT CL		ASHEVILLE, NC 28801			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
A1101 Continued From page 30	2	A11	01			
addressreversible car resuscitation proceededto asystoleAfter 30 he remained in asystole. agreed that further resus the patient was pronou 10/17/23 20:38:56 I re chemistry lab. Troponin i Diagnosis/Disposition Ventricular tachycardia Complex tachycardia Complex tachycardia (raprevealed there was poten unstable quickly. By the hospital there were just a stated they arrived to the were assigned a room at room and there was a pacaused the wait. EMS #7 the patient started to get fluids had emptied, so th gathered another bag of EMS, was on supplement complaints at the time. In got the patient into an ED was no nurse for report. minutes after arrival), pe able to give hand-off reports.	the rhythm progressed minutes of resuscitation All team members citative efforts were futile unced dead at 8:24 PM ceived a (sic) from the s 0.46 Chest pain Syncope Cardiopulmonary arrest" 11/20/2023 at 1415 with responded to a call for a nd shortness of breath. (G the heart was very (arrhythmias), PACs hort runs of wide bid heart rate). Interview natial for things to turn time they got to the afew PVCs. EMS #70 hospital at 1750 and stated at some point hypotensive and the e other EMS staff fluids. Patient #2, per natal oxygen and had no naterview revealed they bed at 1845 but there At 1907 (1 hours, 17 interview, EMS was ourt to a nurse. Interview in more common recently fing issue. PA #71, on 11/15/2023	All				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		((X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023	
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	<u>_</u>	12/09/2023	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A1101	with EMS and there we #71 stated he saw the and placed orders. In had not been triaged Interview revealed properties and the rhythm improses the EMS monitor prior the EMS monitor prior the EMS monitor prior the EMS monitor prior the EMS monitor prior the ED, the PA stated were another 4 beats sustained; the patien moved to another part #2 after he got in an Interview revealed the evaluation was 20 minuterview revealed the evaluation was 20 minuterview revealed the #2's room was busy a patient, so a radio recommended Patient #2's room was busy a patient, so a radio recommended Patient #2's room was busy a patient, so a radio recommended Patient #2 placed on a monitor to Assistant (CNA). RN from EMS. Interview available when Patient When RN #66 went to #2 had just been put alert and talking. RN #2 was triaged, RN #were not drawn until accepted and in a room a room and care hand	were no rooms available. PA e patient while in the hallway terview revealed the patient he was still in the hall. ior to arrival the patient had hately 8 beats", of V tach. PA t was given a liter of fluids oved. Patient #2 remained on or to getting a formal EKG in d. Interview revealed there of V tach but it was not t appeared stable. PA #71 tient and did not see Patient ED room until the PA heard ded. Interview revealed be closely monitored. e goal for the screening nutes from arrival. with RN #66, on 11/16/2023 e nurse assigned to Patient and not able to triage the quest for help was made and did the hand-off with EMS 2. The patient had been by the Certified Nursing #66 then received report revealed there was no bed ont #2 first arrived by EMS. to triage the patient, Patient in a room and was stable, #66 stated that after Patient 66 drew blood for labs; labs	A11				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340002	B. WING _			C 12/09/2023	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		120312020	
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A1101	MD #72 revealed he Patient #2 and immerevealed the expect was an EKG within a provider within 10 there is a chest pain to be activated by a acknowledged there Interview revealed in would have gone stream started. Patient #2 was broughome. The patient a with chest pain and The provider ordere after Patient #2 arrive collected by nursing after orders), after the (1 hour and 7 minuted was on a cardiac mode) EMS until triage a completed until 1900. 1 hour 12 minutes and D-Dimer did not restelle vated Troponin desided due to a car and the patient expiraccept the patient unresulting in delayed 10. Closed medical revealed a 41 year of ED (emergency dependominal pain, naughto in the patient pain, naughto in the patient pain and the patient unresulting in delayed 10. Closed medical revealed a 41 year of ED (emergency dependominal pain, naughto in the patient pain, naughto in the patient pain and pain, naughto in the patient pain and pain, naughto in the patient pain and pain, naughto in the patient pain and pain, naughto in the patient pain and pai	on 11/16/2023 at 1100 with heard the overhead page for ediately responded. Interview ation for chest pain patients 10 minutes and to be seen by minutes. Interview revealed protocol but the protocol had	A11	01			

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	IND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1101	past medical history. revealed vital signs wia EMS. Review of EScreening Examinati 1653. Further review (computed tomograp appendicitis and genat 1652. Review of plorder for q4h (every An order for Dilaudid PRN (as needed), paorder for Dilaudid 0.5 at 1734. Review of Ewas assigned to RPC of ED record revealed 1759. Review of MAF record) revealed the 4mg at 1757 and Dila of the General Surge 1820 revealed a plan laparoscopic appendiantiemetics as needer revealed the patient 1830. Review of ED at 1832 and vital sign hours and 9 minutes Interview on 11/14/20 revealed it is typically up to an hour. Interview on the wall" but no RN has been assising Review on 11/16. Review on 11/16.	Review of EMS run report vere taken at 1526 and 1555 ED record revealed a Medical on (MSE) was performed at of MSE revealed the CT hy) was consistent with eral surgery consult placed hysician orders revealed an 4 hours) vital signs at 1729. 0.25mg (milligram) Inj. Q3h, ain (refractory) at 1729. An Img Inj. Q15min, PRN, pain, D record revealed the patient DD-Hall 18 at 1756. Review d a pain assessment of 10 at R (medication administration patient was given Zofran audid 0.5mg at 1759. Review ry History and Physical at the proceed with ectomy. Pain control and ed. Review of ED record was transferred to preop at record revealed triage time as documented at 1832 (2 after the patient's arrival). D23 at 1153 with RN #91 and RN (registered nurse) MS stays with the patient in medical attention. Interview of not a long wait but can be dew revealed patients can be defined in the patient of the patient o	A11	01		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3	(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C 12/09/2023
	ROVIDER OR SUPPLIER	ND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801		120312023
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1101	policy revised 11/202 Patients are assesse every 12-hour shift for and/or wounds. SCO services, critical accer related services. Eme (ED)DOCUMENTA details: type, bed color amount), undermining erythema. Document Review on 11/16/202 Reassessment" polici "PURPOSE: A. The assessment/reassess patient the best care in ursing process is uti goal. This process in planning, implementi care or treatment". Closed medical recon Patient #26 revealed presented to the Eme EMS (Emergency Ma 09/01/2022 at 1845 for pain, decreased apped diarrhea, and right-ca Note dated 09/01/202 provider indicated: "A ordered bacitracin an apply a Xeroform dre #26's closed medical documentation that a applied bacitracin an applied bacitracin an patient's right-calf bu patient was transferre A5-West on 09/03/20	don admission and once or alterations in skin integrity PE:Inpatient, acute care ess hospitals, and other ergency Department artions: Document wound or, odor, drainage (color and g/tunneling, induration, and intervention". 3 of the "Assessment and by revised 06/2021 revealed: e goal of the sment is to provide the and treatment possibleThe articles in order to achieve this cludes assessing, analyzing, and, and evaluating patient are argency Department (ED) via anagement Services) on or complaints of abdominal entite, watery non-bloody alf burn. Review of an ED 22 at 2130 per medical assessment/PlanBurn. I and instructed the nurse to ssing". Review of Patient record lacked in ED nurse assessed and dia Xeroform dressing to the rin. Review revealed the end to inpatient room #566	A11	01		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X	(X3) DATE SURVEY COMPLETED	
		340002	B. WING			C	
	ROVIDER OR SUPPLIER	AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	_ E	12/09/2023	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
A1101	completed on 09/04 Inpatient Wound/Os dated 09/04/2022 at consult received for wound bed, superfice (Registered Nurse) able to prioritize this recommend provide be applied generous gauze, then dry gau only follow if wound treament-please recof a physician's order indicated: "Bactroba applied three times for 7 days to right-carevealed a lack of dapplication of the aftereatment per nursing closed medical record documentation relatives the consultation of the patitives."	definition of the patient's right calf wound in the communicated with RN and patient to day. Would be patient today. Would be patient today. Would be patient today. Would be patient today. Would be patient today. Would be patient today. Would be patient today. Would be patient today. Would be patient today. Would be patient today. Would be patient today. Would be patient today. Will be worsend with appropriate bonsult if this occurs. Review be redated 09/04/2022 at 2100 and topical 2% cream to be daily at 0900, 1500, and 2100 alf wound. Record review becomentation related to the corementioned wound and generated to the patient's and lacked nursing the patient's right calf wound from ED on 09/01/2022 through	A11	01			