

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation was conducted November 13, 2023, through November 17, 2023; November 27, 2023 through December 1, 2023; and December 4, 2023 through December 9, 2023 to evaluate the hospital's compliance with the Medicare Conditions of Participation. The investigation resulted in the identification of Immediate Jeopardy (IJ) to patients' health and safety on December 1, 2023, at 1200 as a result of incidents that occurred on 08/14/2023; 07/05/2022; 07/04/2022; 04/05/2022; 10/03/2023; 10/31/2023; and 10/17/2023. 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 the delivery of care to emergency department patients by failing to accept patients on arrival to the emergency department resulting in delays or failure to triage, assess, and implement orders. A provider in the Emergency Department failed to provide safe care and did not evaluate a patient's critical condition and sounding alarms upon a family's request.</p> <p>1. 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 (Clinical Institute Withdrawal Assessment - assessment tool used for alcohol withdrawal) at 1841, and Ativan</p>	A 000	<p>Mission Hospital holds the safety of all patients, staff, and visitors as its highest priority. Immediately on receipt of survey findings, the senior leadership team met and initiated intensive review and root cause analysis (RCA) of each of the findings, formulating a plan of correction to fully address all tags identified as out of compliance, resulting in system changes as identified within this report. Based on this intensive analysis including RCAs, review of medical records cited, policies, procedures, and practices currently in place, along with staff interviews, a comprehensive plan of correction was formulated and reviewed by the Quality Committee (QC), Medical Executive Committee (MEC), and Board of Trustees (BOT).</p> <p>A multidisciplinary leadership team formulated this Plan of Correction (POC) to fully address all CMS tags identified as out of compliance which resulted in the system changes documented in this report. Based on this intensive analysis including RCAs, review of medical records, policies, procedures, and practices currently in place, along with staff interviews, a comprehensive plan of correction was formulated and reviewed by the Quality Council, Patient Safety Committee, Medical Executive Committee (MEC), and Board of Trustees (BOT). This plan of correction is intended to demonstrate the facility's commitment to compliance with applicable state and federal requirements. The following team members contributed to the review and implementation of this corrective action plan:</p> <p>Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Nursing Officer (CNO), Chief Medical Officer (CMO), Associate Chief Medical Officer (ACMO), Associate Chief Nursing Officers (ACNOs), Vice President Emergency Department, Emergency Department Medical Director, Laboratory Medical Director, Laboratory Director, and Vice President of Quality.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/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: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 000	Continued From page 1 (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. 2. Patient #28 presented to the ED on 07/05/2022, was critically ill, intubated and diagnosed with bacterial meningitis. The patient developed a low blood pressure and a 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 PAs assigned patient. The patient arrested. A new Levophed bag was hung. The patient and IV were not monitored and the bag ran dry with subsequent cardiac arrest. 3. Patient #27 arrived in the ED on 07/04/2022 at 0025 with abdominal pain reported as a pain level of 10 of 10. The patient had a STAT CT of the abdomen and pelvis ordered at 0028 that resulted at 0755 (7 hours and 27 minutes after ordered) as positive for a small bowel obstruction. Orders for STAT lab work were placed at 0028. Lab	A 000	Upon notification of Immediate Jeopardy (IJ) from the NCDHHS, on Friday December 1, 2023 the Mission Hospital team promptly began implementing mitigation and process changes to ensure alignment with the Conditions of Participation (CoPs) identified under Nursing Services, Emergency Services, and Patient Rights. An IJ abatement plan was submitted and presented to the state surveying agency (NCDHHS) on December 4, 2023 with actions believed to be sufficient to address and abate the IJ situation identified; this plan of abatement was further enhanced through the comprehensive plan of correction submitted (and subsequently detailed below) February 6, 2024 and will continue to be enhanced through clarification and ongoing dialogue and feedback from NCDHHS and CMS Office, Region 4. Immediate actions (began December 1, 2023 and continue through current day) included: <ul style="list-style-type: none"> • Memo to all Medical Staff setting expectations around responsiveness to emergent patients, as noted in the comprehensive plan of correction associated with A-tags A068, A092 • Review of Arrival to Triage performance, audit, and process changes for EMS and Walk in patients, as further defined in the comprehensive plan of correction associated with A-tags A068, A092, A385, A392, A398, A1100, and A1101 • Review of Arrival to EKG audit process, as further defined in the comprehensive plan of correction associated with A-tags A068, A092, A385, A392, A398, A1100, and A1101 • Review of Medication Assessment/Reassessment audit process, as further defined in the comprehensive plan of correction associated with A-tags A068, A092, A385, A392, A398, A405, A1100, and A1101 		

- 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 ED

			<p>Summary of policies/guidelines and any other documents reviewed or revised during POC development:</p> <ul style="list-style-type: none"> • 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-Behavioral Health Settings: Identification and Monitoring, 1PC.PSY.0102 • Emergency Department Ligature Risk Assessment • CIWA Withdrawal Plan 2/22 	
--	--	--	--	--

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

<p>A 000</p>	<p>Continued From page 2</p> <p>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.</p> <p>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</p>	<p>A 000</p>		
--------------	--	--------------	--	--

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

(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 000	<p>Continued From page 3 a change in condition (not breathing).</p> <p>5. Patient #6 arrived to the ED as a transfer on 10/03/2023 at 1942 by EMS. The patient was 10 days postpartum in a hypertensive crisis with stroke-like symptoms, including left facial droop, left arm and left leg weakness. Magnesium Sulfate IV was started en route. The patient waited in the ED for a bed and continued to be managed by EMS. No documentation was noted by a medical provider until 2223 and Patient #6 was not triaged or assessed by hospital nursing staff until 2227 (2 hours 45 minutes after arrival by EMS). There was a delay in accepting the patient and a delay in triage, assessment, and monitoring by nursing staff.</p> <p>6. Patient #1 arrived as a transfer on 10/31/2023 at 2314 by EMS with a hemorrhagic stroke. No triage, nursing assessment or evaluation was completed in the ED. The patient was transported to the NSICU (Neuroscience's Intensive Care Unit) on 11/01/2023 at 0105. A nursing note was written that stated the nurse was only transporting the patient to the inpatient unit and had not assumed care of the patient. The first nursing vitals or assessment were done at 0110 in NSICU. EMS monitored Patient #1 in the ED and nursing failed to accept, triage and provide care to a patient in the ED.</p> <p>7. Patient #2 was brought into the ED by EMS from home. The patient arrived on 10/17/2023 at 1753 with chest pain and a Syncopal episode at home. The provider ordered labs at 1841 (48 minutes after Patient #2 arrived), and the labs were not collected by nursing staff until 1920 (39 minutes after the lab were ordered), after the patient was triaged at 1900 (1 hour and 7 minutes</p>	A 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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 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 000	<p>Continued From page 4</p> <p>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.</p> <p>Facility leadership staff was notified on the Immediate Jeopardy (IJ) identification on December 1, 2023, at 1200. The IJ was determined to be ongoing.</p> <p>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.</p> <p>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</p>	A 000		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 000	<p>Continued From page 5</p> <p>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 (heart arrhythmias). Findings of an EKG at 2110 showed ST elevation, **ACUTE MI/STEMI (heart attack)**. A STEMI Code Activation was initiated for an evolving lateral STEMI. 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 continuous telemetry.</p> <p>2. Patient #83 presented to the ED with dizziness on 11/28/2023 at 1216. The patient had STAT lab work ordered at 1218 with continuous ECG monitoring. Labs were drawn at 1358 (1 hour and 40 minutes after ordered). Labs arrived at the lab at 1412 and resulted at 1532 (3 hours and 14 minutes after ordered). The blood glucose was 1137 (critically high). Insulin IV infusion was 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 hours ordered at 1739 were never initiated. At 2329 an IV infusion of D51/2 KCL was ordered that was not completed until 0157 (2 hours and 8 minutes after ordered). Lactic acid was ordered NOW at 0127 for nurse collect in the ED. At 0200 a physician wrote there was a delay in labs and fluids so stopped the insulin IV infusion. The lactic acid was not collected in the ED. At 0529 the original lactic acid NOW, order was canceled and reordered as lab collect NOW on the floor. It was collected at 0844 (3 hours and 15 minutes after ordered at</p>	A 000			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 000	Continued From page 6 0529) and resulted at 1108 (9 hours and 41 minutes after originally ordered at 0127) with a result of 7.48 critical high. A second lactic acid was reordered at 1108 and resulted at 1256 (1 hour and 36 minutes after ordered) with result of 11.96 critically high. A rapid response was called previously at 1158, the patient was intubated at 1247, and ultimately expired on 11/30/2023. 3. Observations on 11/13/2023 during the tour of the ED revealed the Green Pod had twelve patient rooms, eight of which housed adolescent behavioral health patients. Only three of the eight patients had a sitter at the door. All of the patients had a corded call bell in the room. Tour of the Purple Pod, on the same day, revealed twelve patient care rooms. Eleven of the rooms housed patients. Each patient had corded call bells. There were two sitters available for the eleven patients. Facility leadership staff was notified on the IJ identification on December 9, 2023, at 1700. The IJ was determined to be ongoing.	A 000			
A 043	GOVERNING BODY CFR(s): 482.12 There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ... This CONDITION is not met as evidenced by: Based on policy review, Quality Performance Improvement Plan review, medical record review,	A 043	Subject of Deficiency – A 043 The hospital's governing body failed to provide oversight and have systems in place to ensure the protection and promotion of patient's rights to ensure a safe environment for emergency department patients; failed to maintain an organized and effective quality assessment and improvement program; failed to have an organized nursing service to meet patient care and safety needs and failed to meet the emergency needs of patients.		

		<p>Each individual Condition of Participation's cross-referenced tag in this section will be outlined in the appropriate tags section below.</p> <p>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.</p> <p>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.</p> <p>The plan of correction demonstrates the facilities commitment to compliance with all applicable conditions of participation requirements.</p> <p>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.</p> <p>Monitor for Compliance: The governing body will provide oversight of the plan of correction implementation and sustained improvements.</p> <p>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.</p> <p>Owner: Chief Executive Officer/COO</p>	<p>2/2/24</p>
--	--	--	---------------

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 043	<p>Continued From page 7</p> <p>Emergency Medical Services (EMS) trip report review, incident report review, observations, environmental risk assessment review, pharmacy unit inspection review, personnel file review, hospital document review and staff and provider interviews, the hospital's governing body failed to provide oversight and have systems in place to ensure the protection and promotion of patient's rights to ensure a safe environment for emergency department patients; failed to maintain an organized and effective quality assessment and improvement program; failed to have an organized nursing service to meet patient care and safety needs and failed to meet the emergency needs of patients.</p> <p>The findings included:</p> <p>1. The hospital's leadership failed to ensure a medical provider was responsible for monitoring and ensuring the delivery of care to patients presenting to the emergency department. Nursing staff failed to provide care to emergency department (ED) patients by failing to triage upon arrival, assess, monitor, and provide care and treatment as ordered for 11 of 35 ED records reviewed (#92, #83, #43, #28, #27, #29, #6, #1, #2, #12 and #26).</p> <p>Cross refer to §482.12 Governing Body Standard: Tag A 0068.</p> <p>2. The hospital's leadership failed to ensure emergency care and services were provided according to policy and provider orders by failing to accept patients upon arrival to the emergency department, evaluate, monitor and provide treatment to emergency department patients to prevent delays and/or lack of triage, nursing</p>	A 043			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 043	<p>Continued From page 8</p> <p>assessment, and implementation of orders, including lab, telemetry and medication orders for 11 of 35 ED records reviewed (#92, #83, #43, #28, #27, #29, #6, #1, #2, #12 and #26).</p> <p>Cross refer to §482.12 Governing Body Standard: Tag A 0092.</p> <p>3. The hospital staff failed to ensure a safe environment for behavioral health patients subject to self-harm in the 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).</p> <p>Cross refer to §482.13 Patient Rights' Standard: Tag A 0144.</p> <p>4. The hospital staff failed to ensure tracking and trending of medical errors by failing to document incidents for improvement opportunities and failing to investigate potential causes and identify corrective action for 7 of 94 sampled patients reviewed (#58, #27, #59, #50, #13, #50, #2).</p> <p>Cross refer to §482.21 Standard: QAPI Quality Improvement Activities, Tag A 0286.</p> <p>5. The hospital's leadership failed to provide 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. (#58, #27, #59, #50, #15, #13 and #2).</p> <p>Cross refer to §482.21 Standard: QAPI Standard:</p>	A 043			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 043	<p>Continued From page 9 Tag A 0309.</p> <p>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).</p> <p>Cross refer to 482.23 Nursing Standard: Tag A 0392.</p> <p>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, telemetry, medication and treatment orders for 11 of 35 ED records reviewed (#92, #83, #43, #28, #27, #29, #6, #1, #2, #12 and #26).</p> <p>Cross refer to §482.23 Nursing Standard: Tag A 0398.</p> <p>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 35 patients presenting to the emergency department (#92, #83, #43, #28, #27, and #26).</p> <p>Cross refer to §482.23 Nursing Standard: Tag A 0405.</p> <p>9. The hospital staff failed to have available laboratory services to meet the identified turn</p>	A 043			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 043	Continued From page 10 around times for STAT results for 3 of 35 patients presenting to the hospital's emergency department (#83, #27, #2), and failed to ensure timely laboratory results for 3 of 3 patients that had lab specimens sent to Hospital A's lab from Hospital B (#11, #93 and #94). Cross refer to §482.27 Laboratory Services Standard: Tag A 0583. 10. Emergency department (ED) nursing staff failed to ensure emergency care and services were provided according to policy and provider orders by failing to accept patient upon arrival to the ED, evaluate, monitor and provide treatment to emergency department patients to prevent delays and/or lack of triage, nursing assessment, and implementation of orders, including lab, telemetry and medication orders for 11 of 35 ED records reviewed (#92, #83, #43, #28, #27, #29, #6, #1, #2, #12 and #26). Cross refer to §482.55: Emergency Services Standard Tag A 1101.	A 043			
A 068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE CFR(s): 482.12(c)(4) [...the governing body must ensure that the following requirements are met:] A doctor of medicine or osteopathy is responsible for the care of each Medicare patient with respect to any medical or psychiatric problem that-- (i) Is present on admission or develops during hospitalization; and (ii) Is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor;	A 068	Subject of Deficiency A 068: The hospital's leadership failed to ensure a medical provider was responsible for monitoring and ensuring the delivery of care to patients presenting to the emergency department. Nursing staff failed to provide care to emergency department (ED) patients by failing to triage upon arrival, assess, monitor, and provide care and treatment as ordered. Each individual Condition of Participation's cross- referenced tag in this section will be outlined in the appropriate tags section below.		

			<p>Plan of Correction:</p> <p>Immediate Actions Taken</p> <p>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.</p> <ul style="list-style-type: none"> • Arrival to triage – implementation of time stamp process to capture accurate arrival times including rapid triage process <ul style="list-style-type: none"> ○ 12/1/23 Education - Staff were 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 Timestamp implementation process - Education for staff regarding process for accurately reflecting patient time of arrival to time of triage ○ 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 <ul style="list-style-type: none"> ○ 12/1/2023 Staff education with attestation ○ 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 <ul style="list-style-type: none"> ○ 12/2/2023 Staff education with attestation 	<p>12/1/23</p> <p>12/1/23</p> <p>12/1/23</p> <p>12/2/23</p>
--	--	--	---	---

			<ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ 12/2/2023 CNO and VP Emergency Services meeting to level set on CNC expectations • ED tracking board enhancements to include vital signs, telemetry, pain reassessment, and EKG icons <ul style="list-style-type: none"> ○ 12/2/2023 EKG icon education boost ○ 12/21/2023 Stethoscope icon ○ 12/26/2023 Telemetry • 12/6/2023 Multi-disciplinary team with 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 was in place through the implementation of the front-end redesign). • 12/6/2023 Multi-disciplinary team with ER staff, facility executives, CSG, patient access, performance improvement, to develop a process to off-load EMS • 12/14/2023 Instituted rapid triage 	<p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/21/23 12/26/23</p> <p>12/6/23</p> <p>12/6/23</p> <p>12/14/23</p>
--	--	--	--	---

			<p>process</p> <ul style="list-style-type: none"> • 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 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 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. <p>Ongoing Actions:</p> <p>Monitoring of patient condition beginning with RN triage, vital signs are obtained by providing qualified personnel for ongoing rounding.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 1/5/2024 direction was given for closed loop communication within 60 minutes of escalated 	<p>12/12/23</p> <p>12/14/23</p> <p>12/20/23</p> <p>12/29/23</p> <p>1/5/24</p>
--	--	--	--	---

			<p>barriers via internal communication tool</p> <ul style="list-style-type: none"> • ED tracking board enhancements to include vital signs, telemetry, pain reassessment, and EKG icons <ul style="list-style-type: none"> ○ 2/1/2024 EHR enhancement of visual cue at 30 minutes to prompt staff to better capture post-medication administration assessments • 1/20/2024 Meeting between Radiology, ED, and Quality Leadership to review ED current processes and opportunities. Applicable actions taken from that meeting include: <ul style="list-style-type: none"> ○ 1/25/2024 Modification of HCG order process to streamline results ○ 1/30/2024 Structured communication to close loop on identified opportunities for improvement ○ 1/30/2024 Standardized process to facilitate patient readiness for CT • 1/22/2024 Regional EMS Coordinator hired for coordination and communication with EMS • 1/26/2024 Process implemented to 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 end re-design <ul style="list-style-type: none"> ○ 1/5/2024 Process in place to evaluate need for additional triage RN during peak hours ○ 1/5/2024 Developed triggers for triage escalation and posted at triage desk ○ 1/5/2024 Assessment/Re-assessment policy review ○ 1/11/2024 Due diligence walk through with ER Operations and IT ○ 1/11/2024 Front-end multidisciplinary team design session ○ 1/12/2024 Assessment/Re-assessment policy approved by CNO and Nursing 	<p>2/1/24</p> <p>1/20/24</p> <p>1/25/24</p> <p>1/30/24</p> <p>1/30/24</p> <p>1/22/24</p> <p>1/26/24</p> <p>1/30/24</p> <p>1/30/24</p> <p>1/30/24</p> <p>1/5/24</p> <p>1/5/24</p> <p>1/5/24</p> <p>1/11/24</p> <p>1/11/24</p> <p>1/12/24</p>
--	--	--	---	---

			<p>Operations Council</p> <ul style="list-style-type: none"> ○ 1/12/2024 Staff participated in organization and set-up of Critical Supply Room 1/12/24 ○ 1/12/2024 Walkthrough with BioMed for wall mounted cardiac monitors 1/12/24 ○ 1/13/2024 Mock set-up of room 32 1/13/24 ○ 1/15/2024 Addition of script printer in room 115 1/15/24 ○ 1/15/2024 IT refresh complete 1/15/24 ○ 1/16/2024 MD, Lab operations, IT agreement to new lab order process to expedite results for HCG 1/16/24 ○ 1/16/2024 Capital PO issued for 4 portable cardiac monitors 1/16/24 ○ 1/16/2024 Added additional 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 1/16/24 ○ 1/17-29/2024 Reconfigured front-end area 1/29/24 ○ 1/17/2024 Per staff request, 3 additional vital sign machines provided 1/17/24 ○ 1/17/2024 Front-end multidisciplinary team education and roles and responsibilities review 1/17/24 ○ 1/18/2024 Front-end education of ER providers in January provider meeting by ER Medical Director 1/18/24 ○ 1/23/2024 Standardization of supply carts 1/23/24 ○ 1/18/2024 Confirmed Team Health Leadership participation during 1/30 go-live 1/18/24 ○ 1/18/2024 Standardization and escalation of Pharmacy order verification under the MAR education 1/18/24 ○ 1/18/2024 Worked with pharmacy to standardize medication storage units 1/18/24 ○ 1/18/2024 Added medication refrigerator to the medication storage unit 1/18/24 	
--	--	--	--	--

			<ul style="list-style-type: none"> ○ 1/18/2024 Educate staff on defined roles/responsibilities and standard work flow ○ 1/19/2024 Designated location for discharge paperwork and standardized process ○ 1/22/2024 Streamlined laboratory process for COVID, Flu, and RSV to improve timeliness of results ○ 1/23/2024 Confirmed 100% of providers received education on front-end process re-design ○ 1/24/2024 Front-end multidisciplinary team Go/No Go meeting with decision to move forward ○ 1/25/2024 Launch discharge print button to support greater efficiency for the providers to print discharge instructions ○ 1/26/2024 Greet tracker installed in provider area ○ 1/26/2024 Streamlined laboratory process to expedite results for HCG ○ 1/26/2024 6 workstations on wheels (WOW) deployed for provider and CNC documentation efficiency (decreased time from arrival to first clinical order) ○ 1/29/2024 Increased staff efficiency by stocking blood culture bottles in all areas ○ 1/30/2024 Created intake teams to perform MSE, nursing documentation, and implement initial interventions in Internal Processing Area (IPA) ○ 1/30/2024 Deployed 4 portable cardiac monitors <p>Education:</p> <p>Education provided to currently working eligible and targeted 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</p>	<p>1/18/24</p> <p>1/19/24</p> <p>1/22/24</p> <p>1/23/24</p> <p>1/24/24</p> <p>1/25/24</p> <p>1/26/24</p> <p>1/26/24</p> <p>1/26/24</p> <p>1/29/24</p> <p>1/30/24</p> <p>1/30/24</p>
--	--	--	---	---

			<p>(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.</p> <ul style="list-style-type: none"> • 12/2/2023 Education for ED nursing staff regarding process for accurately capturing patient arrival time for both walk in and EMS arrivals • 12/2/2023 Education provided to ED CNCs/ED Leadership regarding timely escalations and departmental oversight • 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 policy/protocol • 12/14/2023 ED nursing staff education with attestation post-opiate medication administration assessment • 12/21/2023 ED nursing staff education regarding telemetry order initiation • 12/21/2023 ED nursing staff education regarding telemetry initiation escalation process • 12/21/2023 Education/resource binder created for ED Central Monitoring Unit (CMU) staff • 12/21/2023 ED nursing and ED CMU staff educated regarding CMU escalation pathway • 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 • 1/18/2024 All ED staff education (all staff) for front-end redesign, order to collect, arrival to triage, arrival to greet, greet to first order • 1/18/2024 Provider education for front-end redesign • 2/2/2024 ED nursing staff Clinical Institute Withdrawal Assessment (CIWA) remedial education provided via shift huddles. 	<p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/14/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>1/15/24</p> <p>1/18/24</p> <p>1/18/24</p> <p>2/2/24</p>
--	--	--	---	--

			<ul style="list-style-type: none"> 2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on regarding ligature risk definition and documentation <p>Monitoring for Compliance/Audit Details:</p> <p>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.</p> <p>Daily monitoring of performance for the following:</p> <ul style="list-style-type: none"> 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 CIWA assessments per policy/protocol Realtime escalation of patient safety concerns CT order to exam <p>Sustained Compliance Audits to Ensure POC is Effective:</p> <p>Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)</p> <ul style="list-style-type: none"> 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) <p>Monitoring and tracking of EKG order-to-completion per policy/protocol</p> <ul style="list-style-type: none"> Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters. 	<p>2/6/24</p>
--	--	--	---	---------------

			<ul style="list-style-type: none"> • Numerator = # of compliant EKG order-to-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) <p>Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of pain medication assessment/reassessment per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of CIWA assessments per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team</p> <ul style="list-style-type: none"> • Facilitation of early event identification for timely investigation/action as appropriate • Monitor for trends 	
--	--	--	--	--

			<ul style="list-style-type: none">• Ensures routing of events to appropriate parties for review• Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) <p>Process improvement initiative – Tracking ED CT order-to-exam average time and trending outliers</p> <ul style="list-style-type: none">• 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) <p>Owner: Chief Nursing Officer/ Chief Medical Officer/ACNO/VP Emergency Services</p>	
--	--	--	---	--

--	--	--	--	--

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

(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 068	<p>Continued From page 11</p> <p>or clinical psychologist, as that scope is-- (A) Defined by the medical staff; (B) Permitted by State law; and (C) Limited, under paragraph (c)(1)(v) of this section, with respect to chiropractors.</p> <p>This STANDARD is not met as evidenced by: Based on policy review, medical record review, Emergency Medical Services (EMS) trip report review, incident report review, and staff and provider interviews, the hospital's leadership failed to ensure a medical provider was responsible for monitoring and ensuring the delivery of care to patients presenting to the emergency department. Nursing staff failed to provide care to emergency department (ED) patients by failing to triage upon arrival, assess, monitor, and provide care and treatment as ordered for 11 of 35 ED records reviewed (#92, #83, #43, #28, #27, #29, #6, #1, #2, #12 and #26).</p> <p>The findings included:</p> <p>Review of the Quality Improvement Plan approved by the hospital Chief Executive Officer (CEO), Board of Trustees Chair and Chief Medical Officer (CMO) on 04/24/2023 revealed, " ...The hospital-wide Performance Improvement Plan is designed to improve quality performance and patient safety, ultimately reducing the risk to patients. ... ACCOUNTABILITY ... The following individual and/or committees are accountable for setting expectations, developing plans, and implementing procedures to assess, improve quality, and measure performance improvement within the organization.....Medical Executive CommitteeMedical Staff / Medical Staff Department Chairman. The Medical staff shall be</p>	A 068		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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 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 068	<p>Continued From page 12</p> <p>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....."</p> <p>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 assessment including vital signs, pain scale,</p>	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 13 allergy, history of current complaint, current medications, exposure to infectious disease, and pertinent past medical/surgical history. B. Triage Acuity Level - The Emergency Severity Index (ESI) is a five level emergency department (ED) triage algorithm that provides clinically relevant stratification of patients into five groups from 1 (most urgent) to 5 (least urgent) on the basis of acuity and resource needs. C. Reassessment - A process of periodic re-evaluation of the patient's condition and symptoms prior to and during the initiation of treatment. Reassessment components may include some or all of the following: vital signs, a focused physical assessment, pain assessment, general appearance, and/or responses to interventions and treatments. Reassessment after the medical screening exam are performed by RN's (Registered Nurses) according to acuity or change in patient's condition. D. Vital Signs - Helps nursing personnel determine the stability of patients and acuity of those that are that are presenting with life-threatening situations or who are in high-risk categories. Usually refers to temperature, pulse rate, respiratory rate, and blood pressure. May include pulse oximetry for patients presenting with respiratory and/or hemodynamic compromise, and pain scale for those patients with pain as a component to their presenting complaint...PROCEDURE: ... B. All patients presenting for care will be evaluated by an RN. This RN should complete a brief evaluation of the patient, including immediate compromise to a patient's airway, breathing, or circulation..... H. If there is no bed available, the patient will need to wait in the lobby. While in the lobby, patient reassessment and vital signs should be documented in the health record in accordance with documentation guidelines....."	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 14 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	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 15 indicators of vulnerability. E. Reassessment: 1. Reassessment is ongoing and may be triggered by key decision points and at intervals based on the needs of the patients. Additional assessment/reassessment elements and frequency are based upon patient condition or change in condition, diagnosis, and/or patient history, not to exceed four hours. Interventions may warrant more frequent assessments...." 1. Closed medical record review on 12/09/2023 of Patient #92 revealed a 69 year-old male that presented to the emergency department on 11/09/2023 at 1149 via private vehicle with a chief complaint of chest pain. The patient was triaged at 1155 with a chief complaint of "Woken from sleep at 0400 with midsternal chest pain, described as sharp and pressure. No SOB (shortness of breath), arm/jaw/back pain, or diaphoresis (sweating). H/o (history of) colon CA (cancer) with mets (metastasis) to the lung, currently on chemotherapy. ..." Review revealed vital signs of blood pressure (BP) 125/60, pulse (P) 57, temperature (T) 97.4 degrees Fahrenheit, oxygen saturation (O2 Sat) 97% and a pain level reported as 2 (scale 1-10 with 10 the worst). Review revealed a triage level of 2 (level 1 most urgent). Review revealed a Medical Screening Examination by a physician was started in the waiting room area at 1209. Review of the physician's notes recorded the patient's chest pain had been waxing and waning, coming in waves and lasting about five minutes at a time. Review revealed a plan to conduct an ED chest pain work-up including a chest x-ray, EKG and labs including CBC, chemistry, lipase and troponin, and administer a dose of aspirin. Review recorded a differential diagnosis of GERD (gastroesophageal reflux disease), referred	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 16 abdominal pain, musculoskeletal chest pain, ACS (acute coronary syndrome), with lower suspicion for PE (pulmonary embolus) given no tachycardia, hypotension, or evidence of DVT (deep vein thrombosis) on exam. Review revealed the ED physician recommended admission for further chest pain workup based on risk factors. Review of physician's orders revealed labs were ordered at 1218, collected at 1320 and resulted at 1332. Review revealed a troponin result of 0.013 (normal). Review revealed a physician's order placed at 1218 for continuous ECG (telemetry) monitoring in the ED. Review of the ED record revealed no evidence that continuous ECG monitoring was initiated in the ED. A chest x-ray was ordered at 1220 and resulted at 1246 with normal results. An EKG was completed at 1224 which showed sinus rhythm with premature atrial complexes (PACs), with no changes when compared with a prior EKG done in 2022 per the physician's read. A troponin resulted at 1320 as 0.013 (normal) and a baby aspirin was administered as ordered at 1334. A second troponin ordered at 1607 and resulted at 1704 as 0.014 (normal). Review of a second EKG completed at 1628 revealed "Sinus rhythm with premature atrial complexes (PACs). Otherwise normal ECG. When compared with ECG of 09-Nov-2023 12:24, Non-specific change in ST segment in inferior leads. ST elevation now present in Lateral leads." Review recorded the ECG was confirmed by a physician on 11/09/2023 at 1821. Review revealed a physician's order at 1659 for nitroglycerine 0.4 milligrams (mg) sublingual every five minutes times three as needed (prn) chest pain. Record review revealed no nursing assessment/reassessment documented after the patient's triage was recorded at 1155. The patient was administered	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 17 Morphine (narcotic pain medication) 2 milligrams intravenously (IV) at 1703 by a medic for a pain level of 4. There was no reassessment of the patient's pain and no documentation of the patient's condition by a nurse. The patient was moved from the waiting room to a bed in the orange pod (admission holding area of the ED) at 1937. Nitroglycerine 0.4 milligrams sublingual was administered by a nurse times one for a pain level of 10 at 2013. Review revealed no reassessment of the patient's response to the medication intervention and no nursing assessment of the patient's condition was documented. The patient was transported from the ED to a medical surgical floor on 11/09/2023 at 2054. The patient was placed on continuous telemetry at 2111 when he was noted to be in Atrial Fibrillation with Rapid Ventricular Rate (abnormal heart rhythm). Review of the ECG completed at 2110 recorded an "ST elevation consider lateral injury or acute infarct ** ** ACUTE MI / STEMI (myocardial infarction or heart attack) ** ** ...". Review of a Cardiovascular Consult History and Physical documented on 11/10/2023 at 0020 as an Addendum revealed the patient "... went into AF/RVR (Atrial Fibrillation with Rapid Ventricular Rate) at 2110 hrs this evening with ECG demonstrating evolving high lateral STEMI (I, aVL) which was more pronounced on follow-up ECG at 2210 hrs prompting formal STEMI activation for emergent cardiac catheterization. ..." Review of a Discharge Summary dated 11/13/2023 at 1211 revealed the patient was discharged home on 11/13/2023 with a diagnosis of STEMI (ST elevation myocardial infarction), Coronary Artery Disease, Hypertension, and Atrial Fibrillation with RVR.	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 18</p> <p>Interview on 12/09/2023 at 1210 with ADON #17 revealed Patient #92 was identified as a level 2 triage and should have been assessed every four hours at a minimum, every two hours for a level two and with any change in the patient's condition. Interview revealed the patient developed chest pain and required interventions and no nursing assessments or reassessments were documented in the ED record. Interview revealed continuous telemetry was ordered for the patient at 1218 and telemetry was not placed on the patient in the ED. Interview revealed the telemetry was placed on the patient at 2111 once the patient transferred to the medical floor.</p> <p>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 ensure a safe environment for the delivery of care to Patient #92 by failing to provide ongoing assessment of the patient's condition and follow physician's orders for application of continuous telemetry.</p> <p>2. Review on 11/17/2023 of the hospital policy Turn Around Time, last revised 11/17/2021 revealed "...PURPOSE: To provide timely and efficient testing services for routine, critical and high-risk situations. DEFINITIONS: Turn Around Time (TAT): the time elapsed from order</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 19</p> <p>placement to result reporting. Categorized as: Pre-analytical Phase: the period between test order entry by the caregiver and specimen receipt in the Laboratory. May be influenced, but not controlled by the Laboratory. Analytical Phase: the period between specimen receipt in the Laboratory and result reporting. Controlled by the Laboratory...STAT: an emergent, potentially life-threatening request. NOW: as soon as possible. Synonymous with ASAP. POLICY: All tests will be performed without delay to maximize specimen quality and integrity. STAT, NOW ... requests will be managed as priority situations. First-in, First-out (FIFO) processes are utilized to facilitate rapid and efficient movement of specimens through the system. Requests are also prioritized based on the following criteria to meet defined turn-around times: ...Response to STAT requests: ...STATS take priority over other specimens and should be managed from time of receipt until result reporting with no interruption in handling or testing. In general, the maximum TAT for most tests is 45-50 minutes from order receipt. ... Response to NOW/ASAP requests: ...Staff will immediately process the specimen, perform testing, and verify results. Results should be available within (1) one hour from specimen receipt. ... TAT Summary (Inpatient): STAT, Time from ORDER Receipt 45-50 minutes. NOW, Time from SPECIMEN receipt 1 hour. "</p> <p>Closed medical record review on 12/06/2023 revealed Patient #83, a 74-year-old female patient who arrived at the emergency department (ED) via emergency medical services (EMS) on 11/28/2023 at 1216 with a chief complaint of dizziness from her doctor's office. Patient #83 was seen by an ED MD #1 on arrival and at 1218 a comprehensive metabolic panel (CMP)</p>	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 20 [includes serum glucose] was included in laboratory tests ordered as STAT (an emergent, potentially life-threatening request) with continuous ECG monitoring. At 1259 Patient #83 was placed in Red Pod (for the most acute patients) Hallway Bed-17. At 1309 the first set of vital signs was recorded by RN #2 as temperature 98.7, heart rate 84, respirations 19, blood pressure 225/88, and oxygen saturation of 93 percent on room air. At 1316 RN #3 completed a nursing triage assessment and Patient #83 was given an emergency severity index (ESI) [level 1 as the most urgent and 5 as the least urgent] of 3-urgent. Review of the CMP history revealed the STAT lab was collected at 1358 by RN #3 (1 hour and 40 minutes after the order was placed), the blood specimen arrived 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 1137 (high normal range 120). Review of the Physician's Order on 11/28/2023 at 1626 by ED Nurse Practitioner (NP) #5 revealed a new order for an Insulin (IV medication to reduce serum glucose) IV infusion to be started (54 minutes after the glucose had resulted). At 1709 an Insulin drip was initiated for Patient #83 by the RN #3. At 1739, the Hospitalist NP #6 placed a continuous telemetry monitoring order for 48 hours for Patient #83, with vital signs every 2 hours while in the ED. At 1908 ED MD #14 ordered a Glycosylated Hemoglobin NOW that was collected at 2128 (2 hours after ordered). At 2109 Patient #83 was moved to the ED Holding-Orange Pod-Room-2 awaiting an inpatient bed. At 2329 Hospitalist MD #9 ordered an IV infusion of D51/2 NS with KCL (Dextrose, Normal Saline, and Potassium Chloride Solution). On 11/29/2023 at 0127 MD #9 ordered a Lactic	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 21 Acid (carries oxygen from your blood to other parts of your body) level to be drawn "NOW" for "nurse collect" for Patient #83. At 0153 MD #9 ordered to suspend the insulin IV. An addendum was made to the History and Physical at approximately 0200 by MD #9 which revealed "...Unfortunately patient has been on insulin drip since 5pm without continuous fluid administration or repeat blood work, it is currently 2 am, Nursing staff was previously contacted requesting these, later on did let provider know there was difficulty obtaining blood work as well as delay in obtaining D51/2NS KCL fluid from pharmacy. Given we have no blood work, no fluids, for the safety of the patient will suspend insulin drip at this time, until blood work is back to ensure appropriateness of insulin drip infusion..." 0157 RN #10 documented the IV with D51/2NS KCL as started (2 hours and 27 minutes after ordered). At 0200 Patient #83's Insulin IV was suspended by RN #10. At 0256 Patient #83's Insulin IV was reordered and was resumed (56 minutes after it was stopped). On 11/29/2023 at 0514 Patient #83 was transported to a Stepdown Unit. Review of the ED record revealed no evidence that continuous telemetry monitoring or vital signs every 2 hours were initiated in the ED by a nurse, further the NOW Lactic Acid "nurse collect" order at 0127 was never drawn while the patient was in the ED. On the inpatient floor, at 0529, RN #11 cancelled the 0127 NOW Lactic Acid order "nurse collect" from the ED and reordered the NOW Lactic Acid order "lab collect". The Glycosylated Hemoglobin NOW that was ordered 11/28/2023 at 1908 resulted on 11/29/2023 at 0743 (12 hours and 35 minutes after ordered) with result of 12.3 (normal high range 6.3). At 0844 the Lactic Acid was drawn (3 hours and 15 minutes after it was ordered), was in the lab for processing at 0907, and resulted at	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 22</p> <p>1108 (5 hours and 39 minutes after ordered) as "7.48" (high normal for lactic acid was 2.1). The computer system automatically reordered an additional Lactic Acid order by default and was collected at 1119 and was in the lab to be processed at 1148. At 1146 RN #12 documented a blood pressure of 141/67 with respirations of 36. At 1158 Rapid Response was called for Patient #83. At 1206 blood pressure was 65/40. At 1213 blood pressure was recorded at 68/40. At 1225 a Levophed (medication used to increase blood pressure) IV infusion was initiated via interosseous to increase her blood pressure. At 1245 the blood pressure was 126/84 at 98 percent oxygen saturation while the patient was being mechanically bagged at the bedside. At 1247 Patient #83 was intubated (mechanical ventilation), at 1250 Patient #83 was transferred to the medical intensive care unit. At 1256 the second Lactic Acid resulted as critically high "11.96". After discussion with the family, Hospitalist MD #16 changed Patient #83 Full Resuscitation status to Limited Resuscitation with no cardiopulmonary resuscitation (CPR). Patient #83 expired on 11/30/2023 at 1337.</p> <p>Review on 12/06/2023 of a Patient Safety Analysis (Incident Report) completed by RN #12 on 12/01/2023 at 1917 revealed this Care Event was a "Delay in Care" and the issue was "Lack of timely response to Order", for Patient #83. A description "A NOW LA (lactic acid) order was placed at 0529. Lab wasn't drawn until 0844, and in lab at 0907. Critical results of lactic acid 7.48 reported at 1108. MD at 1114...Shortly after this (within the hour), the patient took a turn and had to be intubated at bedside and sent to ICU (intensive care unit) ...Solution to Prevent this from Recurring? Promptly follow orders..." This</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 23</p> <p>Patient Safety Report was still in process. Review of the report revealed Patient #83 had a delay in lab work.</p> <p>Request to interview MD #9 revealed she was unavailable for interview.</p> <p>Request to interview MD #16 revealed he was unavailable for interview.</p> <p>Telephone interview on 12/07/2023 at 1632 with RN #10 who cared for Patient #83 in the Orange Pod (location in the ED for pending admissions) revealed "...I work on an inpatient unit and was pulled to the ED that day. It's a revolving door, I don't recall this patient in particular. If I can't get the labs, I would call a phlebotomist after 3 tries to get the labs if I couldn't..." Interview revealed she could not remember why the NOW lactic acid order was not collected. Interview revealed physician orders for Patient #83 were not followed.</p> <p>Interview on 12/08/2023 at 0915 with RN #11 revealed she did remember Patient #83 and worked night shift. "...I did not receive a report on this patient from the ED. You have to look up the medical record number and sometimes the charge nurse gets an alert that the patient is coming and will print the face sheet. I had to piece it together and go through the orders. I reordered the lab work when I saw it was pending. My concern is we have had trouble getting in contact with the phlebotomist. That morning they were not logged into to their imobile device. I called the general lab number, and no one answered. I then contacted my house supervisor, and he told me 'we don't have another option right now.' I can't recall if she was on a</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 24</p> <p>telemetry box or not, I was only with her over an hour..." Interview revealed not being able to reach a phlebotomist during night shift had happened before. Interview revealed RN #11 had called multiple times to reach the lab phlebotomist to draw NOW blood orders without reaching someone. Interview revealed lab Turn Around Time for NOW lab orders was not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1309 with Laboratory Phlebotomist Supervisor #17 revealed "...the phlebotomists do not collect in the ED; we will help if called. All labs ordered in the ED default to "nurse collect". The expectation was for STAT and NOW orders to be from order to collection in 15 minutes and to be resulted in an hour from order..." Interview revealed lab collection for STAT and NOW orders for Patient #83 did not follow hospital policy for lab turnaround times.</p> <p>Interview on 12/08/2023 at 1414 with NP #6 revealed her expectation for Patient #83, was for her to have continuous ECG monitoring and vital signs every 2 hours while in the ED. Interview revealed physician orders were not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1425 with RN #3 who cared for Patient #83 in the Hallway Bed 17 on 11/28/2023 revealed "...I remember her. It was an extremely busy day...she was a hard stick; I used an ultrasound to start her IV. The problem with hallway beds is they have no dedicated monitor. She had a monitor and vital signs ordered. I strongly advocated for her to get moved into a bed with the CNC (clinical nurse coordinator), and it didn't happen. She didn't think it was a big deal. We don't have the capability to link the patient to</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 25</p> <p>a monitor in a hallway bed. She wasn't on a monitor; I spent the afternoon telling the CNC and MD. The doctors don't have any say, it's up to the CNC where patients are roomed. I sat behind her all day, ...I was extremely frustrated..." Interview revealed Patient #83 was not placed on continuous ECG monitoring, nor were vital signs monitored every 2 hours. Interview revealed physician orders were not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1230 with Nursing VP of ED Services, VPED #20 revealed she could not explain the lack of telemetry monitoring or vital signs for Patient #83 while in the ED. Interview revealed the ED nurse should elevate to the ED Charge Nurse for the need to continuously monitor a patient in a hallway bed if one was not available. Further interview revealed the ED Provider and ED Nurse were responsible for monitoring lab results via electronic medical record in the ED. Interview revealed hospital policy was not followed for Patient #83.</p> <p>Interview on 12/09/2023 at 1159 with Lab Director #18 revealed "...I do know we had a call out that day. The lactic acid was available for the lab tech to see at 1016 but wasn't called to the floor until 1108. I don't know what the delay was. The expectation was to call as soon as the result was available. The expectation for lab collection and processing was to follow the policy guidelines, and for STAT and NOW results to be completed within an hour..." Interview revealed lab collection and processing did not follow hospital policy for Patient #83.</p> <p>Patient #83 was presented to the ED with dizziness on 11/28/2023 at 1216. The patient had</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 26 STAT lab work ordered at 1218 with continuous ECG monitoring. Labs were drawn at 1358 (1 hour and 40 minutes after ordered). Labs arrived at the lab at 1412 and resulted at 1532 (3 hours and 14 minutes after ordered). The blood glucose was 1137 (critically high). Insulin IV infusion was 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 hours were never initiated in the ED. At 2349 an IV infusion of D51/2 KCL was ordered that was not completed until 0157 (2 hours. and 8 minutes after ordered). Lactic acid was ordered NOW at 0127 for nurse collect in the ED. At 0200 a physician wrote there was a delay in labs and fluids so stopped the insulin IV infusion. The lactic acid was not collected in the ED. At 0529 the original lactic acid NOW, order was cancelled and reordered as lab collect NOW on the floor. It was collected at 0844 (3 hours and 15 minutes after ordered at 0529) and resulted at 1108 (9 hours and 41 minutes after originally ordered at 0127) with a result of 7.48 critical high. A second lactic acid was reordered at 1108 and resulted at 1256 (1 hr. and 36 minutes after ordered) with a result of 11.96 critically high. A rapid response was called previously at 1158, the patient was intubated at 1247, and ultimately expired on 11/30/2023. 3. Review of the CIWA (Clinical Institute Withdrawal Assessment for Alcohol) /Alcohol Withdrawal Plan, effective date 07/20/2022 revealed "...Monitoring Phase ...Now ONCE, when plan is initiated with goal CIWA < (less than) 15..." The CIWA/Alcohol Withdrawal Plan Reference Information included 10 questions, questions 1-9 can score between 0 and 7 points	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 27</p> <p>each question, question 10, can score 0 to 4 points, depending on severity of symptoms for each question. Score range 0-68. Questions with observations: 1. Nausea/Vomiting? 2. Paroxysmal sweats? 3. Agitation? Headache, fullness in head? 5. Anxiety? 6. Tremor? 7. Visual disturbances? 8. Tactile disturbances? 9. Auditory disturbances? 10. Orientation and clouding of sensorium -Ask what day it is? "...CIWA Management Communication If CIWA > 15 for four consecutive hours, contact provider to initiate Severe Withdrawal Phase and/or to consider transfer to higher level of care..."</p> <p>Closed medical record review on 11/16/2023 revealed 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, and right-side tingling for several week. Drinks 12 beers a day...." At 1603 triage by Registered Nurse (RN) #21 with vital signs: temperature 98.5, heart rate 97, respirations 18, blood pressure 141/89, oxygen saturation of 96 percent on room air, and pain of 4/10 (1 being least pain, and 10 being most pain) and was assigned an emergency severity index [ESI] (level 1 as the most urgent and 5 as the least urgent) of 2. Patient #43 was then moved to the ED waiting room IPA (Internal Processing Area) area and was seen by Nurse Practitioner (NP) #22. At 1650 initial labs, ekg, and chest Xray were completed, and Patient #43 was assigned to ED Medical Doctor (MD) #23. Review of the ER Physician Note from 08/14/2023 at 1727 by MD #23 revealed a review of lab, ekg and chest Xray results from 08/14/2023 did not show any critical results. At 1732 MD #23 ordered a GI cocktail (oral combination of medications given for</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 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 [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 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 room. On 08/15/2023 at 0057 Patient #43 was	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 29 moved to the Red Pod (ED area for the most acute patients) room 11. At 0105 MD #25 ordered Patient #43 to have Ativan 4mg IV STAT and was given at 0106 by RN #27. Review of the ER Report Note on 08/15/2023 at 0107 by MD #26 revealed "...I became involved in the patient's care after he apparently left the waiting room where he was awaiting admission and then had a seizure and struck his head on the sidewalk outside of the ER (emergency room) entrance. On my evaluation, the patient seems postictal (the period following a seizure, disorienting symptoms, confusion, and drowsiness), he is not actively seizing. He does have a history of heavy alcohol use, drinks about 12 beers a daily. He has been in the emergency department waiting room for 9 hours and has not received any Ativan or Phenobarbital. I suspect that he seized due to alcohol withdrawal. Will obtain head CT (cat scan) given the patient did strike his head, he also has a small laceration that will require repair. ..." Record review revealed the ED waiting room orders for IV fluids NOW on 08/14/2023 at 1841 to 08/15/2023 at 0106 (5 hrs. and 25 min), Ativan IV NOW ordered on 08/14/2023 at 1947 to administered on 08/15/2023 at 0106 (5 hours 19 min), and Phenobarbital STAT ordered on 08/14/2023 at 2305 to administered on 08/15/2023 at 0150 (2 hours and 45 min) for Patient #43 were delayed and no CIWA score/assessment was completed until 08/15/2023 at 0437 (9 hours and 56 minutes after ordered). No CIWA score/assessment was documented before the patient had a seizure event with sustained head injury. There was no nursing reassessment, or nursing care after 08/14/2023 at 1851 by RN #22 until 08/15/2023 at 0057 (6 hours and 1 minute). Patient #43 was admitted to an inpatient room on 08/15/2023 at	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 30</p> <p>0334 from the ED. Patient #43 was discharged home on 08/17/2023.</p> <p>Review of the Patient Care Analysis (Incident) report submitted by MD #25 on 08/15/2023 at 0443 revealed the date of event was 08/15/2023 at 0000. Brief description revealed "...patient was in waiting room for 9 hours, did not receive any medications for alcohol withdrawal, then had a seizure and sustained a head injury..."</p> <p>Investigator #28 Notes revealed: We continue to work through ways to provide care to patients in the waiting room during peak times of surge and limited staffing..." Further comments were reviewed by the hospital Pharmacy, dated 11/17/2023 (3 months after the event) that revealed "...Suggest education to sent out of CIWA precautions...Nurse could have clarified with provider about the CIWA order and administered medication..." Level of Harm was documented as "Harm-required intervention" and Primary Action to Prevent Recurrence: "Increase in Staffing/Decrease in Workload."</p> <p>Request to interview MD #23 revealed she declined the interview.</p> <p>Interview on 11/15/2023 at 1414 with MD #26 revealed "...With the current process it's still difficult to treat patients in the ED waiting room. The goal was for delays in care to not happen, but especially at night it occurs. I have concerns with delays in patient care. The patient was better off in a more clinical area where they can be monitored ..." Interview revealed MD #26 had concerns for patient safety in the ED waiting room due to delays in patient monitoring.</p> <p>Interview on 11/15/2023 at 1615 with NP #36</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 31</p> <p>revealed "...it does happen occasionally that orders in the ED waiting room are on hold until the patient can be roomed. I do have concerns about it. The new waiting room flow is not better..." Interview revealed NP #36 had concerns provider orders were not completed timely in the ED waiting room.</p> <p>Interview on 11/16/2023 with ED IPA Day RN #22 revealed she did not remember Patient #43. Interview revealed "...best practice was to go back to see if patients' meds (medication) were helpful. I must have left before I was able to put in a reassessment...I work IPA and the waiting room. There are multiple nurses and nurse techs (technicians) who get vital signs in the lobby and the techs notify us if abnormal. We escalate patient concerns with the charge nurse and the doctors do the same..." Interview revealed RN #22 cared for Patient #43 until 1900 and did not remember doing a reassessment after medication administration.</p> <p>Interview on 11/28/2023 at 1639 with ED IPA Night RN #28 revealed she did not remember Patient #43. Interview revealed "NOW orders in the IPA area go by priority and ESI, we are not always able to do them. The CNC (clinical nurse coordinator) should be informed...If you are the only IPA nurse and the doctor says 'this has to happen now' then it's the next on my list. There was no protocol for who was actually assigned patients in the waiting room. Reassessments for ED patients who are waiting in the lobby would fall under the IPA nurse tasks but they are doing other patient's needs and medications as well. There were only two ways to know if additional orders are placed on a patient after IPA, the doctor tells you, or on the tracking board, you</p>	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 32</p> <p>might see "repeat troponin", the CNC was supposed to help with that. If I gave controlled medication in the waiting room, I am responsible for the reassessment. If we are caught up it is a part of our duties to reassess..." Interview revealed patients in the ED waiting room are not assigned a nurse for reassessment and monitoring. Interview revealed hospital policy for reassessment in the ED was not followed for Patient #43.</p> <p>Interview on 12/01/2023 at 1130 with ED IPA RN #35 revealed "...The IPA nurse continues to be responsible for patients in the waiting room, after initial orders were completed..." Interview revealed the IPA nurse should continue to reassess patients in the ED waiting room. Interview revealed hospital policy for reassessment was not followed for Patient #43.</p> <p>Interview on 12/08/2023 at 1230 with Nursing VP of ED Services, VPED #20 revealed she could not explain the lack of monitoring or completion of provider orders in the ED waiting room. Interview revealed any new outstanding provider orders for patients in the ED waiting room would be elevated to the CNC. Further there was a WebEx huddle (meeting virtually for many hospital departments to discuss and prioritize patient needs) held every 2 hours and any outstanding provider orders would be delegated to be completed. Interview revealed RN #20 could not explain why Patient #43's reassessments and providers orders had not been completed.</p> <p>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</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 33 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. 4. Closed medical record review on 11/14/2023 revealed Patient #28, a 48-year-old male patient who arrived at the emergency department (ED) by emergency medical services (EMS) on 07/05/2022 at 0947 with headache x 2 weeks, altered mental status, fall, and was combative. He was triaged at 0950 by RN #57 with vital signs temperature 97.8, pulse 79, respirations 24, blood pressure 175/86, oxygen saturation of 94 percent on room air, a pain scale of 0 and an emergency severity index (ESI) of 1-Resuscitation. At 0955 Medical Doctor (MD) #59 initiated orders for EKG, lab work, chest Xray and CT (cat scan) of the head. At 1005 Haldol (given to treat severe behavior) 10 mg Intravenous was ordered by MD #59 and given due to combativeness. Review of	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 34 the ER Note by MD #59 dated 07/05/2023 at 1002 revealed ".....history unable to be obtained from the patient. he was combative with EMS requiring 5 mg (milligrams) of Versed (given for sedation) given IV. He is only slightly sedated right now, ... pulling at lines, not answering questions, and not following commands. " At 1005 the complete blood count resulted with a white blood cell count of critical high- 32.4 (normal high 11). At 1029 Normal Saline 1 liter IV bolus was given and Rocephin (antibiotic) 1 gram IV was administered. At 1045 vital signs were pulse 78, blood pressure 226/107, oxygen saturation 98 percent on room air. At 1050 Patient #28 was intubated (mechanical ventilation) with standard IV sedation protocols. At 1054 vital signs pulse 76, blood pressure 211/91, and ventilated at 98 percent oxygen saturation. At 1236-1311 Patient #28 went into ventricular tachycardia (lethal heart rhythm) and was coded (resuscitated by staff), defibrillated, and had a central line placed. At 1322 a lumbar puncture was completed by MD #59 and a meningitis panel was ordered. At 1322 the cerebrospinal fluid (CSF) white blood count (WBC) resulted high at 94000 (normal high range 5 WBC's per mm3 [million cubic meters]. At 1324 more antibiotics were given IV. Review of the ER Report Reexamination/Reevaluation (not timed) by MD #59 revealed ". the patient ultimately did require intubation for sedation and airway protection, his mental status continued to worsen despite Haldol and Versed.. The Head CT was negative. Once back from CT the patient became profoundly hypotensive and at 1 point lost pulses requiring CPR, total time roughly 5 to 10 minutes. We have been running norepinephrine (given to sustain blood pressure) through this. ICU (intensive care unit) has been	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 35 consulted. Family additionally has been updated..." At 1409 Pulmonologist/ICU MD #60 ordered Levophed (used to treat life-threatening low blood pressure) 4mg/ in 250 milliliters (ml) to titrate to 30 micrograms (mcg)/per minute and was initiated by RN #56 at 1514 (1 hour and 5 minutes after ordered), and at 1655 this drip rate was adjusted to 20mcg/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 revealed at 1801 RN #68 initiated a bag of Levophed at 30 mcg/min for Patient #28. At 1803 a code was initiated, and Patient #28 was in asystole (no heart rhythm). The code ended at 1807 with the return of blood pressure. At 1814 blood pressure was 249/118 with a pulse of 145. At 1816 an addendum to the ER Report by MD #62 revealed "...At 1803 I was called to the patient's room, who had gone asystole. I was notified of the patient's diagnosis of meningitis and hypotension. CPR was in progress on my arrival...I was notified that the patient's Levophed had run dry, and that the patient had been hypotensive (low blood pressure) sometime before coding...Shortly after the epi (epinephrine-used to return pulse) and bicarb (bicarbonate improves outcomes in cardiac arrest), (1807) we had return of pulses. Patient's blood pressure high. ICU attending entered shortly after the code finished." At 1940 Patient #28 was transferred to the medical ICU for admission. Patient #28 continued to decline and showed no signs of improvement. Review of the Discharge Summary date 07/15/2022 at 1525 by Doctor of Osteopathic Medicine, DO #63 revealed "...There was no change in neurology exam, and it was explained to the family that there were no signs of meaningful improvement. At this time the	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 36 family changed its code status to DNR (do not resuscitate) ...at this time the family was amenable...for organ procurement. He was brought to the OR (operating room) this morning where he was extubated (removal of mechanical ventilation), and time of death was 1040. On 07/15/2022 at 0931 Patient #28 had his kidneys harvested and was pronounced dead at 1040. Review on 11/28/2023 of the Patient Safety (Incident) Report for Patient #28 revealed it was reported by: (named RN #57) on 07/05/2022 at 1930. Event #: 6858. Event time was 07/05/2022 at 1803 with brief description "...assigned 5 patients, pt. (patient) coded due to unsafe staffing ratio...additional comments ...NUS (nursing unit supervisor RN #74) and Director (named, RN #75) notified of unsafe assignment at approx. 1730. RN (named RN #56) responded to assigned Trauma Alert which arrived at 1748. Pt. coded at 1803, 1 round of CPR, epi, sodium bicarb, ROSC (return of spontaneous circulation). Pt's levophed emptied due to unsafe staffing assingment [sic]which was reported to NUS and Director prior to event..." Review on 07/06/2022 by Investigator and Director of ED Services (named RN #76) revealed one of the ED managers had spoken to Patient #28's family member. The family was upset because they had "...asked for help at the doorway of the patient's room when she noted alarms going off in the room. A PA (PA#77) was at the nurse's station from a different service line that reportedly did not respond to her request..." Further the CNC, RN #74 reported she was only notified RN #56 needed assistance when the patient was coding. Patient #28 did code 2 times during his ER stay and had a length of stay of 9:52 (9 hours and 52 minutes) in the ER. RN #56's patient assignment	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 37</p> <p>was broken down by RN #76 in the report as two stable patients awaiting admission to step down units (2), one patient who had been moved to the hallway (1), a new Trauma Alert patient (1), and Patient #28, an ICU patient (1). (RN #56 was assigned and responsible for 5 patients during Patient #28's code/event). RN #76 discussed collateral staff available in the ED to support RN #56. "...Background information: The House was unable to provide staffing support for the admit holds in the ER on this date. There was an ER census of 295 on this date..." On 07/07/2022, Vice President (VP) of ED Services, VPED #48 reviewed this Patient Safety Report. Her investigation revealed there was an additional Patient Safety Report for this same event "...Indicating that the ER Director was informed of an alleged unsafe patient assignment. This notification to the Director was not substantiated..." Additionally, VPED #48 agreed RN #56's assignment was safe due to collateral staffing in the ED. And did mention Patient #28's family had voiced concerns who did not respond to their request for help for alarms in the room with (named, PA #77). The Primary Contributing Factor was "Human Factors/Staff Factors...Competing priorities...Level of Harm Harm-intervention to sustain life..." In summary, Patient #28's levophed IV infusion sustaining his blood pressure was allowed to run dry, his blood pressure dropped, he was coded for 7 minutes until the infusion was reinstated. RN #56 had a patient assignment of 5 patients.</p> <p>Review on 11/28/2023 of the Patient Safety Analysis report, Event #6856, referencing Patient #28 dated 07/05/2022 at 1843 by ED Clinical Pharmacist, ED RPH #78 revealed the event date was 07/05/2022 at 1800 with a brief description of</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 38 "...Patient required CPR (cardio-pulmonary resuscitation) due to levophed running dry while RN was attending to other patients (RN had 5 pts), including two traumas and this ICU patient...additional comments...making this report on behalf of (named RN #56) as he does not have time to make report. (Named) had 5 patients: the patient from this report (named) intubated, ICU), a trauma alert, a trauma transfer-a comfort care patient in the hall, and two other admitted patients. While he was in one of the traumas, this patient's norepinephrine infusion ran dry-the patient became hypotensive. The family of the patient was monitoring the BP (blood pressure) and tried to get help from a non-ER provider who was sitting at a computer outside the room and this provider told the family that he could not help them because it was not his patient. Family is irate about this. A few minutes later, another RN came into the room and was able to switch out the levophed, but by this point the pt's SBP (systolic blood pressure) was in the 30's. He then became aystolic and required a round of CPR. (Named RN #56) alerted the ER NUS throughout the day that his assignment was unsafe. This patient coding was a direct result of an unsafe and unreasonable assignment..." This Report was investigated by ED Director, RN #76 on 07/06/2022 without any new findings from previous Event #6858. Additionally, on 07/21/2022 Doctor of Pharmacy, PharmD #79 added investigator notes to this report. The leading description of harm cited by PharmD #79 was "Human Factors/Staff Factors...Level of Harm...Harm-intervention to sustain life..." A summary of her report revealed that a bag of levophed was pulled for Patient #28 on 07/05/2022 at 1511 by RN #56 and was documented on the Medication Administration	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 39</p> <p>Record as given on 07/05/2022 at 1514, and per her estimation of the rates of infusion, the bag of levophed "...would have likely run out 1745..." The next bag of levophed was pulled on 07/05/2022 at 1757 by ED RN #68 and was started at 1801 for Patient #28. Review revealed Patient #28's levophed IV infusion was interrupted for 16 minutes; he was coded from 1803 to 1810 before returning to spontaneous circulation.</p> <p>Request to interview ED RN #68 revealed she was not available for interview.</p> <p>Request to interview ED RPH #78 revealed she was unavailable for interview.</p> <p>Request to interview ED Manager RN #75 revealed he was unavailable for interview.</p> <p>Request to interview ED Director, RN #76 revealed she was unavailable for interview.</p> <p>Interview on 11/15/2023 at 1014 with RN #56 revealed he remembered Patient #28 and had worked in the ED for 5 years. Interview revealed "...I had trauma bay 11, and rooms 10, 9, 8 initially. The patient in room 10 was combative, intubated and a danger to himself and was receiving the maximum dose of levophed to keep his blood pressure elevated. I had him around 10 hours of my day. I got a trauma patient, and they were going to assign me another new trauma patient. Around 1730 I went to CNC (named RN #74) to discuss my assignment and the acuity of my already 4 patients, she put my dying trauma patient in the hallway, to make room for the new trauma patient even when I explained I felt my assignment was unsafe. I had already approached her that morning after 0800 to</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 40</p> <p>explain the acuity of my patients. So, then I went to my Nurse Manager (named, RN #75) to discuss my assignment 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 code had been called for my intubated patient. When I arrived in the room (named RN #68), the person who was assisting me while I was caring for the new trauma patient, had already hung a new bag of levophed, and the code was in progress. I was very upset. I voiced my concerns, I talked to the administration, to the ethics and compliance committee and filed a complaint with HR (human resources). I tried to document this the best I could..." Interview revealed RN #56 had gone to the CNC, RN #74 at 0800 and again before new assigned trauma patient to voice his concerns with his high patient acuity assignment. Interview revealed RN #56 was caring for another patient, when the levophed IV infusion ran out, causing Patient #28's blood pressure to drop, and a code was initiated. The interview revealed reassessment and monitoring of Patient #28 did not follow hospital policy. (request for all documents filed by RN #56 administration, ethics committee and HR were not made available for this surveyor).</p> <p>Interview on 11/16/2023 at 1128 with CNC, RN #74 revealed RN #56 approached her one time, and said 'I need help'. CNC RN #74 stated she got RN #56 help by calling on the trauma team nurses who support trauma patients in the ED, but were not assigned patients in the ED. Interview revealed "...If we need help, we pull resources..." Further interview with CNC RN #74 revealed "...she had no concerns with nursing reassessments in the ED... that nursing assignments in the Red Pod (where the most</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 41</p> <p>acute patients are assigned) were 1 RN to 4 patients..." The interview revealed CNC #74 added trauma team nurses to assist RN #56 and stated she and the CNC's filled in themselves when needed to support patient care.</p> <p>Interview on 11/15/2023 at 1637 with VPED #20 during tour of the ED revealed the Red Pod in the ED was assigned the most acute ED patients. The interview revealed nursing assignments were 1 nurse to 4 patients, and RNs are expected to communicate with the CNC's any concerns or delays with patient care. "...starting in 2023 we have Webex huddles with nursing, providers, and other hospital departments every 2 hours to discuss delays in care and appoint resources where they are needed..." Interview revealed the expectation for reassessment and monitoring patients were for all staff to follow hospital policy. Interview revealed hospital policy for Patient #28 was not followed.</p> <p>Telephone interview on 12/01/2023 at 1209 with Director of the Trauma Team, MD #80 revealed he was aware of the case with Patient #28 and was the Medical Supervisor for PA #77 in 2022 and currently. Interview revealed "...when a Trauma Team member was in the ED it was to care for a specific consulted trauma patient, however a Trauma Team member if clearly evident could assist any patient in a life sustaining emergency..." The interview revealed PA #77 would not be allowed to touch an IV drip or alarming IV pump of a patient they were not consulted on. Interview revealed PA #77 notified a person who could adjust the drip for Patient #28. Further interview revealed he had no concerns with PA #77's patient care, and the Trauma Team Supervisor, RN #81 had communicated with PA</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 42</p> <p>#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's 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.</p> <p>Telephone interview on 12/01/2023 at 1241 with Trauma Team PA #77 revealed he had been employed for 8 years. Interview revealed "...I 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 he would find the nurse, and he did.</p> <p>Patient #28 presented to the ED on 07/05/2022, was critically ill, intubated and diagnosed with bacterial meningitis. The patient developed a low blood pressure and a 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 PAs assigned patient. The patient arrested. A new Levophed bag was hung. The patient and IV were not monitored and the bag ran dry with subsequent cardiac arrest.</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 43 5. Closed medical record review on 11/14/2023 revealed Patient #27, a 66-year-old female who arrived at the emergency department (ED) on 07/04/2022 at 0025 by private vehicle with abdominal pain, nausea, and vomiting. Patient #27 was triaged at 0025 by RN #38 vital signs: temperature 97.2, respirations 20, heart rate 107, blood pressure 169/93, and oxygen saturation of 94 percent on room air, a pain score of 10 (1 least pain and 10 being the most pain) and was assigned an emergency severity index (ESI) of 3 (urgent). At 0028 Nurse Practitioner (NP) #39 wrote orders for Lipase (a digestive enzyme) STAT, CMP (comprehensive metabolic panel) STAT, Lactic Acid (carries oxygen from your blood to other parts of your body) STAT, CBC (complete blood count) STAT, Urinalysis (Urine test) STAT, and CT (cat scan) of the Abdomen/Pelvis STAT, an IV (intravenous) of Normal Saline to be started and Ondansetron (medication for nausea) 4 milligrams (mg) IV to be given. Record review did not reveal 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 3 min). At 0631 Patient #27 was moved to Red Pod (for highest acuity patients) room 20. Patient #27 was seen by MD #26 at 0656 and orders were placed for ondansetron 4 mg, and Dilaudid (narcotic pain medication) 0.5 mg for pain. At 0734 lab work resulted (7 hours and 6 minutes after ordered). At 0739 Patient #27 had an IV started of NS (7 hours and 11 minutes after ordered), and medications for pain (7 hours and 14 minutes after identified pain level of 10, and 43 minutes after pain medication ordered) and nausea (7 hours and 11 minutes after original order) were administered by RN #40. At 0742	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 44</p> <p>vital signs were documented as heart rate 85, respirations 16, blood pressure 174/89, oxygen saturation of 93 percent on room air (no temperature), with a pain score of 10/10 by RN #40. At 0755 the CT of Abdomen and Pelvis (6 hours) resulted (7 hours and 27 minutes after ordered) positive for a small bowel obstruction. Review of the ER Note Reevaluation (not timed) by MD #26 revealed Labs were reviewed without critical results, and the CT scan was consistent with a small bowel obstruction. Surgery was consulted for further evaluation and management by MD #26. At 0839 repeat pain assessment was 1/10 by RN 40. On 07/04/2022 at 1316 Hospitalist #41 saw the patient, set for admission. At 1319 Patient #27 had a pain score of 10/10, vital signs heart rate 83, respirations 17, blood pressure 147/96, oxygen saturation of 93 percent on room air, and was given Dilaudid 0.5mg IV for pain relief by RN #40. Review of the Surgical Consult Physician Note by MD #42 dated 07/04/2022 at 1543, Patient #27 was scheduled for a Laparoscopy, Possible Exploratory Laparotomy with Possible Bowel Resection. At 1620 a repeat pain assessment was completed for a pain score of 3/10. At 1600 Patient #27 left the ED for the operating room for surgery. Patient #27 completed surgery without complications and was discharged home on 07/06/2022 at 1136.</p> <p>Request for a Patient Safety Report (Incident Report) revealed there was not one available.</p> <p>Interview on 11/15/2023 at 1350 with ED RN #38 who triaged Patient #27 revealed "...in 2022 no patients were checked on in the ED waiting room, some changes were made, and there are some improvements. It's very possible that this patient waited without any labs or orders completed. At</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 45</p> <p>that time there was one nurse in the waiting room to triage patients. There was no way to complete orders..." Interview revealed nursing reassessments and physician orders were not completed in the ED waiting room in 2022.</p> <p>Interview on 11/17/2023 at 1102 with NP #39 revealed "...the IPA (Internal Processing Area area in the ED waiting room) did not exist then. Now if patients need to move to the back, I tell the CNC (clinical nurse coordinator), we call and we call. I personally have been pulled to do patient reassessments when there was a change in condition. One hundred percent, patients are not safe, orders are not completed, and staffing is a concern. There is one nurse with a line out the door, I can put orders in, but it is not going to get done because of the volume of patients and minimal staff..." Interview revealed NP #39 had current concerns with waiting room patients not getting orders completed in the ED waiting room.</p> <p>Interview on 11/15/2023 at 1414 with ED MD #26 revealed "...I saw the patient after she was roomed..... There is not always a person to get labs and orders done. No staff to do orders. With the new process the goal is for that not to happen, but at night I suspect it does. As far as care in the waiting room, this patient didn't get vital signs, or overall assessments and no meds. things are not happening on a timely basis. " Interview revealed Patient #27 did not get vital signs, assessments, or medications as prescribed. Interview revealed hospital policy was not followed for Patient #27.</p> <p>Patient #27 arrived in the ED on 07/04/2022 at 0025 with a reported pain level of 10 of 10. The patient had a STAT CT of the abdomen and</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 46</p> <p>pelvis ordered at 0027 that was not completed until 0755 (7 hours, 27 minutes later) resulted and signed at 0825. The patient had pain reported as 10 of 10, with nausea and vomiting with vital signs at arrival at 0025 and was medicated with Dilaudid (narcotic pain medication) at 0739 (7 hours and 14 minutes after arrival). 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.</p> <p>6. Closed medical record review on 11/14/2023 revealed Patient #29, a 78-year-old female who presented to the emergency department (ED) via emergency medical services (EMS) on 04/05/2022 at 1451 with complaint of falling at home with a laceration to the right lower extremity. The EMS report dated 04/05/2022 at 1342 revealed the patient had fallen from the toilet at home, was on oxygen 3 liters by nasal cannula "comments: baseline for patient", had an Intravenous (IV) line in her left forearm #20 gauge and had received Normal Saline 700 milliliters. Review of an EMS narrative note revealed "she does have significant bleeding from her right lower leg...bleeding is controlled...the leg is splinted...", was on a ECG (heart monitor) showing a heart rhythm of atrial fibrillation (irregular heart beat) with a pulse of 88. At 1503 a Physician's Assistant (PA) #45 was assigned and a review of his ER Report Note at 1510 revealed "...High suspicion for open fracture to right anterior shin...", with plans to order CT (cat scan) of the head and neck, pain medication, antibiotics, and lab work." PA #45 ordered X-rays/CT at 1508. At 1514 Patient #29 was moved to Red Pod (for most acute patients) Hallway Bed 7. At 1517 Patient #29 was triaged</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 47 by RN #43 "...subjective rapid assessment: fell in the bathroom at home. On Eliquis (blood thinning medication) and a pain score of 0. Open Tib Fib started earlier unseen...Pre-hospital treatments: oxygen, other: 3-liter O2. 20g Left arm...Acuity 5-non-urgent...", an emergency severity index (ESI) was assigned of 5 (Non-Urgent). At 1536 lab work was ordered. At 1537 the CNC (clinical nurse coordinator), RN #44 documented a change in patient ESI to 3-urgent. 1559 lab work had resulted. At 1618 PA #45 ordered Hydromorphone (narcotic pain medication for severe pain) 0.5 mg IV push every 15 minutes duration 3 doses for pain for Patient #29 and Zofran 4mg IV for nausea. At 1630 (one hour and 39 minutes after arrival) vital signs were documented as pulse 88, blood pressure 161/79, oxygen saturation of 90 percent (no oxygen was documented), 1639 respirations of 22, and temperature of 98.4. By 1627 all radiology had resulted, and a review of the ER Report Reexamination/Reevaluation (not timed) by PA #45 revealed "...On my read it appears the patient has a rather significant tib-fib (tibia/fibula) fracture. I do believe this is an open fracture. She has already received Ancef (antibiotic), and I have already spoken to orthopedic surgery. They will come and speak with the patient..." At 1636 Ancef 1 gram IV, a Tetanus (infectious disease that can occur from an unclean wound) booster intramuscular, Hydromorphone 0.5mg IV for a pain score of 10/10 and Zofran 4mg IV were administered by RN #43(no evidence of an oxygen assessment). At 1736 a pain reassessment was charted as 9/10 (no evidence of an oxygen reassessment). At 1748 the Orthopedic Consult and History and Physical was completed by MD #52 with diagnosis of "Open tibial shaft fracture..." with plan for surgery to	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 48 repair fracture. Review of the ER Report addendum by PA #45 (not timed) revealed "...Orthopedic surgery agrees this appears to be open fracture and recommends a room for splinting and simple reduction before surgery tomorrow am..." At 1816 Patient #29 was given Dilaudid 0.5mg IV for a pain score of 9/10 by RN #43 (no evidence of oxygen assessment). Review of the Patient Summary Report revealed Patient #29 was moved to room 11 at 1915. Review of an addendum to the ER Report by PA #45 (not timed) revealed "...As I was handing off the patient to ... I was told by nursing staff that the patient was unresponsive. Upon arrival at the bedside, the patient is unresponsive. She does have DNR (no evidence of this in the record). She is moved into room 11 where Dr. (MD #46), my attending physician was kind enough to evaluate the patient and call time of death..." Review of the ER Report 04/05/2022 at 1947 by MD #46 revealed "...78-year-old female past medical history of atrial fibrillation currently anticoagulated on Eliquis. She fell and had an open fracture of the tibia/fibula. Patient has been admitted to the orthopedic service. I was called to the patient's bedside at 7 PM as nursing found her pulseless and apneic (no respiration). After 60 seconds, the patient has no cardiac activity, she is in asystole (no heart rhythm) on the monitor. Her pupils are fixed and dilated. No spontaneous respirations, no cardiac sounds and she is pulseless. Official time of death was called at 709 PM ..." Patient #29 was pronounced dead in the ED on 04/05/2022 at 1909. Review of the Patient Event Record dated 04/06/2022 at 0341 by Nursing/Surgical Services #54 revealed the event was "unexpected death" date of event "04/05/2022 at 1903" with narrative	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 49</p> <p>"...pt came to ER (emergency room) c/o (complaint) fall with fracture. pt placed in the hall bed. pt found unresponsive in hall...House Supervisor (RN #55) notified at 1905...", the description of harm and action to prevent reoccurrence was documented as "monitor trends and patterns". There was no witness to event per report.</p> <p>Request to interview Trauma Nurse, RN #56 revealed she was unavailable for interview.</p> <p>Interview on 11/16/2023 at 1204 with ED RN #43 who cared for Patient #29 revealed "...I was checking on the patient, she was responding, her daughter was there. I was charting and could see her. She was full code, her daughter ran over to me and asked me what I was doing, as I was pulling the stretcher away from the wall and replied 'CPR' and the daughter said, 'please don't do that'. The trauma nurse that day, (named RN #56) took the patient to room 11. I reported it to my charge nurse (named RN #57), and I went to report off on my other patients because it was the end of the shift. I didn't see her again...you'll have to go by my charting, I don't remember if she was on oxygen..." A further interview revealed "...I should have charted she expired, that was an error..." The interview revealed RN #43 did not recall if Patient #29 received oxygen in the ED, did not recall if an oxygen reassessment was completed and did not get vital signs or reassess a change in condition. Interview revealed hospital policy for reassessment was not followed for Patient #29.</p> <p>Telephone interview on 11/16/2023 at 1324 with MD #46 revealed she did not recall Patient #29. Interview revealed "...monitoring of patients in</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 50</p> <p>hallway beds are a concern. Ideally every patient in the Red Pod should be on some sort of a monitor with a pulse oximeter. More monitoring is always better..." Interview revealed when MD #46 arrived at the patient's bedside she was in asystole, and she pronounced the patient with daughter at the bedside.</p> <p>Interview on 11/16/2023 at 1747 with CNC, RN #44 revealed "...I do remember she was in a hallway bed, and (named RN #43) said she had passed. I had checked on her. (Named RN #43) told me the daughter came to her and said, 'somethings wrong with my mom'. I don't remember if she had oxygen or was being monitored. I would expect the ED nurse to complete assessments and document them in the chart...Staffing was 4:1 in the Red Pod, If a nurse tells me I'm overwhelmed, I will ask another nurse to assist with patient care..." Interview revealed RN #44 did not know why oxygen reassessments or changes in conditions were not completed for Patient #29. Interview revealed hospital policy for reassessment for a change of condition was not followed for Patient #29.</p> <p>Interview on 11/28/2023 at 1433 with Assistant Director of Nursing, RN #15 to review the internal investigation following Patient #29's death in the ED "...Per the ED Manager (not identified) the patient's family called staff over to the patient because 'she didn't look good'. She was unresponsive and was taken to room 11 to be placed on a cardiac monitor which showed asystole. At 1909 was the time of death pronounced with her daughter at the bedside. Interview revealed this event was reviewed by the Mortality and Morbidity which was comprised of multiple providers and the MD who had</p>	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 51</p> <p>completed the report dated 07/11/2022 the internal investigation of Patient #29's death revealed the patient was under triaged, the door to antibiotics was greater than 1 hour, and needed closer monitoring. (note: this surveyor was not allowed to hold or view documents during this interview.)</p> <p>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% prior to arrival. 1630 pulse oximetry was 90% (1 hour and 39 minutes after arrival) with no evidence of oxygen administration at hospital. Dilaudid 0.5 milligrams (mg) IV was administered at 1630 and at 1816. No vital sign or oxygen assessment on an elderly patient was assessed on the patient with a prior pulse oxygen of 90% after the administration of Dilaudid. The patient was subsequently asystole at 1909 and expired. Patient #29 had one set of vital signs 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 reassess the patient for a change in condition (not breathing).</p> <p>7. Medical Record review, on 12/14/2023, revealed Patient #6 arrived to Hospital B via EMS on 10/03/2023. Review of the Triage Note at 1723 revealed " ...Reason for Visit: Pt (patient) at 2 started having left sided arm and leg muscle weakness and left sided diminished sensation on leg. Facial drooping noted in lower face. No blood thinners and 10 days post partum. What aspect of reason for visit is concerning to patient? : Stroke symptoms. " Review of a MD "ER Report", service date/time 10/03/2023 at 1714,</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 52 revealed " ... History of Present Illness 22-year-old female with a past medical history of vaginal delivery 10 days prior..... who presents to the emergency department with left-sided weakness. Patient states that she felt normal when she went to take a nap at approximately 2 (2:00), when she woke up at 330 (3:30) she noticed that she had weakness on the left side of her face and is developing weakness in the left side of her body. She notes that she was unable to smile fully. States that she has never had any symptoms like this in the past. She notes that last night she had an episode of epigastric pain, but that has gone away since fully. States that the developing left-sided weakness has been ongoing since that time and called EMS for evaluation. Pregnancy was uncomplicatedInitial Vitals T: 98.9 F Oral HR: 65 RR: 20 BP: 170/97 SpO2: 87%.....Medical Decision Making22-year-old female presenting to the emergency department secondary to onset of neurologic deficit with last known normal of approximately 2:00 PM. On exam, I initially had concern for Bell's palsy given her age and demographic info, but on my physical examination I noted appreciable weakness on the left side of the body with regards to motor function. I would not expect Bell's palsy to cause the symptoms, in addition to this she was able to raise both eyebrows equally. Although there can be varying degrees of eyebrow raise or inability to thereof with Bell's palsy, I would not expect the left-sided sensory subjective deficit and motor deficit as noted. Therefore I did initiate a code stroke procedure. This is also complicated by the fact the patient is 10 days postpartum which does place her at an elevated risk for ischemic CVA (stroke). Differential at this point would also include complex migraine,	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 53 preeclampsia/eclampsia (serious pregnancy complication characterized by high blood pressure), or complex partial seizure, though she did not report any seizure-like activity Ultimately, the decision was made in concert with the stroke neurologist at (Hospital A) not to provide thrombolytics at this point in time However, patient will require transport to (Hospital A) for further close work-up and likely MRI (Magnetic Resonance Imaging- type of diagnostic testing). Ultimately my concern for eclampsia (serious pregnancy complication) is certainly present given her elevated blood pressure and abnormal neurologic exam. I did order 20 mg of IV labetalol (to treat BP) to be given as a stat dose in addition to 4 mg of magnesium as a bolus with a 2g/h (grams per hour) infusion thereafter. I did reach out to and speak with the OB/GYN on-call..... who agreed with this management plan and possible diagnosis of eclampsia given her blood pressure and symptoms. Patient was transferred to (Hospital A) emergently for further care. Diagnosis/ Disposition Postpartum eclampsia/stroke....." Review of the EMS (Emergency Medical Services) Patient Care Record, dated 10/03/2023, revealed EMS transported Patient #6 from Hospital B to Hospital A. The EMS record indicated they arrived to Hospital A at 1938. Review of the EMS Narrative note revealed "(EMS) on scene at (Hospital B) and was informed of a Red Transport (red is the most urgent transport).....Arrived to find the pt (patient) in room 3, alert to EMS presence and in no obvious distress.....report is as follows:Dx (Diagnosis): HTN (hypertension) crisis, Preeclampsia Stroke HPI (History/Physical): Came in with EMS for L (left) sided drooping and	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 54 weakness and tingling onset. ... 10 days postpartum.... CT Head clear for bleed and clots 'Preeclampsia Stroke' Meds: Mag (Magnesium) 4 g (gram) Bolus with 2 gm/hr infusion, Labetalol 10 mg (milligrams)Vitals: 172/98 Pt states that she feels fine just feels super weak but denies any pain or N/V (Nausea/Vomiting). Due to the importance of medication, (EMS) waited for nurses to retrieve and start a magnesium (Mag) drip before departing. In the meantime, secondary IV access obtained by Paramedic (name) and pt is moved over to the stretcher, placed on all monitoring..... Pt was placed on capnography (carbon dioxide monitoring) noting elevated rate and borderline hypocapnia (decrease in carbon dioxide levels below normal) with normal appearing waveform Once all paperwork is obtained and Mag is started pt is moved out to the truck and transport is initiated to (Hospital A) Emergency. Enroute pt is monitored with no new complaints. .. While waiting on a bed at (Hospital A) pt was monitored with minimal changes to her BP. Repeat neuro checks were completed periodically... Pt began to complain of a mild headache and posterior neck pain similar to how she felt before she delivered. Pt report and care given to RN (Name) bedside Arrived: 19:40Transferred Care 22:24 (2 hours 44 minutes after EMS arrived to the hospital). Review of the EMS Record revealed EMS staff continued to monitor the patient, including ongoing vital signs. An EKG was performed at 2016. An EMS assessment was completed at 2121 which indicated slight yellowing of the skin, right upper quadrant tenderness and left arm and leg weakness along with a facial droop and neck pain. Vital signs continued approximately every 5 minutes, with the last recorded blood pressure 147/90 at 2215.	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 55 Emergency Department record review revealed Patient #6 arrived to Hospital A on 10/03/2023 at 1942. An "ED Triage" performed on 10/03/2023 at 2227 (2 hours 45 minutes after arrival) revealed "...Subjective Rapid Assessment Stated Reason for Visit : Brought by EMs (sic) team from (Hospital B) due to stroke like symptoms, left facial droop and left sided weakness, last known normal was 1400H (hours) and onset of symptoms at 1530H.....ED Full Triage Arrival Mode - ED (Emergent) : EMSPre-Hospital Treatments : IV Access, Other: Magnesium sulfate at 2g/hrArrived From: Hospital..... " Review of vital signs revealed a heart rate of 82, respiratory rate of 18, BP of 168/96, oxygen saturation of 93% on room air and a pain score of 4. Record review revealed an "ED Medical Screen Exam Form.... Entered on 10/03/23 22:23 EDT" which noted ". MSE Comments : tx (Transfer) from (Hospital B) for MRI brain, concern for eclampsia. Appears admit bed is already ordered." Review of the "ER Report", service date/time, 10/03/2023 at 2310, revealed "...Patient presents as a transfer from outside hospital for concern of strokelike symptoms. She presented to (Hospital B) today with left facial droop that she noticed when she woke up from her nap around 3:30 PM. Her last known well was around 2 PM. At (Hospital B), she was noted to have left facial droop as well as some left arm and leg weakness. Stroke consult was called and the patient was seen in concert with telemetry neurologist decision was made against using tPA (breaks down blood clots). She was transferred here for further stroke eval and MRI (magnetic resonance imaging). She was also notably hypertensive at outside hospital with blood pressure 160s systolic. She has also had some	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 56 headaches recently, did have a headache at the time of her delivery. She denies any chest pain or shortness of breath currently.... Physical ExamInitial Vitals HR: 82 RR: 19 BP: 168/96 SpO2: 93% Neurological: Alert and oriented to person, place, time. Patient does have left facial droop with left eyebrow droop as well. Has very mild drift on the left as compared to right. Has difficulty lifting left leg up against gravity Medical Decision Making Differential Diagnosis..... Stroke, eclampsia less likely given no seizures, preeclampsia, Bell's palsy although this is less likely given her symptoms in the left arm and legTreatment and Disposition Patient presents the emergency department with left sided weakness and left facial droop. Chart reviewed from outside hospital as she is a transfer from (Hospital B). Discussed with neurologist who will admit to their service. MRI and MRV (magnetic resonance venography-imaging that focuses on the veins) have been ordered. Patient continues to have left facial droop on exam, does seem to have eyebrow sparing as she is able to lift her left eyebrow. She also does have some very mild pronator drift on the left side as compared to the right as well as difficulty lifting up her left leg Concern remains for stroke. MRI has been ordered and MRV as well as ordered by neurology. I did discuss the case with OB given her hypertension here. I have ordered the magnesium infusion at 2 g/h as well as a 10 mg dose of IV labetalol given her systolic of 168 here. Patient admitted to neurology Diagnosis/Disposition Left-sided facial droop Preeclampsia..... " Record review failed to reveal acceptance and monitoring of Patient #6 by nursing until triage at 2227 (~2 hours 45 minutes after arrival). Record review did not reveal	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 57</p> <p>documentation of a physician evaluation until 2310. Record review revealed the only documented evaluation and monitoring of Patient #6 during the time period from arrival to triage was from EMS staff. Patient #6 was moved from the initial ED room to a holding unit and later to a maternal fetal medicine unit. The patient was discharged home on 10/06/2023.</p> <p>Telephone interview with EMS #63, on 11/14/2023 at 1430, revealed the EMS team was at Hospital B dropping off another patient and were notified of a "red" transfer of a patient who was 10 days postpartum with a hypertensive crisis and preeclampsia or stroke. Interview revealed they were notified that Neurology wanted the patient transferred emergently. Medications were started and the patient immediately transferred. Patient #6, per interview, was still having symptoms and waited at Hospital A for a "2 hour 46 minute wait time on the wall" (location where EMS waits in the ED with patients who are awaiting an available bed). Interview revealed EMS continued to monitor the patient closely as Patient #6 had right upper quadrant pain and was on a Mag Drip. Interview revealed that EMS waiting and patients holding for a bed had been an ongoing issue for 3 ½ years and seemed to be getting worse. Interview revealed the EMS staff member did not feel the patient's care was met in the ED as Patient #6 required neuro checks, vital signs and close monitoring.</p> <p>Interview with RN #64 during observation on 11/13/2023 around 1030 revealed that when EMS arrives with patients and there are no beds available then EMS stays "on the wall" with the patient until a bed is available. They do not hand-off the patient until patients get to an</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 58</p> <p>assigned bed. Physicians may see patients on the wall, but "EMS can only hand-off to a RN." Follow-up telephone interview on 11/15/2023 at 1430 revealed that in relation to patients arriving with EMS, ED nurses do not "triage patients until ...taking ownership of the patient. Interview revealed that if the CNC in the EMS arrival area was to triage the patient, then the RN was "taking ownership of the patient." The RN stated they could not do that as CNC and still meet all the expectations of the role. Interview revealed that in this ED, "EMS is still responsible."</p> <p>Telephone interview on 11/15/2023 at 1410 with DO #65 revealed the DO went to assess Patient #6 when she was in a bed in the ED. Interview revealed the DO signed up for Patient #6 as soon as her name popped up on the ED tracking board. Before that time, the DO was not aware the patient was in the department. Interview revealed that technically the patient was already admitted, having been accepted by neurology, but was an ED to ED transfer. ED physicians still did a full medical screening on transferred patients, the DO stated. Interview revealed Patient #6 was on a Mag infusion and was hypertensive. Interview revealed DO #65 called the accepting Neurologist and also called an Obstetric Resident since the patient was postpartum and hypertensive and there were concerns for preclampsia.</p> <p>Telephone interview with Patient #6's Triage Nurse, RN #66, on 11/17/2023 at 0932, revealed the nurse did not recall Patient #6 or the situation. Interview revealed the EMS team was responsible for any patient they brought in until the patient got a room assignment and was moved to a room in the ED. Once the patient was</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 59</p> <p>in a room, the ED RN triaged the patient and there was a proper hand-off between EMS and the RN.</p> <p>Telephone interview on 11/17/2023 at 1205 with MD #67, the accepting neurologist for Patient #6, revealed they were concerned enough to transfer the patient to Hospital A even though they decided not give thrombolytics. Interview revealed obstetrics was called since the patient recently delivered and Mag was given more often by obstetrics. Interview revealed the time until the patient was triaged was "a long time." Interview revealed the patient should have received frequent vital signs by staff. The MD stated they often do ED to ED transfers. Interview revealed MD #67 thought he saw the patient when she was in an ED room and that the accepting physicians would not know a patient had arrived to the ED until a call was received from the ED that the patient was there. Interview revealed if they had a room the patient would have gone to Neuro. Ultimately, the MD stated, it was determined Patient #6 was hypertensive related to pregnancy and it was better for her to be admitted to obstetrics.</p> <p>Patient #6 arrived to Hospital B with strokelike symptoms at 10 days postpartum. She was accepted for transfer to Hospital A as an ED to ED transfer. Patient #6 arrived to the hospital via EMS on 10/03/2023 at 1942. The patient waited in the ED for a bed and continued to be managed by EMS. No documentation was noted by a medical provider until 2223 and Patient #6 was not triaged or assessed by hospital nursing staff until 2227 (approximately 2 hours 45 minutes after arrival by EMS). There was a delay in accepting the patient and a delay in triage,</p>	A 068			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 60 assessment and monitoring. 8. Hospital B Medical Record review on 12/16/2023 revealed Patient #1, a 64-year-old, arrived to Hospital B on 10/31/2023 at 2203. Review of the ED Triage, at 2203, revealed "...Subjective Rapid Assessment Stated Reason for Visit : 2130 onset slurred and right sided weakness with facial droop; no thinners (blood thinning medications)CODE STROKE. ED Full TriageAcuity : 1 (highest acuity). " Review of the "ER Report" by a physician, at 2212, revealed "....History of Present Illness This patient is a 64-year-old woman.... here with neurologic symptoms. Independent history is obtained from the patient's husband, who is here with her. He said that at approximately 9:30 PM, she called out to him that something was wrong. He looked over and saw that she was having difficulty walking and seemed to be slumping to the side. Her speech was noted to be slurred..... She is weak on the right side. Physical ExamInitial Vitals BP: 204/100. .. VITAL SIGNS: Triage vital signs are reviewed and show elevated blood pressure approximately 204/100, otherwise normal. GENERAL: Patient is well-developed, well-nourished, and clearly with facial asymmetry and slurred speech..... NEURO: The patient has paralysis of the right lower face.She has moderate dysarthria (slurred speech)..... Level of consciousness seems normal. She does have drift of the right arm without hitting bed..... Medical Decision Making This patient presents with neurologic symptoms concerning for acute ischemic stroke I think she will likely be a candidate for thrombolytics assuming that we can get her blood pressure down. She is going to CAT (computerized axial tomography - type of diagnostic imaging) scan right now. We are giving	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 61</p> <p>labetalol IV (medication for blood pressure given intravenously). [space] 10/31/23 23:00:55.....I reviewed CT scan Showing left basal ganglia hemorrhage (hemorrhagic [bleed] stroke in a part of the brain] I did discuss the patient with the neurologist, who accepts the patient in transfer for treatment of acute atraumatic hemorrhage. The patient did receive a dose of labetalol, and her blood pressure dropped below 160 briefly but then went back up over 170, so nicardipine infusion was started. Diagnosis/Disposition Acute atraumatic intraparenchymal hemorrhage (bleeding into the brain) [space] Acute hypertensive emergency (acute marked elevation in BP associated with signs of damage) [space] Right-sided weakness. " Review of the Transfer Form revealed Patient #1 was accepted for transfer at 2225. Review of the Physician's Certification for Medical Transport form revealed " ...Medical Condition at the Time of Transport : Patient requires neurological, cardiac, and hemodynamic monitoring and a nicardipine drip by a medical attendant throughout transport....." Review revealed Patient #1 was transferred out at 2233 as a "Red" priority.</p> <p>Review of the EMS Patient Care Record revealed EMS transferred Patient #1 as an emergency "red" transfer. Review of the "Narrative" documentation revealed "(EMS) WAS ISSUED A RED TRANSPORT TO (Hospital A). THE PT WAS BEING TRANSPORTED TO (Hospital A) DUE TO INTRACRANIAL HEMORRHAGE. THE PT WAS PLACED ON THE CARDIAC MONITOR, 12 LEAD ESTABLISHED THE PHYSICIAN ADVISED TARGET BLOOD PRESSURE IS 140/90 AND ADVISED TO MONITOR BLOOD PRESSURE DURING TRANSPORT. NICARDIPINE WAS</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 62</p> <p>ADMINISTERED AND MAINTAINED THROUGHOUT ROUTE..... EMERGENCY TRAFFIC. THE PT WAS REASSESSED EVERY 5 MINUTES DURING TRANSPORT PT REMAINED ALERT, ORIENTED, SLURRED SPEECH WAS NOTED. PT CARE.....UPON ARRIVAL, THE PT WAS REGISTERED, AND EMS WAITED ON ROOM ASSIGNMENTS. VITAL SIGNS WERE CONTINUOUSLY MONITORED. A PHYSICIAN STATED, 'WHAT DO YOU HAVE?'. THE PHYSICAN (sic) WAS ADVISED RED TRANSPORT FROM (Hospital B) ER TO (Hospital A) WITH AN INTRACRANIAL HEMORRHAGE. THE PHYSICIAN ASKED FOR PAPERWORK AND THEN STATED 'NEVER MIND.' THE PT REMAINED STABLE WITH ONLY COMPLIANT (sic) OF A HEADACHE. THE NEUROLOGIST (Name of accepting physician) ADVISED THE PT WOULD MOVE TO THE ICU ONCE A BED WAS AVAILABLE. THE PT REMAINED IN THE HALLWAY AND WAS CONTINUOUSLY MONITORED AND ASSESSED. (EMS) WAS ADVISED THE PT WOULD BE TRANSFERRED TO THE NEUROLOGY ICU. PT CARE REPORT WAS GIVEN TO THE ATTENDING NURSE..... PT CARE WAS TRANSFERRED" Review revealed the EMS unit arrived to Hospital A at 2312 and Patient #1's care was handed-off to hospital staff at 0106 (1 hour 54 minutes after arrival to the hospital). Review revealed EMS completed vital signs every 5 minutes to 10 minutes throughout the wait time for a bed and hand-off to the hospital.</p> <p>Review of the Hospital A medical record for Patient #1, on 11/14/2023, revealed the patient arrived as a transfer via EMS at 2314. Review of the "ED Report" by an ED physician, at 2351,</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 63 revealed "... 64-year-old female who presents as a transfer due to intracranial hemorrhage. Was taken to an outside hospital due to concern unilateral (one-sided) weakness and speech difficulty at roughly 2130. At that time had a head CT which showed an intracranial bleed and thus the patient was transferred here. At the outside hospital she was noted to have fairly profound hypertension was given IV Lopressor (treats elevated BP). Plan is for neurology admission however they would like angiography of the head and neck prior to getting a bed. Nicardipine was also initiated for blood pressure management....Physical Exam.....Initial Vitals No Data AvailableNeuro: Right-sided facial droop with loss of nasolabial fold as well as dysarthria noted. Weakness of the right arm over relatively normal left arm and lower extremities. Medical Decision Making Patient presents as a transfer due to intracranial hemorrhage. 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 monitoring. ... " Review also revealed a Neurology "History and Physical", service date/time 10/31/2023 2347, which indicated "...Impression and Plan:.....#ICH (Intracranial Hemorrhage): hypertensive etiology suspected #HTN (hypertension) urgency: no prior hx (history) of HTN, treat >160/90 with goal towards normotension. #dysarthria, right hemiparesis (weakness or partial paralysis on one side of the body). Plan: admit to ICU for close neurologic monitoring. ..." Review of the ED record failed to reveal any vital signs or assessments by nursing. Review revealed "Nurse Notes" on 11/01/2023 at 0051 that stated "RN gave heads up to NSICU (Neurosurgery ICU) by	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 64</p> <p>(Name), RN. ED CNC (Clinical Nurse Coordinator) aware that (Name), RN is not assuming care of patient and only transporting PT (patient) upstairs. Pt has been with EMS in hallway for approx. (approximately) 2 hours and now has bed assignment upstairs. RN only transporting from EMS to NSICU." Record review failed to reveal an ED RN ever accepted, triaged, assessed or did vital signs on Patient #1 while the patient was in the Emergency Department. The first documented vital signs were at 0110, once Patient #1 arrived to NSICU. The patient's blood pressure at 0110 was documented as 162/85.</p> <p>Telephone interview with EMS #73 on 11/30/2023 at 1415 revealed the paramedic was involved in the transfer of Patient #1. Interview revealed it was a "red" transfer. Interview revealed on arrival to the hospital they gave the paperwork to hospital staff and then "sat on the wall." The neurologist came to evaluate the patient and said she would move as soon as a bed was available. EMS, interview revealed, continue to monitor Patient #1. The patient was on IV medications for blood pressure and EMS staff had to "fluctuate the meds to keep the blood pressure where it needed to be." Interview revealed no nurse evaluated Patient #1 while she was in the ED.</p> <p>Interview with MD #69 the accepting neurologist, revealed it was not uncommon to do ED to ED transfers, that it was good to have them in the ED for emergent evaluation when there was a concern for a patient's stability on arrival. Interview revealed MD # 69 came to see patients in the ED as soon as they were notified of the patient's arrival. Interview revealed it was "surprising" not to have vital signs completed in the ED and stated it did not meet expectations for</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 65</p> <p>care - patients needed hourly neuro checks and vital signs with provider updates on changes.</p> <p>Interview with RN #64 during observation 11/13/2023 around 1030 revealed that when EMS arrives with patients and there are no beds available then EMS stays "on the wall" with the patient until a bed is available. They do not hand-off the patient until patients get to an assigned bed. Physicians may see patients on the wall, but "EMS can only hand-off to a RN." Follow-up telephone interview on 11/15/2023 at 1430 revealed that in relation to patients arriving with EMS, ED nurses do not "triage patients until ...taking ownership of the patient. Interview revealed that if the CNC in the EMS arrival area was to triage the patient, then the RN was "taking ownership of the patient." The RN stated they could not do that as CNC and still meet all the expectations of the role. Interview revealed that in this ED, "EMS is still responsible."</p> <p>Telephone interview with RN #66, on 11/17/2023 at 0932, revealed the EMS team was responsible for any patients they brought in until a room was assigned and the patient moved to a room in the ED. Once the patient was in a room, the ED RN triaged the patient and there was a proper hand-off between EMS and the RN.</p> <p>Patient #1 arrived as a transfer on 10/31/2023 at 2314 by EMS. No triage, nursing assessment or evaluation was completed in the ED. The patient was transported to the NSICU (Neurosciences Intensive Care Unit) on 11/01/2023 at 0105. A nursing note was written that stated the nurse was only transporting the patient to the inpatient unit and had not assumed care of the patient. The first nursing vitals or assessment were done</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 66 at 0110 in NSICU. EMS monitored Patient #1 in the ED and nursing failed to accept, triage and provide care to a patient in the ED. 9. Review of the EMS Patient Care Record, on 11/14/2023, revealed EMS was called to Patient #2's home on 10/17/2023. The EMS record revealed the call came in at 1654, EMS reached the patient at 1702, departed the scene at 1720 and reached the Hospital at 1748. The Patient Care Record noted the patient's medical history was "Cirrhosis of Liver, Diabetes, Infectious disease, Neuropathy, Other-Infection of foot - amputation schedule for 10/21." Review of the Narrative Note revealed "(EMS) DISPATCHED EMERGENCY TRAFFIC TO LISTED ADDRESS REFERENCE SYNCOPAL EPISODE WITH CHEST PAIN AND SHORTNESS OF BREATH ...ARRIVED ON SCENT TO FIND A 66-YEAR-OLD MALE, A&Ox4, SKIN PALE, WARM, AND DRY, SITTING UPRIGHT IN A RECLINER IN THE LIVING ROOM. PT ADVISED HE HAD BEEN HAVING CHEST PAIN AND SHORTNESS OF BREATH FOR THE LAST WEEKADMINISTERED ASPIRIN ...PT ADVISED THAT HE AND HIS FRIEND HAD BEEN WORKING AROUND THE HOUSE AND ALL OF A SUDDEN HE DID NOT FEEL GOOD AND PASSED OUT. PT'S FRIEND ADVISED PT DID NOT FALL, 'I CAUGHT HIM ON THE WAY DOWN.' PT ADVISED HE RECENTLY HAD SURGERY ON HIS FOOT AND IT HAD GOT AN INFECTION AND WAS TAKING ANTIBIOTICS FOR SAME. PT ADVISED HE WAS GOING TO NEED ANOTHER SURGERY TO REMOVE THE BIG TOE OF HIS LEFT FOOT. IT WAS NOW NOTED THAT PT'S EKG WAS SHOWING ... ALSO SHORT RUNS OF A WIDE COMPLEX TACHYCARDIA. PT REMAINED COMPLETELY	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 67 A&Ox4..... PT WAS PLACED ON SUPPLEMENTAL OXYGEN WITH NOTED IMPROVEMENT IN BREATHING, ACCORDING TO THE PT. PT WAS TRANSPORTED ROUTINE TRAFFIC TO (Hospital) WHILE ENROUTE PT'S VITALS WERE CONTINUALLY ASSESSED ...IV ACCESS WAS OBTAINED ... PT WAS FOUND TO HYPERGLYCEMIC (high blood sugar). PT ADVISED HE HAD NOT BEEN ABLE TO TAKE HIS INSULIN YET TODAY PT WAS ADMINISTERED FLUID AS RECORDED PT ADVISED HIS CHEST PAIN WAS A 6/10 AND THAT TAKING A DEEP BREATH HURT. PT ADVISED THIS HAS BEEN GOING ON ALL WEEK AND HAS NOT CHANGED. (Hospital) WAS CONTACTED FOR PT NOTIFICATION. UPON ARRIVAL AT (Hospital) PT WAS TAKEN TO ER ROOM, WHERE (EMS) WAITED FOR ER PERSONNEL TO COME FOR THE HANDOFF REPORT WHILE BEING CONTINUALLY MONITORED. A FACILITY RN FINALLY ARRIVED AND A FULL REPORT WAS GIVEN AND PT CARE WAS TRANSFERRED TO THE RECEIVING RN..... " EMS record review revealed the team arrived to the hospital with Patient #2 at 1748 and care was transferred to hospital staff at 1907 (1 hour, 19 minutes after arrival). Review revealed EMS staff continued monitoring Patient #2 after arrival with vital signs generally taken every 5-6 minutes. The last recorded EMS vital signs were at 1858 with BP noted as 104/61, pulse 70, respirations 15, 99% pulse ox and a pain score of 6. A note was made on "Turn Around Delays" that indicated "ED Overcrowding/ Transfer of Care....." Review of the medical record, on 11/14/2023, revealed Patient #2 arrived to the hospital on 10/17/2023 at 1753 via EMS. Review of "ED	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 68</p> <p>Triage", performed 10/17/2023, at 1900 (1 hour and 7 minutes after arrival) revealed a pre-hospital blood glucose of 459 and an acuity of "3-urgent". Vital signs were: Temperature 97.9, Pulse 72, Respirations 20, blood pressure 106/69 and oxygen saturation of 100% on 4 liters oxygen. Patient #2's pain score was 7.</p> <p>Review of the "ER Report" by a Physician Assistant, on 10/17/2023 at 1845, revealed "... 66-year-old male patient presents..... (to the) emergency department today via EMS for chief complaint of chest pain and shortness of breath. 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 states that today he had acute worsening to his symptoms and also had a syncopal episode earlier today. He reports pain and shortness of breath are still present. He states that he also has bilateral lower extremity swelling which has been ongoing over the past couple of weeks. ... He states that he has ulcer to the first metatarsal of his left foot and this extends to his bone. He states that he has planned to have amputation of the first digit of his left foot this coming Friday patient currently taking ciprofloxacin (antibiotic, Diflucan (antifungal), and Duricef (antibiotic)....Medical Decision Making.... EMS reports that they gave patient 324 mg aspirin.... blood pressure was approximately 96 mmHg. They gave one L (liter) of normal saline IV blood pressure is 105/66 now. EMS also reports that patient had 7 beat run of V tach on their EKG tracing in route with patient now in sinus rhythm and occasional bigeminy. Ordered EKG and for patient to be on telemetry.... Point-of-care CBG</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 69</p> <p>(blood sugar), CMP (comprehensive metabolic panel), CBC (complete blood count), troponin, proBNP, D-dimer, lactic acid, and portable 1 view chest x-ray ordered. EKG obtained and notes sinus rhythm with PVCs and 4 beat run of V tach.... 1953 Dr. (Name) called to patients bedside for cardiac arrest and assumed care of patient. CPR initiated2017.....Called lab to request results of chemistries be available as soon as possible. Labs resulted after arrest ... Resuscitation attempt failed. Patient deceased. Suspect etiology to cardiac arrest related to MI (Myocardial infarction- heart attack).</p> <p>Review revealed a Stat order for an EKG at 1841. Review did not reveal an EKG was completed until 1905 (24 minutes after ordered and 1 hour and 12 minutes after arrival). Review of lab orders revealed the following lab tests were ordered in the ED stat at 1841 (48 minutes after Patient #2 arrived): Lactic Acid, CMP (comprehensive metabolic panel), Troponin, D-Dimer, Pro B-Type Natriuretic Peptide (ProBNP) and CBC with Differential. Review of orders revealed the labs were collected as Nurse collects at 1920 (39 minutes after the lab orders). Patient #2 experienced cardiac arrest at 1953, 2 hours after arrival. The CBC resulted at 2002 and the CMP resulted at 2012. The D-Dimer resulted as 824 (high) at 2006. The Pro BNP resulted as 9690 (High - reference range 5-125) at 2023 and the Troponin resulted as 0.460 (High - reference range 0.000-0.034) at 2039 (1 hour 19 minutes after the lab was collected; 1 hour, 58 minutes after it was ordered). The physician was notified. Review revealed the physician was notified 2 hours, 46 minutes after Patient #2 arrived to the ED and 15 minutes after the patient expired). Review revealed delays in ordering, collecting</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 70 and resulting the labs and a delay in obtaining an EKG. Review of the "ER Report", service date/time 10/17/2023 at 2030, revealed " ...The patient was initially evaluated by the emergency department physician assistant..... Work-up for chest pain and syncope were underway. I was called to the patient's bedside at 1953 for cardiac arrest. Staff reports that only moments before the patient had been alert and talking. CPR (cardia pulmonary resuscitation) was initiated. The patient was placed on a monitor and defibrillator. Initial rhythm revealed ventricular tachycardia (fast heart rhythm). He received electrical therapy and CPR was resumed. Patient received high-quality chest compressions. He would briefly show signs consciousness indicating adequate cerebral perfusion (blood to the brain) with chest compressions, but remained without an organized rhythmrequired continuation of CPR. He received multiple doses of electrical therapy.....He received magnesium as well as amiodarone (medication for irregular heart rhythm) for shock refractory ventricular tachycardia. Ventricular tachycardia progressed to ventricular fibrillation (life threatening arrhythmia). He also received multiple doses of epinephrine (emergency medication) per ACLS (advanced cardiac life support) protocol for pulseless arrest. He was intubated.....I called the physician assistant to the bedside to brief me on the details of the initial presentation. During the resuscitation I took the opportunity to review the available work-up. The EKG was brought to me for review at 2002For this patient who presented with chest pain, syncope, and suffered cardiac arrest has either suffered an MI or rhythm disturbance..... I reviewed his medications..... I made attempts to	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 71</p> <p>addressreversible causes of cardiac arrest. As resuscitation proceeded the rhythm progressedto asystoleAfter 30 minutes of resuscitation he remained in asystole. All team members agreed that further resuscitative efforts were futile ... the patient was pronounced dead at 8:24 PM ... 10/17/23 20:38:56 I received a (sic) from the chemistry lab. Troponin is 0.46 ... Diagnosis/Disposition Chest pain Syncope Ventricular tachycardia Cardiopulmonary arrest. ..."</p> <p>Telephone interview on 11/20/2023 at 1415 with EMS #70 revealed they responded to a call for a patient with chest pain and shortness of breath. Interview revealed on EKG the heart was very irritated, throwing PVCs (arrhythmias), PACs (arrhythmias) and then short runs of wide complex tachycardia (rapid heart rate). Interview revealed there was potential for things to turn unstable quickly. By the time they got to the hospital there were just a few PVCs. EMS #70 stated they arrived to the hospital at 1750 and were assigned a room at 1756 but they got to the room and there was a patient in the room which caused the wait. EMS #70 stated at some point the patient started to get hypotensive and the fluids had emptied, so the other EMS staff gathered another bag of fluids. Patient #2, per EMS, was on supplemental oxygen and had no complaints at the time. Interview revealed they got the patient into an ED bed at 1845 but there was no nurse for report. At 1907 (1 hours, 17 minutes after arrival), per interview, EMS was able to give hand-off report to a nurse. Interview revealed waits had gotten more common recently and it seemed like a staffing issue.</p> <p>Telephone interview with PA #71, on 11/15/2023</p>	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 72</p> <p>at 1600, revealed the patient came into the ED with EMS and there were no rooms available. PA #71 stated he saw the patient while in the hallway and placed orders. Interview revealed the patient had not been triaged, he was still in the hall. Interview revealed prior to arrival the patient had "a few runs, approximately 8 beats", of V tach. PA #71 stated the patient was given a liter of fluids and the rhythm improved. Patient #2 remained on the EMS monitor prior to getting a formal EKG in the ED, the PA stated. Interview revealed there were another 4 beats of V tach but it was not sustained; the patient appeared stable. PA #71 moved to another patient and did not see Patient #2 after he got in an ED room until the PA heard the code and responded. Interview revealed these patients should be closely monitored. Interview revealed the goal for the screening evaluation was 20 minutes from arrival.</p> <p>Telephone interview with RN #66, on 11/16/2023 at 0938, revealed the nurse assigned to Patient #2's room was busy and not able to triage the patient, so a radio request for help was made and RN #66 responded, did the hand-off with EMS and triaged Patient #2. The patient had been placed on a monitor by the Certified Nursing Assistant (CNA). RN #66 then received report from EMS. Interview revealed there was no bed available when Patient #2 first arrived by EMS. When RN #66 went to triage the patient, Patient #2 had just been put in a room and was stable, alert and talking. RN #66 stated that after Patient #2 was triaged, RN #66 drew blood for labs; labs were not drawn until after the patient was accepted and in a room. Until the patients were in a room and care handed-off from EMS, interview revealed, they were "counting on EMS to care for (the patients)....."</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 73 Telephone interview on 11/16/2023 at 1100 with MD #72 revealed he heard the overhead page for Patient #2 and immediately responded. Interview revealed the expectation for chest pain patients was an EKG within 10 minutes and to be seen by a provider within 10 minutes. Interview revealed there is a chest pain protocol, but the protocol had to be activated by a provider. MD #72 acknowledged there was a delay for Patient #2. Interview revealed in an ideal situation the patient would have gone straight back to a room and care started. Patient #2 was brought to the ED by EMS from home. The patient arrived on 10/17/2023 at 1753 with chest pain and a syncopal episode at home. The provider ordered labs at 1841 (48 minutes after Patient #2 arrived), and the labs were not collected by nursing staff until 1920 (39 minutes after orders), after the patient was triaged at 1900 (1 hour and 7 minutes after arrival). The patient was on a cardiac monitor and received vital signs by EMS until triage at 1900. No hospital EKG was completed until 1905 (24 minutes after order and 1 hour 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. The hospital staff failed to accept the patient upon arrival to the ED, resulting in delayed triage, care and treatment. 10. Closed medical record review of Patient #12 revealed a 41 year old female transferred to the ED (emergency department) on 07/18/2023 at 1623 via EMS (emergency medical service) for	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	<p>Continued From page 74</p> <p>abdominal pain, nausea, chills, and evaluation by general surgery for concerns of appendicitis. No past medical history. Review of EMS run report revealed vital signs were taken at 1526 and 1555 via EMS. Review of ED record revealed a Medical Screening Examination (MSE) was performed at 1653. Further review of MSE revealed the CT (computed tomography) was consistent with appendicitis and general surgery consult placed at 1652. Review of physician orders revealed an order for q4h (every 4 hours) vital signs at 1729. An order for Dilaudid 0.25mg (milligram) Inj. Q3h, PRN (as needed), pain (refractory) at 1729. An order for Dilaudid 0.5mg Inj. Q15min, PRN, pain, at 1734. Review of ED record revealed the patient was assigned to RPOD-Hall 18 at 1756. Review of ED record revealed a pain assessment of 10 at 1759. Review of MAR (medication administration record) revealed the patient was given Zofran 4mg at 1757 and Dilaudid 0.5mg at 1759. Review of the General Surgery History and Physical at 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).</p> <p>Interview 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.</p>	A 068			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 75 11. Review on 11/16/2023 of "Nursing Management of Wounds and Alterations of Skin" policy revised 11/2021 revealed, "POLICY: Patients are assessed on admission and once every 12-hour shift for alterations in skin integrity and/or wounds. SCOPE:...Inpatient, acute care services, critical access hospitals, and other related services. Emergency Department (ED)...DOCUMENTATION: Document wound details: type, bed color, odor, drainage (color and amount), undermining/tunneling, induration, and erythema. Document intervention". Review on 11/16/2023 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...". Closed medical record review on 11/14/23 of Patient #26 revealed a 22-year-old patient that presented to the Emergency Department (ED) via EMS (Emergency Management Services) on 09/01/2022 at 1845 for complaints of abdominal pain, decreased appetite, watery non-bloody diarrhea, and right-calf burn. Review of an ED Note dated 09/01/2022 at 2130 per medical provider indicated: "Assessment/Plan...Burn. I ordered bacitracin and instructed the nurse to apply a Xeroform dressing". Review of Patient #26's closed medical record lacked documentation that an ED nurse assessed and applied bacitracin and a Xeroform dressing to the patient's right-calf burn. Review revealed the	A 068		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 068	Continued From page 76 patient was transferred to inpatient room #566 A5-West on 09/03/2022 at 1357. Review revealed a nursing wound consultation was completed on 09/04/2022 at 1024. Review of Inpatient Wound/Ostomy Documentation Note dated 09/04/2022 at 1024 indicated: "Wound care consult received for calf burn...wound is pink, red wound bed, superficial. Communicated with RN (Registered Nurse) that wound team will not be able to prioritize this patient today. Would recommend provider place order for bacitracin to be applied generously, cover with xeroform gauze, then dry gauze and gauze roll, daily. Will only follow if wound worsend with appropriate treatment-please reconsult if this occurs". Review of a physician's order dated 09/04/2022 at 2100 indicated: "Bactroban topical 2% cream to be applied three times daily at 0900, 1500, and 2100 for 7 days to right-calf wound". Review revealed a lack of documentation related to the application of the aforementioned wound treatment per nursing. Review of the patient's closed medical record lacked nursing documentation related to the assessment and treatment of the patient's right calf wound from presentation in the ED on 09/01/2022 through discharge on 09/07/2022.	A 068			
A 092	EMERGENCY SERVICES CFR(s): 482.12(f)(1) If emergency services are provided at the hospital, the hospital must comply with the requirements of §482.55. This STANDARD is not met as evidenced by: Based on policy review, medical record review, incident report review, Emergency Medical Services (EMS) trip report review, and staff and provider interviews, hospital leadership failed to	A 092	Subject of Deficiency: The hospital's leadership failed to ensure emergency care and services were provided according to policy and provider orders by failing to accept patient upon arrival to the emergency department, evaluate, monitor and provide treatment to emergency department patients to prevent delays and/or lack of triage, nursing assessment, and implementation of orders, including lab, telemetry and medication orders. Each individual Condition of Participation's cross-referenced tag in this section will be outlined in the appropriate tags section below. Each individual Condition of Participation's cross-referenced tag in this section will be outlined in the appropriate tags section below.		

			<ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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. • Order to lab draw-30 minutes <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ 12/2/2023 CNO and VP Emergency Services meeting to level set on CNC expectations • ED tracking board enhancements to include vital signs, telemetry, pain reassessment, and EKG icons <ul style="list-style-type: none"> ○ 12/2/2023 EKG icon education boost ○ 12/21/2023 Stethoscope icon ○ 12/26/2023 Telemetry • 12/6/2023 Multi-disciplinary team with ER staff, facility executives, CSG, patient access, performance improvement, to develop a process to off-load EMS 	<p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/6/23</p>
--	--	--	---	---

			<ul style="list-style-type: none"> • 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). • 12/6/2023 Multi-disciplinary team with ER staff, facility executives, CSG, patient access, performance improvement, to develop a process to off-load EMS • 12/14/2023 Instituted rapid triage process • 12/14/2023 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 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 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. <p>Ongoing Actions: Monitoring of patient condition beginning with RN triage, vital signs are obtained by providing qualified personnel for ongoing rounding.</p>	<p>12/7/23</p> <p>12/6/23</p> <p>12/14/23</p> <p>12/14/23</p> <p>12/12/23</p> <p>12/14/23</p> <p>12/20/23</p> <p>12/29/23</p>
--	--	--	---	---

			<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 1/5/2024 direction was given 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 <ul style="list-style-type: none"> ○ 2/1/2024 EHR enhancement of visual cue at 30 minutes to prompt staff to better capture post-medication administration assessments • 1/20/2024 Meeting between Radiology, ED, and Quality Leadership to review ED current processes and opportunities. Applicable actions taken from that meeting include: <ul style="list-style-type: none"> ○ 1/25/2024 Modification of HCG order process to streamline results ○ 1/30/2024 Structured communication to close loop on identified opportunities for improvement ○ 1/30/2024 Standardized process to facilitate patient readiness for CT • 1/22/2024 Regional EMS Coordinator hired for coordination and communication with EMS • 1/26/2024 Process implemented to 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 end re-design <ul style="list-style-type: none"> ○ 1/5/2024 Process in place to evaluate need for additional triage RN during peak hours ○ 1/5/2024 Developed triggers for triage escalation and posted at triage desk ○ 1/5/2024 Assessment/Re- 	<p>1/5/24</p> <p>2/1/24</p> <p>1/20/24</p> <p>1/25/24</p> <p>1/30/24</p> <p>1/30/24</p> <p>1/22/24</p> <p>1/26/24</p> <p>1/30/24</p> <p>1/30/24</p> <p>1/5/24</p> <p>1/5/24</p> <p>1/5/24</p>
--	--	--	---	---

			<ul style="list-style-type: none"> assessment policy review ○ 1/11/2024 Due diligence walk through with ER Operations and IT 1/11/24 ○ 1/11/2024 Front-end multidisciplinary team design session 1/11/24 ○ 1/12/2024 Assessment/Re-assessment policy approved by CNO and Nursing Operations Council 1/12/24 ○ 1/12/2024 Staff participated in organization and set-up of Critical Supply Room 1/12/24 ○ 1/12/2024 Walkthrough with BioMed for wall mounted cardiac monitors 1/12/24 ○ 1/13/2024 Mock set-up of room 32 1/13/24 ○ 1/15/2024 Addition of script printer in room 115 1/15/24 ○ 1/15/2024 IT refresh complete 1/15/24 ○ 1/16/2024 MD, Lab operations, IT agreement to new lab order process to expedite results for HCG 1/16/24 ○ 1/16/2024 Capital PO issued for 4 portable cardiac monitors 1/16/24 ○ 1/16/2024 Added additional 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 1/16/24 ○ 1/17-29/2024 Reconfigured front-end area 1/29/24 ○ 1/17/2024 Per staff request, 3 additional vital sign machines provided 1/17/24 ○ 1/17/2024 Front-end multidisciplinary team education and roles and responsibilities review 1/17/24 ○ 1/18/2024 Front-end education of ER providers in January provider meeting by ER Medical Director 1/18/24 ○ 1/23/2024 Standardization of supply carts 1/23/24 ○ 1/18/2024 Confirmed Team Health Leadership participation during 1/30 go-live 1/18/24 	
--	--	--	--	--

			<ul style="list-style-type: none"> ○ 1/18/2024 Standardization and escalation of Pharmacy order verification under the MAR education ○ 1/18/2024 Worked with pharmacy to standardize medication storage units ○ 1/18/2024 Added medication refrigerator to the medication storage unit ○ 1/18/2024 Educate staff on defined roles/responsibilities and standard work flow ○ 1/19/2024 Designated location for discharge paperwork and standardized process ○ 1/22/2024 Streamlined laboratory process for COVID, Flu, and RSV to improve timeliness of results ○ 1/23/2024 Confirmed 100% of providers received education on front-end process re-design ○ 1/24/2024 Front-end multidisciplinary team Go/No Go meeting with decision to move forward ○ 1/25/2024 Launch discharge print button to support greater efficiency for the providers to print discharge instructions ○ 1/26/2024 Greet tracker installed in provider area ○ 1/26/2024 Streamlined laboratory process to expedite results for HCG ○ 1/26/2024 6 workstations on wheels (WOW) deployed for provider and CNC documentation efficiency (decreased time from arrival to first clinical order) ○ 1/29/2024 Increased staff efficiency by stocking blood culture bottles in all areas ○ 1/30/2024 Created intake teams to perform MSE, nursing documentation, and implement initial interventions in Internal Processing Area (IPA) ○ 1/30/2024 Deployed 4 portable cardiac monitors 	<p>1/18/24</p> <p>1/18/24</p> <p>1/18/24</p> <p>1/18/24</p> <p>1/19/24</p> <p>1/22/24</p> <p>1/23/24</p> <p>1/24/24</p> <p>1/25/24</p> <p>1/26/24</p> <p>1/26/24</p> <p>1/26/24</p> <p>1/29/24</p> <p>1/30/24</p> <p>1/30/24</p>
--	--	--	--	--

			<p>Education: Education provided to currently working eligible and targeted 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 questions.</p> <ul style="list-style-type: none"> • 12/2/2023 Education for ED nursing staff regarding process for accurately capturing patient arrival time for both walk in and EMS arrivals • 12/2/2023 Education provided to ED CNCs/ED Leadership regarding timely escalations and departmental oversight • 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 policy/protocol • 12/14/2023 ED nursing staff education with attestation post-opiate medication administration assessment • 12/21/2023 ED nursing staff education regarding telemetry order initiation • 12/21/2023 ED nursing staff education regarding telemetry initiation escalation process • 12/21/2023 Education/resource binder created for ED Central Monitoring Unit (CMU) staff • 12/21/2023 ED nursing and ED CMU staff educated regarding CMU escalation pathway • 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 	<p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/14/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>1/15/23</p>
--	--	--	--	--

			<ul style="list-style-type: none"> • 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 • 1/18/2024 Provider education for front-end redesign • 2/2/2024 ED nursing staff Clinical Institute Withdrawal Assessment (CIWA) remedial education provided via shift huddles. • 2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on regarding ligature risk definition and documentation <p>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:</p> <ul style="list-style-type: none"> ○ 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 ○ CIWA assessments per policy/protocol ○ Realtime escalation of patient safety concerns ○ CT order to exam <p>Sustained Compliance Audits to Ensure POC is Effective: Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)</p> <ul style="list-style-type: none"> • 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) 	<p>1/18/24</p> <p>1/18/24</p> <p>2/2/24</p> <p>2/6/24</p>
--	--	--	--	---

			<p>Monitoring and tracking of EKG order-to-completion per policy/protocol</p> <ul style="list-style-type: none"> • 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 order-to-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) <p>Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of pain medication assessment/reassessment per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of CIWA assessments per policy/protocol</p> <ul style="list-style-type: none"> • 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) 	
--	--	--	---	--

			<p>Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team</p> <ul style="list-style-type: none"> • 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) <p>Process improvement initiative – Tracking ED CT order-to-exam average time and trending outliers</p> <ul style="list-style-type: none"> • 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) <p>Owner: Chief Nursing Officer/ Chief Medical Officer/ACNO/VP Emergency Services</p>	
--	--	--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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 092	<p>Continued From page 78</p> <p>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 continuous telemetry. Nursing staff failed to ensure policies and provider orders were implemented.</p> <p>2. Patient #83 was presented to the ED with dizziness on 11/28/2023 at 1216. The patient had STAT (immediate) lab work ordered at 1218 with continuous ECG monitoring. Labs were drawn at 1358 (1 hour and 40 minutes after ordered). Labs arrived at the lab at 1412 and resulted at 1532 (3 hours and 14 minutes after ordered). The blood glucose was 1137 (critically high). Insulin IV infusion was 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 hours were never initiated in the ED. At 2349 an IV infusion of D51/2 KCL was ordered that was not completed until 0157 (2 hours. and 8 minutes after ordered). Lactic acid was ordered NOW at 0127 for nurse collect in the ED. At 0200 a physician wrote there was a delay in labs and fluids so stopped the insulin IV infusion. The lactic acid was not collected in the ED. At 0529 the original lactic acid NOW, order was cancelled and reordered as lab collect NOW on the floor. It was collected at 0844 (3 hours and 15 minutes after ordered at 0529) and resulted at 1108 (9 hours and 41 minutes after originally ordered at 0127) with a result of 7.48 critical high. A second lactic acid was reordered at 1108 and resulted at 1256 (1 hr. and 36 minutes after ordered) with a result of 11.96 critically high. A rapid response was</p>	A 092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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 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 092	<p>Continued From page 79</p> <p>called previously at 1158, the patient was intubated at 1247, and ultimately expired on 11/30/2023.</p> <p>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.</p> <p>4. Patient #28 presented to the ED on 07/05/2022, was critically ill, intubated and diagnosed with bacterial meningitis. The patient developed a low blood pressure and a 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</p>	A 092		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 092	<p>Continued From page 80</p> <p>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 PAs assigned patient. The patient arrested. A new Levophed bag was hung. The patient and IV were not monitored and the bag ran dry with subsequent cardiac arrest.</p> <p>5. Patient #27 arrived in the ED on 07/04/2022 at 0025 with a reported pain level of 10 of 10. The patient had a STAT CT of the abdomen and pelvis ordered at 0027 that was not completed until 0755 (7 hours, 27 minutes later) resulted and signed at 0825. The patient had pain reported as 10 of 10, with nausea and vomiting with vital signs at arrival at 0025 and was medicated with Dilaudid (narcotic pain medication) at 0739 (7 hours and 14 minutes after arrival). 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.</p> <p>6. 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% prior to arrival. 1630 pulse oximetry was 90% (1 hour and 39 minutes after arrival) with no evidence of oxygen administration at hospital. Dilaudid 0.5 milligrams (mg) IV was administered at 1630 and at 1816. No vital sign or oxygen assessment on an elderly patient was assessed on the patient with a prior pulse oxygen of 90% after the administration of Dilaudid. The patient was subsequently asystole at 1909 and expired. Patient #29 had one set of vital signs from 1451 until time of death at 1909 (5 hours and 18 minutes). Nursing staff failed to reassess the</p>	A 092			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 092	<p>Continued From page 81</p> <p>patient after narcotic administration. Nursing staff failed to reassess the patient for a change in condition (not breathing).</p> <p>7. Patient #6 arrived to Hospital B with strokelike symptoms at 10 days postpartum. She was accepted for transfer to Hospital A as an ED to ED transfer. Patient #6 arrived to the hospital via EMS on 10/03/2023 at 1942. The patient waited in the ED for a bed and continued to be managed by EMS. No documentation was noted by a medical provider until 2223 and Patient #6 was not triaged or assessed by hospital nursing staff until 2227 (approximately 2 hours 45 minutes after arrival by EMS). There was a delay in accepting the patient and a delay in triage, assessment and monitoring by nursing staff.</p> <p>8. Patient #1 arrived as a transfer on 10/31/2023 at 2314 by EMS. No triage, nursing assessment or evaluation was completed in the ED. The patient was transported to the NSICU (Neurosciences Intensive Care Unit) on 11/01/2023 at 0105. A nursing note was written that stated the nurse was only transporting the patient to the inpatient unit and had not assumed care of the patient. The first nursing vitals or assessment were done at 0110 in NSICU. EMS monitored Patient #1 in the ED and nursing failed to accept, triage and provide care to a patient in the ED.</p> <p>9. Patient #2 was brought to the ED by EMS from home. The patient arrived on 10/17/2023 at 1753 with chest pain and a syncopal episode at home. The provider ordered labs at 1841 (48 minutes after Patient #2 arrived), and the labs were not collected by nursing staff until 1920 (39 minutes after orders), after the patient was triaged at 1900</p>	A 092			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 092	Continued From page 82 (1 hour and 7 minutes after arrival). The patient was on a cardiac monitor and received vital signs by EMS until triage at 1900. No hospital EKG was completed until 1905 (24 minutes after order and 1 hour 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. 10. Patient #26 presented to the ED via EMS on 09/01/2022 at 1845 for complaints of abdominal pain, decreased appetite, watery non-bloody diarrhea, and right-calf burn. Review of the patient's closed medical record lacked nursing documentation related to the assessment and treatment of the patient's right calf wound from presentation in the ED on 09/01/2022 through discharge on 09/07/2022. 11. Closed medical record review of Patient #12 revealed a 41 year old female transferred to the ED (emergency department) on 07/18/2023 at 1623 via EMS (emergency medical service) for abdominal pain, nausea, chills, and evaluation by general surgery for concerns of appendicitis. Record review revealed the patient did not have her vital signs monitored and had no nurse assigned to monitor status or provide care.	A 092			
A 115	PATIENT RIGHTS CFR(s): 482.13 A hospital must protect and promote each patient's rights.	A 115	Subject of Deficiency – A 115 The hospital staff failed to promote and protect patient's rights by failing to provide a safe environment to Emergency Department patients and failed to obtain consent to treat authorization for pediatric patients. The hospital failed to ensure a safe environment for behavioral health patients subject to self-harm in the Emergency Department (ED) Pods		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 115	<p>Continued From page 83</p> <p>This CONDITION is not met as evidenced by: Based on policy review, medical record review, Emergency Medical Services (EMS) trip report review, incident report review, observations, environmental risk assessment review and staff and provider interviews, the hospital staff failed to promote and protect patient's rights by failing to provide a safe environment to Emergency Department patients and failed to obtain authorization for psychotropic and nonpsychotropic medicinal interventions.</p> <p>The findings included:</p> <p>The hospital staff failed to ensure a safe environment for behavioral health patients subject to self-harm in the 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).</p> <p>Cross refer to 482.13 Patient Rights' Standard: Tag A 0144.</p> <p>The hospital nursing staff failed to obtain authorization for psychotropic and nonpsychotropic medicinal interventions for 1 of 4 sampled pediatric behavioral health patient records reviewed (Patient #75). Cross refer to 482.13 Patient Rights' Standard:Tag A 0131.</p>	A 115	<p>(cluster of rooms in a designated area), and identify and/or remove potential environmental hazards that were located in the designated behavioral health area.</p> <p>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.</p> <p><u>Safe Environment Immediate Corrections and System Changes:</u></p> <p>Immediate Actions Taken:</p> <ul style="list-style-type: none"> 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 additional ligature risk items such as the call cord as a potential ligature risk. 2/3/24 Additional safety sweeps were conducted to identify and remove potential ligature risks/ unnecessary equipment or areas of safety concern. 12/14/23 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. <p>System Changes:</p> <ul style="list-style-type: none"> 2/3/24 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. Ongoing sustained process 	2/3/24 2/3/24 12/14/23 2/3/24	

			<p>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.</p> <ul style="list-style-type: none"> • 2/3/24 Additional safety sweeps were conducted to identify and remove 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 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 <p>Education Provided to Staff: 2/6/24 ED Huddle start date 2/5/24 PSA Huddle start date</p> <ul style="list-style-type: none"> • 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 	<p>2/3/24</p> <p>2/3/24</p> <p>2/6/24</p>
--	--	--	--	---

		<p>A 131</p>	<p>understanding to include opportunities for teach back and questions.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Re-circulated CSSRS huddle card which includes displayed icons for ED tracking board for overall care team awareness. <p>Monitoring for Compliance/Audit Details:</p> <p>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.</p> <p>1. Patient Safety Rounding audits are conducted by the administrative house supervisor, PSA team lead, or nursing team lead.</p> <p>Sustained Compliance Audits to Ensure POC is Effective:</p> <ul style="list-style-type: none"> · 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. <p>Numerator = # of compliant patient safety round observations Denominator = 70 observation per month</p> <ul style="list-style-type: none"> · Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) <p>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.</p> <p>Owner: Chief Nursing Officer/ACNO/VP of Emergency Services</p>	
--	--	--------------	--	--

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.

A 131	<p>PATIENT RIGHTS: INFORMED CONSENT CFR(s): 482.13(b)(2)</p> <p>The patient or his or her representative (as</p>		<ul style="list-style-type: none"> 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. <p>Sustained Compliance Audits to Ensure POC is Effective:</p> <p>We will conduct audits as outlined below to monitor our sustained compliance.</p> <ul style="list-style-type: none"> 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) <p>Owner: Chief Financial Officer/Director of Patient Access</p> <p>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.</p>	
-------	--	--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 84</p> <p>allowed under State law) has the right to make informed decisions regarding his or her care.</p> <p>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.</p> <p>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).</p> <p>The findings included:</p> <p>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 minor, _____, do hereby give my consent for the physician to perform</p>	A 131	<p><u>COA Immediate Corrections and System Changes:</u></p> <ul style="list-style-type: none"> • 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 <p>Education Provided to Staff: Date: 2.6.24</p> <ul style="list-style-type: none"> • 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. <p>Education conducted by Patient Access Team Lead, Manager, or PAS Leadership to capture 100% of working staff are educated to COA</p> <ul style="list-style-type: none"> • 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. <p>Monitoring for Compliance/Audit Details: Date: 2.6.24 Utilizing the electronic medical record, pediatric patients who present to the</p>	

			<p>emergency department are reconciled and audited for completion of COA.</p> <ul style="list-style-type: none"> 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) <p>Owner: Chief Financial Officer/Director of Patient Access</p>	
--	--	--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 85</p> <p>psychotropic 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." The forms provided spaces for date/time, legally responsible person signature, relationship, and witness signatures.</p> <p>Review on 12/04/2023 of the closed medical record for Patient #75 revealed a 12-year-old female that presented to the Emergency Department on 06/30/2023 at 2251 by law enforcement with Involuntary Commitment (IVC) paper for assault on therapist and mother. Patient #75 was admitted to inpatient behavioral health services on 07/01/2023 at 2027. Review of the Medication Administration Record (MAR) showed that Patient #75 was administered Zyprexa on 07/01/2023 at 0018, Melatonin and Trazodone at 0045, Prozac, Guanfacine, Lamictal and Quetiapine at 0817, Tylenol at 0913, Benadryl and Zyprexa at 1006 and Sarna Topical Lotion at 1035. Review of the medical record revealed a signed authorization/consent form dated 07/01/2023 at 1614 for the following psychotropic medicinal interventions: Zyprexa (15 hours and 56 minutes after administered), Trazodone (15 hours and 29 minutes after administered), Prozac, Guanfacine, Lamictal and Quetiapine (7 hours and 57 minutes after administered) Zyprexa (6 hours and 8 minutes after administration). Review of the MAR revealed that Patient #75 was administered Benadryl on 07/01/2023 at 1006 with no evidence of a signed authorization/consent form from the parent/guardian. Review of the medical record revealed a signed authorization/consent form dated 07/01/2023 at 1614 for the following</p>	A 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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 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 131	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.	A 131		
A 144	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: 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	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 <u>Safe Environment Immediate Corrections and System Changes:</u> Immediate Actions Taken: <ul style="list-style-type: none"> 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 	

			<p>by the administrative house supervisor, patient safety attendant lead, and nursing team lead to monitor real time compliance in ligature risks</p> <p>System Changes:</p> <ul style="list-style-type: none">• 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 <p>Education Provided to Staff: 2/6/24 ED Huddle start date 2/5/24 PSA Huddle start date</p> <ul style="list-style-type: none">• 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
--	--	--	---

		<p>used to education 100% of working staff to potential ligature risks to patients. Education conducted by Charge nurse and or Manager.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Re-circulated CSSRS huddle card which includes displayed icons for ED tracking board for overall care team awareness. <p>Monitoring for Compliance/Audit Details:</p> <p>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.</p> <p>1. Patient Safety Rounding audits are conducted by the administrative house supervisor, PSA team lead, or nursing team lead:</p> <ul style="list-style-type: none"> • 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. <p>Numerator = # of compliant observations Denominator = 70 observation per month</p> <ul style="list-style-type: none"> • Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) 	
--	--	---	--

			<p>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</p>	
--	--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 87</p> <p>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).</p> <p>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) 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.</p> <p>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,</p>	A 144		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 88</p> <p>normal toilets, regular faucets on the sinks, and regular mirrors. Observation during tour of the Purple Pod revealed the Pod had been "flipped" back for non-behavioral health patients.</p> <p>On 11/30/2023 a review of the "Environmental Risk Assessment for Suicide Prevention" performed on 09/08/2023 revealed any ligature risk identified were listed as being mitigated by monitoring needs that were put in place as identified by the suicide risk scores.</p> <p>Interview on 11/27/2023 at 1500 with Acting Chief Nursing Officer (ACNO) #47 revealed that all the rooms are ED rooms and all the Pods in the ED were used for any type of ED patients. A behavioral health patient could be placed anywhere in the ED not only in the Blue Pod, or the current overflow Pods, Green and Purple, that were currently used to house overflow behavioral health patients. ACNO #47 stated that all behavioral health patients get a C-SSRS (Columbia Suicide Severity Rating Scale- assessment tool used to evaluate a patient's suicidal ideation and behavior) score performed by a nurse. The C-SSRS score was used to determine if a patient was low, moderate, or high risk (a yes answer on key questions within the assessment would increase the score from low to moderate or high risk). Interview revealed a medical provider would perform their assessment and their determination trumps the score of the nurse. Interview revealed the risk of self-harm was mitigated based on the patients' C-SSRS score, if a patient was Low risk, they were rounded on every fifteen minutes by the Rounder, if the patient was Moderate risk, they got a virtual sitter, and if the patient was High risk, they got a one-to-one sitter.</p>	A 144			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 89 Interview on 11/27/2023 at 1504 with Nurse Vice President for ED Services #20 revealed the risk of self-harm were mitigated based on the patients' C-SSRS score. Interview revealed if a patient was Low risk, they were rounded on every fifteen minutes by the Rounder, if the patient was Moderate risk, they got a virtual sitter, and if the patient was High risk, they got a one-to-one sitter. The nurse would check on the patient as they deem appropriate and perform safety checks on every patient in the Pod every hour. Interview on 11/28/2023 at 1306 with COO (Chief Operating Officer) #50 and ACNO #47 revealed nursing took safety steps for overflow areas of behavioral health patients in the Green and Purple Pods. The staff members reported that nursing checked off in the electronic medical record that they have validated the rooms were safe for the patient. The hospital saw an increase in the number of behavioral health patients, so when the new Pediatric ED area opened in September of 2023, the space that was previously used for pediatrics (identified as the Purple Pod) became an overflow/holding area for behavioral health patients. Interview revealed the last known time a medical ED patient was in the Purple Pod (a pediatric patient) was September 26, 2023 (after the environmental risk assessment for suicide prevention was performed on September 8, 2023). Interview revealed safety for behavioral health patients in the Green Pod based on their C-SSRS score would be every fifteen-minute check by the Rounder or the virtual sitter, or the one-to-one sitter. Depending on the volume of patients and their acuity (high risk, elopement risk, patients that wander) there would be either one or two Rounders in the Pod.	A 144		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 90 Interview revealed if the volume was low, the hospital may need to and can put an adult patient in the Green Pod with the adolescent behavioral health patients. Interview revealed that based on the C-SSRS score, they would put in place mitigators (staff to monitor) to assure safety for patients. The staff member stated they do not monitor and cannot pull the data to determine the last time there were both pediatric/adolescent and adult patients in the Green Pod at the same time. Interview revealed the staff do not monitor when the Pods are used as behavioral health only patients versus medical ED patients, nor how frequently they are being flipped back and forth. It was reported that the staff mitigate the risk of harm in the room space down to what is deemed appropriate by removing trash cans, suction, cords, and make sure the beds have a behavioral health approved sheet on it. Interview revealed the corded call bell was not removed from the room as it is the patient's way of calling staff if they need something and it operates the television in the room. Mitigating factors (every fifteen-minute check, virtual sitter, or one-to-one sitter) are put in place based on the C-SSRS score. The staff member reported corded telephones are used if the patient wants to make a telephone call, and that it was a patient's right to make telephone calls. If the patient was high risk, have a one-to-one sitter with them when they have the telephone, if they were a moderate risk they have a virtual sitter with them, and the low risk has an every fifteen-minute check done by the Rounder. The "nurses are really in tune with the patients" in behavioral health. Interview revealed the nurses rotate throughout the ED and were not always working in the pods that have behavioral health only patients in them. Interview revealed the Green Pod and Purple Pods were	A 144			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 91 not psych friendly. Mitigating factors were put in place such as every fifteen-minute check, virtual sitters, or one-to-one sitters based off the patients C-SSRS score. Interview on 11/30/2023 at 1532 with Manager #51 and Manager #49, that performed the Suicide Risk Environmental Assessment on 09/08/2023, revealed the Green Pod and Purple Pod areas were a medical ED and not a Behavioral Health unit. Behavioral Health patients could be in any area of the ED. The staff reported that all risks for behavioral patients in the ED could be mitigated by every fifteen-minute observation, a virtual sitter, or a one-to-one sitter. The staff stated, the call bell cords break away from the wall if, for instance, someone pulled on it or put too much pressure on it. It was stated that they did not look at the cord itself as a risk used for hanging or self-harm, just that it could break away from the wall. Telephone cords were not evaluated on the risk assessment that was performed, and staff reported they were not aware that Behavioral Health patients were given a telephone with cords in their rooms. The interview revealed that a risk assessment was done for the entire ED on September 08, 2023. Interview revealed the staff conducting the assessment did not go in every room in the ED when they did the Environmental Risk Assessment for Suicidal Prevention. The staff members stated that they did not go back and look at the Purple Pod that was converted over to behavioral health holding/overflow after the pediatric patients were moved to the new pediatric ED.	A 144			
A 263	QAPI CFR(s): 482.21	A 263			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 92</p> <p>The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program.</p> <p>The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.</p> <p>The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.</p> <p>This CONDITION is not met as evidenced by: Based on policy review, Quality Performance Improvement Plan review, medical record review, incident report reviews, pharmacy unit inspection review, and staff interviews, hospital leadership failed to ensure adverse events were documented, tracked, trended, and analyzed in order to implement preventive actions and identify success of actions taken.</p> <p>The findings included:</p> <p>1. The hospital staff failed to ensure tracking and trending of medical errors by failing to document incidents for improvement opportunities and failing to investigate potential causes and identify corrective action for seven (7) of 94 sampled patient records reviewed. (Patient #'s 58, 27, 59, 50, 15, 13, and 2).</p> <p>Cross refer to §482.21 Standard: QAPI Quality</p>	A 263	<p>Subject of Deficiency: A 263</p> <p>Hospital leadership failed to ensure adverse events were documented, tracked, trended, and analyzed in order to implement preventive actions and identify success of actions taken.</p> <p>Plan of Correction:</p> <p>Actions:</p> <ul style="list-style-type: none"> • Widespread dissemination of the importance of reporting any patient/staff/visitor events, near misses, and/or concerns for safety. • Daily report out of patient safety reports at Safety Huddle • Unit/departmental leadership accountability for event investigation and actions, including referral for intradisciplinary/interdepartmental 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 report emailed to hospital leadership for review of reported events from past 24 hours • Routine review of patient safety reports by Hospital Leadership and members of the Quality/Patient Safety/Risk team <ul style="list-style-type: none"> ○ Facilitation of early event identification for timely investigation/action as appropriate ○ Monitor for trends ○ Ensures routing of events to appropriate parties for review <ul style="list-style-type: none"> • Provider-related concerns and events escalated to service line leadership and/or peer review as 		

			<p>appropriate</p> <ul style="list-style-type: none"> • All mortality events captured in daily mortality report being reviewed by CMO/ACMO <ul style="list-style-type: none"> • Intense Analysis/SEAs <ul style="list-style-type: none"> ○ 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 <p>Monitor for Compliance:</p> <ul style="list-style-type: none"> • Monthly reporting in Quality Council • Reporting through Board of Trustees (BOT) <p>Owner: Chief Medical Officer/ACMO</p>	
--	--	--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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 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 2). Cross refer to §482.21 Standard: QAPI Quality Improvement Activities: Tag A 0309.	A 263		
A 286	PATIENT SAFETY CFR(s): 482.21(a), (c)(2), (e)(3) (a) Standard: Program Scope (1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will ... identify and reduce medical errors. (2) The hospital must measure, analyze, and track ...adverse patient events ... (c) Program Activities (2) Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital. (e) Executive Responsibilities, The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and	A 286	Subject of Deficiency: A 286 The hospital staff failed to ensure tracking and trending of medical errors by failing to document incidents for improvement opportunities and failing to investigate potential causes and identify corrective action. Plan of Correction: Education: 12.3.23 Healthstream online annual safety event reporting mandatory education completed for all staff. Actions: <ul style="list-style-type: none"> • Widespread dissemination of the importance of reporting any patient/staff/visitor events, near misses, and/or concerns for safety. • Daily reporting of patient safety reports activity at Safety Huddle • Unit/departmental leadership accountability for event investigation and actions, including referral for intradisciplinary/interdepartmental 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 	

			<p>by Hospital Leadership and members of the Quality/Patient Safety/Risk team</p> <p>Facilitation of early event identification for timely</p> <ul style="list-style-type: none"> ○ investigation/action as appropriate ○ Monitor for trends ○ Ensures routing of events to appropriate parties for review <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ 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 <p>Monitor for Compliance:</p> <ul style="list-style-type: none"> ● Monthly reporting via Patient Safety Committee ● Monthly reporting via Quality Council ● Reporting through Board of Trustees (BOT) <p>Owner: Chief Medical Officer/ACMO</p>	
--	--	--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 94</p> <p>accountable for ensuring the following: ... (3) That clear expectations for safety are established.</p> <p>This STANDARD is not met as evidenced by: Based on policy review, medical record review, incident report review, pharmacy unit inspection review, personnel file review, hospital document review and staff and physician interviews, the hospital staff failed to ensure tracking and trending of medical errors by failing to document incidents for improvement opportunities and failing to investigate potential causes and identify corrective action for seven (7) of 94 sampled patients reviewed (Patient #'s 58, 27, 59, 50, 15, 13 and 2)</p> <p>The findings included:</p> <p>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 Departments (ED) * Hospital-based outpatient department or ambulatory services, including but not limited to behavioral health services and Independent Diagnostic Testing Facilities ... *Physician practices or clinics that may include rural health clinics or federally qualified health care centers ... NC Division Clarification ... In addition to the roles listed in the policy, the</p>	A 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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 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 286	<p>Continued From page 95</p> <p>Directors of Quality and Patient Safety and/or Administrative Quality Directors are also responsible for oversight of this process ... Escalation to Leadership ..."</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview on 12/06/2023 at 1409 with the Charge</p>	A 286		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 96</p> <p>Nurse, RN #96 revealed "...if a patient falls, we complete a (named) an incident report..." Interview revealed for witnessed falls an incident report should be completed. Interview revealed an event report should have been completed for Patient #58. Interview revealed hospital policy was not followed for Patient #58.</p> <p>Telephone interview on 12/07/2023 at 0906 with MD #94 revealed he remembered the patient. Interview revealed "...he had a traumatic liver injury it would not be surprising to have a re-bleed, it required packing, and hemorrhage control. He did get an CT and have an interventional radiology angiography procedure after the event to ensure he didn't have an active bleed...It's impossible to tell...the fall did not extend an injury or stay at the hospital..." Interview revealed Patient #58 did have interventions after the fall on 04/26/2023 to ensure he had no active bleeding. Interview revealed hospital policy was not followed for event reporting for Patient #58 after a witnessed fall.</p> <p>2. Review on 12/05/2023 of the policy Facility Event and Close Call Reporting Policy and Procedure, with effective date 04/01/2022 revealed "...PURPOSE: This policy is intended to minimize risks to patients, ...through the development and implementation of an event and close call reporting system based upon the affirmative duty of all health care providers and all agents and employees of the licensed health care facility to report events and close calls to the Patient Safety Director, Risk Manager, or designee. Furthermore, this policy is intended to mitigate risks and improve quality of services by outlining the processes for factual reporting of</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 97</p> <p>events, close calls, and unsafe situations. POLICY: Facility staff will provide the needed data elements through a formal, documented event reporting system. Event reports should be completed as soon as possible after the event, but no later than the end of the shift...X. Fair and Accountable Reporting Culture...B. The responsibility for reporting an event or close call rests with any person who witnesses, discovers, or has direct knowledge of that event or close call..."</p> <p>Medical record review revealed Patient #27 arrived in the ED on 07/04/2022 at 0025 with a reported abdominal pain level of 10 of 10, and nausea and vomiting. The patient had a STAT CT of the abdomen and pelvis ordered at 0027 that was not completed until 0755 (7 hours, 27 minutes later) resulted and signed at 0825. The patient had pain reported as 10 of 10, with nausea and vomiting with vital signs at arrival at 0025 and was not medicated with Dilaudid (narcotic pain medication) at 0739 (7 hours and 14 minutes after arrival). The patient was diagnosed with a small bowel obstruction and had surgery that day. The patient had a delay in pain management, STAT lab work, STAT CT, and physician orders as prescribed.</p> <p>Request for a Patient Safety Report (Event Report) revealed there was not one available.</p> <p>Interview on 11/15/2023 at 1350 with ED RN #38 who triaged Patient #27 revealed patients had delays in receiving pain management, STAT lab work and completion of physician orders in the ED waiting room. Interview revealed an event report was not completed for Patient #27.</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 98</p> <p>Interview on 11/17/2023 at 1102 with NP #39 revealed she had current concerns with waiting room patients not getting orders completed in the ED waiting room. Interview revealed an incident report should have been completed for Patient #27.</p> <p>Interview on 11/15/2023 at 1414 with ED MD #26 revealed "...I saw the patient after she was roomed..... There is not always a person to get labs and orders done. No staff to place orders. With the new process the goal is for that not to happen, but at night I suspect it does. As far as care in the waiting room, this patient didn't get vital signs, or overall assessments and no meds. things are not happening on a timely basis. " Interview revealed Patient #27 did not receive pain management, STAT lab work, STAT CT, and physician orders as prescribed. Interview revealed an incident report should have been completed for Patient #27.</p> <p>3. Closed medical record review revealed on 3/4/2023, Patient #59 was admitted to the oncology unit and received a diagnosis of acute myeloid leukemia. Per physician orders, treatment for acute myeloid leukemia included Dacogen (intravenous chemotherapy medication) and Venetoclax (oral oncology medication). On 3/17/2023, the patient was infused Dacogen after two (2) [oncology nurses] verified the medication. Further review revealed on 3/18/2023, an Oncologist documented that the patient received an expired dose of Dacogen.</p> <p>The incident report for Patient #59's medication administration of the expired dose of Dacogen, was requested on 12/7/2023 at 11:00 AM from the Director of Quality. No incident report was</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 99 provided.</p> <p>Upon inquiry for pharmacy unit inspections from March 2023 through November 2023 revealed there had only been one inspection documented on 5/16/2023.</p> <p>Interview on 12/6/2023 at approximately 8:45 AM with the oncology pharmacist revealed oncology patients could be located on any unit within the hospital, in which case, the oncology medication would be delivered from outpatient infusion pharmacy to the oncology unit. The oncology nurse(s) would be responsible for going to the perspective unit(s) for the administration (intravenous and/or oral) of the medication. The pharmacist was unaware that an oncology patient was administered an expired dose of Dacogen.</p> <p>Interview on 12/7/2023 at approximately 10:30 AM with oncology staff revealed that Patient #59 declined the first dose of Dacogen, which could have resulted in the administration of an expired medication.</p> <p>Interview on 12/7/2023 at 11:00 AM with the Director of Quality revealed the Oncologist failed to enter an incident report and/or failed to speak to anyone regarding the administration of an expired dose of Dacogen to Patient #59 that occurred 3/17/2023.</p> <p>Interview on 12/7/2023 at 1:51 PM with the Oncology Unit Manager (OUM) revealed in April 2023 the oncology unit adopted a more detailed treatment administration checklist to assist the oncology nurses and the pharmacy department. The OUM further indicated she could not speak to the effectiveness of the updated checklist</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	Continued From page 100 because no audits had been performed. Telephone interview on 12/8/2023 at 3:00 PM with the Oncologist revealed providers were made aware after-the-fact of any problems or concerns. As related to the administration of expired medication to a patient, the oncologist revealed, efficacy should be the main concern which falls upon the pharmacy department and was pretty sure this was what happened in the case of Patient #59. Further inquiry revealed that since the hospital joined [name of organization], the oncology unit lost valuable nurses which led to the hiring of new/inexperienced staff, and increased use of travel staff. The changes in staff led to an increase in errors, especially with neutropenic patients, which resulted in a degradation in care. Additionally, in the past oncology patients were directly admitted to the oncology unit without emergency department presentation. Now, oncology patients were admitted through the emergency department secondary to closure of transfers, which put the oncology patients at an increased risk for infection. Additionally, the unit no longer admitted complex cases of oncology patients because those cases were referred to other hospitals. Further interview revealed pharmacy errors increased secondary to the loss of experienced oncologist pharmacists. The interview concluded with the aforementioned concerns were voiced to the Medical Director for the oncology service line in which there were no notifications or any observations of changes. 4. Review of the closed medical record for Patient #50 revealed a 21-year-old female presented to the Emergency Department (ED) via law enforcement under IVC (involuntary commitment) for a "Psychiatric screening exam; Behavioral	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	Continued From page 101 health concern." Review of the Provider Note dated 05/04/2023 at 1640 revealed "... patient presents with IVC paperwork and recent behavior concerning for danger to others in particular ... I will have behavioral health services see the patient ..." Review of the Initial Psychiatric Evaluation dated 05/06/2023 at 0531 revealed "The patient is a 21 yo (year old) female with h/o (history of) autism and mild intellectual disability, who was brought to the ED under IVC due to increasingly aggressive behavior. The IVC paperwork reports (sic) that the patient has been going around the neighborhood with a hammer. She has done thoughtless things such as covering her father's eyes with his hat while driving and then kicking him. The (sic) patient's behavior has been escalating since she could no longer participate in her programs during COVID 19 (pandemic). Instead of going to a group home, she was d/c (discharged) home from her last program. She has been increasingly irritable since she is swinging to calm herself down and has demonstarted (sic) dangerous behaviors ... Nursing reports pt (patient) became unexpectedly agitated this AM (morning), pulled nurse and sitter's hair after being asked if her ears hurt (she was pulling at them). She received 5 mg (milligrams) Versed (medication to help you relax) at time of arrival to the ED yestey (sic) afternoon, but otherwise no PRN (as needed) medication. She has not required restraint ... She is mostly mute (refraining from speech), although sometimes echolalic (repeat others) and echopraxic (involuntary copying of another person's actions or movements). She waves when I wave. Says 'hello' when I say hello, and 'happy' when I ask if she is happy'(sic) ... Suggested plan; Uphold the IVC for now; observe the patient for the next 24-48 hours (sic); if the	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	Continued From page 102 patient is stabilized, she can be discharged home or to a new placement, if one is available." Review of the Mental Health Contact Note dated 05/08/2023 at 1017 revealed "... reached out to Pt's mother, ..., and informed her that Pt was seen by Psychiatrist who is recommending discharge due to concerns of Pt safety on this unit, her aggressive behaviors w/ (with) other Pt's ..." Review of the Nurse Note dated 05/29/2023 at 0855 revealed "... This was the third time pt had attacked the hair of a sitter." Review of the Provider Note dated 05/29/2023 at 1007 revealed "...Patient was triggered by her sitter and attacked her this morning jumping on top of her and grabbing her hair ... Nursing staff reports this is the third sitter she is intact (sic) in the past 2 days ..." Review of the Nurse Note dated 06/10/2023 at 1920 revealed "Earlier today ... had multiple aggressive acts towards me, the first was when she spit on me as I was handing her a snack in the BHU (behavioral health unit) ... The second aggressive act came hours later when she saw me in the hall and came towards me. I attempted to walk away but she ran towards me, screaming and reaching for my face. She was able to pull the mask off my face but I restrained her hands and took several steps back, when she came after me again screaming and tearing at my head and face. I restrained her hands again and walked her back into her room towards her bed. As I let go and backed up ... leaned on her bed and kicked me in the chest with all her force ... I don't intend to escalate this matter any further and have explained the entire situation to the psych clinician." Mental Health Contact Note dated 06/18/2023 at 2100 revealed "... sitting in BHU intake office and heard yelling. Pt seen ... on camera gripping a male pt hair in ... hallway bed. Pt was standing over male pt's hallbed (sic), hand	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 103</p> <p>in male pt's hair shaking pt's head around. Male pt was yelling ... immediately came out of BHU intake office, pt ran back towards her room into her bed. Male pt was visibly upset and yelling at pt in her room ..." Nurse Note dated 06/18/2023 at 2130 revealed "Pt. ran out of her room and pulled hair/hit another pt who was in a hall bed. After getting loose the pt. ran after her back in to her room, a BERT (behavioral health emergency) was called, physician, RNs, psych clinicians, and security all responded. The pt who was attacked aggressively was shouting, punching the walls, and hitting her bed. We were able to de-escalate the situation and both pts. We moved the second pt. to a differed pod in his own room so he would feel safe. It is unsure if (Patient #50) was hit while he was hitting her bed, physician did an assessment and she has no obvious injuries or marks. Pts are both settled in separate areas now." Review of the medical record revealed Patient #50 was discharged to a facility on 06/20/2023 at 1659.</p> <p>Review on 12/05/2023 of the incident/variance reports provided regarding Patient #50 revealed there were no incident/variance reports for the incident on 05/29/2023 nor on 06/10/2023 to correspond with the incidents described in the medical record notes. There were incidents dated 05/27/2023 and 06/18/2023.</p> <p>Telephone interview on 12/06/2023 at 1400 with PSA #48 revealed she remembered Patient #50 and had to push her distress alarm button when caring for Patient #50. Interview revealed there had been several incidents involving Patient #50 pulling staff hair, attacking staff or other patients. Interview revealed PSA #18 had submitted incident/variance reports herself regarding more</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 104</p> <p>than one incident with Patient #50. Interview revealed there was a male patient in her room one time. PSA #18 could not remember the details about this incident, however confirmed she had filled out an incident report. PSA #18 stated there was a time when Patient #50 kissed another patient and an incident report should have been filled out about that.</p> <p>Interview on 12/06/2023 at 1500 with Director #82 revealed she only had four incidents/variances for Patient #50. Three of the four were dated 2022 and only one from 2023. Director #82 did not have the incident/variance provided to this surveyor dated 05/27/2023. Interview revealed the person entering the incident/variance did not enter the medical record number and Director #20 searched by the medical record number. Interview revealed it is hard to find incidents/variances if the medical record number is not entered so the information will pull across the system and make it easier to find. Interview revealed they can search by name however if the name is misspelled there would be problems finding any incidents/variances that were entered. Director #82 requested more time to research to see if there were more incidents/variances. At time of exit from facility on 12/09/2023 at 1600, Director #82 had not provided any additional information to this surveyor regarding additional incidents/variances for Patient #50.</p> <p>5. Closed medical record review of Patient #15 revealed a 21 year old male admitted on 08/14/2023 with abdominal pain. Record review revealed the patient had laparoscopic converted to open total abdominal colectomy (remove all or part of colon) with end ileostomy (stoma-opening in abdomen surgically created) on 08/27/2023 for</p>	A 286		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 105</p> <p>ulcerative colitis. Record review revealed on 08/27/2023 at 1117 a ketamine drip was ordered stat (urgent). Record review revealed the patient arrived in PACU (post anesthesia care unit) at 1120. Patient transferred to floor (unit) at 1420. Patient transferred to floor (unit) at 1420. Record review revealed ketamine was started at 1448 on the unit. Patient returned to PACU at 1515 for ketamine drip. Review of nursing note on 08/27/2023 at 1526 revealed "Ketamine gtt (drip) sent to floor from pharmacy rather than to PACU. Patient arrived on the unit from PACU without ketamine gtt started. Notified (named) CNC (clinical nurse coordinator) and called to PACU nurse for patient to be transferred back to PACU for ketamine gtt initiation and required monitoring." Review of nursing note on 08/27/2023 at 1656 revealed "Pt (patient) transferred to floor after report called to RN (registered nurse). PT was ordered Ketamine and the pharmacy sent the medication to the nursing unit instead of PACU. RN agreed in report to start ketamine on pt arrival to floor, since the ketamine was on the unit. Pt later brought back to pacu when nurse became aware that she was not cleared by hospital regulations to start the ketamine gtt."</p> <p>Review of a ketamine drip timeline document revealed Ketamine drip ordered at 1117. The order was verified by pharmacy at 1140, but the label was not printed. Missing medication request sent by the RN at 1228, high priority with 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</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 106 revealed no time of acceptance documented.</p> <p>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.</p> <p>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.</p> <p>Interview on 11/16/2023 at 1230 with PA #90 who ordered the drip revealed the drip was supposed to be initiated as soon as possible. Interview revealed the ketamine 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."</p> <p>Interview on 11/16/2023 at 1421 with RN #88 revealed the PACU staff had waited for hours for the pharmacy to fill 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 medication, "so we thought they knew that the patient was in PACU since we kept calling."</p> <p>Interview on 11/17/2023 with NM #89 revealed ketamine drips are not done on the unit, they should be initiated on a higher level of care unit. Interview revealed the unit and pharmacy staff received education on which units can not initiate</p>	A 286		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 107</p> <p>the ketamine drip. Interview revealed the education was in 12/2022. Interview revealed more education would be given to staff.</p> <p>Interview on 11/27/2023 at 1540 with RPH #79 revealed the nursing staff would put in a medication request when they are ready for the medication to be prepared. The RN has to put in the location of the patient with the medication request. Interview revealed the pharmacy staff that processed the label may not be the same staff member that delivered the order, and the patient's location may not have been communicated to the delivery technician. Interview revealed the delivery technician would then go by the location that was printed on the label.</p> <p>Request to interview a floor nurse revealed not available for interview.</p> <p>Request to interview the unit CNC revealed not available for interview.</p> <p>6. Review of a policy titled "Physiologic Monitoring-Cardiac Telemetry Monitoring..." with a revision date of 08/14/2023, revealed "Internal (lateral) transfers within the (named hospital). C. Patients transferring to non-ICU (Intensive care unit) units with continuous ECG (Electrocardiogram) orders will transport on continuous ECG. 2. The receiving RN will notify CMU (cardiac monitoring unit) with patient name/MRN (medical record number), room being transferred to and telemetry box being assigned."</p> <p>Closed medical review on of Patient #13 revealed a 76 year old male admitted on 08/19/2023 at 1430 for hypertension (high blood pressure) and</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 108</p> <p>Intracranial hemorrhage (brain bleed). Review of RN #53's note written on 08/25/2023 at 1750 revealed "Transferred to Floor. Transfer Report Given to (RN #54). Transport equipment: Monitor. Mode: Wheelchair." On 08/25/2023 at 1934, Patient #13 was transferred to a stepdown unit. Review on 11/15/2023 of an incident report written by CMU supervisor #52 revealed (Patient #13)" had active 48 hr (hour) tele (telemetry) orders from 08.24.2023 at 1348 but were (sic) not being monitored." Review of telemetry strips failed to reveal a telemetry strip for evening hours of 08/25/2023. Review revealed Patient #13 was not monitored by telemetry for 6 hours.</p> <p>Review of a Safety Event Timeline dated 08/29/2023 at 1408 from Manager #56 from Floor A revealed "Status: Assigned to Manager #55, Manager of Floor B (sending floor manager)." Review revealed on "08/31/2023 at 1234, Status: Assigned. Closed." Review revealed no further documentation from Manager #55. Review revealed no documentation of the investigation of the Patient #13 without telemetry monitoring.</p> <p>Interview on 11/15/2023 at 1605 with CMU supervisor #52 revealed a daily audit is conducted at 0100 and 1300 of telemetry patients to ensure patients are being monitored as ordered. Interview revealed Patient #13 was found to have an order for telemetry but was not being monitored. Patient #13 had not been monitored since transfer to another floor on 08/25/2023 at 1934. Interview revealed Patient #13 was placed on telemetry on 08/26/2023 at 0139, 6 hours and 5 minutes after transfer to the floor.</p> <p>Interview on 11/28/2023 at 1234 of RN #54</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 109</p> <p>revealed no recollection of Patient #13 or details of the transfer. Interview revealed RN #54 had not been interviewed regarding the incident of Patient #13.</p> <p>Interview on 11/28/2023 at 1633 of RN #53 revealed no recollection of Patient #13 or details of the transfer.</p> <p>Interview on 11/30/2023 at 1645 with Risk Manager #58 revealed "incidents should be reviewed and escalated to the department leaders. There should be notes from the manager."</p> <p>Interview of Manager #55 was not obtained due to no longer employed.</p> <p>Patient #13 was transferred to Floor B with telemetry orders. After 6 hours, Patient #13 was discovered without telemetry. There was no review of the incident from the management of the sending floor or risk management.</p> <p>7. Medical record review on 11/14/2023 of Patient #2 revealed the patient arrived to the Emergency Department on 10/17/2023. Review of the EMS Patient Care Record revealed EMS received a call at 1654, arrived to Patient #2's home at 1720 and transported the patient to the hospital, arriving at 1748. EMS documented they transferred care of the patient to the hospital at 1907, 1 hour 19 minutes later. Prior to the transfer of care, review revealed EMS continued monitoring Patient #2. A note in the EMS record indicated "Turn Around Delays.....ED Overcrowding/ Transfer of Care....."</p> <p>The hospital ED record review revealed the</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 110</p> <p>patient arrived at 1753 via EMS, with complaints of chest pain, shortness of breath, and syncope. Patient #2 was noted as evaluated by a provider at 1845 (52 minutes after arrival) and triaged by a RN at 1900 (1 hour, 7 minutes after arrival). An EKG was completed at 1905 (1 hour 12 minutes after arrival) and labs, including troponin, were drawn at 1920 (1 hour 27 minutes after arrival). Record review revealed a delay in the hospital accepting the patient from EMS, triaging and initiating care to the patient, including an EKG and labs. Patient #2 went into cardiac arrest at 1953 (2 hours after arrival) and subsequently expired after failed resuscitation attempts.</p> <p>Review of a document received from the hospital related to this patient, on 11/16/2023, revealed it was not dated or timed and was not signed. Document review revealed the following statement: "I have reviewed this case and the initial presentation, the timing on the workup, the findings and escalation were all appropriate and met standard of care. The patient arrived at 1753, was roomed at 1830 and was seen by a clinician at 1845 the patient coded at 19:53 and had a time of death at 22024 (sic) all of which occurred while in a room. The EKG was reviewed by the initial clinician and reported in the chart. The patient coded at 1953 and Dr. (Name) was called to the Code. During the code Dr. (Name) has documented that the patient had brief return of consciousness with the ongoing CPR. During this time he began reviewing the workup and the EKG, which was handed to him at 2002. It was read as sinus rhythm with a PVC and a 4 beat run of non-sustained ventricular tachycardia. He signed this EKG at this time 2002, the code was continued for another 22 minutes before time of death." There were no other notations on the</p>	A 286			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286	<p>Continued From page 111</p> <p>received document including no identification of who completed it or when. The document did not identify any areas of concern. There was no documented review of the timing of triage or implementation of orders. Additional information on the document was requested on 11/17/2023. No updated information was received.</p> <p>Telephone interview on 11/20/2023 at 1415 with EMS #70 revealed EMS was able to given hand-off report to a nurse at 1907 (over an hour after arrival). Interview revealed wait times for EMS to hand-off patients had recently gotten more common.</p> <p>Telephone interview with RN #66, on 11/16/2023 at 0938, revealed that until patients were in a room and care handed-off from EMS, they were "counting on EMS to care for (the patients)."</p> <p>Telephone interview with PA #71, on 11/15/2023 at 1600, revealed the goal for screening evaluations was 20 minutes from arrival.</p> <p>Telephone interview on 11/16/2023 at 1100 with MD #72 revealed the expectation for chest pain patients was an EKG within 10 minutes and to be seen by a provider within 10 minutes. MD #72 acknowledged a delay with Patient #2. Interview revealed the physician was not aware if there was a review of the case.</p> <p>Review of documents received did not reveal an incident report. Review of findings and document provided revealed the hospital failed to identify and evaluate delays in accepting, triaging and initiating care and treatment for a patient presenting via EMS with chest pain.</p>	A 286			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309 A 309	Continued From page 112 QAPI EXECUTIVE RESPONSIBILITIES CFR(s): 482.21(e)(1), (e)(2), (e)(5) The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following: 1) That an ongoing program for quality improvement and patient safety, including the reduction of medical errors, is defined, implemented, and maintained . (2) That the hospital-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety and that all improvement actions are evaluated. (5) That the determination of the number of distinct improvement projects is conducted annually. This STANDARD is not met as evidenced by: Based on policy review, Quality Improvement Performance Plan review, medical record review, incident report review, pharmacy unit inspection review, personnel file review, hospital document review and staff and physician interviews, the hospital's leadership failed to provide 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 seven (7) of 94 sampled patients reviewed (Patient#'s 58, 27, 59, 50, 15,	A 309	Subject of Deficiency: A 309 The hospital's leadership failed to provide 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. Plan of Correction: Actions: <ul style="list-style-type: none"> • Widespread dissemination of the importance of reporting any patient/staff/visitor events, near misses, and/or concerns for safety. • Daily reporting of patient safety reports activity at Safety Huddle • Unit/departmental leadership accountability for event investigation and actions, including referral for intradisciplinary/interdepartmental collaboration • Routine call with ED leadership and Quality/Patient Safety/Risk for review of ED patient safety reports events • Quality/Patient Safety/Risk oversight of patient safety reports event closure • Routine patient safety reports report emailed to hospital leadership for review of reported events from past 24 hours • Routine review of patient safety reports by Hospital Leadership and members of the Quality/Patient Safety/Risk team <ul style="list-style-type: none"> ○ Facilitation of early event identification for timely investigation/action as appropriate ○ Monitor for trends ○ Ensures routing of events to appropriate parties for review 		

			<p>Provider-related concerns and events escalated to</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Intense Analysis/SEAs <ul style="list-style-type: none"> ○ Unit/departmental leadership accountability for timely event investigation, actions, and MOS in partnership with Quality/Patient Safety/Risk team ○ Lessons learned and best practices shared via case studies at monthly Patient Safety Committee <p>Monitoring:</p> <ul style="list-style-type: none"> • Monthly report out via Quality Council • Reporting through Board of Trustees (BOT) <p>Owner: Chief Medical Officer/ACMO</p>	
--	--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 113 13 and 2).</p> <p>The findings included:</p> <p>Review of the Quality Improvement Plan approved by the hospital Chief Executive Officer (CEO), Board of Trustees Chair and Chief Medical Officer (CMO) on 04/24/2023 revealed, " ...The hospital-wide Performance Improvement Plan is designed to improve quality performance and patient safety, ultimately reducing the risk to patients. ... ACCOUNTABILITY ... The following individual and/or committees are accountable for setting expectations, developing plans, and implementing procedures to assess, improve quality, and measure performance improvement within the organization. ... Board of Trustees ... The Board of Trustees delegates the responsibility for implementing this plan to the Medical Staff, through its Medical Staff committees and the hospital through its Quality, patient safety, and Performance Improvement Committees and leadership team. The (hospital name) Quality Council was organized as an interdisciplinary team with representation of Department Directors/Managers, hospital leadership, and key staff members with input from the Chief Medical Officer. The functions of the committee include but are not limited to:2. Review data including continuous measurement activities of important functions. 3. Identify of (sic) problems/opportunities for improvement. 4. Review of actions planned or completed. 5. Evaluate of (sic) the effectiveness of actions completed. Staff will be accountable to: 1. Detect adverse events and near-misses. 2. Report events or near-misses via the incident reporting system. 3. Comply with all policies and procedures to mitigate risk and loss to the facility.</p>	A 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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 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 309	<p>Continued From page 114</p> <p>... Aggregation and analysis of performance data is used to compare internal performance with industry standards, comparable organizations, and best practices.Data 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 standards.....h) 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..... "</p> <p>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</p>	A 309		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 115</p> <p>Departments (ED) * Hospital-based outpatient department or ambulatory services, including but not limited to behavioral health services and Independent Diagnostic Testing Facilities ... *Physician practices or clinics that may include rural health clinics or federally qualified health care centers ... NC Division Clarification ... In addition to the roles listed in the policy, the Directors of Quality and Patient Safety and/or Administrative Quality Directors are also responsible for oversight of this process ... Escalation to Leadership ..."</p> <p>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.</p> <p>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.</p> <p>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</p>	A 309		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 116</p> <p>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.</p> <p>Interview on 12/06/2023 at 1409 with the Charge Nurse, RN #96 revealed "...if a patient falls, we complete a (named) an incident report..." Interview revealed for witnessed falls an incident report should be completed. Interview revealed an event report should have been completed for Patient #58. Interview revealed hospital policy was not followed for Patient #58.</p> <p>Telephone interview on 12/07/2023 at 0906 with MD #94 revealed he remembered the patient. Interview revealed "...he had a traumatic liver injury it would not be surprising to have a rebleed, it required packing, and hemorrhage control. He did get an CT and have an interventional radiology angiography procedure after the event to ensure he didn't have an active bleed...It's impossible to tell...the fall did not extend an injury or stay at the hospital..." Interview revealed Patient #58 did have interventions after the fall on 04/26/2023 to ensure he had no active bleeding. Interview revealed hospital policy was not followed for event reporting for Patient #58 after a witnessed fall.</p> <p>2. Review on 12/05/2023 of the policy Facility Event and Close Call Reporting Policy and Procedure, with effective date 04/01/2022 revealed "...PURPOSE: This policy is intended to minimize risks to patients, ...through the development and implementation of an event and close call reporting system based upon the</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 117</p> <p>affirmative duty of all health care providers and all agents and employees of the licensed health care facility to report events and close calls to the Patient Safety Director, Risk Manager, or designee. Furthermore, this policy is intended to mitigate risks and improve quality of services by outlining the processes for factual reporting of events, close calls, and unsafe situations. POLICY: Facility staff will provide the needed data elements through a formal, documented event reporting system. Event reports should be completed as soon as possible after the event, but no later than the end of the shift...X. Fair and Accountable Reporting Culture...B. The responsibility for reporting an event or close call rests with any person who witnesses, discovers, or has direct knowledge of that event or close call..."</p> <p>Medical record review revealed Patient #27 arrived in the ED on 07/04/2022 at 0025 with a reported abdominal pain level of 10 of 10, and nausea and vomiting. The patient had a STAT CT of the abdomen and pelvis ordered at 0027 that was not completed until 0755 (7 hours, 27 minutes later) resulted and signed at 0825. The patient had pain reported as 10 of 10, with nausea and vomiting with vital signs at arrival at 0025 and was not medicated with Dilaudid (narcotic pain medication) at 0739 (7 hours and 14 minutes after arrival). The patient was diagnosed with a small bowel obstruction and had surgery that day. The patient had a delay in pain management, STAT lab work, STAT CT, and physician orders as prescribed.</p> <p>Request for a Patient Safety Report (Event Report) revealed there was not one available.</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 118</p> <p>Interview on 11/15/2023 at 1350 with ED RN #38 who triaged Patient #27 revealed patients had delays in receiving pain management, STAT lab work and completion of physician orders in the ED waiting room. Interview revealed an event report was not completed for Patient #27.</p> <p>Interview on 11/17/2023 at 1102 with NP #39 revealed she had current concerns with waiting room patients not getting orders completed in the ED waiting room. Interview revealed an incident report should have been completed for Patient #27.</p> <p>Interview on 11/15/2023 at 1414 with ED MD #26 revealed "...I saw the patient after she was roomed..... There is not always a person to get labs and orders done. No staff to place orders. With the new process the goal is for that not to happen, but at night I suspect it does. As far as care in the waiting room, this patient didn't get vital signs, or overall assessments and no meds. things are not happening on a timely basis. " Interview revealed Patient #27 did not receive pain management, STAT lab work, STAT CT, and physician orders as prescribed. Interview revealed an incident report should have been completed for Patient #27.</p> <p>3. Closed medical record review revealed on 3/4/2023, Patient #59 was admitted to the oncology unit and received a diagnosis of acute myeloid leukemia. Per physician orders, treatment for acute myeloid leukemia included Dacogen (intravenous chemotherapy medication) and Venetoclax (oral oncology medication). On 3/17/2023, the patient was infused Dacogen after two (2) [oncology nurses] verified the medication. Further review revealed on 3/18/2023, an</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 119</p> <p>Oncologist documented that the patient received an expired dose of Dacogen.</p> <p>The incident report for Patient #59's medication administration of the expired dose of Dacogen, was requested on 12/7/2023 at 11:00 AM from the Director of Quality. No incident report was provided.</p> <p>Upon inquiry for pharmacy unit inspections from March 2023 through November 2023 revealed there had only been one inspection documented on 5/16/2023.</p> <p>Interview on 12/6/2023 at approximately 8:45 AM with the oncology pharmacist revealed oncology patients could be located on any unit within the hospital, in which case, the oncology medication would be delivered from outpatient infusion pharmacy to the oncology unit. The oncology nurse(s) would be responsible for going to the perspective unit(s) for the administration (intravenous and/or oral) of the medication. The pharmacist was unaware that an oncology patient was administered an expired dose of Dacogen.</p> <p>Interview on 12/7/2023 at approximately 10:30 AM with oncology staff revealed that Patient #59 declined the first dose of Dacogen, which could have resulted in the administration of an expired medication.</p> <p>Interview on 12/7/2023 at 11:00 AM with the Director of Quality revealed the Oncologist failed to enter an incident report and/or failed to speak to anyone regarding the administration of an expired dose of Dacogen to Patient #59 that occurred 3/17/2023.</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 120</p> <p>Interview on 12/7/2023 at 1:51 PM with the Oncology Unit Manager (OUM) revealed in April 2023 the oncology unit adopted a more detailed treatment administration checklist to assist the oncology nurses and the pharmacy department. The OUM further indicated she could not speak to the effectiveness of the updated checklist because no audits had been performed.</p> <p>Telephone interview on 12/8/2023 at 3:00 PM with the Oncologist revealed providers were made aware after-the-fact of any problems or concerns. As related to the administration of expired medication to a patient, the oncologist revealed, efficacy should be the main concern which falls upon the pharmacy department and was pretty sure this was what happened in the case of Patient #59. Further inquiry revealed that since the hospital joined [name of organization], the oncology unit lost valuable nurses which led to the hiring of new/inexperienced staff, and increased use of travel staff. The changes in staff led to an increase in errors, especially with neutropenic patients, which resulted in a degradation in care. Additionally, in the past oncology patients were directly admitted to the oncology unit without emergency department presentation. Now, oncology patients were admitted through the emergency department secondary to closure of transfers, which put the oncology patients at an increased risk for infection. Additionally, the unit no longer admitted complex cases of oncology patients because those cases were referred to other hospitals. Further interview revealed pharmacy errors increased secondary to the loss of experienced oncologist pharmacists. The interview concluded with the aforementioned concerns were voiced to the Medical Director for the oncology service line</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	Continued From page 121 in which there were no notifications or any observations of changes. 4. Review of the closed medical record for Patient #50 revealed a 21-year-old female presented to the Emergency Department (ED) via law enforcement under IVC (involuntary commitment) for a "Psychiatric screening exam; Behavioral health concern." Review of the Provider Note dated 05/04/2023 at 1640 revealed "... patient presents with IVC paperwork and recent behavior concerning for danger to others in particular ... I will have behavioral health services see the patient ..." Review of the Initial Psychiatric Evaluation dated 05/06/2023 at 0531 revealed "The patient is a 21 yo (year old) female with h/o (history of) autism and mild intellectual disability, who was brought to the ED under VC due to increasingly aggressive behavior. The IVC paperwork reports (sic) that the patient has been going around the neighborhood with a hammer. She has done thoughtless things such as covering her father's eyes with his hat while driving and then kicking him. THE (sic) patient's behavior has been escalating since she could no longer participate in her programs during COVID 19 (pandemic). Instead of going to a group home, she was d/c (discharged) home from her last program. She has been increasingly irritable since she is swinging to calm herself down and has demonstarted (sic) dangerous behaviors ... Nursing reports pt (patient) became unexpectedly agitated this AM (morning), pulled nurse and sitter's hair after being asked if her ears hurt (she was pulling at them). She received 5 mg (milligrams) Versed (medication to help you relax) at time of arrival to the ED yestey (sic) afternoon, but otherwise no PRN (as needed) medication. She has not required restraint ... She is mostly mute (refraining from speech), although	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	Continued From page 122 sometimes echolalic (repeat others) and echopraxic (involuntary copying of another person's actions or movements). She waves when I wave. Says 'hello' when I say hello, and 'happy' when I ask if she is happy'(sic) ... Suggested plan; Uphold the IVC for now; observe the patient for the next 24-48 hours (sic); if the patient is stabilized, she can be discharged home or to a new placement, if one is available." Review of the Mental Health Contact Note dated 05/08/2023 at 1017 revealed "... reached out to Pt's mother, ..., and informed her that Pt was seen by Psychiatrist who is recommending discharge due to concerns of Pt safety on this unit, her aggressive behaviors w/ (with) other Pt's ..." Review of the Nurse Note dated 05/29/2023 at 0855 revealed "... This was the third time pt had attacked the hair of a sitter." Review of the Provider Note dated 05/29/2023 at 1007 revealed "...Patient was triggered by her sitter and attacked her this morning jumping on top of her and grabbing her hair ... Nursing staff reports this is the third sitter she is intact (sic) in the past 2 days ..." Review of the Nurse Note dated 06/10/2023 at 1920 revealed "Earlier today ... had multiple aggressive acts towards me, the first was when she spit on me as I was handing her a snack in the BHU (behavioral health unit) ... The second aggressive act came hours later when she saw me in the hall and came towards me. I attempted to walk away but she ran towards me, screaming and reaching for my face. She was able to pull the mask off my face but I restrained her hands and took several steps back, when she came after me again screaming and tearing at my head and face. I restrained her hands again and walked her back into her room towards her bed. As I let go and backed up ... leaned on her bed and kicked me in the chest with all her force ... I	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 123</p> <p>don't intend to escalate this matter any further and have explained the entire situation to the psych clinician." Mental Health Contact Note dated 06/18/2023 at 2100 revealed "... sitting in BHU intake office and heard yelling. Pt seen ... on camera gripping a male pt hair in ... hallway bed. Pt was standing over male pt's hallbed (sic), hand in male pt's hair shaking pt's head around. Male pt was yelling ... immediately came out of BHU intake office, pt ran back towards her room into her bed. Male pt was visibly upset and yelling at pt in her room ..." Nurse Note dated 06/18/2023 at 2130 revealed "Pt. ran out of her room and pulled hair/hit another pt who was in a hall bed. After getting loose the pt. ran after her back in to her room, a BERT (behavioral health emergency) was called, physician, RNs, psych clinicians, and security all responded. The pt who was attacked aggressively was shouting, punching the walls, and hitting her bed. We were able to de-escalate the situation and both pts. We moved the second pt. to a differed pod in his own room so he would feel safe. It is unsure if (Patient #50) was hit while he was hitting her bed, physician did an assessment and she has no obvious injuries or marks. Pts are both settled in separate areas now." Review of the medical record revealed Patient #50 was discharged to a facility on 06/20/2023 at 1659.</p> <p>Review on 12/05/2023 of the incident/variance reports provided regarding Patient #50 revealed there were no incident/variance reports for the incident on 05/29/2023 nor on 06/10/2023 to correspond with the incidents described in the medical record notes. There were incidents dated 05/27/2023 and 06/18/2023.</p> <p>Telephone interview on 12/06/2023 at 1400 with</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 124</p> <p>PSA #48 revealed she remembered Patient #50 and had to push her distress alarm button when caring for Patient #50. Interview revealed there had been several incidents involving Patient #50 pulling staff hair, attacking staff or other patients. Interview revealed PSA #18 had submitted incident/variance reports herself regarding more than one incident with Patient #50. Interview revealed there was a male patient in her room one time. PSA #18 could not remember the details about this incident, however confirmed she had filled out an incident report. PSA #18 stated there was a time when Patient #50 kissed another patient and an incident report should have been filled out about that.</p> <p>Interview on 12/06/2023 at 1500 with Director #82 revealed she only had four incidents/variances for Patient #50. Three of the four were dated 2022 and only one from 2023. Director #82 did not have the incident/variance provided to this surveyor dated 05/27/2023. Interview revealed the person entering the incident/variance did not enter the medical record number and Director #20 searched by the medical record number. Interview revealed it is hard to find incidents/variances if the medical record number is not entered so the information will pull across the system and make it easier to find. Interview revealed they can search by name however if the name is misspelled there would be problems finding any incidents/variances that were entered. Director #82 requested more time to research to see if there were more incidents/variances. At time of exit from facility on 12/09/2023 at 1600, Director #82 had not provided any additional information to this surveyor regarding additional incidents/variances for Patient #50.</p>	A 309		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 125</p> <p>5. Closed medical record review of Patient #15 revealed a 21 year old male admitted on 08/14/2023 with abdominal pain. Record review revealed the patient had laparoscopic converted to open total abdominal colectomy (remove all or part of colon) with end ileostomy (stoma-opening in abdomen surgically created) on 08/27/2023 for ulcerative colitis. Record review revealed on 08/27/2023 at 1117 a ketamine drip was ordered stat (urgent). Record review revealed the patient arrived in PACU (post anesthesia care unit) at 1120. Patient transferred to floor (unit) at 1420. Record review revealed ketamine was started at 1448 on the unit. Patient returned to PACU at 1515 for ketamine drip. Review of nursing note on 08/27/2023 at 1526 revealed "Ketamine gtt (drip) sent to floor from pharmacy rather than to PACU. Patient arrived on the unit from PACU without ketamine gtt started. Notified (named) CNC (clinical nurse coordinator) and called to PACU nurse for patient to be transferred back to PACU for ketamine gtt initiation and required monitoring." Review of nursing note on 08/27/2023 at 1656 revealed "Pt (patient) transferred to floor after report called to RN (registered nurse). PT was ordered Ketamine and the pharmacy sent the medication to the nursing unit instead of PACU. RN agreed in report to start ketamine on pt arrival to floor, since the ketamine was on the unit. Pt later brought back to pacu when nurse became aware that she was not cleared by hospital regulations to start the ketamine gtt."</p> <p>Review of a ketamine drip timeline document revealed Ketamine drip ordered at 1117. The order was verified by pharmacy at 1140, but the label was not printed. Missing medication request sent by the RN at 1228, high priority with</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 126</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview on 11/16/2023 at 1230 with PA #90 who ordered the drip revealed the drip was supposed to be initiated as soon as possible. Interview revealed the ketamine 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."</p> <p>Interview on 11/16/2023 at 1421 with RN #88 revealed the PACU staff had waited for hours for the pharmacy to fill 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 medication, "So we thought they knew that the</p>	A 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 127</p> <p>patient was in PACU since we kept calling."</p> <p>Interview on 11/17/2023 with Nurse Manager (NM) #89 revealed ketamine drips are not done on the unit, they should be initiated on a higher level of care unit. Interview revealed the unit and pharmacy staff received education on which units can not initiate the ketamine drip. Interview revealed the education was in 12/2022. Interview revealed more education would be given to staff.</p> <p>Interview on 11/27/2023 at 1540 with RPH #79 revealed the nursing staff would put in a medication request when they are ready for the medication to be prepared. The RN has to put in the location of the patient with the medication request. Interview revealed the pharmacy staff that processed the label may not be the same staff member that delivered the order, and the patient's location may not have been communicated to the delivery technician. Interview revealed the delivery technician would then go by the location that was printed on the label.</p> <p>Request to interview a floor nurse revealed not available for interview.</p> <p>Request to interview the unit CNC revealed not available for interview.</p> <p>6. Review of a policy titled "Physiologic Monitoring-Cardiac Telemetry Monitoring..." with a revision date of 08/14/2023, revealed "Internal (lateral) transfers within the (named hospital). C. Patients transferring to non-ICU (Intensive care unit) units with continuous ECG (Electrocardiogram) orders will transport on</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 128</p> <p>continuous ECG. 2. The receiving RN will notify CMU (cardiac monitoring unit) with patient name/MRN (medical record number), room being transferred to and telemetry box being assigned."</p> <p>Closed medical review on of Patient #13 revealed a 76 year old male admitted on 08/19/2023 at 1430 for hypertension (high blood pressure) and Intracranial hemorrhage (brain bleed). Review of RN #53's note written on 08/25/2023 at 1750 revealed "Transferred to Floor. Transfer Report Given to (RN #54). Transport equipment: Monitor. Mode: Wheelchair." On 08/25/2023 at 1934, Patient #13 was transferred to a stepdown unit. Review on 11/15/2023 of an incident report written by CMU supervisor #52 revealed (Patient #13)" had active 48 hr (hour) tele (telemetry) orders from 08.24.2023 at 1348 but were (sic) not being monitored." Review of telemetry strips failed to reveal a telemetry strip for evening hours of 08/25/2023. Review revealed Patient #13 was not monitored by telemetry for 6 hours.</p> <p>Review of a Safety Event Timeline dated 08/29/2023 at 1408 from Manager #56 from Floor A revealed "Status: Assigned to Manager #55, Manager of Floor B (sending floor manager)." Review revealed on "08/31/2023 at 1234, Status: Assigned. Closed." Review revealed no further documentation from Manager #55. Review revealed no documentation of the investigation of the Patient #13 without telemetry monitoring.</p> <p>Interview on 11/15/2023 at 1605 with CMU supervisor #52 revealed a daily audit is conducted at 0100 and 1300 of telemetry patients to ensure patients are being monitored as ordered. Interview revealed Patient #13 was found to have an order for telemetry but was not</p>	A 309		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 129</p> <p>being monitored. Patient #13 had not been monitored since transfer to another floor on 08/25/2023 at 1934. Interview revealed Patient #13 was placed on telemetry on 08/26/2023 at 0139, 6 hours and 5 minutes after transfer to the floor.</p> <p>Interview on 11/28/2023 at 1234 of RN #54 revealed no recollection of Patient #13 or details of the transfer. Interview revealed RN #54 had not been interviewed regarding the incident of Patient #13.</p> <p>Interview on 11/28/2023 at 1633 of RN #53 revealed no recollection of Patient #13 or details of the transfer.</p> <p>Interview on 11/30/2023 at 1645 with Risk Manager #58 revealed "incidents should be reviewed and escalated to the department leaders. There should be notes from the manager."</p> <p>Interview of Manager #55 was not obtained due to no longer employed.</p> <p>In summary, Patient #13 was transferred to Floor B with telemetry orders. After 6 hours, Patient #13 was discovered without telemetry. There was no review of the incident from the management of the sending floor or risk management.</p> <p>7. Medical record review on 11/14/2023 of Patient #2 revealed the patient arrived to the Emergency Department (ED) on 10/17/2023. Review of the EMS Patient Care Record revealed EMS received a call at 1654, arrived to Patient #2's home at 1720 and transported the patient to the hospital, arriving at 1748. EMS documented</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 130</p> <p>they transferred care of the patient to the hospital at 1907, 1 hour 19 minutes later. Prior to the transfer of care, review revealed EMS continued monitoring Patient #2. A note in the EMS record indicated "Turn Around Delays.....ED Overcrowding/ Transfer of Care....."</p> <p>The hospital emergency department record review revealed the patient arrived at 1753 via EMS, with complaints of chest pain, shortness of breath, and syncope. Patient #2 was noted as evaluated by a provider at 1845 (52 minutes after arrival) and triaged by a RN at 1900 (1 hour, 7 minutes after arrival). An EKG was completed at 1905 (1 hour 12 minutes after arrival) and labs, including troponin, were drawn at 1920 (1 hour 27 minutes after arrival). Record review revealed a delay in the hospital accepting the patient from EMS, triaging and initiating care to the patient, including an EKG and labs. Patient #2 went into cardiac arrest at 1953 (2 hours after arrival) and subsequently expired after failed resuscitation attempts.</p> <p>Review of a document received from the hospital related to this patient, on 11/16/2023, revealed it was not dated or timed and was not signed. Document review revealed the following statement: "I have reviewed this case and the initial presentation, the timing on the workup, the findings and escalation were all appropriate and met standard of care. The patient arrived at 1753, was roomed at 1830 and was seen by a clinician at 1845 the patient coded at 19:53 and had a time of death at 22024 (sic) all of which occurred while in a room. The EKG was reviewed by the initial clinician and reported in the chart. The patient coded at 1953 and Dr. (Name) was called to the Code. During the code Dr. (Name) has</p>	A 309			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 309	<p>Continued From page 131</p> <p>documented that the patient had brief return of consciousness with the ongoing CPR. During this time he began reviewing the workup and the EKG, which was handed to him at 2002. It was read as sinus rhythm with a PVC and a 4 beat run of non-sustained ventricular tachycardia. He signed this EKG at this time 2002, the code was continued for another 22 minutes before time of death." There were no other notations on the received document including no identification of who completed it or when. The document did not identify any areas of concern. There was no documented review of the timing of triage or implementation of orders. Additional information on the document was requested on 11/17/2023. No updated information was received.</p> <p>Telephone interview on 11/20/2023 at 1415 with EMS #70 revealed EMS was able to give hand-off report to a nurse at 1907 (over an hour after arrival). Interview revealed wait times for EMS to hand-off patients had recently gotten more common.</p> <p>Telephone interview with RN #66, on 11/16/2023 at 0938, revealed that until patients were in a room and care handed-off from EMS, they were "counting on EMS to care for (the patients)."</p> <p>Telephone interview with PA #71, on 11/15/2023 at 1600, revealed the goal for screening evaluations was 20 minutes from arrival.</p> <p>Telephone interview on 11/16/2023 at 1100 with MD #72 revealed the expectation for chest pain patients was an EKG within 10 minutes and to be seen by a provider within 10 minutes. MD #72 acknowledged a delay with Patient #2. Interview revealed the physician was not aware if there was</p>	A 309			

		<p>Officer's, and Vice President of Emergency Services. Actions taken specific to staffing from that meeting:</p> <ul style="list-style-type: none"> • 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. <p>12/4/23 Deployment of Emergency Department Performance Improvement team to evaluate staffing, processes, and provide recommendations.</p> <p>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).</p> <p>12/8/23 Added further financial incentives for as needed staff and travelers to pick up additional shifts above their current commitment.</p> <p>12/9/23 On site survey ended with DHHS with disclosure of two additional concerns under the same conditions of participation (Emergency Services, Patient Rights, and Nursing Services).</p> <p>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.</p> <p>12/16/23 Incident Command Structure established with Daily Emergency Operations Coordination Call (DEOCC) with hospital and additional leadership to review the following: Hospital and ED volumes, review of ED and inpatient metrics related to throughput, Inpatient and ED staffing, support staffing, HR and recruitment updates, and staffing requests. The goal of this call was to quickly obtain approval to mitigate barriers, as well as to have continuous oversight at all levels of the organization.</p>	<p>12/4/23</p> <p>12/8/23</p> <p>12/9/23</p> <p>12/12/23</p> <p>12/16/23</p>
--	--	--	--

		<p>12/17/23 Emergency Operations Team on site to provide continuous support of Emergency Operations.</p> <p>12/18/23 Three inpatient leaders were redeployed to assist with oversight in the emergency department.</p> <p>12/19/23 Exit conference with DHHS team and 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.</p> <p>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.</p> <p>12/29/23 A3W unit (38 beds) opened to 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.</p> <p>1/2/24 Increased overall ED traveler RN's based upon a continual assessment of ED staffing and onboarding.</p> <p>Ongoing Actions and System Changes</p> <p>1/11/2024 Comprehensive review of ED assignments/shifts resulted in modifications to better accommodate patient arrival patterns via EMS and walk-in.</p> <p>1/1/2024-2/1/24 The following resources/actions were taken to continue to address staffing in the Emergency Department:</p> <ul style="list-style-type: none"> • Additional interim leadership was added. • Added dedicated ED transporter at peak times. • Added ED Central Monitoring Unit 	<p>12/17/23</p> <p>12/18/23</p> <p>12/19/23</p> <p>12/29/23</p>
--	--	--	---

			<p>(CMU) resource at peak times.</p> <ul style="list-style-type: none"> • 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. <p>2/1/2024 Transmittal of 2567 received from CMS to Mission Hospital CEO</p>	<p>2/1/24</p>
--	--	--	--	---------------

			<p>Monitoring for Compliance:</p> <p>If the number of staff available does not meet the needs of the ED due to surge, call-outs, etc., in a given shift the hospital evaluates staffing utilizing the following processes:</p> <ul style="list-style-type: none">• The patients on each unit are evaluated based on their acuity and level of care and assignments are adjusted as appropriate.• Charge nurses are utilized to deliver direct patient care• Staff who are not working are asked to pick up through various communications in advance as well as throughout the shift as appropriate• Staffing is reevaluated at a minimum of every 4 hours to determine if resources can be shifted as appropriate• Unit capacity is determined by Nurse staffing office in conjunction with Administrator-On-Call (AOC)• Hospital closure to incoming transfers and out of county EMS volume is determined at a minimum of 4 times a day by AOC• Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) <p>Owner: Chief Nursing Officer/ACNO/VP of Emergency Services</p>	
--	--	--	--	--

--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 133</p> <p>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).</p> <p>Cross refer to 482.23 Nursing Standard: Tag A 0398.</p> <p>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).</p> <p>Cross refer to 482.23 Nursing Standard: Tag A 0405.</p>	A 385		
A 392	<p>STAFFING AND DELIVERY OF CARE CFR(s): 482.23(b)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on policy, medical record review, incident</p>	A 392	<p>Subject of Deficiency – A 392</p> <p>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)</p> <p>Each individual Condition of Participation's cross-referenced tag in this section will be outlined in the appropriate tags section below.</p> <p>Immediate Corrections and System Changes:</p> <p>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 12/1/23 the following actions were taken to mitigate the findings</p> <p>12/2/23 -Leadership Meeting to Determine areas of focus and next steps. Attendees: Chief Executive Officer, Chief Operating Officer, Chief</p>	12/2/23

			<p>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:</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>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.</p> <p>Additional immediate and ongoing actions:</p> <ul style="list-style-type: none"> • 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 	<p>12/12/23</p>
--	--	--	--	-----------------

			<p>provided, and the caregiver competency and scope of nursing practice.</p> <ul style="list-style-type: none">• Requested additional inpatient and emergency department rapid travel nursing staff. <p>System Changes:</p> <ul style="list-style-type: none">• 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),<ul style="list-style-type: none">○ 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	
--	--	--	---	--

			<p>to include weekends and nights to maintain oversight of emergency department operations</p> <ul style="list-style-type: none"> ○ 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. <p>Monitoring for Compliance/Audit Details:</p> <p>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.</p> <p>Daily monitoring of performance for the following:</p> <ul style="list-style-type: none"> ○ 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 ○ CIWA assessments per policy/protocol ○ Realtime escalation of patient safety concerns ○ CT order to exam <p>Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)</p>	
--	--	--	--	--

			<ul style="list-style-type: none"> • 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) <p>Monitoring and tracking of EKG order-to-completion per policy/protocol</p> <ul style="list-style-type: none"> • 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 order-to-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) <p>Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of pain medication assessment/reassessment per policy/protocol</p> <ul style="list-style-type: none"> • Goal of 90% compliance with 100% remediation of outliers/deviation from process for 3 months, with quarterly monitoring for subsequent 4 quarters. 	
--	--	--	--	--

			<ul style="list-style-type: none"> • 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) <p>Monitoring of CIWA assessments per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team</p> <ul style="list-style-type: none"> • 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) <p>Process improvement initiative – Tracking ED CT order-to-exam average time and trending outliers</p> <ul style="list-style-type: none"> • 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) <p>Owner: Chief Nursing Officer/ACNO/VP Emergency Services</p>	
--	--	--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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 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 392	<p>Continued From page 134</p> <p>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).</p> <p>The findings included:</p> <p>Cross refer to §482.55 Emergency Services Standard: Tag 1101.</p> <p>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.</p> <p>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</p>	A 392		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 392	<p>Continued From page 135</p> <p>continuous telemetry. Nursing staff failed to ensure policies and provider orders were implemented.</p> <p>2. Patient #83 was presented to the ED with dizziness on 11/28/2023 at 1216. The patient had STAT (immediate) lab work ordered at 1218 with continuous ECG monitoring. Labs were drawn at 1358 (1 hour and 40 minutes after ordered). Labs arrived at the lab at 1412 and resulted at 1532 (3 hours and 14 minutes after ordered). The blood glucose was 1137 (critically high). Insulin IV infusion was 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 hours were never initiated in the ED. At 2349 an IV infusion of D51/2 KCL was ordered that was not completed until 0157 (2 hours. and 8 minutes after ordered). Lactic acid was ordered NOW at 0127 for nurse collect in the ED. At 0200 a physician wrote there was a delay in labs and fluids so stopped the insulin IV infusion. The lactic acid was not collected in the ED. At 0529 the original lactic acid NOW, order was cancelled and reordered as lab collect NOW on the floor. It was collected at 0844 (3 hours and 15 minutes after ordered at 0529) and resulted at 1108 (9 hours and 41 minutes after originally ordered at 0127) with a result of 7.48 critical high. A second lactic acid was reordered at 1108 and resulted at 1256 (1 hr. and 36 minutes after ordered) with a result of 11.96 critically high. A rapid response was called previously at 1158, the patient was intubated at 1247, and ultimately expired on 11/30/2023.</p> <p>3. Patient #43, a 39-year-old who presented to</p>	A 392		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 392	<p>Continued From page 136</p> <p>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.</p> <p>4. Patient #28 presented to the ED on 07/05/2022, was critically ill, intubated and diagnosed with bacterial meningitis. The patient developed a low blood pressure and a 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 PAs assigned patient. The patient arrested. A new Levophed bag was hung. The patient and IV</p>	A 392			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 392	<p>Continued From page 137</p> <p>were not monitored and the bag ran dry with subsequent cardiac arrest.</p> <p>5. Patient #27 arrived in the ED on 07/04/2022 at 0025 with a reported pain level of 10 of 10. The patient had a STAT CT of the abdomen and pelvis ordered at 0027 that was not completed until 0755 (7 hours, 27 minutes later) resulted and signed at 0825. The patient had pain reported as 10 of 10, with nausea and vomiting with vital signs at arrival at 0025 and was medicated with Dilaudid (narcotic pain medication) at 0739 (7 hours and 14 minutes after arrival). 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.</p> <p>6. 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% prior to arrival. 1630 pulse oximetry was 90% (1 hour and 39 minutes after arrival) with no evidence of oxygen administration at hospital. Dilaudid 0.5 milligrams (mg) IV was administered at 1630 and at 1816. No vital sign or oxygen assessment on an elderly patient was assessed on the patient with a prior pulse oxygen of 90% after the administration of Dilaudid. The patient was subsequently asystole at 1909 and expired. Patient #29 had one set of vital signs 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 reassess the patient for a change in condition (not breathing).</p> <p>7. Patient #6 arrived to Hospital B with strokelike</p>	A 392			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 392	<p>Continued From page 138</p> <p>symptoms at 10 days postpartum. She was accepted for transfer to Hospital A as an ED to ED transfer. Patient #6 arrived to the hospital via EMS on 10/03/2023 at 1942. The patient waited in the ED for a bed and continued to be managed by EMS. No documentation was noted by a medical provider until 2223 and Patient #6 was not triaged or assessed by hospital nursing staff until 2227 (approximately 2 hours 45 minutes after arrival by EMS). There was a delay in accepting the patient and a delay in triage, assessment and monitoring by nursing staff.</p> <p>8. Patient #1 arrived as a transfer on 10/31/2023 at 2314 by EMS. No triage, nursing assessment or evaluation was completed in the ED. The patient was transported to the NSICU (Neurosciences Intensive Care Unit) on 11/01/2023 at 0105. A nursing note was written that stated the nurse was only transporting the patient to the inpatient unit and had not assumed care of the patient. The first nursing vitals or assessment were done at 0110 in NSICU. EMS monitored Patient #1 in the ED and nursing failed to accept, triage and provide care to a patient in the ED.</p> <p>9. Patient #2 was brought to the ED by EMS from home. The patient arrived on 10/17/2023 at 1753 with chest pain and a syncopal episode at home. The provider ordered labs at 1841 (48 minutes after Patient #2 arrived), and the labs were not collected by nursing staff until 1920 (39 minutes after orders), after the patient was triaged at 1900 (1 hour and 7 minutes after arrival). The patient was on a cardiac monitor and received vital signs by EMS until triage at 1900. No hospital EKG was completed until 1905 (24 minutes after order and 1 hour 12 minutes after arrival). The elevated</p>	A 392			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 392	Continued From page 139 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. 10. Patient #26 presented to the ED via EMS on 09/01/2022 at 1845 for complaints of abdominal pain, decreased appetite, watery non-bloody diarrhea, and right-calf burn. Review of the patient's closed medical record lacked nursing documentation related to the assessment and treatment of the patient's right calf wound from presentation in the ED on 09/01/2022 through discharge on 09/07/2022. 11. Closed medical record review of Patient #12 revealed a 41 year old female transferred to the ED (emergency department) on 07/18/2023 at 1623 via EMS (emergency medical service) for abdominal pain, nausea, chills, and evaluation by general surgery for concerns of appendicitis. Record review revealed the patient did not have her vital signs monitored and had no nurse assigned to monitor status or provide care.	A 392			
A 398	SUPERVISION OF CONTRACT STAFF CFR(s): 482.23(b)(6) All licensed nurses who provide services in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of all nursing personnel which occur within the responsibility of the nursing service, regardless of the mechanism	A 398	Subject of Deficiency: A 398 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 140 through which those personnel are providing services (that is, hospital employee, contract, lease, other agreement, or volunteer). This STANDARD is not met as evidenced by: Based on policy review, medical record review, incident report review, Emergency Medical Services (EMS) trip report review, and staff and provider interviews, 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 eleven (11) of 35 patients records reviewed (Patient #'s 92, 83, 43, 28, 27, 29, 6, 1, 2, 12 and 26). The findings included: 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	A 398	Plan of Correction: Summary of policies/guidelines and any other documents reviewed or revised during POC development: <ul style="list-style-type: none"> 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 CIWA Withdrawal Plan 2/22 Immediate Corrections and System Changes: 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 12/1/23 the following actions were taken to mitigate the findings 12/2/23 -Leadership Meeting to Determine areas of focus and next steps. Attendees: Chief Executive Officer, Chief Operating Officer, Chief 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: <ul style="list-style-type: none"> 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 	12/2/23

			<p>timely care delivery through arrival to triage, order to lab collect, pain medication assessment/reassessment, order to intervention</p> <ul style="list-style-type: none"> • 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. <p>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).</p> <p>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</p> <p>Additional immediate and ongoing actions:</p> <ul style="list-style-type: none"> • 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. <p>System Changes:</p> <ul style="list-style-type: none"> • Evaluated front-end triage process to better align resources with patient 	<p>12/12/23</p>
--	--	--	--	-----------------

			<p>arrival patterns. Assembled a team to include (pharmacy, radiology, lab, patient access, care experience, emergency department nurses, providers, IT, nursing administration, emergency department leadership),</p> <ul style="list-style-type: none">○ 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. <ul style="list-style-type: none">● Modified closure review tool to increase	
--	--	--	---	--

			<p>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.</p> <ul style="list-style-type: none"> • 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. <p>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 questions.</p> <ul style="list-style-type: none"> • 12/2/2023 Education for ED nursing staff regarding process for accurately capturing patient arrival time for both walk in and EMS arrivals • 12/2/2023 Education provided to ED CNCs/ED Leadership regarding timely escalations and departmental oversight • 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 	
--	--	--	---	--

			<p>policy/protocol</p> <ul style="list-style-type: none"> • 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 • 2/2/2024 ED nursing staff Clinical Institute Withdrawal Assessment (CIWA) remedial education provided via shift huddles. 2/2/24 • 2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on regarding ligature risk definition and documentation 2/6/24 <p>Monitoring for Compliance/Audit Details:</p> <p>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.</p> <p>Daily monitoring of performance for the following:</p> <ul style="list-style-type: none"> ○ 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 ○ CIWA assessments per policy/protocol ○ Realtime escalation of patient 	
--	--	--	---	--

			<p style="text-align: center;">safety concerns</p> <ul style="list-style-type: none"> ○ CT order to exam <p>Sustained Compliance Audits to Ensure POC is Effective:</p> <p>Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)</p> <ul style="list-style-type: none"> • 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) <p>Monitoring and tracking of EKG order-to-completion per policy/protocol</p> <ul style="list-style-type: none"> • 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 order-to-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) <p>Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol</p> <ul style="list-style-type: none"> • 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) 	
--	--	--	---	--

		<p>Monitoring of pain medication assessment/reassessment per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of CIWA assessments per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team</p> <ul style="list-style-type: none"> • 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) <p>Process improvement initiative – Tracking ED CT order-to-exam average time and trending outliers</p> <ul style="list-style-type: none"> • 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) <p>Owner: Chief Nursing Officer/ACNO/VP Emergency Services</p>	
--	--	--	--

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 141 caregiver. 2. A comprehensive assessment, performed on each patient that presents to the emergency department, is a focused physical assessment including vital signs, pain scale, allergy, history of current complaint, current medications, exposure to infectious disease, and pertinent past medical/surgical history. B. Triage Acuity Level - The Emergency Severity Index (ESI) is a five level emergency department (ED) triage algorithm that provides clinically relevant stratification of patients into five groups from 1 (most urgent) to 5 (least urgent) on the basis of acuity and resource needs. C. Reassessment - A process of periodic re-evaluation of the patient's condition and symptoms prior to and during the initiation of treatment. Reassessment components may include some or all of the following: vital signs, a focused physical assessment, pain assessment, general appearance, and/or responses to interventions and treatments. Reassessment after the medical screening exam are performed by RN's (Registered Nurses) according to acuity or change in patient's condition. D. Vital Signs - Helps nursing personnel determine the stability of patients and acuity of those that are that are presenting with life-threatening situations or who are in high-risk categories. Usually refers to temperature, pulse rate, respiratory rate, and blood pressure. May include pulse oximetry for patients presenting with respiratory and/or hemodynamic compromise, and pain scale for those patients with pain as a component to their presenting complaint...PROCEDURE: ... B. All patients presenting for care will be evaluated by an RN. This RN should complete a brief evaluation of the patient, including immediate compromise to a patient's airway, breathing, or circulation..... H. If there is no bed available, the	A 398		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 142 patient will need to wait in the lobby. While in the lobby, patient reassessment and vital signs should be documented in the health record in accordance with documentation guidelines....." 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,	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 143</p> <p>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 indicators of vulnerability. E. Reassessment: 1. Reassessment is ongoing and may be triggered by key decision points and at intervals based on the needs of the patients. Additional assessment/reassessment elements and frequency are based upon patient condition or change in condition, diagnosis, and/or patient history, not to exceed four hours. Interventions may warrant more frequent assessments...."</p> <p>1. Closed medical record review on 12/09/2023 of Patient #92 revealed a 69 year-old male that presented to the emergency department on 11/09/2023 at 1149 via private vehicle with a chief complaint of chest pain. The patient was triaged at 1155 with a chief complaint of "Woken from sleep at 0400 with midsternal chest pain, described as sharp and pressure. No SOB (shortness of breath), arm/jaw/back pain, or diaphoresis (sweating). H/o (history of) colon CA (cancer) with mets (metastasis) to the lung, currently on chemotherapy. ..." Review revealed vital signs of blood pressure (BP) 125/60, pulse (P) 57, temperature (T) 97.4 degrees Fahrenheit, oxygen saturation (O2 Sat) 97% and a pain level reported as 2 (scale 1-10 with 10 the worst). Review revealed a triage level of 2 (level 1 most urgent). Review revealed a Medical Screening Examination by a physician was started in the waiting room area at 1209. Review of the physician's notes recorded the patient's chest pain had been waxing and waning, coming in waves and lasting about five minutes at a time. Review revealed a plan to conduct an ED chest pain work-up including a chest x-ray, EKG and</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 144 labs including CBC, chemistry, lipase and troponin, and administer a dose of aspirin. Review recorded a differential diagnosis of GERD (gastroesophageal reflux disease), referred abdominal pain, musculoskeletal chest pain, ACS (acute coronary syndrome), with lower suspicion for PE (pulmonary embolus) given no tachycardia, hypotension, or evidence of DVT (deep vein thrombosis) on exam. Review revealed the ED physician recommended admission for further chest pain workup based on risk factors. Review of physician's orders revealed labs were ordered at 1218, collected at 1320 and resulted at 1332. Review revealed a troponin result of 0.013 (normal). Review revealed a physician's order placed at 1218 for continuous ECG (telemetry) monitoring in the ED. Review of the ED record revealed no evidence that continuous ECG monitoring was initiated in the ED. A chest x-ray was ordered at 1220 and resulted at 1246 with normal results. An EKG was completed at 1224 which showed sinus rhythm with premature atrial complexes (PACs), with no changes when compared with a prior EKG done in 2022 per the physician's read. A troponin resulted at 1320 as 0.013 (normal) and a baby aspirin was administered as ordered at 1334. A second troponin ordered at 1607 and resulted at 1704 as 0.014 (normal). Review of a second EKG completed at 1628 revealed "Sinus rhythm with premature atrial complexes (PACs). Otherwise normal ECG. When compared with ECG of 09-Nov-2023 12:24, Non-specific change in ST segment in inferior leads. ST elevation now present in Lateral leads." Review recorded the ECG was confirmed by a physician on 11/09/2023 at 1821. Review revealed a physician's order at 1659 for nitroglycerine 0.4 milligrams (mg) sublingual every five minutes times three as	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 145 needed (prn) chest pain. Record review revealed no nursing assessment/reassessment documented after the patient's triage was recorded at 1155. The patient was administered Morphine (narcotic pain medication) 2 milligrams intravenously (IV) at 1703 by a medic for a pain level of 4. There was no reassessment of the patient's pain and no documentation of the patient's condition by a nurse. The patient was moved from the waiting room to a bed in the orange pod (admission holding area of the ED) at 1937. Nitroglycerine 0.4 milligrams sublingual was administered by a nurse times one for a pain level of 10 at 2013. Review revealed no reassessment of the patient's response to the medication intervention and no nursing assessment of the patient's condition was documented. The patient was transported from the ED to a medical surgical floor on 11/09/2023 at 2054. The patient was placed on continuous telemetry at 2111 when he was noted to be in Atrial Fibrillation with Rapid Ventricular Rate (abnormal heart rhythm). Review of the ECG completed at 2110 recorded an "ST elevation consider lateral injury or acute infarct * * * ACUTE MI / STEMI (myocardial infarction or heart attack) * * * ...". Review of a Cardiovascular Consult History and Physical documented on 11/10/2023 at 0020 as an Addendum revealed the patient "... went into AF/RVR (Atrial Fibrillation with Rapid Ventricular Rate) at 2110 hrs this evening with ECG demonstrating evolving high lateral STEMI (I, aVL) which was more pronounced on follow-up ECG at 2210 hrs prompting formal STEMI activation for emergent cardiac catheterization. ..." Review of a Discharge Summary dated 11/13/2023 at 1211 revealed the patient was discharged home on 11/13/2023 with a diagnosis	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 146</p> <p>of STEMI (ST elevation myocardial infarction), Coronary Artery Disease, Hypertension, and Atrial Fibrillation with RVR.</p> <p>Interview on 12/09/2023 at 1210 with Assistant Director of Nursing (ADON) #17 revealed Patient #92 was identified as a level 2 triage and should have been assessed every four hours at a minimum, every two hours for a level two and with any change in the patient's condition. Interview revealed the patient developed chest pain and required interventions and no nursing assessments or reassessments were documented in the ED record. Interview revealed continuous telemetry was ordered for the patient at 1218 and telemetry was not placed on the patient in the ED. Interview revealed the telemetry was placed on the patient at 2111 once the patient transferred to the medical floor.</p> <p>In summary, 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 transferred to a medical floor and placed on telemetry at 2111 when he was found to be in atrial fibrillation with rapid ventricular rate. Findings of an EKG at 2110 showed ST elevation, **ACUTE MI/STEMI**. A STEMI Code Activation was initiated for an evolving lateral STEMI. 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 continuous telemetry.</p> <p>2. Review on 11/17/2023 of the hospital policy Turn Around Time, last revised 11/17/2021</p>	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 147 revealed "...PURPOSE: To provide timely and efficient testing services for routine, critical and high-risk situations. DEFINITIONS: Turn Around Time (TAT): the time elapsed from order placement to result reporting. Categorized as: Pre-analytical Phase: the period between test order entry by the caregiver and specimen receipt in the Laboratory. May be influenced, but not controlled by the Laboratory. Analytical Phase: the period between specimen receipt in the Laboratory and result reporting. Controlled by the Laboratory...STAT: an emergent, potentially life-threatening request. NOW: as soon as possible. Synonymous with ASAP. POLICY: All tests will be performed without delay to maximize specimen quality and integrity. STAT, NOW ... requests will be managed as priority situations. First-in, First-out (FIFO) processes are utilized to facilitate rapid and efficient movement of specimens through the system. Requests are also prioritized based on the following criteria to meet defined turn-around times: ...Response to STAT requests: ...STATS take priority over other specimens and should be managed from time of receipt until result reporting with no interruption in handling or testing. In general, the maximum TAT for most tests is 45-50 minutes from order receipt. ... Response to NOW/ASAP requests: ...Staff will immediately process the specimen, perform testing, and verify results. Results should be available within (1) one hour from specimen receipt. ... TAT Summary (Inpatient): STAT, Time from ORDER Receipt 45-50 minutes. NOW, Time from SPECIMEN receipt 1 hour. "	A 398		
	Closed medical record review on 12/06/2023 revealed Patient #83, a 74-year-old female patient who arrived at the emergency department (ED) via emergency medical services (EMS) on			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 148 11/28/2023 at 1216 with a chief complaint of dizziness from her doctor's office. Patient #83 was seen by an ED Medical Doctor (MD) #1 on arrival and at 1218 a comprehensive metabolic panel (CMP) [includes serum glucose] was included in laboratory tests ordered as STAT (an emergent, potentially life-threatening request) with continuous ECG monitoring. At 1259 Patient #83 was placed in Red Pod (for the most acute patients) Hallway Bed-17. At 1309 the first set of vital signs was recorded by RN #2 as temperature 98.7, heart rate 84, respirations 19, blood pressure 225/88, and oxygen saturation of 93 percent on room air. At 1316 Registered Nurse (RN) #3 completed a nursing triage assessment and Patient #83 was given an emergency severity index (ESI) [level 1 as the most urgent and 5 as the least urgent] of 3-urgent. Review of the CMP history revealed the STAT lab was collected at 1358 by RN #3 (1 hour and 40 minutes after the order was placed), the blood specimen arrived 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 1137 (high normal range 120). Review of the Physician's Order on 11/28/2023 at 1626 by ED Nurse Practitioner (NP) #5 revealed a new order for an Insulin (IV medication to reduce serum glucose) IV infusion to be started (54 minutes after the glucose had resulted). At 1709 an Insulin drip was initiated for Patient #83 by the RN #3. At 1739, the Hospitalist NP #6 placed a continuous telemetry monitoring order for 48 hours for Patient #83, with vital signs every 2 hours while in the ED. At 1908 ED MD #14 ordered a Glycosylated Hemoglobin NOW that was collected at 2128 (2 hours after ordered). At 2109 Patient #83 was moved to the ED Holding-Orange Pod-Room-2 awaiting an	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 149 inpatient bed. At 2329 Hospitalist MD #9 ordered an IV infusion of D51/2 NS with KCL (Dextrose, Normal Saline, and Potassium Chloride Solution). On 11/29/2023 at 0127 MD #9 ordered a Lactic Acid (carries oxygen from your blood to other parts of your body) level to be drawn "NOW" for "nurse collect" for Patient #83. At 0153 MD #9 ordered to suspend the insulin IV. An addendum was made to the History and Physical at approximately 0200 by MD #9 which revealed "...Unfortunately patient has been on insulin drip since 5pm without continuous fluid administration or repeat blood work, it is currently 2 am, Nursing staff was previously contacted requesting these , later on did let provider know there was difficulty obtaining blood work as well as delay in obtaining D51/2NS KCL fluid from pharmacy. Given we have no blood work, no fluids, for the safety of the patient will suspend insulin drip at this time, until blood work is back to ensure appropriateness of insulin drip infusion..." 0157 RN #10 documented the IV with D51/2NS KCL as started (2 hours and 27 minutes after ordered). At 0200 Patient #83's Insulin IV was suspended by RN #10. At 0256 Patient #83's Insulin IV was reordered and was resumed (56 minutes after it was stopped). On 11/29/2023 at 0514 Patient #83 was transported to a Stepdown Unit. Review of the ED record revealed no evidence that continuous telemetry monitoring or vital signs every 2 hours were initiated in the ED by a nurse, further the NOW Lactic Acid "nurse collect" order at 0127 was never drawn while the patient was in the ED. On the inpatient floor, at 0529, RN #11 canceled the 0127 NOW Lactic Acid order "nurse collect" from the ED and reordered the NOW Lactic Acid order "lab collect". The Glycosylated Hemoglobin NOW that was ordered 11/28/2023 at 1908 resulted on 11/29/2023 at 0743 (12 hours and 35 minutes	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 150</p> <p>after ordered) with result of 12.3 (normal high range 6.3). At 0844 the Lactic Acid was drawn (3 hours and 15 minutes after it was ordered), was in the lab for processing at 0907, and resulted at 1108 (5 hours and 39 minutes after ordered) as "7.48" (high normal for lactic acid was 2.1). The computer system automatically reordered an additional Lactic Acid order by default and was collected at 1119 and was in the lab to be processed at 1148. At 1146 RN #12 documented a blood pressure of 141/67 with respirations of 36. At 1158 Rapid Response was called for Patient #83. At 1206 blood pressure was 65/40. At 1213 blood pressure was recorded at 68/40. At 1225 a Levophed (medication used to increase blood pressure) IV infusion was initiated via interosseous to increase her blood pressure. At 1245 the blood pressure was 126/84 at 98 percent oxygen saturation while the patient was being mechanically bagged at the bedside. At 1247 Patient #83 was intubated (mechanical ventilation), at 1250 Patient #83 was transferred to the medical intensive care unit. At 1256 the second Lactic Acid resulted as critically high "11.96". After discussion with the family, Hospitalist MD #16 changed Patient #83 Full Resuscitation status to Limited Resuscitation with no cardiopulmonary resuscitation (CPR). Patient #83 expired on 11/30/2023 at 1337.</p> <p>Review on 12/06/2023 of a Patient Safety Analysis (Incident Report) completed by RN #12 on 12/01/2023 at 1917 revealed this Care Event was a "Delay in Care" and the issue was "Lack of timely response to Order", for Patient #83. A description "A NOW LA (lactic acid) order was placed at 0529. Lab wasn't drawn until 0844, and in lab at 0907. Critical results of lactic acid 7.48 reported at 1108. MD at 1114...Shortly after this</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 151</p> <p>(within the hour), the patient took a turn and had to be intubated at bedside and sent to ICU (intensive care unit) ...Solution to Prevent this from Recurring? Promptly follow orders..." This Patient Safety Report was still in process. Review of the report revealed Patient #83 had a delay in lab work.</p> <p>MD #9 was unavailable for interview.</p> <p>MD #16 was unavailable for interview.</p> <p>Telephone interview on 12/07/2023 at 1632 with RN #10 who cared for Patient #83 in the Orange Pod (location in the ED for pending admissions) revealed "...I work on an inpatient unit and was pulled to the ED that day. It's a revolving door, I don't recall this patient in particular. If I can't get the labs, I would call a phlebotomist after 3 tries to get the labs if I couldn't..." Interview revealed she could not remember why the NOW lactic acid order was not collected. Interview revealed physician orders for Patient #83 were not followed.</p> <p>Interview on 12/08/2023 at 0915 with RN #11 revealed she did remember Patient #83 and worked night shift. "...I did not receive a report on this patient from the ED. You have to look up the medical record number and sometimes the charge nurse gets an alert that the patient is coming and will print the face sheet. I had to piece it together and go through the orders. I reordered the lab work when I saw it was pending. My concern is we have had trouble getting in contact with the phlebotomist. That morning they were not logged into to their imobile device. I called the general lab number, and no one answered. I then contacted my house</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 152</p> <p>supervisor, and he told me 'we don't have another option right now.' I can't recall if she was on a telemetry box or not, I was only with her over an hour..." Interview revealed not being able to reach a phlebotomist during night shift had happened before. Interview revealed RN #11 had called multiple times to reach the lab phlebotomist to draw NOW blood orders without reaching someone. Interview revealed lab Turn Around Time for NOW lab orders was not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1309 with Laboratory Phlebotomist Supervisor #17 revealed "...the phlebotomists do not collect in the ED; we will help if called. All labs ordered in the ED default to "nurse collect". The expectation was for STAT and NOW orders to be from order to collection in 15 minutes and to be resulted in an hour from order..." Interview revealed lab collection for STAT and NOW orders for Patient #83 did not follow hospital policy for lab turnaround times.</p> <p>Interview on 12/08/2023 at 1414 with NP #6 revealed her expectation for Patient #83, was for her to have continuous ECG monitoring and vital signs every 2 hours while in the ED. Interview revealed physician orders were not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1425 with RN #3 who cared for Patient #83 in the Hallway Bed 17 on 11/28/2023 revealed "...I remember her. It was an extremely busy day...she was a hard stick; I used an ultrasound to start her IV. The problem with hallway beds is they have no dedicated monitor. She had a monitor and vital signs ordered. I strongly advocated for her to get moved into a bed with the CNC (clinical nurse coordinator), and</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 153</p> <p>it didn't happen. She didn't think it was a big deal. We don't have the capability to link the patient to a monitor in a hallway bed. She wasn't on a monitor; I spent the afternoon telling the CNC and MD. The doctors don't have any say, it's up to the CNC where patients are roomed. I sat behind her all day, ...I was extremely frustrated..." Interview revealed Patient #83 was not placed on continuous ECG monitoring, nor were vital signs monitored every 2 hours. Interview revealed physician orders were not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1230 with Nursing VP of ED Services, RN #20 revealed she could not explain the lack of telemetry monitoring or vital signs for Patient #83 while in the ED. Interview revealed the ED nurse should elevate to the ED Charge Nurse for the need to continuously monitor a patient in a hallway bed if one was not available. Further interview revealed the ED Provider and ED Nurse were responsible for monitoring lab results via electronic medical record in the ED. Interview revealed hospital policy was not followed for Patient #83.</p> <p>Interview on 12/09/2023 at 1159 with Lab Director #18 revealed "...I do know we had a call out that day. The lactic acid was available for the lab tech to see at 1016 but wasn't called to the floor until 1108. I don't know what the delay was. The expectation was to call as soon as the result was available. The expectation for lab collection and processing was to follow the policy guidelines, and for STAT and NOW results to be completed within an hour..." Interview revealed lab collection and processing did not follow hospital policy for Patient #83.</p>	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 154 Patient #83 was presented to the ED with dizziness on 11/28/2023 at 1216. The patient had STAT lab work ordered at 1218 with continuous ECG monitoring. Labs were drawn at 1358 (1 hour and 40 minutes after ordered). Labs arrived at the lab at 1412 and resulted at 1532 (3 hours and 14 minutes after ordered). The blood glucose was 1137 (critically high). Insulin IV infusion was 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 hours were never initiated in the ED. At 2349 an IV infusion of D51/2 KCL was ordered that was not completed until 0157 (2 hours. and 8 minutes after ordered). Lactic acid was ordered NOW at 0127 for nurse collect in the ED. At 0200 a physician wrote there was a delay in labs and fluids so stopped the insulin IV infusion. The lactic acid was not collected in the ED. At 0529 the original lactic acid NOW, order was canceled and reordered as lab collect NOW on the floor. It was collected at 0844 (3 hours and 15 minutes after ordered at 0529) and resulted at 1108 (9 hours and 41 minutes after originally ordered at 0127) with a result of 7.48 critical high. A second lactic acid was reordered at 1108 and resulted at 1256 (1 hr. and 36 minutes after ordered) with a result of 11.96 critically high. A rapid response was called previously at 1158, the patient was intubated at 1247, and ultimately expired on 11/30/2023. 3. Review of the CIWA (Clinical Institute Withdrawal Assessment for Alcohol) /Alcohol Withdrawal Plan, effective date 07/20/2022 revealed "...Monitoring Phase ...Now ONCE, when plan is initiated with goal CIWA < (less than) 15..." The CIWA/Alcohol Withdrawal Plan	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 155</p> <p>Reference Information included 10 questions, questions 1-9 can score between 0 and 7 points each question, question 10, can score 0 to 4 points, depending on severity of symptoms for each question. Score range 0-68. Questions with observations: 1. Nausea/Vomiting? 2. Paroxysmal sweats? 3. Agitation? Headache, fullness in head? 5. Anxiety? 6. Tremor? 7. Visual disturbances? 8. Tactile disturbances? 9. Auditory disturbances? 10. Orientation and clouding of sensorium -Ask what day it is? "...CIWA Management Communication If CIWA > 15 for four consecutive hours, contact provider to initiate Severe Withdrawal Phase and/or to consider transfer to higher level of care..."</p> <p>Closed medical record review on 11/16/2023 revealed 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, and right-side tingling for several week. Drinks 12 beers a day...." At 1603 triage by Registered Nurse (RN) #21 with vital signs: temperature 98.5, heart rate 97, respirations 18, blood pressure 141/89, oxygen saturation of 96 percent on room air, and pain of 4/10 (1 being least pain, and 10 being most pain) and was assigned an emergency severity index [ESI] (level 1 as the most urgent and 5 as the least urgent) of 2. Patient #43 was then moved to the ED waiting room IPA (Internal Processing Area) area and was seen by Nurse Practitioner (NP) #22. At 1650 initial labs, EKG, and chest X-ray were completed, and Patient #43 was assigned to ED Medical Doctor (MD) #23. Review of the ER Physician Note from 08/14/2023 at 1727 by MD #23 revealed a review of lab, EKG and chest X-ray results from 08/14/2023 did not show any</p>	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 156 critical results. At 1732 MD #23 ordered a GI cocktail (oral combination of medications given for indigestion), Zofran 4 mg 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 1 mg 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 1 mg IV push NOW (urgent). Per the CIWA plan at 2100 a multivitamin orally was ordered and CIWA Scale assessment. The History and 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	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 157 after 1851 for Patient #43 while in the ED waiting room. On 08/15/2023 at 0057 Patient #43 was moved to the Red Pod (ED area for the most acute patients) room 11. At 0105 MD #25 ordered Patient #43 to have Ativan 4 mg IV STAT and was given at 0106 by RN #27. Review of the ER Report Note on 08/15/2023 at 0107 by MD #26 revealed "...I became involved in the patient's care after he apparently left the waiting room where he was awaiting admission and then had a seizure and struck his head on the sidewalk outside of the ER (emergency room) entrance. On my evaluation, the patient seems postictal (the period following a seizure, disorienting symptoms, confusion, and drowsiness), he is not actively seizing. He does have a history of heavy alcohol use, drinks about 12 beers a daily. He has been in the emergency department waiting room for 9 hours and has not received any Ativan or Phenobarbital. I suspect that he seized due to alcohol withdrawal. Will obtain head CT (cat scan) given the patient did strike his head, he also has a small laceration that will require repair..." Record review revealed the ED waiting room orders for IV fluids NOW on 08/14/2023 at 1841 to 08/15/2023 at 0106 (5 hrs. and 25 min), Ativan IV NOW ordered on 08/14/2023 at 1947 to administered on 08/15/2023 at 0106 (5 hours 19 min), and Phenobarbital STAT ordered on 08/14/2023 at 2305 to administered on 08/15/2023 at 0150 (2 hours and 45 min) for Patient #43 were delayed and no CIWA score/assessment was completed until 08/15/2023 at 0437 (9 hours and 56 minutes after ordered). No CIWA score/assessment was documented before the patient had a seizure event with sustained head injury. There was no nursing reassessment, or nursing care after 08/14/2023 at 1851 by RN #22 until 08/15/2023 at	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 158</p> <p>0057 (6 hours and 1 minute). Patient #43 was admitted to an inpatient room on 08/15/2023 at 0334 from the ED. Patient #43 was discharged home on 08/17/2023.</p> <p>Review of the Patient Care Analysis (Incident) report submitted by MD #25 on 08/15/2023 at 0443 revealed the date of event was 08/15/2023 at 0000. Brief description revealed "...patient was in waiting room for 9 hours, did not receive any medications for alcohol withdrawal, then had a seizure and sustained a head injury..."</p> <p>Investigator #28 Notes revealed: We continue to work through ways to provide care to patients in the waiting room during peak times of surge and limited staffing..." Further comments were reviewed by the hospital Pharmacy, dated 11/17/2023 (3 months after the event) that revealed "...Suggest education to sent out of CIWA precautions...Nurse could have clarified with provider about the CIWA order and administered medication..." Level of Harm was documented as "Harm-required intervention" and Primary Action to Prevent Recurrence: "Increase in Staffing/Decrease in Workload."</p> <p>MD #23 declined to be interviewed.</p> <p>Interview on 11/15/2023 at 1414 with MD #26 revealed "...With the current process it's still difficult to treat patients in the ED waiting room. The goal was for delays in care to not happen, but especially at night it occurs. I have concerns with delays in patient care. The patient was better off in a more clinical area where they can be monitored ..." Interview revealed MD #26 had concerns for patient safety in the ED waiting room due to delays in patient monitoring.</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 159</p> <p>Interview on 11/15/2023 at 1615 with Nurse Practioner (NP) #36 revealed "...it does happen occasionally that orders in the ED waiting room are on hold until the patient can be roomed. I do have concerns about it. The new waiting room flow is not better..." Interview revealed NP #36 had concerns provider orders were not completed timely in the ED waiting room.</p> <p>Interview on 11/16/2023 with ED IPA Day RN #22 revealed she did not remember Patient #43. Interview revealed "...best practice was to go back to see if patients' meds (medication) were helpful. I must have left before I was able to put in a reassessment...I work IPA and the waiting room. There are multiple nurses and nurse techs (technicians) who get vital signs in the lobby and the techs notify us if abnormal. We escalate patient concerns with the charge nurse and the doctors do the same..." Interview revealed RN #22 cared for Patient #43 until 1900 and did not remember doing a reassessment after medication administration.</p> <p>Interview on 11/28/2023 at 1639 with ED IPA Night RN #28 revealed she did not remember Patient #43. Interview revealed "NOW orders in the IPA area go by priority and ESI, we are not always able to do them. The CNC (clinical nurse coordinator) should be informed...If you are the only IPA nurse and the doctor says 'this has to happen now' then it's the next on my list. There was no protocol for who was actually assigned patients in the waiting room. Reassessments for ED patients who are waiting in the lobby would fall under the IPA nurse tasks but they are doing other patient's needs and medications as well. There were only two ways to know if additional orders are placed on a patient after IPA, the</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 160</p> <p>doctor tells you, or on the tracking board, you might see "repeat troponin", the CNC was supposed to help with that. If I gave controlled medication in the waiting room, I am responsible for the reassessment. If we are caught up it is a part of our duties to reassess..." Interview revealed patients in the ED waiting room are not assigned a nurse for reassessment and monitoring. Interview revealed hospital policy for reassessment in the ED was not followed for Patient #43.</p> <p>Interview on 12/01/2023 at 1130 with ED IPA RN #35 revealed "...The IPA nurse continues to be responsible for patients in the waiting room, after initial orders were completed..." Interview revealed the IPA nurse should continue to reassess patients in the ED waiting room. Interview revealed hospital policy for reassessment was not followed for Patient #43.</p> <p>Interview on 12/08/2023 at 1230 with Nursing Vice President of ED Services (VPED) #20 revealed she could not explain the lack of monitoring or completion of provider orders in the ED waiting room. Interview revealed any new outstanding provider orders for patients in the ED waiting room would be elevated to the CNC. Further there was a WebEx huddle (meeting virtually for many hospital departments to discuss and prioritize patient needs) held every 2 hours and any outstanding provider orders would be delegated to be completed. Interview revealed RN #20 could not explain why Patient #43's reassessments and providers orders had not been completed.</p> <p>Patient #43, a 39-year-old who presented to the emergency department (ED) by private vehicle on</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 161</p> <p>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.</p> <p>4. Closed medical record review on 11/14/2023 revealed Patient #28, a 48-year-old male patient who arrived at the emergency department (ED) by emergency medical services (EMS) on 07/05/2022 at 0947 with headache x 2 weeks, altered mental status, fall, and was combative. He was triaged at 0950 by RN #57 with vital signs temperature 97.8, pulse 79, respirations 24, blood pressure 175/86, oxygen saturation of 94 percent on room air, a pain scale of 0 and an emergency severity index (ESI) of 1-Resuscitation. At 0955 Medical Doctor (MD) #59 initiated orders for EKG, lab work, chest X-ray and CT (cat scan) of the head. At 1005 Haldol (given to treat severe</p>	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 162 behavior) 10 mg Intravenous was ordered by MD #59 and given due to combativeness. Review of the ER Note by MD #59 dated 07/05/2023 at 1002 revealed "..... history unable to be obtained from the patient. he was combative with EMS requiring 5 mg (milligrams) of Versed (given for sedation) given IV. He is only slightly sedated right now, ... pulling at lines, not answering questions, and not following commands. " At 1005 the complete blood count resulted with a white blood cell count of critical high- 32.4 (normal high 11). At 1029 Normal Saline 1 liter IV bolus was given and Rocephin (antibiotic) 1 gram IV was administered. At 1045 vital signs were pulse 78, blood pressure 226/107, oxygen saturation 98 percent on room air. At 1050 Patient #28 was intubated (mechanical ventilation) with standard IV sedation protocols. At 1054 vital signs pulse 76, blood pressure 211/91, and ventilated at 98 percent oxygen saturation. At 1236-1311 Patient #28 went into ventricular tachycardia (lethal heart rhythm) and was coded (resuscitated by staff), defibrillated, and had a central line placed. At 1322 a lumbar puncture was completed by MD #59 and a meningitis panel was ordered. At 1322 the cerebrospinal fluid (CSF) white blood count (WBC) resulted high at 94000 (normal high range 5 WBC's per mm 3 [million cubic meters]. At 1324 more antibiotics were given IV. Review of the ER Report Reexamination/Reevaluation (not timed) by MD #59 revealed ". the patient ultimately did require intubation for sedation and airway protection, his mental status continued to worsen despite Haldol and Versed .. The Head CT was negative. Once back from CT the patient became profoundly hypotensive and at 1 point lost pulses requiring CPR, total time roughly 5 to 10 minutes. We have been running	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 163 norepinephrine (given to sustain blood pressure) through this...ICU (intensive care unit) has been consulted. Family additionally has been updated..." At 1409 Pulmonologist/ICU MD #60 ordered Levophed (used to treat life-threatening low blood pressure) 4 mg/ in 250 milliliters (ml) to titrate to 30 micrograms (mcg)/per minute and was initiated by RN #56 at 1514 (1 hour and 5 minutes after ordered), and at 1655 this drip rate was adjusted to 20 mcg/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 revealed at 1801 RN #68 initiated a bag of Levophed at 30 mcg/min for Patient #28. At 1803 a code was initiated, and Patient #28 was in asystole (no heart rhythm). The code ended at 1807 with the return of blood pressure. At 1814 blood pressure was 249/118 with a pulse of 145. At 1816 an addendum to the ER Report by MD #62 revealed "...At 1803 I was called to the patient's room, who had gone asystole. I was notified of the patient's diagnosis of meningitis and hypotension. CPR was in progress on my arrival...I was notified that the patient's Levophed had run dry, and that the patient had been hypotensive (low blood pressure) sometime before coding...Shortly after the epi (epinephrine-used to return pulse) and bicarb (bicarbonate improves outcomes in cardiac arrest), (1807) we had return of pulses. Patient's blood pressure high. ICU attending entered shortly after the code finished." At 1940 Patient #28 was transferred to the medical ICU for admission. Patient #28 continued to decline and showed no signs of improvement. Review of the Discharge Summary date 07/15/2022 at 1525 by Doctor of Osteopathic Medicine, DO #63 revealed "...There was no change in neurology exam, and	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 164</p> <p>it was explained to the family that there were no signs of meaningful improvement. At this time the family changed its code status to DNR (do not resuscitate) ...at this time the family was amenable...for organ procurement. He was brought to the OR (operating room) this morning where he was extubated (removal of mechanical ventilation), and time of death was 1040. On 07/15/2022 at 0931 Patient #28 had his kidneys harvested and was pronounced dead at 1040.</p> <p>Review on 11/28/2023 of the Patient Safety (Incident) Report for Patient #28 revealed it was reported by: (named RN #57) on 07/05/2022 at 1930. Event #: 6858. Event time was 07/05/2022 at 1803 with brief description "...assigned 5 patients, pt. (patient) coded due to unsafe staffing ratio...additional comments ...NUS (nursing unit supervisor RN #74) and Director (named, RN #75) notified of unsafe assignment at approx. 1730. RN (named RN #56) responded to assigned Trauma Alert which arrived at 1748. Pt. coded at 1803, 1 round of CPR, epi, sodium bicarb, ROSC (return of spontaneous circulation). Pt's levophed emptied due to unsafe staffing assignment [sic]which was reported to NUS and Director prior to event..." Review on 07/06/2022 by Investigator and Director of ED Services (named RN #76) revealed one of the ED managers had spoken to Patient #28's family member. The family was upset because they had "...asked for help at the doorway of the patient's room when she noted alarms going off in the room. A PA (PA#77) was at the nurse's station from a different service line that reportedly did not respond to her request..." Further the CNC, RN #74 reported she was only notified RN #56 needed assistance when the patient was coding. Patient #28 did code 2 times during his ER stay</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 165 and had a length of stay of 9:52 (9 hours and 52 minutes) in the ER. RN #56's patient assignment was broken down by RN #76 in the report as two stable patients awaiting admission to step down units (2), one patient who had been moved to the hallway (1), a new Trauma Alert patient (1), and Patient #28, an ICU patient (1). (RN #56 was assigned and responsible for 5 patients during Patient #28's code/event). RN #76 discussed collateral staff available in the ED to support RN #56. "...Background information: The House was unable to provide staffing support for the admit holds in the ER on this date. There was an ER census of 295 on this date..." On 07/07/2022, Vice President (VP) of ED Services, VPED #48 reviewed this Patient Safety Report. Her investigation revealed there was an additional Patient Safety Report for this same event "...Indicating that the ER Director was informed of an alleged unsafe patient assignment. This notification to the Director was not substantiated..." Additionally, VPED #48 agreed RN #56's assignment was safe due to collateral staffing in the ED. And did mention Patient #28's family had voiced concerns who did not respond to their request for help for alarms in the room with (named, PA #77). The Primary Contributing Factor was "Human Factors/Staff Factors...Competing priorities...Level of Harm Harm-intervention to sustain life..." In summary, Patient #28's levophed IV infusion sustaining his blood pressure was allowed to run dry, his blood pressure dropped, he was coded for 7 minutes until the infusion was reinstated. RN #56 had a patient assignment of 5 patients. Review on 11/28/2023 of the Patient Safety Analysis report, Event #6856, referencing Patient #28 dated 07/05/2022 at 1843 by ED Clinical	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 166 Pharmacist, ED RPH #78 revealed the event date was 07/05/2022 at 1800 with a brief description of "...Patient required CPR (cardio-pulmonary resuscitation) due to levophed running dry while RN was attending to other patients (RN had 5 pts), including two traumas and this ICU patient...additional comments...making this report on behalf of (named RN #56) as he does not have time to make report. (Named) had 5 patients: the patient from this report (named) intubated, ICU), a trauma alert, a trauma transfer-a comfort care patient in the hall, and two other admitted patients. While he was in one of the traumas, this patient's norepinephrine infusion ran dry-the patient became hypotensive. The family of the patient was monitoring the BP (blood pressure) and tried to get help from a non-ER provider who was sitting at a computer outside the room and this provider told the family that he could not help them because it was not his patient. Family is irate about this. A few minutes later, another RN came into the room and was able to switch out the levophed, but by this point the pt's SBP (systolic blood pressure) was in the 30's. He then became aystolic and required a round of CPR. (Named RN #56) alerted the ER NUS throughout the day that his assignment was unsafe. This patient coding was a direct result of an unsafe and unreasonable assignment..." This Report was investigated by ED Director, RN #76 on 07/06/2022 without any new findings from previous Event #6858. Additionally, on 07/21/2022 Doctor of Pharmacy, PharmD #79 added investigator notes to this report. The leading description of harm cited by PharmD #79 was "Human Factors/Staff Factors...Level of Harm...Harm-intervention to sustain life..." A summary of her report revealed that a bag of levophed was pulled for Patient #28 on	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 167</p> <p>07/05/2022 at 1511 by RN #56 and was documented on the Medication Administration Record as given on 07/05/2022 at 1514, and per her estimation of the rates of infusion, the bag of levophed "...would have likely run out 1745..." The next bag of levophed was pulled on 07/05/2022 at 1757 by ED RN #68 and was started at 1801 for Patient #28. Review revealed Patient #28's levophed IV infusion was interrupted for 16 minutes; he was coded from 1803 to 1810 before returning to spontaneous circulation.</p> <p>ED RN #68 was not available for interview.</p> <p>ED RPH #78 was unavailable for interview.</p> <p>ED Manager RN #75 was unavailable for interview.</p> <p>ED Director, RN #76 was unavailable for interview.</p> <p>Interview on 11/15/2023 at 1014 with RN #56 revealed he remembered Patient #28 and had worked in the ED for 5 years. Interview revealed "...I had trauma bay 11, and rooms 10, 9, 8 initially. The patient in room 10 was combative, intubated and a danger to himself and was receiving the maximum dose of levophed to keep his blood pressure elevated. I had him around 10 hours of my day. I got a trauma patient, and they were going to assign me another new trauma patient. Around 1730 I went to CNC (named RN #74) to discuss my assignment and the acuity of my already 4 patients, she put my dying trauma patient in the hallway, to make room for the new trauma patient even when I explained I felt my assignment was unsafe. I had already approached her that morning after 0800 to</p>	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 168</p> <p>explain the acuity of my patients. So, then I went to my Nurse Manager (named, RN #75) to discuss my assignment 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 code had been called for my intubated patient. When I arrived in the room (named RN #68), the person who was assisting me while I was caring for the new trauma patient, had already hung a new bag of levophed, and the code was in progress. I was very upset. I voiced my concerns, I talked to the administration, to the ethics and compliance committee and filed a complaint with HR (human resources). I tried to document this the best I could..." Interview revealed RN #56 had gone to the CNC, RN #74 at 0800 and again before new assigned trauma patient to voice his concerns with his high patient acuity assignment. Interview revealed RN #56 was caring for another patient, when the levophed IV infusion ran out, causing Patient #28's blood pressure to drop, and a code was initiated. The interview revealed reassessment and monitoring of Patient #28 did not follow hospital policy. (request for all documents filed by RN #56 administration, ethics committee and HR were not made available).</p> <p>Interview on 11/16/2023 at 1128 with CNC, RN #74 revealed RN #56 approached her one time, and said 'I need help'. CNC RN #74 stated she got RN #56 help by calling on the trauma team nurses who support trauma patients in the ED, but were not assigned patients in the ED. Interview revealed "...If we need help, we pull resources..." Further interview with CNC RN #74 revealed "...she had no concerns with nursing reassessments in the ED... that nursing assignments in the Red Pod (where the most</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 169</p> <p>acute patients are assigned) were 1 RN to 4 patients..." The interview revealed CNC #74 added trauma team nurses to assist RN #56 and stated she and the CNC's filled in themselves when needed to support patient care.</p> <p>Interview on 11/15/2023 at 1637 VPED #20 during tour of the ED revealed the Red Pod in the ED was assigned the most acute ED patients. The interview revealed nursing assignments were 1 nurse to 4 patients, and RNs are expected to communicate with the CNC's any concerns or delays with patient care. "...starting in 2023 we have Webex huddles with nursing, providers, and other hospital departments every 2 hours to discuss delays in care and appoint resources where they are needed..." Interview revealed the expectation for reassessment and monitoring patients were for all staff to follow hospital policy. Interview revealed hospital policy for Patient #28 was not followed.</p> <p>Telephone interview on 12/01/2023 at 1209 with Director of the Trauma Team, MD #80 revealed he was aware of the case with Patient #28 and was the Medical Supervisor for PA #77 in 2022 and currently. Interview revealed "...when a Trauma Team member was in the ED it was to care for a specific consulted trauma patient, however a Trauma Team member if clearly evident could assist any patient in a life sustaining emergency..." The interview revealed PA #77 would not be allowed to touch an IV drip or alarming IV pump of a patient they were not consulted on. Interview revealed PA #77 notified a person who could adjust the drip for Patient #28. Further interview revealed he had no concerns with PA #77's patient care, and the Trauma Team Supervisor, RN #81 had communicated with PA</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 170</p> <p>#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's 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.</p> <p>Telephone interview on 12/01/2023 at 1241 with Trauma Team PA #77 revealed he had been employed for 8 years. Interview revealed "...I 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 he would find the nurse, and he did.</p> <p>Patient #28 presented to the ED on 07/05/2022, was critically ill, intubated and diagnosed with bacterial meningitis. The patient developed a low blood pressure and a 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 arrested. A new Levophed bag was hung. The patient and IV were not monitored and the bag ran dry with subsequent cardiac arrest.</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 171 5. Closed medical record review on 11/14/2023 revealed Patient #27, a 66-year-old female who arrived at the emergency department (ED) on 07/04/2022 at 0025 by private vehicle with abdominal pain, nausea, and vomiting. Patient #27 was triaged at 0025 by RN #38 vital signs: temperature 97.2, respirations 20, heart rate 107, blood pressure 169/93, and oxygen saturation of 94 percent on room air, a pain score of 10 (1 least pain and 10 being the most pain) and was assigned an emergency severity index (ESI) of 3 (urgent). At 0028 Nurse Practitioner (NP) #39 wrote orders for Lipase (a digestive enzyme) STAT, CMP (comprehensive metabolic panel) STAT, Lactic Acid (carries oxygen from your blood to other parts of your body) STAT, CBC (complete blood count) STAT, Urinalysis (Urine test) STAT, and CT (cat scan) of the Abdomen/Pelvis STAT, an IV (intravenous) of Normal Saline to be started and Ondansetron (medication for nausea) 4 milligrams (mg) IV to be given. Record review did not reveal 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 3 min). At 0631 Patient #27 was moved to Red Pod (for highest acuity patients) room 20. Patient #27 was seen by MD #26 at 0656 and orders were placed for ondansetron 4 mg, and Dilaudid (narcotic pain medication) 0.5 mg for pain. At 0734 lab work resulted (7 hours and 6 minutes after ordered). At 0739 Patient #27 had an IV started of NS (7 hours and 11 minutes after ordered), and medications for pain (7 hours and 14 minutes after identified pain level of 10, and 43 minutes after pain medication ordered) and nausea (7 hours and 11 minutes after original order) were administered by RN #40. At 0742	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 172</p> <p>vital signs were documented as heart rate 85, respirations 16, blood pressure 174/89, oxygen saturation of 93 percent on room air (no temperature), with a pain score of 10/10 by RN #40. At 0755 the CT of Abdomen and Pelvis (6 hours) resulted (7 hours and 27 minutes after ordered) positive for a small bowel obstruction. Review of the ER Note Reevaluation (not timed) by MD #26 revealed Labs were reviewed without critical results, and the CT scan was consistent with a small bowel obstruction. Surgery was consulted for further evaluation and management by MD #26. At 0839 repeat pain assessment was 1/10 by RN 40. On 07/04/2022 at 1316 Hospitalist #41 saw the patient, set for admission. At 1319 Patient #27 had a pain score of 10/10, vital signs heart rate 83, respirations 17, blood pressure 147/96, oxygen saturation of 93 percent on room air, and was given Dilaudid 0.5 mg IV for pain relief by RN #40. Review of the Surgical Consult Physician Note by MD #42 dated 07/04/2022 at 1543, Patient #27 was scheduled for a Laparoscopy, Possible Exploratory Laparotomy with Possible Bowel Resection. At 1620 a repeat pain assessment was completed for a pain score of 3/10. At 1600 Patient #27 left the ED for the operating room for surgery. Patient #27 completed surgery without complications and was discharged home on 07/06/2022 at 1136.</p> <p>Request for a Patient Safety Report (Incident Report) revealed there was not one available.</p> <p>Interview on 11/15/2023 at 1350 with ED RN #38 who triaged Patient #27 revealed "...in 2022 no patients were checked on in the ED waiting room, some changes were made, and there are some improvements. It's very possible that this patient waited without any labs or orders completed. At</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 173</p> <p>that time there was one nurse in the waiting room to triage patients. There was no way to complete orders..." Interview revealed nursing reassessments and physician orders were not completed in the ED waiting room in 2022.</p> <p>Interview on 11/17/2023 at 1102 with NP #39 revealed "...the IPA (Internal Processing Area area in the ED waiting room) did not exist then. Now if patients need to move to the back, I tell the CNC (clinical nurse coordinator), we call and we call. I personally have been pulled to do patient reassessments when there was a change in condition. One hundred percent, patients are not safe, orders are not completed, and staffing is a concern. There is one nurse with a line out the door, I can put orders in, but it is not going to get done because of the volume of patients and minimal staff..." Interview revealed NP #39 had current concerns with waiting room patients not getting orders completed in the ED waiting room.</p> <p>Interview on 11/15/2023 at 1414 with ED MD #26 revealed "...I saw the patient after she was roomed..... There is not always a person to get labs and orders done. No staff to do orders. With the new process the goal is for that not to happen, but at night I suspect it does. As far as care in the waiting room, this patient didn't get vital signs, or overall assessments and no meds. things are not happening on a timely basis. " Interview revealed Patient #27 did not get vital signs, assessments, or medications as prescribed. Interview revealed hospital policy was not followed for Patient #27.</p> <p>Patient #27 arrived in the ED on 07/04/2022 at 0025 with a reported pain level of 10 of 10. The patient had a STAT CT of the abdomen and</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 174</p> <p>pelvis ordered at 0027 that was not completed until 0755 (7 hours, 27 minutes later) resulted and signed at 0825. The patient had pain reported as 10 of 10, with nausea and vomiting with vital signs at arrival at 0025 and was medicated with Dilaudid (narcotic pain medication) at 0739 (7 hours and 14 minutes after arrival). 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.</p> <p>6. Closed medical record review on 11/14/2023 revealed Patient #29, a 78-year-old female who presented to the emergency department (ED) via emergency medical services (EMS) on 04/05/2022 at 1451 with complaint of falling at home with a laceration to the right lower extremity. The EMS report dated 04/05/2022 at 1342 revealed the patient had fallen from the toilet at home, was on oxygen 3 liters by nasal cannula "comments: baseline for patient", had an Intravenous (IV) line in her left forearm #20 gauge and had received Normal Saline 700 milliliters (ml). Review of an EMS narrative note revealed "she does have significant bleeding from her right lower leg...bleeding is controlled...the leg is splinted...", was on a ECG (heart monitor) showing a heart rhythm of atrial fibrillation (irregular heart beat) with a pulse of 88. At 1503 a Physician's Assistant (PA) #45 was assigned and a review of his ER (emergency room) Report Note at 1510 revealed "...High suspicion for open fracture to right anterior shin...", with plans to order CT (cat scan) of the head and neck, pain medication, antibiotics, and lab work." PA #45 ordered X-rays/CT at 1508. At 1514 Patient #29 was moved to Red Pod (for most acute patients) Hallway Bed 7. At 1517 Patient #29 was triaged</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 175 by RN #43 "...subjective rapid assessment: fell in the bathroom at home. On Eliquis (blood thinning medication) and a pain score of 0. Open Tib Fib started earlier unseen...Pre-hospital treatments: oxygen, other: 3-liter O2 (oxygen) 20g (gauge) Left arm...Acuity 5-non-urgent...", an emergency severity index (ESI) was assigned of 5 (Non-Urgent). At 1536 lab work was ordered. At 1537 the CNC (clinical nurse coordinator), Registered Nurse, (RN) #44 documented a change in patient ESI to 3-urgent. 1559 lab work had resulted. At 1618 PA #45 ordered Hydromorphone (narcotic pain medication for severe pain) 0.5 mg IV push every 15 minutes duration 3 doses for pain for Patient #29 and Zofran 4 mg IV for nausea. At 1630 (one hour and 39 minutes after arrival) vital signs were documented as pulse 88, blood pressure 161/79, oxygen saturation of 90 percent (no oxygen was documented), 1639 respirations of 22, and temperature of 98.4. By 1627 all radiology had resulted, and a review of the ER Report Reexamination/Reevaluation (not timed) by PA #45 revealed "...On my read it appears the patient has a rather significant tib-fib (tibia/fibula) fracture. I do believe this is an open fracture. She has already received Ancef (antibiotic), and I have already spoken to orthopedic surgery. They will come and speak with the patient..." At 1636 Ancef 1 gram IV, a Tetanus (infectious disease that can occur from an unclean wound) booster intramuscular, Hydromorphone 0.5 mg IV for a pain score of 10/10 and Zofran 4 mg IV were administered by RN #43(no evidence of an oxygen assessment). At 1736 a pain reassessment was charted as 9/10 (no evidence of an oxygen reassessment). At 1748 the Orthopedic Consult and History and Physical was completed by MD #52 with diagnosis of "Open	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 176 tibial shaft fracture..." with plan for surgery to repair fracture. Review of the ER Report addendum by PA #45 (not timed) revealed "...Orthopedic surgery agrees this appears to be open fracture and recommends a room for splinting and simple reduction before surgery tomorrow am..." At 1816 Patient #29 was given Dilaudid 0.5 mg IV for a pain score of 9/10 by RN #43 (no evidence of oxygen assessment). Review of the Patient Summary Report revealed Patient #29 was moved to room 11 at 1915. Review of an addendum to the ER Report by PA #45 (not timed) revealed "...As I was handing off the patient to ... I was told by nursing staff that the patient was unresponsive. Upon arrival at the bedside, the patient is unresponsive. She does have DNR (do not resuscitate) [no evidence of this in the record]. She is moved into room 11 where Dr. (MD #46), my attending physician was kind enough to evaluate the patient and call time of death..." Review of the ER Report 04/05/2022 at 1947 by MD #46 revealed "...78-year-old female past medical history of atrial fibrillation currently anticoagulated on Eliquis. She fell and had an open fracture of the tibia/fibula. Patient has been admitted to the orthopedic service. I was called to the patient's bedside at 7 PM as nursing found her pulseless and apneic (no respiration). After 60 seconds, the patient has no cardiac activity, she is in asystole (no heart rhythm) on the monitor. Her pupils are fixed and dilated. No spontaneous respirations, no cardiac sounds and she is pulseless. Official time of death was called at 709 PM ..." Patient #29 was pronounced dead in the ED on 04/05/2022 at 1909. Review of the Patient Event Record dated 04/06/2022 at 0341 by Nursing/Surgical Services	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 177</p> <p>#54 revealed the event was "unexpected death" date of event "04/05/2022 at 1903" with narrative "...pt came to ER (emergency room) c/o (complaint) fall with fracture. pt placed in the hall bed. pt found unresponsive in hall...House Supervisor (RN #55) notified at 1905...", the description of harm and action to prevent reoccurrence was documented as "monitor trends and patterns". There was no witness to event per report.</p> <p>Trauma Nurse, RN #56 was unavailable for interview.</p> <p>Interview on 11/16/2023 at 1204 with ED RN #43 who cared for Patient #29 revealed "...I was checking on the patient, she was responding, her daughter was there. I was charting and could see her. She was full code, her daughter ran over to me and asked me what I was doing, as I was pulling the stretcher away from the wall and replied 'CPR' and the daughter said, 'please don't do that'. The trauma nurse that day, (named RN #56) took the patient to room 11. I reported it to my charge nurse (named RN #57), and I went to report off on my other patients because it was the end of the shift. I didn't see her again...you'll have to go by my charting, I don't remember if she was on oxygen..." A further interview revealed "...I should have charted she expired, that was an error..." The interview revealed RN #43 did not recall if Patient #29 received oxygen in the ED, did not recall if an oxygen reassessment was completed and did not get vital signs or reassess a change in condition. Interview revealed hospital policy for reassessment was not followed for Patient #29.</p> <p>Telephone interview on 11/16/2023 at 1324 with</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 178</p> <p>MD #46 revealed she did not recall Patient #29. Interview revealed "...monitoring of patients in hallway beds are a concern. Ideally every patient in the Red Pod should be on some sort of a monitor with a pulse oximeter (oxygen monitor). More monitoring is always better..." Interview revealed when MD #46 arrived at the patient's bedside she was in asystole, and she pronounced the patient with daughter at the bedside.</p> <p>Interview on 11/16/2023 at 1747 with CNC, RN #44 revealed "...I do remember she was in a hallway bed, and (named RN #43) said she had passed. I had checked on her. (Named RN #43) told me the daughter came to her and said, 'somethings wrong with my mom'. I don't remember if she had oxygen or was being monitored. I would expect the ED nurse to complete assessments and document them in the chart...Staffing was 4:1 in the Red Pod, If a nurse tells me I'm overwhelmed, I will ask another nurse to assist with patient care..." Interview revealed RN #44 did not know why oxygen reassessments or changes in conditions were not completed for Patient #29. Interview revealed hospital policy for reassessment for a change of condition was not followed for Patient #29.</p> <p>Interview on 11/28/2023 at 1433 with Assistant Director of Nursing, RN #15 to review the internal investigation following Patient #29's death in the ED "...Per the ED Manager (not identified) the patient's family called staff over to the patient because 'she didn't look good'. She was unresponsive and was taken to room 11 to be placed on a cardiac monitor which showed asystole. At 1909 was the time of death pronounced with her daughter at the bedside. Interview revealed this event was reviewed by the</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 179</p> <p>Mortality and Morbidity which was comprised of multiple providers and the MD who had completed the report dated 07/11/2022 the internal investigation of Patient #29's death revealed the patient was under triaged, the door to antibiotics was greater than 1 hour, and needed closer monitoring. (note: this surveyor was not allowed to hold or view documents during this interview.)</p> <p>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% prior to arrival. 1630 pulse oximetry was 90% (1 hour and 39 minutes after arrival) with no evidence of oxygen administration at hospital. Dilaudid 0.5 milligrams (mg) IV was administered at 1630 and again at 1816. No vital sign or oxygen assessment on an elderly patient was assessed on the patient with a prior pulse oxygen of 90% after the administration of Dilaudid. The patient was subsequently asystole at 1909 and expired. Patient #29 had one set of vital signs 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 reassess the patient for a change in condition (not breathing).</p> <p>7. Medical Record review, on 12/14/2023, revealed Patient #6 arrived to Hospital B via EMS on 10/03/2023. Review of the Triage Note at 1723 revealed " ...Reason for Visit: Pt (patient) at 2 started having left sided arm and leg muscle weakness and left sided diminished sensation on leg. Facial drooping noted in lower face. No blood thinners and 10 days post partum. What aspect of reason for visit is concerning to patient? :</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 180 Stroke symptoms. " Review of a MD "ER Report", service date/time 10/03/2023 at 1714, revealed " History of Present Illness 22-year-old female with a past medical history of vaginal delivery 10 days prior..... who presents to the emergency department with left-sided weakness. Patient states that she felt normal when she went to take a nap at approximately 2 (2:00), when she woke up at 330 (3:30) she noticed that she had weakness on the left side of her face and is developing weakness in the left side of her body. She notes that she was unable to smile fully. States that she has never had any symptoms like this in the past. She notes that last night she had an episode of epigastric pain, but that has gone away since fully. States that the developing left-sided weakness has been ongoing since that time and called EMS for evaluation. Pregnancy was uncomplicatedInitial Vitals T: 98.9 F Oral HR: 65 RR: 20 BP: 170/97 SpO2: 87%.....Medical Decision Making22-year-old female presenting to the emergency department secondary to onset of neurologic deficit with last known normal of approximately 2:00 PM. On exam, I initially had concern for Bell's palsy given her age and demographic info, but on my physical examination I noted appreciable weakness on the left side of the body with regards to motor function. I would not expect Bell's palsy to cause the symptoms, in addition to this she was able to raise both eyebrows equally. Although there can be varying degrees of eyebrow raise or inability to thereof with Bell's palsy, I would not expect the left-sided sensory subjective deficit and motor deficit as noted. Therefore I did initiate a code stroke procedure. This is also complicated by the fact the patient is 10 days postpartum which does place her at an elevated risk for ischemic CVA	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 181 (stroke). Differential at this point would also include complex migraine, preeclampsia/eclampsia (serious pregnancy complication characterized by high blood pressure), or complex partial seizure, though she did not report any seizure-like activity Ultimately, the decision was made in concert with the stroke neurologist at (Hospital A) not to provide thrombolytics at this point in time However, patient will require transport to (Hospital A) for further close work-up and likely MRI (Magnetic Resonance Imaging- type of diagnostic testing). Ultimately my concern for eclampsia (serious pregnancy complication) is certainly present given her elevated blood pressure and abnormal neurologic exam. I did order 20 mg of IV labetalol (to treat BP) to be given as a stat dose in addition to 4 mg of magnesium as a bolus with a 2g/h (grams per hour) infusion thereafter. I did reach out to and speak with the OB/GYN on-call..... who agreed with this management plan and possible diagnosis of eclampsia given her blood pressure and symptoms. Patient was transferred to (Hospital A) emergently for further care. Diagnosis/ Disposition Postpartum eclampsia/stroke..... " Review of the EMS (Emergency Medical Services) Patient Care Record, dated 10/03/2023, revealed EMS transported Patient #6 from Hospital B to Hospital A. The EMS record indicated they arrived to Hospital A at 1938. Review of the EMS Narrative note revealed "(EMS) on scene at (Hospital B) and was informed of a Red Transport (red is the most urgent transport).....Arrived to find the pt (patient) in room 3, alert to EMS presence and in no obvious distress....report is as follows:Dx (Diagnosis): HTN (hypertension) crisis,	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 182 Preeclampsia Stroke HPI (History/Physical): Came in with EMS for L (left) sided drooping and weakness and tingling onset....10 days postpartum.... CT Head clear for bleed and clots 'Preeclampsia Stroke' Meds: Mag (Magnesium) 4 g (gram) Bolus with 2 gm/hr infusion, Labetalol 10 mg (milligrams)Vitals: 172/98 Pt states that she feels fine just feels super weak but denies any pain or N/V (Nausea/Vomiting). Due to the importance of medication, (EMS) waited for nurses to retrieve and start a magnesium (Mag) drip before departing. In the meantime, secondary IV access obtained by Paramedic (name) and pt is moved over to the stretcher, placed on all monitoring..... Pt was placed on capnography (carbon dioxide monitoring) noting elevated rate and borderline hypocapnia (decrease in carbon dioxide levels below normal) with normal appearing waveform Once all paperwork is obtained and Mag is started pt is moved out to the truck and transport is initiated to (Hospital A) Emergency. Enroute pt is monitored with no new complaints. .. While waiting on a bed at (Hospital A) pt was monitored with minimal changes to her BP. Repeat neuro checks were completed periodically... Pt began to complain of a mild headache and posterior neck pain similar to how she felt before she delivered. Pt report and care given to RN (Name) bedside Arrived: 19:40Transferred Care 22:24 (2 hours 44 minutes after EMS arrived to the hospital). Review of the EMS Record revealed EMS staff continued to monitor the patient, including ongoing vital signs. An EKG was performed at 2016. An EMS assessment was completed at 2121 which indicated slight yellowing of the skin, right upper quadrant tenderness and left arm and leg weakness along with a facial droop and neck pain. Vital signs continued approximately every 5	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 183 minutes, with the last recorded blood pressure 147/90 at 2215. Emergency Department record review revealed Patient #6 arrived to Hospital A on 10/03/2023 at 1942. An "ED Triage" performed on 10/03/2023 at 2227 (2 hours 45 minutes after arrival) revealed "...Subjective Rapid Assessment Stated Reason for Visit : Brought by EMs (sic) team from (Hospital B) due to stroke like symptoms, left facial droop and left sided weakness, last known normal was 1400H (hours) and onset of symptoms at 1530HED Full Triage Arrival Mode - ED (Emergent) : EMSPre-Hospital Treatments : IV Access, Other: Magnesium sulfate at 2g/hrArrived From: Hospital....." Review of vital signs revealed a heart rate of 82, respiratory rate of 18, BP of 168/96, oxygen saturation of 93% on room air and a pain score of 4. Record review revealed an "ED Medical Screen Exam Form.... Entered on 10/03/23 22:23 EDT" which noted ". MSE Comments : tx (Transfer) from (Hospital B) for MRI brain, concern for eclampsia. Appears admit bed is already ordered." Review of the "ER Report", service date/time, 10/03/2023 at 2310, revealed "...Patient presents as a transfer from outside hospital for concern of strokelike symptoms. She presented to (Hospital B) today with left facial droop that she noticed when she woke up from her nap around 3:30 PM. Her last known well was around 2 PM. At (Hospital B), she was noted to have left facial droop as well as some left arm and leg weakness. Stroke consult was called and the patient was seen in concert with telemetry neurologist decision was made against using tPA (breaks down blood clots). She was transferred here for further stroke eval and MRI (magnetic resonance imaging). She was also notably	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 184 hypertensive at outside hospital with blood pressure 160s systolic. She has also had some headaches recently, did have a headache at the time of her delivery. She denies any chest pain or shortness of breath currently.... Physical ExamInitial Vitals HR: 82 RR: 19 BP: 168/96 SpO2: 93% Neurological: Alert and oriented to person, place, time. Patient does have left facial droop with left eyebrow droop as well. Has very mild drift on the left as compared to right. Has difficulty lifting left leg up against gravity Medical Decision Making Differential Diagnosis.....Stroke, eclampsia less likely given no seizures, preeclampsia, Bell's palsy although this is less likely given her symptoms in the left arm and legTreatment and Disposition Patient presents the emergency department with left sided weakness and left facial droop. Chart reviewed from outside hospital as she is a transfer from (Hospital B). Discussed with neurologist who will admit to their service. MRI and MRV (magnetic resonance venography-imaging that focuses on the veins) have been ordered. Patient continues to have left facial droop on exam, does seem to have eyebrow sparing as she is able to lift her left eyebrow. She also does have some very mild pronator drift on the left side as compared to the right as well as difficulty lifting up her left leg Concern remains for stroke. MRI has been ordered and MRV as well as ordered by neurology. I did discuss the case with OB given her hypertension here. I have ordered the magnesium infusion at 2 g/h as well as a 10 mg dose of IV labetalol given her systolic of 168 here. Patient admitted to neurology Diagnosis/Disposition Left-sided facial droop Preeclampsia..... " Record review failed to reveal acceptance and monitoring of Patient #6 by	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 185</p> <p>nursing until triage at 2227 (~2 hours 45 minutes after arrival). Record review did not reveal documentation of a physician evaluation until 2310. Record review revealed the only documented evaluation and monitoring of Patient #6 during the time period from arrival to triage was from EMS staff. Patient #6 was moved from the initial ED room to a holding unit and later to a maternal fetal medicine unit. The patient was discharged home on 10/06/2023.</p> <p>Telephone interview with EMS #63, on 11/14/2023 at 1430, revealed the EMS team was at Hospital B dropping off another patient and were notified of a "red" transfer of a patient who was 10 days postpartum with a hypertensive crisis and preeclampsia or stroke. Interview revealed they were notified that Neurology wanted the patient transferred emergently. Medications were started and the patient immediately transferred. Patient #6, per interview, was still having symptoms and waited at Hospital A for a "2 hour 46 minute wait time on the wall" (location where EMS waits in the ED with patients who are awaiting an available bed). Interview revealed EMS continued to monitor the patient closely as Patient #6 had right upper quadrant pain and was on a Mag Drip. Interview revealed that EMS waiting and patients holding for a bed had been an ongoing issue for 3 ½ years and seemed to be getting worse. Interview revealed the EMS staff member did not feel the patient's care was met in the ED as Patient #6 required neuro checks, vital signs and close monitoring.</p> <p>Interview with RN #64 during observation on 11/13/2023 around 1030 revealed that when EMS arrives with patients and there are no beds available then EMS stays "on the wall" with the</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 186</p> <p>patient until a bed is available. They do not hand-off the patient until patients get to an assigned bed. Physicians may see patients on the wall, but "EMS can only hand-off to a RN." Follow-up telephone interview on 11/15/2023 at 1430 revealed that in relation to patients arriving with EMS, ED nurses do not "triage patients until ...taking ownership of the patient. Interview revealed that if the CNC in the EMS arrival area was to triage the patient, then the RN was "taking ownership of the patient." The RN stated they could not do that as CNC and still meet all the expectations of the role. Interview revealed that in this ED, "EMS is still responsible."</p> <p>Telephone interview on 11/15/2023 at 1410 with DO #65 revealed the DO went to assess Patient #6 when she was in a bed in the ED. Interview revealed the DO signed up for Patient #6 as soon as her name popped up on the ED tracking board. Before that time, the DO was not aware the patient was in the department. Interview revealed that technically the patient was already admitted, having been accepted by neurology, but was an ED to ED transfer. ED physicians still did a full medical screening on transferred patients, the DO stated. Interview revealed Patient #6 was on a Mag infusion and was hypertensive. Interview revealed DO #65 called the accepting Neurologist and also called an Obstetric Resident since the patient was postpartum and hypertensive and there were concerns for preeclampsia.</p> <p>Telephone interview with Patient #6's Triage Nurse, RN #66, on 11/17/2023 at 0932, revealed the nurse did not recall Patient #6 or the situation. Interview revealed the EMS team was responsible for any patient they brought in until</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 187</p> <p>the patient got a room assignment and was moved to a room in the ED. Once the patient was in a room, the ED RN triaged the patient and there was a proper hand-off between EMS and the RN.</p> <p>Telephone interview on 11/17/2023 at 1205 with MD #67, the accepting neurologist for Patient #6, revealed they were concerned enough to transfer the patient to Hospital A even though they decided not give thrombolytics. Interview revealed obstetrics was called since the patient recently delivered and Mag was given more often by obstetrics. Interview revealed the time until the patient was triaged was "a long time." Interview revealed the patient should have received frequent vital signs by staff. The MD stated they often do ED to ED transfers. Interview revealed MD #67 thought he saw the patient when she was in an ED room and that the accepting physicians would not know a patient had arrived to the ED until a call was received from the ED that the patient was there. Interview revealed if they had a room the patient would have gone to Neuro. Ultimately, the MD stated, it was determined Patient #6 was hypertensive related to pregnancy and it was better for her to be admitted to obstetrics.</p> <p>In summary, Patient #6 arrived to Hospital B with strokelike symptoms at 10 days postpartum. She was accepted for transfer to Hospital A as an ED to ED transfer. Patient #6 arrived to the hospital via EMS on 10/03/2023 at 1942. The patient waited in the ED for a bed and continued to be managed by EMS. No documentation was noted by a medical provider until 2223 and Patient #6 was not triaged or assessed by hospital nursing staff until 2227 (approximately 2 hours 45</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 188 minutes after arrival by EMS). There was a delay in accepting the patient and a delay in triage, assessment and monitoring by nursing staff. 8. Hospital B Medical Record review on 12/16/2023 revealed Patient #1, a 64-year-old, arrived to Hospital B on 10/31/2023 at 2203. Review of the ED Triage, at 2203, revealed " ...Subjective Rapid Assessment Stated Reason for Visit : 2130 onset slurred and right sided weakness with facial droop; no thinners (blood thinning medications)CODE STROKE. ED Full TriageAcuity : 1 (highest acuity). " Review of the "ER Report" by a physician, at 2212, revealed "....History of Present Illness This patient is a 64-year-old woman.... here with neurologic symptoms. Independent history is obtained from the patient's husband, who is here with her. He said that at approximately 9:30 PM, she called out to him that something was wrong. He looked over and saw that she was having difficulty walking and seemed to be slumping to the side. Her speech was noted to be slurred..... She is weak on the right side. Physical ExamInitial Vitals BP: 204/100. .. VITAL SIGNS: Triage vital signs are reviewed and show elevated blood pressure approximately 204/100, otherwise normal. GENERAL: Patient is well-developed, well-nourished, and clearly with facial asymmetry and slurred speech..... NEURO: The patient has paralysis of the right lower face. She has moderate dysarthria (slurred speech)..... Level of consciousness seems normal. She does have drift of the right arm without hitting bed..... Medical Decision Making This patient presents with neurologic symptoms concerning for acute ischemic stroke I think she will likely be a candidate for thrombolytics assuming that we can get her blood pressure down. She is going to CAT	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 189</p> <p>(computerized axial tomography - type of diagnostic imaging) scan right now. We are giving labetalol IV (medication for blood pressure given intravenously). [space] 10/31/23 23:00:55.....I reviewed CT scan Showing left basal ganglia hemorrhage (hemorrhagic [bleed] stroke in a part of the brain) I did discuss the patient with the neurologist, who accepts the patient in transfer for treatment of acute atraumatic hemorrhage. The patient did receive a dose of labetalol, and her blood pressure dropped below 160 briefly but then went back up over 170, so nicardipine infusion was started. Diagnosis/Disposition Acute atraumatic intraparenchymal hemorrhage (bleeding into the brain) [space] Acute hypertensive emergency (acute marked elevation in BP associated with signs of damage) [space] Right-sided weakness. " Review of the Transfer Form revealed Patient #1 was accepted for transfer at 2225. Review of the Physician's Certification for Medical Transport form revealed " ...Medical Condition at the Time of Transport : Patient requires neurological, cardiac, and hemodynamic monitoring and a nicardipine drip by a medical attendant throughout transport....." Review revealed Patient #1 was transferred out at 2233 as a "Red" priority.</p> <p>Review of the EMS Patient Care Record revealed EMS transferred Patient #1 as an emergency "red" transfer. Review of the "Narrative" documentation revealed "(EMS) WAS ISSUED A RED TRANSPORT TO (Hospital A). THE PT WAS BEING TRANSPORTED TO (Hospital A) DUE TO INTRACRANIAL HEMORRHAGE. THE PT WAS PLACED ON THE CARDIAC MONITOR, 12 LEAD ESTABLISHED THE PHYSICIAN ADVISED TARGET BLOOD PRESSURE IS 140/90 AND ADVISED TO</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 190 MONITOR BLOOD PRESSURE DURING TRANSPORT. NICARDIPINE WAS ADMINISTERED AND MAINTAINED THROUGHOUT ROUTE..... EMERGENCY TRAFFIC. THE PT WAS REASSESSED EVERY 5 MINUTES DURING TRANSPORT PT REMAINED ALERT, ORIENTED, SLURRED SPEECH WAS NOTED. PT CARE.....UPON ARRIVAL, THE PT WAS REGISTERED, AND EMS WAITED ON ROOM ASSIGNMENTS. VITAL SIGNS WERE CONTINUOUSLY MONITORED. A PHYSICIAN STATED, 'WHAT DO YOU HAVE?'. THE PHYSICAN (sic) WAS ADVISED RED TRANSPORT FROM (Hospital B) ER TO (Hospital A) WITH AN INTRACRANIAL HEMORRHAGE. THE PHYSICIAN ASKED FOR PAPERWORK AND THEN STATED 'NEVER MIND.' THE PT REMAINED STABLE WITH ONLY COMPLIANT (sic) OF A HEADACHE. THE NEUROLOGIST (Name of accepting physician) ADVISED THE PT WOULD MOVE TO THE ICU ONCE A BED WAS AVAILABLE. THE PT REMAINED IN THE HALLWAY AND WAS CONTINUOUSLY MONITORED AND ASSESSED. (EMS) WAS ADVISED THE PT WOULD BE TRANSFERRED TO THE NEUROLOGY ICU. PT CARE REPORT WAS GIVEN TO THE ATTENDING NURSE..... PT CARE WAS TRANSFERRED....." Review revealed the EMS unit arrived to Hospital A at 2312 and Patient #1's care was handed-off to hospital staff at 0106 (1 hour 54 minutes after arrival to the hospital). Review revealed EMS completed vital signs every 5 minutes to 10 minutes throughout the wait time for a bed and hand-off to the hospital. Review of the Hospital A medical record for Patient #1, on 11/14/2023, revealed the patient	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 191 arrived as a transfer via EMS at 2314. Review of the "ED Report" by an ED physician, at 2351, revealed " ... 64-year-old female who presents as a transfer due to intracranial hemorrhage. Was taken to an outside hospital due to concern unilateral (one-sided) weakness and speech difficulty at roughly 2130. At that time had a head CT which showed an intracranial bleed and thus the patient was transferred here. At the outside hospital she was noted to have fairly profound hypertension was given IV Lopressor (treats elevated BP). Plan is for neurology admission however they would like angiography of the head and neck prior to getting a bed. Nicardipine was also initiated for blood pressure managementPhysical Exam Initial Vitals No Data Available ... Neuro: Right-sided facial droop with loss of nasolabial fold as well as dysarthria noted. Weakness of the right arm over relatively normal left arm and lower extremities. Medical Decision Making Patient presents as a transfer due to intracranial hemorrhage. 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 monitoring. " Review also revealed a Neurology "History and Physical", service date/time 10/31/2023 2347, which indicated " ...Impression and Plan:..... #ICH (Intracranial Hemorrhage): hypertensive etiology suspected #HTN (hypertension) urgency: no prior hx (history) of HTN, treat >160/90 with goal towards normotension. #dysarthria, right hemiparesis (weakness or partial paralysis on one side of the body). Plan: admit to ICU for close neurologic monitoring. ..." Review of the ED record failed to reveal any vital signs or assessments by nursing. Review revealed "Nurse	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 192</p> <p>Notes" on 11/01/2023 at 0051 that stated "RN gave heads up to NSICU (Neurosurgery ICU) by (Name), RN. ED CNC (Clinical Nurse Coordinator) aware that (Name), RN is not assuming care of patient and only transporting PT (patient) upstairs. Pt has been with EMS in hallway for approx. (approximately) 2 hours and now has bed assignment upstairs. RN only transporting from EMS to NSICU." Record review failed to reveal an ED RN ever accepted, triaged, assessed or did vital signs on Patient #1 while the patient was in the Emergency Department. The first documented vital signs were at 0110, once Patient #1 arrived to NSICU. The patient's blood pressure at 0110 was documented as 162/85.</p> <p>Telephone interview with EMS #73 on 11/30/2023 at 1415 revealed the paramedic was involved in the transfer of Patient #1. Interview revealed it was a "red" transfer. Interview revealed on arrival to the hospital they gave the paperwork to hospital staff and then "sat on the wall." The neurologist came to evaluate the patient and said she would move as soon as a bed was available. EMS, interview revealed, continue to monitor Patient #1. The patient was on IV medications for blood pressure and EMS staff had to "fluctuate the meds to keep the blood pressure where it needed to be." Interview revealed no nurse evaluated Patient #1 while she was in the ED.</p> <p>Interview with MD #69 the accepting neurologist, revealed it was not uncommon to do ED to ED transfers, that it was good to have them in the ED for emergent evaluation when there was a concern for a patient's stability on arrival. Interview revealed MD # 69 came to see patients in the ED as soon as they were notified of the patient's arrival. Interview revealed it was</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 193</p> <p>"surprising" not to have vital signs completed in the ED and stated it did not meet expectations for care - patients needed hourly neuro checks and vital signs with provider updates on changes.</p> <p>Interview with RN #64 during observation 11/13/2023 around 1030 revealed that when EMS arrives with patients and there are no beds available then EMS stays "on the wall" with the patient until a bed is available. They do not hand-off the patient until patients get to an assigned bed. Physicians may see patients on the wall, but "EMS can only hand-off to a RN." Follow-up telephone interview on 11/15/2023 at 1430 revealed that in relation to patients arriving with EMS, ED nurses do not "triage patients until ...taking ownership of the patient. Interview revealed that if the CNC in the EMS arrival area was to triage the patient, then the RN was "taking ownership of the patient." The RN stated they could not do that as CNC and still meet all the expectations of the role. Interview revealed that in this ED, "EMS is still responsible."</p> <p>Telephone interview with RN #66, on 11/17/2023 at 0932, revealed the EMS team was responsible for any patients they brought in until a room was assigned and the patient moved to a room in the ED. Once the patient was in a room, the ED RN triaged the patient and there was a proper hand-off between EMS and the RN.</p> <p>Patient #1 arrived as a transfer on 10/31/2023 at 2314 by EMS. No triage, nursing assessment or evaluation was completed in the ED. The patient was transported to the NSICU (Neurosciences Intensive Care Unit) on 11/01/2023 at 0105. A nursing note was written that stated the nurse was only transporting the patient to the inpatient</p>	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 194 unit and had not assumed care of the patient. The first nursing vitals or assessment were done at 0110 in NSICU. EMS monitored Patient #1 in the ED and nursing failed to accept, triage and provide care to a patient in the ED. 9. Review of the EMS Patient Care Record, on 11/14/2023, revealed EMS was called to Patient #2's home on 10/17/2023. The EMS record revealed the call came in at 1654, EMS reached the patient at 1702, departed the scene at 1720 and reached the Hospital at 1748. The Patient Care Record noted the patient's medical history was "Cirrhosis of Liver, Diabetes, Infectious disease, Neuropathy, Other-Infection of foot - amputation schedule for 10/21." Review of the Narrative Note revealed "(EMS) DISPATCHED EMERGENCY TRAFFIC TO LISTED ADDRESS REFERENCE SYNCOPAL EPISODE WITH CHEST PAIN AND SHORTNESS OF BREATH ...ARRIVED ON SCENT TO FIND A 66-YEAR-OLD MALE, A&Ox4, SKIN PALE, WARM, AND DRY, SITTING UPRIGHT IN A RECLINER IN THE LIVING ROOM. PT ADVISED HE HAD BEEN HAVING CHEST PAIN AND SHORTNESS OF BREATH FOR THE LAST WEEKADMINISTERED ASPIRIN ...PT ADVISED THAT HE AND HIS FRIEND HAD BEEN WORKING AROUND THE HOUSE AND ALL OF A SUDDEN HE DID NOT FEEL GOOD AND PASSED OUT. PT'S FRIEND ADVISED PT DID NOT FALL, 'I CAUGHT HIM ON THE WAY DOWN.' PT ADVISED HE RECENTLY HAD SURGERY ON HIS FOOT AND IT HAD GOT AN INFECTION AND WAS TAKING ANTIBIOTICS FOR SAME. PT ADVISED HE WAS GOING TO NEED ANOTHER SURGERY TO REMOVE THE BIG TOE OF HIS LEFT FOOT. IT WAS NOW NOTED THAT PT'S EKG WAS SHOWING	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 195ALSO SHORT RUNS OF A WIDE COMPLEX TACHYCARDIA. PT REMAINED COMPLETELY A&Ox4 PT WAS PLACED ON SUPPLEMENTAL OXYGEN WITH NOTED IMPROVEMENT IN BREATHING, ACCORDING TO THE PT. PT WAS TRANSPORTED ROUTINE TRAFFIC TO (Hospital) WHILE ENROUTE PT'S VITALS WERE CONTINUALLY ASSESSED ...IV ACCESS WAS OBTAINED ... PT WAS FOUND TO HYPERGLYCEMIC (high blood sugar). PT ADVISED HE HAD NOT BEEN ABLE TO TAKE HIS INSULIN YET TODAY PT WAS ADMINISTERED FLUID AS RECORDED PT ADVISED HIS CHEST PAIN WAS A 6/10 AND THAT TAKING A DEEP BREATH HURT. PT ADVISED THIS HAS BEEN GOING ON ALL WEEK AND HAS NOT CHANGED. (Hospital) WAS CONTACTED FOR PT NOTIFICATION. UPON ARRIVAL AT (Hospital) PT WAS TAKEN TO ER ROOM, WHERE (EMS) WAITED FOR ER PERSONNEL TO COME FOR THE HANDOFF REPORT WHILE BEING CONTINUALLY MONITORED. A FACILITY RN FINALLY ARRIVED AND A FULL REPORT WAS GIVEN AND PT CARE WAS TRANSFERRED TO THE RECEIVING RN..... " EMS record review revealed the team arrived to the hospital with Patient #2 at 1748 and care was transferred to hospital staff at 1907 (1 hour, 19 minutes after arrival). Review revealed EMS staff continued monitoring Patient #2 after arrival with vital signs generally taken every 5-6 minutes. The last recorded EMS vital signs were at 1858 with BP noted as 104/61, pulse 70, respirations 15, 99% pulse ox and a pain score of 6. A note was made on "Turn Around Delays" that indicated "ED Overcrowding/ Transfer of Care" Review of the medical record, on 11/14/2023,	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 196</p> <p>revealed Patient #2 arrived to the hospital on 10/17/2023 at 1753 via EMS. Review of "ED Triage", performed 10/17/2023, at 1900 (1 hour and 7 minutes after arrival) revealed a pre-hospital blood glucose of 459 and an acuity of "3-urgent". Vital signs were: Temperature 97.9, Pulse 72, Respirations 20, blood pressure 106/69 and oxygen saturation of 100% on 4 liters oxygen. Patient #2's pain score was 7.</p> <p>Review of the "ER Report" by a Physician Assistant, on 10/17/2023 at 1845, revealed " ... 66-year-old male patient presents..... (to the) emergency department today via EMS for chief complaint of chest pain and shortness of breath. 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 states that today he had acute worsening to his symptoms and also had a syncopal episode earlier today. He reports pain and shortness of breath are still present. He states that he also has bilateral lower extremity swelling which has been ongoing over the past couple of weeksHe states that he has ulcer to the first metatarsal of his left foot and this extends to his bone. He states that he has planned to have amputation of the first digit of his left foot this coming Friday patient currently taking ciprofloxacin (antibiotic , Diflucan (antifungal), and Duricef (antibiotic).Medical Decision Making..... EMS reports that they gave patient 324 mg aspirin..... blood pressure was approximately 96 mmHg. They gave one L (liter) of normal saline IV blood pressure is 105/66 now. EMS also reports that patient had 7 beat run of V tach on their EKG tracing in route with patient now in sinus rhythm</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 197</p> <p>and occasional bigeminy. Ordered EKG and for patient to be on telemetry Point-of-care CBG (blood sugar), CMP (comprehensive metabolic panel), CBC (complete blood count), troponin, proBNP, D-dimer, lactic acid, and portable 1 view chest x-ray ordered. EKG obtained and notes sinus rhythm with PVCs and 4 beat run of V tach ... 1953 Dr. (Name) called to patients bedside for cardiac arrest and assumed care of patient. CPR initiated2017 Called lab to request results of chemistries be available as soon as possible. Labs resulted after arrest Resuscitation attempt failed. Patient deceased. Suspect etiology to cardiac arrest related to MI (Myocardial infarction- heart attack).</p> <p>Review revealed a Stat order for an EKG at 1841. Review did not reveal an EKG was completed until 1905 (24 minutes after ordered and 1 hour and 12 minutes after arrival). Review of lab orders revealed the following lab tests were ordered in the ED stat at 1841 (48 minutes after Patient #2 arrived): Lactic Acid, CMP (comprehensive metabolic panel), Troponin, D-Dimer, Pro B-Type Natriuretic Peptide (ProBNP) and CBC with Differential. Review of orders revealed the labs were collected as Nurse collects at 1920 (39 minutes after the lab orders). Patient #2 experienced cardiac arrest at 1953, 2 hours after arrival. The CBC resulted at 2002 and the CMP resulted at 2012. The D-Dimer resulted as 824 (high) at 2006. The Pro BNP resulted as 9690 (High - reference range 5-125) at 2023 and the Troponin resulted as 0.460 (High - reference range 0.000-0.034) at 2039 (1 hour 19 minutes after the lab was collected; 1 hour, 58 minutes after it was ordered). The physician was notified. Review revealed the physician was notified 2 hours, 46 minutes after Patient #2 arrived to the</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 198 ED and 15 minutes after the patient expired). Review revealed delays in ordering, collecting and resulting the labs and a delay in obtaining an EKG. Review of the "ER Report", service date/time 10/17/2023 at 2030, revealed " ...The patient was initially evaluated by the emergency department physician assistant.....Work-up for chest pain and syncope were underway. I was called to the patient's bedside at 1953 for cardiac arrest. Staff reports that only moments before the patient had been alert and talking. CPR (cardia pulmonary resuscitation) was initiated. The patient was placed on a monitor and defibrillator. Initial rhythm revealed ventricular tachycardia (fast heart rhythm). He received electrical therapy and CPR was resumed. Patient received high-quality chest compressions. He would briefly show signs consciousness indicating adequate cerebral perfusion (blood to the brain) with chest compressions, but remained without an organized rhythmrequired continuation of CPR. He received multiple doses of electrical therapy.....He received magnesium as well as amiodarone (medication for irregular heart rhythm) for shock refractory ventricular tachycardia. Ventricular tachycardia progressed to ventricular fibrillation (life threatening arrhythmia). He also received multiple doses of epinephrine (emergency medication) per ACLS (advanced cardiac life support) protocol for pulseless arrest. He was intubated.....I called the physician assistant to the bedside to brief me on the details of the initial presentation. During the resuscitation I took the opportunity to review the available work-up. The EKG was brought to me for review at 2002For this patient who presented with chest pain, syncope, and suffered cardiac arrest has either	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 199</p> <p>suffered an MI or rhythm disturbance..... I reviewed his medications..... I made attempts to addressreversible causes of cardiac arrest. As resuscitation proceeded the rhythm progressedto asystoleAfter 30 minutes of resuscitation he remained in asystole. All team members agreed that further resuscitative efforts were futile ... the patient was pronounced dead at 8:24 PM ... 10/17/23 20:38:56 I received a (sic) from the chemistry lab. Troponin is 0.46 ... Diagnosis/Disposition Chest pain Syncope Ventricular tachycardia Cardiopulmonary arrest. ..."</p> <p>Telephone interview on 11/20/2023 at 1415 with EMS #70 revealed they responded to a call for a patient with chest pain and shortness of breath. Interview revealed on EKG the heart was very irritated, throwing PVCs (arrhythmias), PACs (arrhythmias) and then short runs of wide complex tachycardia (rapid heart rate). Interview revealed there was potential for things to turn unstable quickly. By the time they got to the hospital there were just a few PVCs. EMS #70 stated they arrived to the hospital at 1750 and were assigned a room at 1756 but they got to the room and there was a patient in the room which caused the wait. EMS #70 stated at some point the patient started to get hypotensive and the fluids had emptied, so the other EMS staff gathered another bag of fluids. Patient #2, per EMS, was on supplemental oxygen and had no complaints at the time. Interview revealed they got the patient into an ED bed at 1845 but there was no nurse for report. At 1907 (1 hours, 17 minutes after arrival), per interview, EMS was able to give hand-off report to a nurse. Interview revealed waits had gotten more common recently and it seemed like a staffing issue.</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 200 Telephone interview with PA #71, on 11/15/2023 at 1600, revealed the patient came into the ED with EMS and there were no rooms available. PA #71 stated he saw the patient while in the hallway and placed orders. Interview revealed the patient had not been triaged, he was still in the hall. Interview revealed prior to arrival the patient had "a few runs, approximately 8 beats", of V tach. PA #71 stated the patient was given a liter of fluids and the rhythm improved. Patient #2 remained on the EMS monitor prior to getting a formal EKG in the ED, the PA stated. Interview revealed there were another 4 beats of V tach but it was not sustained; the patient appeared stable. PA #71 moved to another patient and did not see Patient #2 after he got in an ED room until the PA heard the code and responded. Interview revealed these patients should be closely monitored. Interview revealed the goal for the screening evaluation was 20 minutes from arrival. Telephone interview with RN #66, on 11/16/2023 at 0938, revealed the nurse assigned to Patient #2's room was busy and not able to triage the patient, so a radio request for help was made and RN #66 responded, did the hand-off with EMS and triaged Patient #2. The patient had been placed on a monitor by the Certified Nursing Assistant (CNA). RN #66 then received report from EMS. Interview revealed there was no bed available when Patient #2 first arrived by EMS. When RN #66 went to triage the patient, Patient #2 had just been put in a room and was stable, alert and talking. RN #66 stated that after Patient #2 was triaged, RN #66 drew blood for labs; labs were not drawn until after the patient was accepted and in a room. Until the patients were in a room and care handed-off from EMS, interview	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 201</p> <p>revealed, they were "counting on EMS to care for (the patients)....."</p> <p>Telephone interview on 11/16/2023 at 1100 with MD #72 revealed he heard the overhead page for Patient #2 and immediately responded. Interview revealed the expectation for chest pain patients was an EKG within 10 minutes and to be seen by a provider within 10 minutes. Interview revealed there is a chest pain protocol but the protocol had to be activated by a provider. MD #72 acknowledged there was a delay for Patient #2. Interview revealed in an ideal situation the patient would have gone straight back to a room and care started.</p> <p>Patient #2 was brought to the ED by EMS from home. The patient arrived on 10/17/2023 at 1753 with chest pain and a syncopal episode at home. The provider ordered labs at 1841 (48 minutes after Patient #2 arrived), and the labs were not collected by nursing staff until 1920 (39 minutes after orders), after the patient was triaged at 1900 (1 hour and 7 minutes after arrival). The patient was on a cardiac monitor and received vital signs by EMS until triage at 1900. No hospital EKG was completed until 1905 (24 minutes after order and 1 hour 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.</p> <p>10. Closed medical record review of Patient #12 revealed a 41 year old female transferred to the</p>	A 398		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 202</p> <p>ED (emergency department) on 07/18/2023 at 1623 via EMS (emergency medical service) for abdominal pain, nausea, chills, and evaluation by general surgery for concerns of appendicitis. No past medical history. Review of EMS run report revealed vital signs were taken at 1526 and 1555 via EMS. Review of ED record revealed a Medical Screening Examination (MSE) was performed at 1653. Further review of MSE revealed the CT (computed tomography) was consistent with appendicitis and general surgery consult placed at 1652. Review of physician orders revealed an order for q4h (every 4 hours) vital signs at 1729. An order for Dilaudid 0.25mg (milligram) Inj. Q3h, PRN (as needed), pain (refractory) at 1729. An order for Dilaudid 0.5mg Inj. Q15min, PRN, pain, at 1734. Review of ED record revealed the patient was assigned to RPOD-Hall 18 at 1756. Review of ED record revealed a pain assessment of 10 at 1759. Review of MAR (medication administration record) revealed the patient was given Zofran 4mg at 1757 and Dilaudid 0.5mg at 1759. Review of the General Surgery History and Physical at 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).</p> <p>Interview 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</p>	A 398			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	<p>Continued From page 203</p> <p>while "on the wall" but can not get them because no RN has been assigned.</p> <p>11. Review on 11/16/2023 of "Nursing Management of Wounds and Alterations of Skin" policy revised 11/2021 revealed, "POLICY: Patients are assessed on admission and once every 12-hour shift for alterations in skin integrity and/or wounds. SCOPE:...Inpatient, acute care services, critical access hospitals, and other related services. Emergency Department (ED)...DOCUMENTATION: Document wound details: type, bed color, odor, drainage (color and amount), undermining/tunneling, induration, and erythema. Document intervention".</p> <p>Review on 11/16/2023 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..."</p> <p>Closed medical record review on 11/14/23 of Patient #26 revealed a 22-year-old patient that presented to the Emergency Department (ED) via EMS (Emergency Management Services) on 09/01/2022 at 1845 for complaints of abdominal pain, decreased appetite, watery non-bloody diarrhea, and right-calf burn. Review of an ED Note dated 09/01/2022 at 2130 per medical provider indicated: "Assessment/Plan...Burn. I ordered bacitracin and instructed the nurse to apply a Xeroform dressing". Review of Patient #26's closed medical record lacked documentation that an ED nurse assessed and</p>	A 398			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 398	Continued From page 204 applied bacitracin and a Xeroform dressing to the patient's right-calf burn. Review revealed the patient was transferred to inpatient room #566 A5-West on 09/03/2022 at 1357. Review revealed a nursing wound consultation was completed on 09/04/2022 at 1024. Review of Inpatient Wound/Ostomy Documentation Note dated 09/04/2022 at 1024 indicated: "Wound care consult received for calf burn...wound is pink, red wound bed, superficial. Communicated with RN (Registered Nurse) that wound team will not be able to prioritize this patient today. Would recommend provider place order for bacitracin to be applied generously, cover with xeroform gauze, then dry gauze and gauze roll, daily. Will only follow if wound worsend with appropriate treatment-please reconsult if this occurs". Review of a physician's order dated 09/04/2022 at 2100 indicated: "Bactroban topical 2% cream to be applied three times daily at 0900, 1500, and 2100 for 7 days to right-calf wound". Review revealed a lack of documentation related to the application of the aforementioned wound treatment per nursing. Review of the patient's closed medical record lacked nursing documentation related to the assessment and treatment of the patient's right calf wound from presentation in the ED on 09/01/2022 through discharge on 09/07/2022.	A 398			
A 405	ADMINISTRATION OF DRUGS CFR(s): 482.23(c)(1), (c)(1)(i) & (c)(2) (1) Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.	A 405	Subject of Deficiency: A 405 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 Each individual Condition of Participation plan of correction for the cross-referenced tag in this section are outlined below.		

		<p>Plan of Correction:</p> <p>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:</p> <ul style="list-style-type: none"> • Medication Administration Assessment/Re-assessment Completed as indicated <ul style="list-style-type: none"> ○ 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. <p>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 questions.</p>	<p>12/2/23</p>
--	--	---	----------------

			<ul style="list-style-type: none">• 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. <p>Action:</p> <ul style="list-style-type: none">• 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 post-medication administration assessments <p>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</p> <ul style="list-style-type: none">• 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) <p>Routine monitoring of CIWA assessments per policy/protocol</p> <ul style="list-style-type: none">• 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) <p>Owner: Chief Nursing Officer/ACNO</p>	
--	--	--	---	--

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 205</p> <p>(i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope of practice laws, hospital policies, and medical staff bylaws, rules, and regulations.</p> <p>(2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.</p> <p>This STANDARD is not met as evidenced by: Based on policy review, medical record review, incident report review, EMS trip report review, and staff and provider interviews, 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 35 patients presenting to the emergency department (#92, #83, #43, #28, #27, and #26).</p> <p>The findings included:</p> <p>Cross refer to A-0398 for all examples.</p> <p>Review of a "Pain Assessment and Management" policy revised 01/05/2022 revealed, " ... Each patient is screened for the presence of pain in all settings where treatment is provided.....3. For emergency departments (ED), patients will be screened for pain during each ED visit. The frequency of pain assessment is based on patient symptoms, interventions, and progress towards</p>	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	Continued From page 206 goals..... Interventions are provided based on the patient's treatment plan for pain.The pain management/treatment plan is evaluated on an ongoing basis and is revised to facilitate achievement of pain goals based on best practices, patient's clinical condition, past medical history, and pain goals..... Pain rating must be documented prior to the administration of PRN pain medication. If opioids are administered, sedation level must also be documented. Pain rating and sedation levels are reassessed within 1 hour after PRN pain administration by any route. If opioids are administered, sedation is evaluated to assess for opioid-induced respiratory depression using one of the following sedation scales: 1. For the non-ICU, non-intubated patient (adult and pediatric), the Pasero Opioid-Induced Sedation Scale (POSS) should be used. The pain/treatment plan is evaluated on an ongoing basis and is revised to facilitate achievement of pain goals. "	A 405			
	Review of a "Medication Administration" policy revised 03/20/2023 revealed, ".....Pain medications may be administered to treat or prevent pain. Proactive pain management is preferred to reactive.....For opioid medications ordered "as needed for pain" the level of pain for administration must be specified in the order. 1. If the patient's symptom is unrelieved, the nurse may administer additional doses of PRN (as needed) medications ordered, not to exceed the maximum dose within the prescribed frequency. 2. Subsequent doses are based on the nurse's assessment, the patient's response to the previous dose, absence of adverse effects, and symptom severity. Monitor the patient's response....."				

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 207</p> <p>1. Closed medical record review on 12/09/2023 of Patient #92 revealed a 69 year-old male that presented to the emergency department on 11/09/2023 at 1149 with a chief complaint of chest pain. The patient was triaged at 1155 with a chief complaint of "Woken from sleep at 0400 with midsternal chest pain, described as sharp and pressure. No SOB (shortness of breath), arm/jaw/back pain, or diaphoresis (sweating). H/o (history of) colon CA (cancer) with mets (metastasis) to the lung, currently on chemotherapy. ..." Review revealed a pain level reported as 2 (scale 1-10 with 10 the worst). Review of the physician's notes recorded the patient's chest pain had been waxing and waning, coming in waves and lasting about five minutes at a time. Review revealed a plan to administer a dose of aspirin. A baby aspirin was administered as ordered at 1334. Review revealed a physician's order at 1659 for nitroglycerine 0.4 milligrams (mg) sublingual every five minutes times three as needed (prn) chest pain. Record review revealed no nursing assessment/reassessment documented after the patient's triage was recorded at 1155. The patient was administered Morphine (narcotic pain medication) 2 milligrams intravenously (IV) at 1703 by a medic for a pain level of 4. There was no reassessment of the patient's pain. Nitroglycerine 0.4 milligrams sublingual was administered by a nurse times one for a pain level of 10 at 2013. Review revealed no reassessment of the patient's response to the medication intervention and no nursing assessment of the patient's condition was documented.</p> <p>Interview on 12/09/2023 at 1210 with Assistant Director of Nursing (ADON) #17 revealed no nursing assessments or reassessments were</p>	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 208</p> <p>documented in the ED record.</p> <p>2. Closed medical record review on 12/06/2023 revealed Patient #83, a 74-year-old female patient who arrived at the emergency department (ED) via emergency medical services (EMS) on 11/28/2023 at 1216 with a chief complaint of dizziness. Review revealed a serum glucose resulted of 1137 (high normal range 120). Review of the Physician's Order on 11/28/2023 at 1626 by ED Nurse Practitioner (NP) #5 revealed a new order for an Insulin (IV medication to reduce serum glucose) IV infusion to be started (54 minutes after the glucose had resulted). At 1709 an Insulin drip was initiated for Patient #83 by the Registered Nurse (RN) #3 (1 hour and 13 minutes after ordered and 1 hour and 37 minutes after the glucose resulted). At 2329 Hospitalist Medical Doctor (MD) #9 ordered an IV infusion of D5 1/2 NS with KCL (Dextrose, Normal Saline, and Potassium Chloride Solution). At 0157 RN #10 documented the IV with D5 1/2 NS KCL as started (2 hours and 27 minutes after ordered).</p> <p>Interview on 12/08/2023 at 1425 with RN #3 who cared for Patient #83 on 11/28/2023 revealed physician orders were not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1230 with Nursing Vice President (VP) of ED Services, VPED #20 revealed hospital policy was not followed for Patient #83.</p> <p>3. Closed medical record review on 11/16/2023 revealed 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, and right-side tingling for several</p>	A 405		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	Continued From page 209 week. Drinks 12 beers a day.... " Patient #43 was assigned to ED Medical Doctor (MD) #23. At 1732 MD #23 ordered a GI cocktail (oral combination of medications given for indigestion), Zofran 4 mg orally (medication given for nausea and vomiting). An addendum to MD #23's ER Report Note revealed ". I have ordered IV (intravenous) fluids. 1 mg of Ativan (a sedative given for anxiety and seizures) as he is slightly tremulous (shaking) and diaphoretic (sweating). Hospitalist has been consulted for admission. " At 1841 MD #23 placed orders for IV (intravenous) fluids-NS NOW, and thiamine (dietary supplement/nutrient) 100 milligrams (mg) orally STAT (immediately). At 1851 the GI Cocktail and Zofran were administered. At 1947 MD #23 ordered Ativan 1 mg IV push NOW (urgent). At 2100 a multivitamin orally was ordered. The History and 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. No medication administrations, IV access/fluids, or physician orders were completed after 1851 (when the GI Cocktail and Zofran was administered) for Patient #43 while in the ED waiting room. At 0105 MD #25 ordered Patient #43 to have Ativan 4 mg IV STAT and was given at 0106 by RN #27. Review of the ER Report Note on 08/15/2023 at 0107 by MD #26 revealed "...I became involved in the patient's care after he apparently left the waiting room where he was awaiting admission and then had a seizure and struck his head on the sidewalk outside of the ER	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 210</p> <p>(emergency room) entrance. On my evaluation, the patient seems postictal (the period following a seizure, disorienting symptoms, confusion, and drowsiness), he is not actively seizing. He does have a history of heavy alcohol use, drinks about 12 beers a daily. He has been in the emergency department waiting room for 9 hours and has not received any Ativan or Phenobarbital. I suspect that he seized due to alcohol withdrawal. Will obtain head CT (cat scan) given the patient did strike his head, he also has a small laceration that will require repair. ..." Record review revealed the ED waiting room orders for IV fluids NOW on 08/14/2023 at 1841, Ativan IV NOW ordered on 08/14/2023 at 1947, and Phenobarbital STAT ordered on 08/14/2023 at 2305 for Patient #43 were delayed.</p> <p>Interview on 11/15/2023 at 1615 with NP #36 revealed ". it does happen occasionally that orders in the ED waiting room are on hold until the patient can be roomed. I do have concerns about it. " Interview revealed NP #36 had concerns provider orders were not completed timely in the ED waiting room.</p> <p>Interview on 11/16/2023 with ED Internal Processing Area (IPA) Day RN #22 revealed she did not remember Patient #43. Interview revealed "...best practice was to go back to see if patients' meds (medication) were helpful. I must have left before I was able to put in a reassessment. " Interview revealed RN #22 cared for Patient #43 until 1900 and did not remember doing a reassessment after medication administration.</p> <p>Interview on 11/28/2023 at 1639 with ED IPA Night RN #28 revealed she did not remember Patient #43. Interview revealed "NOW orders in</p>	A 405		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 211</p> <p>the IPA area go by priority and ESI (Emergency Severity Index ESI - score to determine patients with most to least urgent needs), we are not always able to do them. The CNC (Clinical Nurse Coordinator should be informed...If you are the only IPA nurse and the doctor says 'this has to happen now' then it's the next on my list. There was no protocol for who was actually assigned patients in the waiting room. Reassessments for ED patients who are waiting in the lobby would fall under the IPA nurse tasks but they are doing other patient's needs and medications as well. There were only two ways to know if additional orders are placed on a patient after IPA, the doctor tells you, or on the tracking board, you might see "repeat troponin", the CNC was supposed to help with that. If I gave controlled medication in the waiting room, I am responsible for the reassessment. If we are caught up it is a part of our duties to reassess..." Interview revealed patients in the ED waiting room are not assigned a nurse for reassessment and monitoring. Interview revealed hospital policy for reassessment in the ED was not followed for Patient #43.</p> <p>Interview on 12/08/2023 at 1230 with Nursing VP of ED Services, VPED #20 revealed she could not explain the lack of completion of provider orders in the ED waiting room. Interview revealed any new outstanding provider orders for patients in the ED waiting room would be elevated to the CNC. Further there was a WebEx huddle (meeting virtually for many hospital departments to discuss and prioritize patient needs) held every 2 hours and any outstanding provider orders would be delegated to be completed. Interview revealed RN #20 could not explain why Patient #43's providers orders had not been completed.</p>	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	Continued From page 212 4. Closed medical record review on 11/14/2023 revealed Patient #28, a 48-year-old male patient who arrived at the emergency department (ED) by emergency medical services (EMS) on 07/05/2022 at 0947 with headache x 2 weeks, altered mental status, fall, and was combative. At 1050 Patient #28 was intubated (mechanical ventilation) with standard IV sedation protocols. At 1236-1311 Patient #28 went into ventricular tachycardia (lethal heart rhythm) and was coded (resuscitated by staff), defibrillated, and had a central line placed. Review of the ER Report Reexamination/Reevaluation (not timed) by MD #59 revealed "...the patient ultimately did require intubation for sedation and airway protection, his mental status continued to worsen despite Haldol and Versed...The Head CT was negative...Once back from CT the patient became profoundly hypotensive and at 1 point lost pulses requiring CPR, total time roughly 5 to 10 minutes...We have been running norepinephrine (given to sustain blood pressure) through this...ICU (intensive care unit) has been consulted..." At 1409 Pulmonologist/ICU MD #60 ordered Levophed (used to treat life-threatening low blood pressure) 4 mg in 250 milliliters (ml) to titrate to 30 micrograms (mcg)/per minute and was initiated by RN #56 at 1514 (1 hour and 5 minutes after ordered), and at 1655 this drip rate was adjusted to 20 mcg/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 revealed at 1801 RN #68 initiated a bag of Levophed at 30 mcg/min for Patient #28. At 1803 a code was initiated, and Patient #28 was in asystole (no heart rhythm). The code ended at 1807 with the return of blood pressure. At 1814 blood pressure	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 213</p> <p>was 249/118 with a pulse of 145. At 1816 an addendum to the ER Report by MD #62 revealed "...At 1803 I was called to the patient's room, who had gone asystole. I was notified of the patient's diagnosis of meningitis and hypotension. CPR was in progress on my arrival...I was notified that the patient's Levophed had run dry, and that the patient had been hypotensive (low blood pressure) sometime before coding...Shortly after the epi (epinephrine-used to return pulse) and bicarb (bicarbonate improves outcomes in cardiac arrest), (1807) we had return of pulses. Patient's blood pressure high. ICU attending entered shortly after the code finished." At 1940 Patient #28 was transferred to the medical ICU for admission. Patient #28 continued to decline and showed no signs of improvement. Review of the Discharge Summary date 07/15/2022 at 1525 by Doctor of Osteopathic Medicine, DO #63 revealed "...There was no change in neurology exam, and it was explained to the family that there were no signs of meaningful improvement. At this time the family changed its code status to DNR (do not resuscitate)...at this time the family was amenable...for organ procurement. He was brought to the OR (operating room) this morning where he was extubated (removal of mechanical ventilation), and time of death was 1040..."</p> <p>Review on 11/28/2023 of the Patient Safety (Incident) Report for Patient #28 revealed it was reported by: (named RN #57) on 07/05/2022 at 1930. Event #: 6858. Event time was 07/05/2022 at 1803 with brief description "...assigned 5 patients, pt. (patient) coded due to unsafe staffing ratio...additional comments ...NUS (nursing unit supervisor RN #74) and Director (named, RN #75) notified of unsafe assignment at approx. 1730. RN (named RN #56) responded to</p>	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	Continued From page 214 assigned Trauma Alert which arrived at 1748. Pt. coded at 1803, 1 round of CPR, epi, sodium bicarb, ROSC (return of spontaneous circulation). Pt's levophed emptied due to unsafe staffing assignment [sic]which was reported to NUS and Director prior to event..." Review on 07/06/2022 by Investigator and Director of ED Services (named RN #76) revealed one of the ED managers had spoken to Patient #28's family member. The family was upset because they had "...asked for help at the doorway of the patient's room when she noted alarms going off in the room. A PA (Physician's Assistant PA #77) was at the nurse's station from a different service line that reportedly did not respond to her request..." Further the CNC, RN #74 reported she was only notified RN #56 needed assistance when the patient was coding. Patient #28 did code 2 times during his ER stay and had a length of stay of 9:52 (9 hours and 52 minutes) in the ER. RN #56's patient assignment was broken down by RN #76 in the report as two stable patients awaiting admission to step down units (2), one patient who had been moved to the hallway (1), a new Trauma Alert patient (1), and Patient #28, an ICU patient (1). (RN #56 was assigned and responsible for 5 patients during Patient #28's code/event). RN #76 discussed collateral staff available in the ED to support RN #56. "...Background information: The House was unable to provide staffing support for the admit holds in the ER on this date. There was an ER census of 295 on this date..." On 07/07/2022, Vice President (VP) of ED Services, VPED #48 reviewed this Patient Safety Report. Her investigation revealed there was an additional Patient Safety Report for this same event "...Indicating that the ER Director was informed of an alleged unsafe patient assignment. This	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 215</p> <p>notification to the Director was not substantiated..." Additionally, VPED #48 agreed RN #56's assignment was safe due to collateral staffing in the ED. And did mention Patient #28's family had voiced concerns who did not respond to their request for help for alarms in the room with (named, PA #77). The Primary Contributing Factor was "Human Factors/Staff Factors...Competing priorities...Level of Harm Harm-intervention to sustain life..." In summary, Patient #28's levophed IV infusion sustaining his blood pressure was allowed to run dry, his blood pressure dropped, he was coded for 7 minutes until the infusion was reinstated. RN #56 had a patient assignment of 5 patients.</p> <p>Review on 11/28/2023 of the Patient Safety Analysis report, Event #6856, referencing Patient #28 dated 07/05/2022 at 1843 by ED Clinical Pharmacist, ED RPH #78 revealed the event date was 07/05/2022 at 1800 with a brief description of "...Patient required CPR (cardio-pulmonary resuscitation) due to levophed running dry while RN was attending to other patients (RN had 5 pts), including two traumas and this ICU patient...additional comments...making this report on behalf of (named RN #56) as he does not have time to make report. (Named) had 5 patients: the patient from this report (named) intubated, ICU, a trauma alert, a trauma transfer-a comfort care patient in the hall, and two other admitted patients. While he was in one of the traumas, this patient's norepinephrine infusion ran dry-the patient became hypotensive. The family of the patient was monitoring the BP (blood pressure) and tried to get help from a non-ER provider who was sitting at a computer outside the room and this provider told the family that he could not help them because it was not his</p>	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 216</p> <p>patient. Family is irate about this. A few minutes later, another RN came into the room and was able to switch out the levophed, but by this point the pt's SBP (systolic blood pressure) was in the 30's. He then became aystolic and required a round of CPR. (Named RN #56) alerted the ER NUS throughout the day that his assignment was unsafe. This patient coding was a direct result of an unsafe and unreasonable assignment..." This Report was investigated by ED Director, RN #76 on 07/06/2022 without any new findings from previous Event #6858. Additionally, on 07/21/2022 Doctor of Pharmacy, PharmD #79 added investigator notes to this report. The leading description of harm cited by PharmD #79 was "Human Factors/Staff Factors...Level of Harm...Harm-intervention to sustain life..." A summary of her report revealed that a bag of levophed was pulled for Patient #28 on 07/05/2022 at 1511 by RN #56 and was documented on the Medication Administration Record as given on 07/05/2022 at 1514, and per her estimation of the rates of infusion, the bag of levophed "...would have likely run out 1745..." The next bag of levophed was pulled on 07/05/2022 at 1757 by ED RN #68 and was started at 1801 for Patient #28. Review revealed Patient #28's levophed IV infusion was interrupted for 16 minutes; he was coded from 1803 to 1810 before returning to spontaneous circulation.</p> <p>Request to interview ED RN #68 revealed she was not available for interview.</p> <p>Request to interview ED RPH #78 revealed she was unavailable for interview.</p> <p>Request to interview ED Manager RN #75 revealed he was unavailable for interview.</p>	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	Continued From page 217 Request to interview ED Director, RN #76 revealed she was unavailable for interview. Interview on 11/15/2023 at 1014 with RN #56 revealed he remembered Patient #28 and had worked in the ED for 5 years. Interview revealed "...I had trauma bay 11, and rooms 10, 9, 8 initially. The patient in room 10 was combative, intubated and a danger to himself and was receiving the maximum dose of levophed to keep his blood pressure elevated. I had him around 10 hours of my day. I got a trauma patient, and they were going to assign me another new trauma patient. Around 1730 I went to CNC (named RN #74) to discuss my assignment and the acuity of my already 4 patients, she put my dying trauma patient in the hallway, to make room for the new trauma patient even when I explained I felt my assignment was unsafe. I had already approached her that morning after 0800 to explain the acuity of my patients. So, then I went to my Nurse Manager (named, RN #75) to discuss my assignment 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 code had been called for my intubated patient. When I arrived in the room (named RN #68), the person who was assisting me while I was caring for the new trauma patient, had already hung a new bag of levophed, and the code was in progress. I was very upset. I voiced my concerns, I talked to the administration, to the ethics and compliance committee and filed a complaint with HR (human resources). I tried to document this the best I could..." Interview revealed RN #56 had gone to the CNC, RN #74 at 0800 and again before new assigned trauma patient to voice his concerns with his high patient	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 218</p> <p>acuity assignment. Interview revealed RN #56 was caring for another patient, when the levophed IV infusion ran out, causing Patient #28's blood pressure to drop, and a code was initiated. (request for all documents filed by RN #56 administration, ethics committee and HR were not made available for this surveyor).</p> <p>Interview on 11/15/2023 at 1637 with VPED #20 revealed hospital policy for Patient #28 was not followed.</p> <p>Telephone interview on 12/01/2023 at 1209 with Director of the Trauma Team, MD #80 revealed he was aware of the case with Patient #28 and was the Medical Supervisor for PA #77 in 2022 and currently. Interview revealed "...when a Trauma Team member was in the ED it was to care for a specific consulted trauma patient, however a Trauma Team member if clearly evident could assist any patient in a life sustaining emergency..." The interview revealed PA #77 would not be allowed to touch an IV drip or alarming IV pump of a patient they were not consulted on. Interview revealed PA #77 notified a person who could adjust the drip for Patient #28. Further interview revealed he had no concerns with PA #77's patient care, and the Trauma Team Supervisor, RN #81 had communicated with PA #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's 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.</p>	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 219</p> <p>Telephone interview on 12/01/2023 at 1241 with Trauma Team PA #77 revealed he had been employed for 8 years. Interview revealed "...I 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 he would find the nurse, and he did.</p> <p>5. Closed medical record review on 11/14/2023 revealed Patient #27, a 66-year-old female who arrived at the emergency department (ED) on 07/04/2022 at 0025 by private vehicle with abdominal pain, nausea, and vomiting. Patient #27 was triaged at 0025 by RN #38 with a pain score of 10 (1 least pain and 10 being the most pain). At 0028 Nurse Practitioner (NP) #39 wrote orders for an IV (intravenous) of Normal Saline to be started and Ondansetron (medication for nausea) 4 milligrams (mg) IV to be given. Record review did not reveal physician orders for IV and medications were implemented for Patient #27 while in the ED waiting room (6 hours and 3 min). Patient #27 was seen by MD #26 at 0656 and orders were placed for ondansetron 4 mg, and Dilaudid (narcotic pain medication) 0.5 mg for pain. At 0739 Patient #27 had an IV started of NS (7 hours and 11 minutes after ordered), and medications for pain (7 hours and 14 minutes after identified pain level of 10, and 43 minutes after pain medication ordered) and nausea (7 hours and 11 minutes after original order) were</p>	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 220</p> <p>administered by RN #40. At 0742 vital signs were documented as heart rate 85, respirations 16, blood pressure 174/89, oxygen saturation of 93 percent on room air (no temperature), with a pain score of 10/10 by RN #40. At 0755 the CT of Abdomen and Pelvis (6 hours) resulted (7 hours and 27 minutes after ordered) positive for a small bowel obstruction.</p> <p>Interview on 11/15/2023 at 1350 with ED RN #38 who triaged Patient #27 revealed "...in 2022 no patients were checked on in the ED waiting room, some changes were made, and there are some improvements. It's very possible that this patient waited without any completed. At that time there was one nurse in the waiting room to triage patients. There was no way to complete orders..." Interview revealed physician orders were not completed in the ED waiting room in 2022.</p> <p>Interview on 11/15/2023 at 1414 with ED MD #26 revealed "...I saw the patient after she was roomed...There is not always a person to get labs and orders done. No staff to do orders. With the new process the goal is for that not to happen, but at night I suspect it does. As far as care in the waiting room, this patient didn't get vital signs, or overall assessments and no meds...things are not happening on a timely basis..." Interview revealed Patient #27 did not get medications as prescribed. Interview revealed hospital policy was not followed for Patient #27.</p> <p>6. Review on 11/16/2023 of "Nursing Management of Wounds and Alterations of Skin" policy revised 11/2021 revealed, "POLICY: Patients are assessed on admission and once every 12-hour shift for alterations in skin integrity</p>	A 405			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	<p>Continued From page 221</p> <p>and/or wounds. SCOPE:...Inpatient, acute care services, critical access hospitals, and other related services. Emergency Department (ED)...DOCUMENTATION: Document wound details: type, bed color, odor, drainage (color and amount), undermining/tunneling, induration, and erythema. Document intervention".</p> <p>Review on 11/16/2023 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...".</p> <p>Closed medical record review on 11/14/23 of Patient #26 revealed a 22-year-old patient that presented to the Emergency Department (ED) via EMS (Emergency Management Services) on 09/01/2022 at 1845 for complaints of abdominal pain, decreased appetite, watery non-bloody diarrhea, and right-calf burn. Review of an ED Note dated 09/01/2022 at 2130 per medical provider indicated: "Assessment/Plan...Burn. I ordered bacitracin and instructed the nurse to apply a Xeroform dressing". Review of Patient #26's closed medical record lacked documentation that an ED nurse assessed and applied bacitracin and a Xeroform dressing to the patient's right-calf burn. Review revealed the patient was transferred to inpatient room #566 A5-West on 09/03/2022 at 1357. Review revealed a nursing wound consultation was completed on 09/04/2022 at 1024. Review of Inpatient Wound/Ostomy Documentation Note dated 09/04/2022 at 1024 indicated: "Wound care</p>	A 405			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 405	Continued From page 222 consult received for calf burn...wound is pink, red wound bed, superficial. Communicated with RN (Registered Nurse) that wound team will not be able to prioritize this patient today. Would recommend provider place order for bacitracin to be applied generously, cover with xeroform gauze, then dry gauze and gauze roll, daily. Will only follow if wound worsend with appropriate treatment-please reconsult if this occurs". Review of a physician's order dated 09/04/2022 at 2100 indicated: "Bactroban topical 2% cream to be applied three times daily at 0900, 1500, and 2100 for 7 days to right-calf wound". Review revealed a lack of documentation related to the application of the aforementioned wound treatment per nursing. Review of the patient's closed medical record lacked nursing documentation related to the assessment and treatment of the patient's right calf wound from presentation in the ED on 09/01/2022 through discharge on 09/07/2022.	A 405			
A 449	CONTENT OF RECORD CFR(s): 482.24(c) The medical record must contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services. This STANDARD is not met as evidenced by: Based on review of hospital staff orientation/competency training, medical record review, and staff interviews, hospital staff failed to document baths and/ or linen changes had been performed to meet patient activity of daily living needs in seven (7) of 56 sampled inpatient patient records reviewed (Patient #'s 55, 64, 90, 81, 60, 40, and 26).	A 449	Subject of Deficiency – A 449 Hospital staff failed to document baths and/ or linen changes had been performed to meet patient activity of daily living needs. Plan of Correction: 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). 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		

			<p>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.</p> <ul style="list-style-type: none"> Inpatient RN, LPN and PCT staff (excluding NICU and procedural areas) remedial education on activities of daily living (ADLs) expectations and documentation. <p>Actions:</p> <ul style="list-style-type: none"> Developed daily report to drive compliance with documentation of ADLs. <p>Monitoring for Compliance: The department nursing leader will audit for compliance with hygiene documentation.</p> <ul style="list-style-type: none"> 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) <p>Owner: Chief Nursing Officer/ACNO</p>	
--	--	--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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 449	<p>Continued From page 223</p> <p>The findings included:</p> <p>On 12/08/2023 at 0911 review of hospital documentation titled "Preceptor Guide Patient Care Tech (PCT) Staged Orientation" last updated 04/15/2022 revealed the "Preceptor Guide Provides detailed instructions for what the orientee must do for items to be checked off as 'met.'" Further review revealed the orientation stages ranged from 0 through 2. Stage 1 focused on basic patient care and procedures which included documentation. Stage 2 focused on "Routine Application: Provision of Patient Care" which included "Safely and reliably performs routine daily care for a variety of patient populations" and "Anticipates basic potential patient needs." Review revealed in stage 1 of orientation the orientee was expected to meet the following objectives: "Objective that needs to be Met ...Contributes to a healing environment ...Changes linen as indicated (includes occupied / unoccupied bed changes) ..." The orientee expected to meet "Documents activities / care in the EHR (Electronic Health Record) with preceptor assistance" which included "ADL (Activity of Daily Living)". Stage 2 for routine application included "providing information related to ADLs and other care to patient ...Prepares in advance to answer questions about topics such as ADLs" Review revealed the skills with "(**)" indicated the skills "are essential items to onboarding and should be completed with orientee to successfully prepare them in patient care." Further review revealed the orientee assisted with ADLs which included "Hygiene Care** ...Bed bath, Shower and linen change."</p> <p>On 12/08/2023 at 0911 review of hospital</p>	A 449		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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 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 449	<p>Continued From page 224</p> <p>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."</p> <p>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"</p> <p>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.</p> <p>On 12/05/2023 request made to interview CNA that provided care for Patient #55. On 12/06/2023 at 1115 it was revealed the CNA was not</p>	A 449		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 449	<p>Continued From page 225 available.</p> <p>Interview on 12/06/2023 at 1320 with Nurse Manager (NM) #32 revealed staff were expected to offer baths every twenty-four hours, per patient's request and as needed. Interview revealed staff was expected "to document" performed ADLs.</p> <p>Interview on 12/08/2023 at 1403 with (Certified Nurse Aide) CNA #33 revealed she offered baths every day and as needed. She stated "especially" if the patient was able to take a shower. CNA #33 revealed she charted when the task was done.</p> <p>Interview on 12/08/23 at 1448 with CNA #34 revealed patient baths can be given day or night shift. She revealed she checked the chart at the beginning of her day shift to see the number of patients that needed baths. Interview revealed that CNA #34 documented baths right away once done but if she did not have time, she would write the task down on paper and document the task later.</p> <p>Interview on 12/08/2023 at 0911 with the Director of Clinical Education (DCE) #36 revealed PCT was the same as CNA. She revealed there was not a policy regarding when baths or a change of linen was offered. She revealed that upon hire PCTs were oriented by preceptors which included baths, linen change and documentation once the task was completed. The orientation continued on the assigned unit and a face-to-face with the hospital EMR (Electronic Medical Record) system. DCE #36 stated "the annual competencies may not be the same for each unit because it depends on the needs of that unit."</p>	A 449			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 449	Continued From page 226 2. Closed medical record review on 12/06/2023 for Patient #64 revealed on 08/30/22 at 1547 a 36 year old male arrived in the ED with upper back pain. Review of a progress note dated 08/31/2023 at 1240 by PA #31 revealed per a Radiologist Patient #64 had osteomyelitis to C6-C7 with discitis (inflammation to the disc between the spinal vertebrae - bones). An epidural abscess was present with spinal cord compression that extended from CT to T1 (pressure to the top of the neck-cervical segment to the thoracic segment - chest portion of the spinal cord). A neurosurgery consultation was made for likely urgent surgical intervention. Further review revealed on 08/31/2022 Patient #64 had an emergency "Anterior Cervical Discectomy" spinal surgical procedure. Review of a progress note dated 12/12/2022 at 1419 by an ID (infectious disease) MD revealed Patient #64 remained "profoundly debilitated and with neurologic deficits; he is currently paraplegic but also has upper extremity strength issues." Patient # 64 was assigned to the Pulmonary unit Date: 10/09-15/2022. Review revealed there was no documentation the patient was offered or refused linen changes x 6 days. Patient #64 was assigned to the K-Spine unit, Date: 10/19-26/2022. Review revealed there was no documentation that Patient #64 was provided, offered or refused a bath x 6 days or that Patient #64 was provide, offered or refused a linen change x 5 days for sample week. Patient #64 was assigned to a Med Surg/Telemetry unit, Date: (11/13-19/2022) and (12/25-31/2023) and the patient required total assistance. Review revealed there was no documentation that Patient #64 was provided, offered, or refused baths x 6 days or was provided, offered or refused a linen change x 4 days for the first sample week. Review revealed	A 449		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 449	<p>Continued From page 227</p> <p>there was no documentation that Patient #64 was provided, offered or refused baths x 5 days or was provided, offered or refused linen change x seven days for the second week. Patient #64 was assigned to the Neuro unit, Room A611, Dates: 01/06-31/2023 and 02/19-25/2023. Review revealed there was no documentation that Patient #64 was provided, offered or refused a bath x 23 days or provided, offered or refused linen changes x 5 days for the first sample week. Review revealed there was no documentation that Patient #64 was provided, offered or refused baths x 5 days or provided, offered or refused linen changes for the second sample week.</p> <p>Interview on 12/06/2023 at 1320 with Nurse Manager (NM) #32 revealed staff were expected to offer baths every twenty-four hours, per patient's request and as needed. Interview revealed staff was expected "to document" performed ADLs.</p> <p>Interview on 12/08/2023 at 1403 with (Certified Nurse Aide) CNA #33 revealed she offered baths every day and as needed. She stated "especially" if the patient was able to take a shower. CNA #33 revealed she charted when the task was done.</p> <p>Interview on 12/08/23 at 1448 with CNA #34 revealed patient baths can be given day or night shift. She revealed she checked the chart at the beginning of her day shift to see the number of patients that needed baths. Interview revealed that CNA #34 documented baths right away once done but if she did not have time, she would write the task down on paper and document the task later.</p> <p>Interview on 12/08/2023 at 0911 with the Director</p>	A 449			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 449	<p>Continued From page 228</p> <p>of Clinical Education (DCE) #36 revealed PCT was the same as CNA. She revealed there was not a policy regarding when baths or a change of linen was offered. She revealed that upon hire PCTs were oriented by preceptors which included baths, linen change and documentation once the task was completed. The orientation continued on the assigned unit and a face-to-face with the hospital EMR (Electronic Medical Record) system. DCE #36 stated "the annual competencies may not be the same for each unit because it depends on the needs of that unit."</p> <p>3. Review of closed medical record revealed Patient #90, a 57 year old female arrived to the hospital on 07/05/2022 for a scheduled surgical total hip arthroplasty (total hip surgical replacement) for continued failed treatment for hip osteoarthritis (degeneration of cartilage and the underlying bone). Review of physician post-surgical orders revealed Patient #90 could shower after surgery. Review of documentation of baths revealed Patient #90 did not receive a bath or shower on 07/06/2022, 07/07/2022, 07/08/2022, 07/09/2022, 07/10/2022, and 07/11/2022, a total of 6 days. Patient #90 was discharged on 07/13/2022.</p> <p>Interview on 12/06/2023 at 1320 with Nurse Manager (NM) #32 revealed staff were expected to offer baths every twenty-four hours, per patient's request and as needed. Interview revealed staff were expected "to document" performed ADLs (activities of daily living--baths or showers).</p> <p>4. Closed medical record review revealed Patient #81 was admitted on 09/20/2023 at 1445 with a presenting chief complaint of shortness of breath.</p>	A 449			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 449	<p>Continued From page 229</p> <p>Review of the Nursing Flowsheet, revealed on 09/20/2023 no evidence of assistance with activities of daily living on the Medical Cardiology Stepdown unit when patient arrived onto the unit at 2144. On 09/21/2023 review failed to reveal evidence of a bath offer/decline or linens changed. On 09/22/2023 review failed to reveal evidence of a bath offer/decline or linens changed. On 09/23/2023 review failed to reveal evidence of a bath offer/decline or linens changed. On 09/24/2023, 0700 through 1900 (12 hours), RN #4 provided primary nursing care to Patient #81, which failed to reveal evidence of a bath offer/decline or linens changed. On 09/26/2023 review failed to reveal evidence of a bath offer/decline or linens changed. Patient #81 was discharged on 09/26/2023 at 0759 to the skilled nursing facility.</p> <p>Interview with an RN #82 on 12/05/2023 at 1115 revealed, it was the expectation of the facility staff to document that patients were offered or declined daily hygiene opportunities and linen changes in the medical record every 24 hours.</p> <p>Interview with RN #4 on 12/07/2023 at 0955 revealed, it was the expectation of the facility staff that patients were to be offered and documented daily hygiene opportunities and linen changes in the medical record every 24 hours. Interview revealed it was the Registered Nurse to oversee the completion of the task of bathing opportunities, linens changed as part of activities of daily living.</p> <p>5. Review on 11/28/2023 of the closed medical record for Patient #60 revealed a 63-year-old female that presented to the Emergency Department on 10/31/2022 at 1101 with a chief</p>	A 449			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 449	<p>Continued From page 230</p> <p>complaint of chest pain. Patient #60 was admitted to inpatient services on 10/31/2022 at 1646 and discharged on 11/18/2022 at 1556. Review of the nursing notes from 10/31/2022 through 11/18/2022 revealed that Patient #60 was assisted with a bath on 11/03/2022, refused bath on 11/04/2022 and 11/15/2022, basin wipes bath on 11/16/2022 and performed bath independently on 11/17/2022. Documentation failed to reveal evidence that Patient #60 received a bath on 11/01, 11/02, 11/05, 11/06, 11/07, 11/08, 11/09, 11/10, 11/11, 11/12, 11/13, 11/14 and 11/18/2022 (13 of 18 days with no documented bath).</p> <p>Interview on 12/01/2023 at 0945 with NM #85 and NM #86 revealed the staff were expected to document that patients were offered or refused a daily bath in the medical record every 24 hours.</p> <p>6. Closed medical record review on 11/14/23 for Patient #40 revealed on 3/4/2023 at 1747 an 84 year old male with a history of Alzheimer's presented with increasing weakness and confusion. Patient #40 remained in the Emergency Department (ED) until being admitted from 3/5/23 at 0216 until discharge to a nursing facility on 3/8/23 at 1722. There was no documentation to reflect an offer/decline of a bath during this 4-day time period.</p> <p>Closed medical record review on 11/14/23 for Patient #40 revealed on 4/28/23 at 0226 the 84-year-old male with a history of Alzheimer's was transported to the ED via ambulance after falling at a local pharmacy. Patient #40 was diagnosed with COVID requiring supplemental oxygen then admitted to the facility on 4/29/23 at 0709. Patient #40 remained in the facility until discharge to a nursing facility on 5/9/23 at 1021. There was no</p>	A 449			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 449	<p>Continued From page 231</p> <p>documentation to reflect an offer/decline of a bath for the 11-day admission. During the same 11-day admission, there were no documented linen changes with the exception of "no" being documented on 5/5/23 at 0442 and 2000.</p> <p>Interview with RN #81 on 11/14/23 at 1200 confirmed the expectation for nursing to offer and document bathing and linen changes in the medical record.</p> <p>.</p> <p>7. Review on 11/16/2023 of the "Staffing Responsibilities and Procedure" policy revised 02/10/2015 revealed, "Policy: Mission Hospital will maintain staffing to meet patient care needs on all nursing units...".</p> <p>Closed medical record review on 11/14/23 of Patient #26 revealed a 22-year-old patient presented to the Emergency Department (ED) via EMS (Emergency Management Services) on 09/01/2022 at 1845 for complaints of abdominal pain, decreased appetite, watery non-bloody diarrhea, and right-calf burn. Review revealed the patient was transferred from the ED to unit B3-South (3rd floor holding area) on 09/02/2022 at 1915. Review of closed medical record lacked nursing documentation related to patient assistance with toileting while located on unit B3-South from 09/02/2022 through 09/03/2022. Review revealed the patient was transferred from unit B3-South to unit A5-West room #566 on 09/03/2022 at 1357. Review of closed medical record lacked nursing documentation related to patient assistance with bathing (shower/bath) and hygiene needs from 09/03/2022 through 09/07/2022.</p>	A 449			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 449	Continued From page 232 Interview on 11/14/2023 at 1545 with RN #101 revealed unit B3-South (3rd floor holding area) is currently not being utilized as a patient care unit. RN #98 revealed during Patient #26's hospital admission starting on 09/02/2022, unit B3-South was a "holding unit" for patients between the ED and admission to an inpatient bed. RN #98 revealed patient rooms on the unit did not have bathrooms in the rooms and patients would have to walk to a bathroom located in the hallway. RN #98 revealed nursing staff should have assisted patients with toileting and/or ambulating to the hallway bathroom. Interview on 11/16/2023 at 1130 with PCT #99 (Patient Care Technician) while on tour of unit A5-West indicated that he/she assists patients with ADL's (Activities of Daily Living) such as bathing, toileting, and oral care. PCT #99 stated that patients located in even room numbers are assisted with bathing on the dayshift and patients located in odd room numbers are assisted with bathing on the nightshift. PCT #99 stated the unit is often staffed with 1 PCT for up to 36 patients making it difficult to provide care in a safe and timely manner to all patients. Interview on 11/16/2023 at 1200 with RN #97 (Director) indicated unit A5-West has 36 patient beds which ideally was staffed with 7 RN's, 2 PCT's and 1 unit clerk. RN #97 revealed fully staffing the unit was often a challenge.	A 449			
A 576	LABORATORY SERVICES CFR(s): 482.27 The hospital must maintain, or have available, adequate laboratory services to meet the needs of its patients. The hospital must ensure that all	A 576	Subject of Deficiency – A 576 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.		

			<p>Plan of Correction:</p> <p>Education:</p> <ul style="list-style-type: none">• ED Staff were educated on laboratory Turn Around Time (TAT) collection time goals• Laboratory staff education on new analyzer functionality to increase automation <p>Actions:</p> <ul style="list-style-type: none">• 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 <p>Monitoring for Compliance:</p> <p>Monitoring and tracking of specimens received to verify timeliness per policy/protocol</p> <ul style="list-style-type: none">• 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) <p>Owner: Chief Operating Officer/COO</p> <p>Monitoring and tracking of ED laboratory order to collect times through retrospective chart review</p> <ul style="list-style-type: none">• 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	
--	--	--	--	--

			<ul style="list-style-type: none"> Results reported through Laboratory Services Meeting, ED Steering Committee, Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) <p>Owner: Chief Nursing Officer/ACNO</p>	
--	--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 233</p> <p>laboratory services provided to its patients are performed in a facility certified in accordance with Part 493 of this chapter.</p> <p>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).</p> <p>The findings included:</p> <p>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).</p> <p>Cross refer to §482.27 Laboratory Services Standard: Tag A 0583.</p>	A 576		
A 583	<p>EMERGENCY LABORATORY SERVICES</p> <p>CFR(s): 482.27(a)(1)</p> <p>Emergency laboratory services must be available 24 hours a day.</p> <p>This STANDARD is not met as evidenced by: Based on policy review, medical record review, incident report review, laboratory logs, documents</p>	A 583	<p>Subject of Deficiency – A 583</p> <p>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.</p> <p>Each individual Condition of Participation plan of correction for the cross-referenced tag in this section are outlined below.</p> <p>Plan of Correction:</p> <p>Education:</p> <ul style="list-style-type: none"> • ED Staff were educated on laboratory Turn Around Time (TAT) collection time goals • Laboratory staff education on new analyzer functionality to increase automation 	<p>2/6/24</p> <p>2/16/24</p>

			<p>Actions:</p> <ul style="list-style-type: none"> • Reviewed and implemented phlebotomy staffing needs during surge times in ED 12/2/23 • ED CNC/ED Leadership oversight of lab collection times and escalation via internal communication tool 12/2/23 • Expansion of Laboratory space to improve automation of services to decrease delays in turnaround times 2/6/24 • 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 2/6/24 • Added new analyzer functionality to all analyzers that will increase automation and lower TATs 2/16/24 <p>Monitoring for Compliance:</p> <p>Monitoring and tracking of specimens received to verify timeliness per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Owner: Chief Operating Officer/VP Operations</p> <p>Monitoring and tracking of ED laboratory order to collect times through retrospective chart review</p> <ul style="list-style-type: none"> • 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) <p>Owner: Chief Nursing Officer/ACNO</p>	
--	--	--	---	--

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 583	Continued From page 234 and staff interview, the hospital failed to have available laboratory services to meet the identified turn-around times for STAT (immediate) results for three (3) of 35 patients presenting to the hospital's Emergency Department (ED) (Patient #'s 83, 27, and 2), and failed to ensure timely laboratory results for three (3) of three (3) patients that had lab specimens sent to Hospital A's lab from Hospital B (Patient #'s 11, 93 and 94). The findings included: A. Review on 11/17/2023 of the hospital policy Turn Around Time, last revised 11/17/2021 revealed "...PURPOSE: To provide timely and efficient testing services for routine, critical and high-risk situations. DEFINITIONS: Turn Around Time (TAT): the time elapsed from order placement to result reporting. Categorized as: Pre-analytical Phase: the period between test order entry by the caregiver and specimen receipt in the Laboratory. May be influenced, but not controlled by the Laboratory. Analytical Phase: the period between specimen receipt in the Laboratory and result reporting. Controlled by the Laboratory...STAT: an emergent, potentially life-threatening request. NOW: as soon as possible. Synonymous with ASAP. POLICY: All tests will be performed without delay to maximize specimen quality and integrity. STAT, NOW ... requests will be managed as priority situations. First-in, First-out (FIFO) processes are utilized to facilitate rapid and efficient movement of specimens through the system. Requests are also prioritized based on the following criteria to meet defined turn-around times: ...Response to STAT requests: ...STATS take priority over other specimens and should be managed from time of	A 583			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 583	<p>Continued From page 235</p> <p>receipt until result reporting with no interruption in handling or testing. In general, the maximum TAT for most tests is 45-50 minutes from order receipt. ... Response to NOW/ASAP requests: ...Staff will immediately process the specimen, perform testing, and verify results. Results should be available within (1) one hour from specimen receipt. ... TAT Summary (Inpatient): STAT, Time from ORDER Receipt 45-50 minutes. NOW, Time from SPECIMEN receipt 1 hour. "</p> <p>1. Closed medical record review on 12/06/2023 revealed Patient #83, a 74-year-old female patient who arrived at the emergency department (ED) with dizziness on 11/28/2023 at 1216. The patient had STAT lab work ordered at 1218. Labs were drawn at 1358. Labs arrived at the lab at 1412 and resulted at 1532 (1 hour and 20 minutes after arriving to lab, 3 hours and 14 minutes after ordered). The blood glucose was 1137 (critically high). Lactic acid was ordered NOW at 0127 for nurse collect in the ED. At 0200 a physician wrote there was a delay in labs and fluids so stopped the insulin IV infusion. At 0529 the original lactic acid NOW, order was canceled and reordered as lab collect NOW on the floor. It was collected at 0844 (3 hours and 15 minutes after ordered at 0529) and resulted at 1108 (9 hours and 41 minutes after originally ordered at 0127) with a result of 7.48 critical high. A second lactic acid was reordered at 1108 and resulted at 1256 (1 hr. and 36 after ordered) with a result of 11.96 critically high. A rapid response was called previously at 1158, the patient was intubated at 1247, and ultimately expired on 11/30/2023.</p> <p>Review of Patient Safety Analysis completed by RN #12 on 12/01/2023 at 1917 revealed this Care Event was a "Delay in Care" and the issue was</p>	A 583			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 583	<p>Continued From page 236</p> <p>"Lack of timely response to Order", for Patient #83. A description "A NOW LA (lactic acid) order was placed at 0529. Lab wasn't drawn until 0844, and in lab at 0907. Critical results of lactic acid 7.48 reported at 1108. MD at 1114...Shortly after this (within the hour), the patient took a turn and had to be intubated at bedside and sent to ICU (intensive care unit) ...Solution to Prevent this from Recurring? Promptly follow orders..." This Patient Safety Report was still in process. Review of the report revealed Patient #83 had a delay in lab work.</p> <p>Telephone interview on 12/07/2023 at 1632 with RN #10 who cared for Patient #83 in the Orange Pod revealed "...I work on an inpatient unit and was pulled to the ED that day. It's a revolving door, I don't recall this patient in particular. If I can't get the labs, I would call a phlebotomist after 3 tries to get the labs if I couldn't..." Interview revealed she could not remember why the NOW lactic acid order was not collected. Interview revealed physician orders for Patient #83 were not followed.</p> <p>Interview on 12/08/2023 at 0915 with RN #11 revealed she did remember Patient #83 and worked night shift. "...I did not receive a report on this patient from the ED. You have to look up the medical record number and sometimes the charge nurse gets an alert that the patient is coming and will print the face sheet. I had to piece it together and go through the orders. I reordered the lab work when I saw it was pending. My concern is we have trouble getting in contact with the phlebotomist. That morning they were not logged into to their IMobile device. I called the general lab number, and no one answered. I then contacted my house supervisor,</p>	A 583			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 583	<p>Continued From page 237</p> <p>and he told me 'we don't have another option right now.' I can't recall if she was on a telemetry box or not, I was only with her over an hour..." Interview revealed not being able to reach a phlebotomist during night shift had happened before. Interview revealed RN #11 had called multiple times to reach the lab phlebotomist to draw NOW blood orders without reaching someone. Interview revealed lab Turn Around Time for NOW lab orders was not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1309 with Laboratory Phlebotomist Supervisor #17 revealed "...the phlebotomists do not collect in the ED; we will help if called. All labs ordered in the ED default to "nurse collect". The expectation was for STAT and NOW orders to be from order to collection in 15 minutes and to be resulted in an hour from order..." Interview revealed lab collection for STAT and NOW orders for Patient #83 did not follow hospital policy.</p> <p>Interview on 12/09/2023 at 1159 with Lab Director #18 revealed "...I do know we had a call out that day. The lactic acid was available for the lab tech to see at 1016 but wasn't called to the floor until 1108. I don't know what the delay was. The expectation was to call as soon as the result was available. The expectation for lab collection and processing was to follow the policy guidelines, and for STAT and NOW results to be completed within an hour..." Interview revealed lab collection and processing did not follow hospital policy for Patient #83.</p> <p>2. Closed medical record review revealed Patient #27 arrived in the ED on 07/04/2022 at 0025 with abdominal pain reported as a pain level of 10 of</p>	A 583		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 583	<p>Continued From page 238</p> <p>10. Orders for STAT lab work were placed at 0028. Lab results were completed at 0734 (7 hours and 6 minutes after ordered). The patient was diagnosed with a small bowel obstruction and had surgery that day. The patient had a delay with STAT lab work.</p> <p>Interview on 11/15/2023 at 1350 with ED Registered Nurse (RN) #38 who triaged Patient #27 revealed "... It's very possible that this patient waited without any labs or orders completed. At that time there was one nurse in the waiting room to triage patients. There was no way to complete orders..." Interview revealed physician orders were not completed in the ED waiting room.</p> <p>Interview on 11/15/2023 at 1414 with ED Medical Doctor (MD) #26 revealed "...I saw the patient after she was roomed. ... There is not always a person to get labs and orders done. No staff to do orders. With the new process the goal is for that not to happen, but at night I suspect it does. ... things are not happening on a timely basis. " Interview revealed hospital policy was not followed for Patient #27.</p> <p>3. Review of the medical record, on 11/14/2023, revealed Patient #2 arrived to the hospital on 10/17/2023 at 1753 via EMS. Review of "ED Triage", performed 10/17/2023, at 1900 (1 hour and 7 minutes after arrival) revealed a pre-hospital blood glucose of 459 and an acuity of "3-urgent".</p> <p>Review of the "ER Report" by a Physician Assistant, on 10/17/2023 at 1845, revealed "... 66-year-old male patient presents..... (to the) emergency department today via EMS for chief complaint of chest pain and shortness of breath.</p>	A 583			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 583	<p>Continued From page 239</p> <p>ED record review revealed the following lab tests were ordered in the ED stat at 1841 (48 minutes after Patient #2 arrived): Lactic Acid, CMP (comprehensive metabolic panel), Troponin, D-Dimer, Pro B-Type Natriuretic Peptide (ProBNP) and CBC with Differential. Review of orders revealed the labs were collected as Nurse collects at 1920 (39 minutes after the lab orders). Patient #2 experienced cardiac arrest at 1953, 2 hours after arrival. The CBC resulted at 2002 and the CMP resulted at 2012. The D-Dimer resulted as 824 (high) at 2006. The Pro BNP resulted as 9690 (High - reference range 5-125) at 2023 and the Troponin resulted as 0.460 (High - reference range 0.000-0.034) at 2039 (1 hour 19 minutes after the lab was collected; 1 hour, 58 minutes after it was ordered). The physician was notified. Review revealed the physician was notified 2 hours, 46 minutes after Patient #2 arrived to the ED and 15 minutes after the patient expired). Review revealed delays in ordering, collecting and resulting the labs.</p> <p>Interview on 12/08/2023 at 1309 with Laboratory Phlebotomist Supervisor #17 revealed "...the phlebotomists do not collect in the ED; we will help if called. All labs ordered in the ED default to "nurse collect". The expectation was for STAT and NOW orders to be from order to collection in 15 minutes and to be resulted in an hour from order..."</p> <p>Interview on 12/09/2023 at 1159 with Lab Director #18 revealed "...The expectation for lab collection and processing was to follow the policy guidelines, and for STAT and NOW results to be completed within an hour..."</p> <p>B. Review of policy Microbiology Turn Around</p>	A 583		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 583	<p>Continued From page 240</p> <p>Times, Effective 05/30/2023, revealed "...III. POLICY A. Microbiology services are available 24/7. B. Specimens are received and processed on all 3 shifts. Microbiology Department: Test menu and turnaround time information. 17. Urine Culture a. Negative Culture: i. Non-invasive (i.e. clean catch & indwelling cath): 18-24 hours ii. Invasive: 48 hours b. Positive Culture: 24-48 hours ... "</p> <p>Review on 11/15/2023 of lab work sent to Hospital A from Hospital B as an outpatient lab service for Patient #11 revealed that a urine culture was submitted on 09/14/2023. The positive results were released on 09/19/2023 (four days after the specimen was received in the lab).</p> <p>Review on 11/15/2023 of lab work sent to Hospital A from Hospital B as an outpatient lab service for Patient #94 revealed that a urine culture was submitted on 09/06/2023. The positive results were released on 09/12/2023 (six days after the specimen was received in the lab).</p> <p>Review on 11/15/2023 of lab work sent to Hospital A from Hospital B as an outpatient lab service for Patient #93 revealed that a urine culture was submitted on 09/18/2023. The positive results were released 09/23/2023 (five days after the specimen was received in the lab).</p> <p>Review on 11/16/2023 of a log of all urine cultures processed by the Microbiology section from 09/23/2023 through 09/30/2023 revealed that 14 of 29 cultures, or 48%, were resulted at greater than 48 hours.</p> <p>Review of an email from a Laboratory</p>	A 583			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 583	Continued From page 241 Microbiology Manager on 11/15/2023 at 1121 revealed "...There were delays in getting these finalized due to critical staffing in Microbiology . The decision was made on 09/19/2023 to start sending all of (named Hospital) to (Named outpatient Laboratory Company) since we didn't have the staff to read all cultures. The staff had to prioritize cultures. Outpatients were not looked at on a daily basis. They had to prioritize inpatients and critical specimen types such as blood cultures. However, they did sub the organisms each day to make sure they were viable to do identification and susceptibility testing." Request for interview with the Laboratory Microbiology Manager revealed they were unavailable. Telephone interview on 11/17/2023 at 0959 with the North Carolina Division Director of Laboratory revealed that during September 2023, the hospital microbiology department was experiencing critical staffing problems due to vacancies and staff on medical leave. The Director stated that on 10/02/2023, it was decided to use an outside Laboratory company to handle microbiology cultures. The Director also stated that at the same time, the department focused on staffing, hiring travelers and training on new processes. The Director stated that on November 6th, 2023, the hospital inpatient cultures were returned to in-house processing. The Director stated the Quality dashboards were being created to monitor turnaround times for cultures going forward.	A 583			
A1100	EMERGENCY SERVICES CFR(s): 482.55	A1100	Subject of Deficiency – A 1100 The hospital staff failed to have effective emergency services to meet the needs		

			<p>of patients that presented to the Emergency Department.</p> <p>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.</p> <ul style="list-style-type: none"> • Arrival to triage – implementation of time stamp process to capture accurate arrival times including rapid triage process <ul style="list-style-type: none"> ○ 12/1/23 Education - Staff were 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 Timestamp implementation process - Education for staff regarding process for accurately reflecting patient time of arrival to time of triage ○ 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 <ul style="list-style-type: none"> ○ 12/1/2023 Staff education with attestation ○ 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 	<p>12/1/23</p> <p>12/1/23</p> <p>12/1/23</p> <p>12/1/23</p>
--	--	--	--	---

			<ul style="list-style-type: none"> ○ 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. ● Order to lab draw-30 minutes <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ 12/2/2023 CNO and VP Emergency Services meeting to level set on CNC expectations ● ED tracking board enhancements to include vital signs, telemetry, pain reassessment, and EKG icons <ul style="list-style-type: none"> ○ 12/2/2023 EKG icon education boost ○ 12/21/2023 Stethoscope icon ○ 12/26/2023 Telemetry ● 12/6/2023 Multi-disciplinary team with 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 was in place through the implementation of the front-end redesign). ● 12/6/2023 Multi-disciplinary team with ER staff, facility executives, CSG, patient 	<p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/21/23 12/26/23</p> <p>12/6/23</p> <p>12/6/23</p>
--	--	--	--	---

			<p>access, performance improvement, to develop a process to off-load EMS</p> <ul style="list-style-type: none"> • 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 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 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. <p>Ongoing Actions: Monitoring of patient condition beginning with RN triage, vital signs are obtained by providing qualified personnel for ongoing rounding.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 1/5/2024 direction was given for closed loop communication 	<p>12/12/23</p> <p>12/14/23</p> <p>12/20/23</p> <p>12/29/23</p> <p>1/5/24</p>
--	--	--	--	---

			<p>within 60 minutes of escalated barriers via internal communication tool</p> <ul style="list-style-type: none"> • ED tracking board enhancements to include vital signs, telemetry, pain reassessment, and EKG icons <ul style="list-style-type: none"> ○ 2/1/2024 EHR enhancement of visual cue at 30 minutes to prompt staff to better capture post-medication administration assessments • 1/20/2024 Meeting between Radiology, ED, and Quality Leadership to review ED current processes and opportunities. Applicable actions taken from that meeting include: <ul style="list-style-type: none"> ○ 1/25/2024 Modification of HCG order process to streamline results ○ 1/30/2024 Structured communication to close loop on identified opportunities for improvement ○ 1/30/2024 Standardized process to facilitate patient readiness for CT • 1/22/2024 Regional EMS Coordinator hired for coordination and communication with EMS • 1/26/2024 Process implemented to 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 end re-design <ul style="list-style-type: none"> ○ 1/5/2024 Process in place to evaluate need for additional triage RN during peak hours ○ 1/5/2024 Developed triggers for triage escalation and posted at triage desk ○ 1/5/2024 Assessment/Re-assessment policy review ○ 1/11/2024 Due diligence walk through with ER Operations and IT ○ 1/11/2024 Front-end multidisciplinary team design session ○ 1/12/2024 Assessment/Re-assessment policy approved 	<p>2/1/24</p> <p>1/20/24</p> <p>1/25/24</p> <p>1/30/24</p> <p>1/30/24</p> <p>1/22/24</p> <p>1/30/24</p> <p>1/30/24</p> <p>1/5/24</p> <p>1/5/24</p> <p>1/5/24</p> <p>1/11/24</p> <p>1/11/24</p> <p>1/12/24</p>
--	--	--	---	---

			<p>by CNO and Nursing Operations Council</p> <ul style="list-style-type: none"> ○ 1/12/2024 Staff participated in organization and set-up of Critical Supply Room 1/12/24 ○ 1/12/2024 Walkthrough with BioMed for wall mounted cardiac monitors 1/12/24 ○ 1/13/2024 Mock set-up of room 32 1/13/24 ○ 1/15/2024 Addition of script printer in room 115 1/15/24 ○ 1/15/2024 IT refresh complete 1/15/24 ○ 1/16/2024 MD, Lab operations, IT agreement to new lab order process to expedite results for HCG 1/16/24 ○ 1/16/2024 Capital PO issued for 4 portable cardiac monitors 1/16/24 ○ 1/16/2024 Added additional 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 1/16/24 ○ 1/17-29/2024 Reconfigured front-end area 1/29/24 ○ 1/17/2024 Per staff request, 3 additional vital sign machines provided 1/17/24 ○ 1/17/2024 Front-end multidisciplinary team education and roles and responsibilities review 1/17/24 ○ 1/18/2024 Front-end education of ER providers in January provider meeting by ER Medical Director 1/18/24 ○ 1/23/2024 Standardization of supply carts 1/23/24 ○ 1/18/2024 Confirmed Team Health Leadership participation during 1/30 go-live 1/18/24 ○ 1/18/2024 Standardization and escalation of Pharmacy order verification under the MAR education 1/18/24 ○ 1/18/2024 Worked with pharmacy to standardize medication storage units 1/18/24 ○ 1/18/2024 Added medication refrigerator to the medication 1/18/24
--	--	--	--

			<p>storage unit</p> <ul style="list-style-type: none"> ○ 1/18/2024 Educate staff on defined roles/responsibilities and standard work flow ○ 1/19/2024 Designated location for discharge paperwork and standardized process ○ 1/22/2024 Streamlined laboratory process for COVID, Flu, and RSV to improve timeliness of results ○ 1/23/2024 Confirmed 100% of providers received education on front-end process re-design ○ 1/24/2024 Front-end multidisciplinary team Go/No Go meeting with decision to move forward ○ 1/25/2024 Launch discharge print button to support greater efficiency for the providers to print discharge instructions ○ 1/26/2024 Greet tracker installed in provider area ○ 1/26/2024 Streamlined laboratory process to expedite results for HCG ○ 1/26/2024 6 workstations on wheels (WOW) deployed for provider and CNC documentation efficiency (decreased time from arrival to first clinical order) ○ 1/29/2024 Increased staff efficiency by stocking blood culture bottles in all areas ○ 1/30/2024 Created intake teams to perform MSE, nursing documentation, and implement initial interventions in Internal Processing Area (IPA) ○ 1/30/2024 Deployed 4 portable cardiac monitors <p>Education: Education provided to currently working eligible and targeted 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</p>	<p>1/18/24</p> <p>1/19/24</p> <p>1/22/24</p> <p>1/23/24</p> <p>1/24/24</p> <p>1/25/24</p> <p>1/26/24</p> <p>1/26/24</p> <p>1/26/24</p> <p>1/29/24</p> <p>1/30/24</p> <p>1/30/24</p>
--	--	--	--	---

			<p>(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.</p> <ul style="list-style-type: none"> • 12/2/2023 Education for ED nursing staff regarding process for accurately capturing patient arrival time for both walk in and EMS arrivals • 12/2/2023 Education provided to ED CNCs/ED Leadership regarding timely escalations and departmental oversight • 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 policy/protocol • 12/14/2023 ED nursing staff education with attestation post-opiate medication administration assessment • 12/21/2023 ED nursing staff education regarding telemetry order initiation • 12/21/2023 ED nursing staff education regarding telemetry initiation escalation process • 12/21/2023 Education/resource binder created for ED Central Monitoring Unit (CMU) staff • 12/21/2023 ED nursing and ED CMU staff educated regarding CMU escalation pathway • 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 • 1/18/2024 All ED staff education (all staff) for front-end redesign, order to collect, arrival to triage, arrival to greet, greet to first order • 1/18/2024 Provider education for front-end redesign • 2/2/2024 ED nursing staff Clinical Institute Withdrawal Assessment (CIWA) remedial education provided via shift huddles. 	<p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/14/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>1/15/24</p> <p>1/18/24</p> <p>1/18/24</p> <p>2/2/24</p>
--	--	--	---	--

		<ul style="list-style-type: none"> 2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on regarding ligature risk definition and documentation <p>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:</p> <ul style="list-style-type: none"> 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 CIWA assessments per policy/protocol Realtime escalation of patient safety concerns CT order to exam <p>Sustained Compliance Audits to Ensure POC is Effective: Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)</p> <ul style="list-style-type: none"> 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) <p>Monitoring and tracking of EKG order-to-completion per policy/protocol</p> <ul style="list-style-type: none"> 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 order-to-completion per policy/protocol audits 	<p>2/6/24</p>
--	--	---	---------------

			<p>Denominator = 70 audits/month</p> <ul style="list-style-type: none"> • Results will be reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) <p>Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of pain medication assessment/reassessment per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of CIWA assessments per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team</p> <ul style="list-style-type: none"> • Facilitation of early event identification for timely investigation/action as appropriate • Monitor for trends • Ensures routing of events to appropriate parties for review 	
--	--	--	---	--

			<ul style="list-style-type: none"> • Results reported through Quality Council, Medical Executive Committee (MEC), and Board of Trustees (BOT) <p>Process improvement initiative – Tracking ED CT order-to-exam average time and trending outliers</p> <ul style="list-style-type: none"> • 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) <p>Owner: Chief Nursing Officer/ACNO/VP Emergency Services</p>	
--	--	--	---	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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
A1100	<p>Continued From page 242</p> <p>The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice.</p> <p>This CONDITION is not met as evidenced by: Based on policy review, medical record review, incident report review, Emergency Medical Services (EMS) trip report review, and staff and provider interviews, the hospital staff failed to have effective emergency services to meet the needs of patients that presented to the Emergency Department.</p> <p>The findings included:</p> <p>Emergency Department (ED) nursing staff failed to ensure emergency care and services were provided according to policy and provider orders by failing to accept patient upon arrival to the ED, evaluate, monitor and provide treatment to emergency department patients to prevent delays and/or lack of triage, nursing assessment, and implementation of orders, including lab, telemetry and medication orders for eleven (11) of 35 patient records reviewed (Patient #'s 92, 83, 43, 28, 27, 29, 6, 1, 2, 12 and 26).</p> <p>Cross refer to §482.55 Emergency Services Standard: Tag 1101.</p>	A1100		
A1101	<p>ORGANIZATION AND DIRECTION CFR(s): 482.55(a)</p> <p>Organization and Direction. If emergency services are provided at the hospital --</p> <p>This STANDARD is not met as evidenced by: Based on policy review, medical record review,</p>	A1101	<p>Subject of Deficiency: A 1101</p> <p>Emergency Department (ED) nursing staff failed to ensure emergency care and services were provided according to policy and provider orders by failing to accept patients upon arrival to the ED, evaluate, monitor and provide treatment to emergency department patients to prevent delays and/or lack of triage, nursing assessment, and implementation of orders, including laboratory, telemetry and medication orders.</p>	

DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">340002</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">C 12/09/2023</p>
-------------------------------------	---	--	--

SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE			
HOSPITAL AND ASHEVILLE SURGERY CE	509 BILTMORE AVE ASHEVILLE, NC 28801			
FIX 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
	<p>Continued From page 243</p> <p>incident report review, EMS trip report review, and staff and provider interviews, Emergency Department (ED) nursing staff failed to ensure emergency care and services were provided according to policy and provider orders by failing to accept patients upon arrival to the ED, evaluate, monitor and provide treatment to emergency department patients to prevent delays and/or lack of triage, nursing assessment, and implementation of orders, including lab, telemetry and medication orders for eleven (11) of 35 patient records reviewed (Patient #'s 92, 83, 43, 28, 27, 29, 6, 1, 2, 12 and 26).</p> <p>The findings included:</p> <p>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 assessment including vital signs, pain scale,</p>	A1101	<p>Plan of Correction:</p> <p>Immediate Actions Taken</p> <p>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:</p> <p>Monitoring of patient condition beginning with RN triage, vital signs are obtained by providing qualified personnel for ongoing rounding.</p> <ul style="list-style-type: none"> • Arrival to triage – implementation of time stamp process to capture accurate arrival times including rapid triage process <ul style="list-style-type: none"> ○ 12/1/23 Education - Staff were 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 Timestamp implementation process - Education for staff regarding process for accurately reflecting patient time of arrival to time of triage ○ 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 <ul style="list-style-type: none"> ○ 12/1/2023 Staff education with attestation ○ 12/2/2023 Timely and frequent real-time structured communication regarding review and escalation of outstanding EKG orders 	<p>12/1/23</p> <p>12/1/23</p> <p>12/1/23</p> <p>12/1/23</p>

			<p>involving ED CNC/ED leadership oversight.</p> <ul style="list-style-type: none"> • Post Medication Administration Assessment Completed as indicated <ul style="list-style-type: none"> ○ 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. • Order to lab draw-30 minutes <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ 12/2/2023 CNO and VP Emergency Services meeting to level set on CNC expectations • ED tracking board enhancements to include vital signs, telemetry, pain reassessment, and EKG icons <ul style="list-style-type: none"> ○ 12/2/2023 EKG icon education boost ○ 12/21/2023 Stethoscope icon ○ 12/26/2023 Telemetry • 12/6/2023 Multi-disciplinary team with 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 	<p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/21/23</p> <p>12/26/23 12/6/23</p>
--	--	--	---	---

			<p>was in place through the implementation of the front-end redesign).</p> <ul style="list-style-type: none"> 12/6/2023 Multi-disciplinary team with ER staff, facility executives, CSG, patient access, performance improvement, to develop a process to off-load EMS 12/14/2023 Instituted rapid triage process 12/14/2023 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 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 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. <p>Ongoing Actions: Monitoring of patient condition beginning with RN triage, vital signs are obtained by providing qualified personnel for ongoing rounding.</p> <ul style="list-style-type: none"> Timely and frequent structured real time communication involving ED CNC/ED Leadership oversight to include: safety, patient throughput, pending medications/reassessments/diagnostics 	<p>12/6/23</p> <p>12/14/23</p> <p>12/14/23</p> <p>12/12/23</p> <p>12/14/23</p> <p>12/20/23</p> <p>12/29/23</p>
--	--	--	---	--

			<p>and escalations via internal communication tool.</p> <ul style="list-style-type: none"> ○ 1/5/2024 direction was given 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 <ul style="list-style-type: none"> ○ 2/1/2024 EHR enhancement of visual cue at 30 minutes to prompt staff to better capture post-medication administration assessments • 1/20/2024 Meeting between Radiology, ED, and Quality Leadership to review ED current processes and opportunities. Applicable actions taken from that meeting include: <ul style="list-style-type: none"> ○ 1/25/2024 Modification of HCG order process to streamline results ○ 1/30/2024 Structured communication to close loop on identified opportunities for improvement ○ 1/30/2024 Standardized process to facilitate patient readiness for CT • 1/22/2024 Regional EMS Coordinator hired for coordination and communication with EMS • 1/26/2024 Process implemented to 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 end re-design <ul style="list-style-type: none"> ○ 1/5/2024 Process in place to evaluate need for additional triage RN during peak hours ○ 1/5/2024 Developed triggers for triage escalation and posted at triage desk ○ 1/5/2024 Assessment/Re-assessment policy review ○ 1/11/2024 Due diligence walk through with ER Operations and IT ○ 1/11/2024 Front-end 	<p>1/5/24</p> <p>2/1/24</p> <p>1/20/24</p> <p>1/25/24</p> <p>1/30/24</p> <p>1/30/24</p> <p>1/22/24</p> <p>1/26/24</p> <p>1/30/24</p> <p>1/5/24</p> <p>1/5/24</p> <p>1/5/24</p> <p>1/11/24</p> <p>1/11/24</p>
--	--	--	--	--

			<ul style="list-style-type: none"> multidisciplinary team design session ○ 1/12/2024 Assessment/Re-assessment policy approved by CNO and Nursing Operations Council 1/12/24 ○ 1/12/2024 Staff participated in organization and set-up of Critical Supply Room 1/12/24 ○ 1/12/2024 Walkthrough with BioMed for wall mounted cardiac monitors 1/12/24 ○ 1/13/2024 Mock set-up of room 32 1/13/24 ○ 1/15/2024 Addition of script printer in room 115 1/15/24 ○ 1/15/2024 IT refresh complete 1/15/24 ○ 1/16/2024 MD, Lab operations, IT agreement to new lab order process to expedite results for HCG 1/16/24 ○ 1/16/2024 Capital PO issued for 4 portable cardiac monitors 1/16/24 ○ 1/16/2024 Added additional 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 1/16/24 ○ 1/17-29/2024 Reconfigured front-end area 1/29/24 ○ 1/17/2024 Per staff request, 3 additional vital sign machines provided 1/17/24 ○ 1/17/2024 Front-end multidisciplinary team education and roles and responsibilities review 1/17/24 ○ 1/18/2024 Front-end education of ER providers in January provider meeting by ER Medical Director 1/18/24 ○ 1/23/2024 Standardization of supply carts 1/23/24 ○ 1/18/2024 Confirmed Team Health Leadership participation during 1/30 go-live 1/18/24 ○ 1/18/2024 Standardization and escalation of Pharmacy order verification under the MAR education 1/18/24 ○ 1/18/2024 Worked with 1/18/24
--	--	--	--

			<p>pharmacy to standardize medication storage units</p> <ul style="list-style-type: none"> ○ 1/18/2024 Added medication refrigerator to the medication storage unit ○ 1/18/2024 Educate staff on defined roles/responsibilities and standard work flow ○ 1/19/2024 Designated location for discharge paperwork and standardized process ○ 1/22/2024 Streamlined laboratory process for COVID, Flu, and RSV to improve timeliness of results ○ 1/23/2024 Confirmed 100% of providers received education on front-end process re-design ○ 1/24/2024 Front-end multidisciplinary team Go/No Go meeting with decision to move forward ○ 1/25/2024 Launch discharge print button to support greater efficiency for the providers to print discharge instructions ○ 1/26/2024 Greet tracker installed in provider area ○ 1/26/2024 Streamlined laboratory process to expedite results for HCG ○ 1/26/2024 6 workstations on wheels (WOW) deployed for provider and CNC documentation efficiency (decreased time from arrival to first clinical order) ○ 1/29/2024 Increased staff efficiency by stocking blood culture bottles in all areas ○ 1/30/2024 Created intake teams to perform MSE, nursing documentation, and implement initial interventions in Internal Processing Area (IPA) ○ 1/30/2024 Deployed 4 portable cardiac monitors <p>Education: Education provided to currently working eligible and targeted staff and providers using multiple mechanisms. These mechanisms included email, HealthStream, huddles, 1:1, and/or flyers used by department leaders and with the</p>	<p>1/18/24</p> <p>1/18/24</p> <p>1/19/24</p> <p>1/22/24</p> <p>1/23/24</p> <p>1/24/24</p> <p>1/25/24</p> <p>1/26/24</p> <p>1/26/24</p> <p>1/26/24</p> <p>1/29/24</p> <p>1/30/24</p> <p>1/30/24</p>
--	--	--	--	--

		<p>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 questions.</p> <ul style="list-style-type: none"> • 12/2/2023 Education for ED nursing staff regarding process for accurately capturing patient arrival time for both walk in and EMS arrivals • 12/2/2023 Education provided to ED CNCs/ED Leadership regarding timely escalations and departmental oversight • 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 policy/protocol • 12/14/2023 ED nursing staff education with attestation post-opiate medication administration assessment • 12/21/2023 ED nursing staff education regarding telemetry order initiation • 12/21/2023 ED nursing staff education regarding telemetry initiation escalation process • 12/21/2023 Education/resource binder created for ED Central Monitoring Unit (CMU) staff • 12/21/2023 ED nursing and ED CMU staff educated regarding CMU escalation pathway • 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 • 1/18/2024 All ED staff education (all staff) for front-end redesign, order to collect, arrival to triage, arrival to greet, greet to first order • 1/18/2024 Provider education for front-end redesign 	<p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/2/23</p> <p>12/14/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p> <p>1/15/24</p> <p>1/18/24</p> <p>1/18/24</p>
--	--	---	--

		<ul style="list-style-type: none"> • 2/2/2024 ED nursing staff Clinical Institute Withdrawal Assessment (CIWA) remedial education provided via shift huddles. • 2/6/2024 All ED staff (RNs, PCTs, paramedics, HUCs) education on regarding ligature risk definition and documentation <p>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:</p> <ul style="list-style-type: none"> ○ 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 ○ CIWA assessments per policy/protocol ○ Realtime escalation of patient safety concerns ○ CT order to exam <p>Sustained Compliance Audits to Ensure POC is Effective Monitoring and tracking of arrival-to-triage times per policy/protocol (walk in and EMS)</p> <ul style="list-style-type: none"> • 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) <p>Monitoring and tracking of EKG order-to-completion per policy/protocol</p> <ul style="list-style-type: none"> • Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with 	<p>2/2/24</p> <p>2/6/24</p>
--	--	---	-----------------------------

			<p>quarterly monitoring for subsequent 4 quarters.</p> <ul style="list-style-type: none"> • Numerator = # of compliant EKG order-to-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) <p>Monitoring of new orders for continuous ECG monitoring and timely initiation of monitoring per policy/protocol</p> <p>Goal of 90% compliance with 100% remediation of outliers/deviation from process sustained for 3 months, with quarterly monitoring for subsequent 4 quarters.</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of pain medication assessment/reassessment per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Monitoring of CIWA assessments per policy/protocol</p> <ul style="list-style-type: none"> • 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) <p>Review of facility patient safety concerns by Hospital Leadership and members of the Quality/Patient Safety/Risk team</p> <ul style="list-style-type: none"> • 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

--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 244</p> <p>allergy, history of current complaint, current medications, exposure to infectious disease, and pertinent past medical/surgical history. B. Triage Acuity Level - The Emergency Severity Index (ESI) is a five level emergency department (ED) triage algorithm that provides clinically relevant stratification of patients into five groups from 1 (most urgent) to 5 (least urgent) on the basis of acuity and resource needs. C. Reassessment - A process of periodic re-evaluation of the patient's condition and symptoms prior to and during the initiation of treatment. Reassessment components may include some or all of the following: vital signs, a focused physical assessment, pain assessment, general appearance, and/or responses to interventions and treatments. Reassessment after the medical screening exam are performed by RN's (Registered Nurses) according to acuity or change in patient's condition. D. Vital Signs - Helps nursing personnel determine the stability of patients and acuity of those that are that are presenting with life-threatening situations or who are in high-risk categories. Usually refers to temperature, pulse rate, respiratory rate, and blood pressure. May include pulse oximetry for patients presenting with respiratory and/or hemodynamic compromise, and pain scale for those patients with pain as a component to their presenting complaint...PROCEDURE: ... B. All patients presenting for care will be evaluated by an RN. This RN should complete a brief evaluation of the patient, including immediate compromise to a patient's airway, breathing, or circulation..... H. If there is no bed available, the patient will need to wait in the lobby. While in the lobby, patient reassessment and vital signs should be documented in the health record in accordance with documentation guidelines....."</p>	A1101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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 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 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	A1101		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 246 indicators of vulnerability. E. Reassessment: 1. Reassessment is ongoing and may be triggered by key decision points and at intervals based on the needs of the patients. Additional assessment/reassessment elements and frequency are based upon patient condition or change in condition, diagnosis, and/or patient history, not to exceed four hours. Interventions may warrant more frequent assessments...." 1. Closed medical record review on 12/09/2023 of Patient #92 revealed a 69 year-old male that presented to the emergency department on 11/09/2023 at 1149 via private vehicle with a chief complaint of chest pain. The patient was triaged at 1155 with a chief complaint of "Woken from sleep at 0400 with midsternal chest pain, described as sharp and pressure. No SOB (shortness of breath), arm/jaw/back pain, or diaphoresis (sweating). H/o (history of) colon CA (cancer) with mets (metastasis) to the lung, currently on chemotherapy. ..." Review revealed vital signs of blood pressure (BP) 125/60, pulse (P) 57, temperature (T) 97.4 degrees Fahrenheit, oxygen saturation (O2 Sat) 97% and a pain level reported as 2 (scale 1-10 with 10 the worst). Review revealed a triage level of 2 (level 1 most urgent). Review revealed a Medical Screening Examination by a physician was started in the waiting room area at 1209. Review of the physician's notes recorded the patient's chest pain had been waxing and waning, coming in waves and lasting about five minutes at a time. Review revealed a plan to conduct an ED chest pain work-up including a chest x-ray, EKG and labs including CBC, chemistry, lipase and troponin, and administer a dose of aspirin. Review recorded a differential diagnosis of GERD (gastroesophageal reflux disease), referred	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 247 abdominal pain, musculoskeletal chest pain, ACS (acute coronary syndrome), with lower suspicion for PE (pulmonary embolus) given no tachycardia, hypotension, or evidence of DVT (deep vein thrombosis) on exam. Review revealed the ED physician recommended admission for further chest pain workup based on risk factors. Review of physician's orders revealed labs were ordered at 1218, collected at 1320 and resulted at 1332. Review revealed a troponin result of 0.013 (normal). Review revealed a physician's order placed at 1218 for continuous ECG (telemetry) monitoring in the ED. Review of the ED record revealed no evidence that continuous ECG monitoring was initiated in the ED. A chest x-ray was ordered at 1220 and resulted at 1246 with normal results. An EKG was completed at 1224 which showed sinus rhythm with premature atrial complexes (PACs), with no changes when compared with a prior EKG done in 2022 per the physician's read. A troponin resulted at 1320 as 0.013 (normal) and a baby aspirin was administered as ordered at 1334. A second troponin ordered at 1607 and resulted at 1704 as 0.014 (normal). Review of a second EKG completed at 1628 revealed "Sinus rhythm with premature atrial complexes (PACs). Otherwise normal ECG. When compared with ECG of 09-Nov-2023 12:24, Non-specific change in ST segment in inferior leads. ST elevation now present in Lateral leads." Review recorded the ECG was confirmed by a physician on 11/09/2023 at 1821. Review revealed a physician's order at 1659 for nitroglycerine 0.4 milligrams (mg) sublingual every five minutes times three as needed (prn) chest pain. Record review revealed no nursing assessment/reassessment documented after the patient's triage was recorded at 1155. The patient was administered	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 248 Morphine (narcotic pain medication) 2 milligrams intravenously (IV) at 1703 by a medic for a pain level of 4. There was no reassessment of the patient's pain and no documentation of the patient's condition by a nurse. The patient was moved from the waiting room to a bed in the orange pod (admission holding area of the ED) at 1937. Nitroglycerine 0.4 milligrams sublingual was administered by a nurse times one for a pain level of 10 at 2013. Review revealed no reassessment of the patient's response to the medication intervention and no nursing assessment of the patient's condition was documented. The patient was transported from the ED to a medical surgical floor on 11/09/2023 at 2054. The patient was placed on continuous telemetry at 2111 when he was noted to be in Atrial Fibrillation with Rapid Ventricular Rate (abnormal heart rhythm). Review of the ECG completed at 2110 recorded an "ST elevation consider lateral injury or acute infarct * * * ACUTE MI / STEMI (myocardial infarction or heart attack) * * * ...". Review of a Cardiovascular Consult History and Physical documented on 11/10/2023 at 0020 as an Addendum revealed the patient "... went into AF/RVR (Atrial Fibrillation with Rapid Ventricular Rate) at 2110 hrs this evening with ECG demonstrating evolving high lateral STEMI (I, aVL) which was more pronounced on follow-up ECG at 2210 hrs prompting formal STEMI activation for emergent cardiac catheterization. ..." Review of a Discharge Summary dated 11/13/2023 at 1211 revealed the patient was discharged home on 11/13/2023 with a diagnosis of STEMI (ST elevation myocardial infarction), Coronary Artery Disease, Hypertension, and Atrial Fibrillation with RVR.	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 249</p> <p>Interview on 12/09/2023 at 1210 with ADON #17 revealed Patient #92 was identified as a level 2 triage and should have been assessed every four hours at a minimum, every two hours for a level two and with any change in the patient's condition. Interview revealed the patient developed chest pain and required interventions and no nursing assessments or reassessments were documented in the ED record. Interview revealed continuous telemetry was ordered for the patient at 1218 and telemetry was not placed on the patient in the ED. Interview revealed the telemetry was placed on the patient at 2111 once the patient transferred to the medical floor.</p> <p>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 continuous telemetry. Nursing staff failed to ensure policies and provider orders were implemented.</p> <p>2. Review on 11/17/2023 of the hospital policy Turn Around Time, last revised 11/17/2021 revealed "...PURPOSE: To provide timely and efficient testing services for routine, critical and high-risk situations. DEFINITIONS: Turn Around</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 250</p> <p>Time (TAT): the time elapsed from order placement to result reporting. Categorized as: Pre-analytical Phase: the period between test order entry by the caregiver and specimen receipt in the Laboratory. May be influenced, but not controlled by the Laboratory. Analytical Phase: the period between specimen receipt in the Laboratory and result reporting. Controlled by the Laboratory...STAT: an emergent, potentially life-threatening request. NOW: as soon as possible. Synonymous with ASAP. POLICY: All tests will be performed without delay to maximize specimen quality and integrity. STAT, NOW ... requests will be managed as priority situations. First-in, First-out (FIFO) processes are utilized to facilitate rapid and efficient movement of specimens through the system. Requests are also prioritized based on the following criteria to meet defined turn-around times: ...Response to STAT requests: ...STATS take priority over other specimens and should be managed from time of receipt until result reporting with no interruption in handling or testing. In general, the maximum TAT for most tests is 45-50 minutes from order receipt. ... Response to NOW/ASAP requests: ...Staff will immediately process the specimen, perform testing, and verify results. Results should be available within (1) one hour from specimen receipt. ... TAT Summary (Inpatient): STAT, Time from ORDER Receipt 45-50 minutes. NOW, Time from SPECIMEN receipt 1 hour. "</p> <p>Closed medical record review on 12/06/2023 revealed Patient #83, a 74-year-old female patient who arrived at the emergency department (ED) via emergency medical services (EMS) on 11/28/2023 at 1216 with a chief complaint of dizziness from her doctor's office. Patient #83 was seen by an ED MD #1 on arrival and at 1218</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 251 a comprehensive metabolic panel (CMP) [includes serum glucose] was included in laboratory tests ordered as STAT (an emergent, potentially life-threatening request) with continuous ECG monitoring. At 1259 Patient #83 was placed in Red Pod (for the most acute patients) Hallway Bed-17. At 1309 the first set of vital signs was recorded by RN #2 as temperature 98.7, heart rate 84, respirations 19, blood pressure 225/88, and oxygen saturation of 93 percent on room air. At 1316 RN #3 completed a nursing triage assessment and Patient #83 was given an emergency severity index (ESI) [level 1 as the most urgent and 5 as the least urgent] of 3-urgent. Review of the CMP history revealed the STAT lab was collected at 1358 by RN #3 (1 hour and 40 minutes after the order was placed), the blood specimen arrived 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 1137 (high normal range 120). Review of the Physician's Order on 11/28/2023 at 1626 by ED Nurse Practitioner (NP) #5 revealed a new order for an Insulin (IV medication to reduce serum glucose) IV infusion to be started (54 minutes after the glucose had resulted). At 1709 an Insulin drip was initiated for Patient #83 by the RN #3. At 1739, the Hospitalist NP #6 placed a continuous telemetry monitoring order for 48 hours for Patient #83, with vital signs every 2 hours while in the ED. At 1908 ED MD #14 ordered a Glycosylated Hemoglobin NOW that was collected at 2128 (2 hours after ordered). At 2109 Patient #83 was moved to the ED Holding-Orange Pod-Room-2 awaiting an inpatient bed. At 2329 Hospitalist MD #9 ordered an IV infusion of D51/2 NS with KCL (Dextrose, Normal Saline, and Potassium Chloride Solution).	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 252 On 11/29/2023 at 0127 MD #9 ordered a Lactic Acid (carries oxygen from your blood to other parts of your body) level to be drawn "NOW" for "nurse collect" for Patient #83. At 0153 MD #9 ordered to suspend the insulin IV. An addendum was made to the History and Physical at approximately 0200 by MD #9 which revealed "...Unfortunately patient has been on insulin drip since 5pm without continuous fluid administration or repeat blood work, it is currently 2 am, Nursing staff was previously contacted requesting these, later on did let provider know there was difficulty obtaining blood work as well as delay in obtaining D51/2NS KCL fluid from pharmacy. Given we have no blood work, no fluids, for the safety of the patient will suspend insulin drip at this time, until blood work is back to ensure appropriateness of insulin drip infusion..." 0157 RN #10 documented the IV with D51/2NS KCL as started (2 hours and 27 minutes after ordered). At 0200 Patient #83's Insulin IV was suspended by RN #10. At 0256 Patient #83's Insulin IV was reordered and was resumed (56 minutes after it was stopped). On 11/29/2023 at 0514 Patient #83 was transported to a Stepdown Unit. Review of the ED record revealed no evidence that continuous telemetry monitoring or vital signs every 2 hours were initiated in the ED by a nurse, further the NOW Lactic Acid "nurse collect" order at 0127 was never drawn while the patient was in the ED. On the inpatient floor, at 0529, RN #11 cancelled the 0127 NOW Lactic Acid order "nurse collect" from the ED and reordered the NOW Lactic Acid order "lab collect". The Glycosylated Hemoglobin NOW that was ordered 11/28/2023 at 1908 resulted on 11/29/2023 at 0743 (12 hours and 35 minutes after ordered) with result of 12.3 (normal high range 6.3). At 0844 the Lactic Acid was drawn (3 hours and 15 minutes after it was ordered), was	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 253</p> <p>in the lab for processing at 0907, and resulted at 1108 (5 hours and 39 minutes after ordered) as "7.48" (high normal for lactic acid was 2.1). The computer system automatically reordered an additional Lactic Acid order by default and was collected at 1119 and was in the lab to be processed at 1148. At 1146 RN #12 documented a blood pressure of 141/67 with respirations of 36. At 1158 Rapid Response was called for Patient #83. At 1206 blood pressure was 65/40. At 1213 blood pressure was recorded at 68/40. At 1225 a Levophed (medication used to increase blood pressure) IV infusion was initiated via interosseous to increase her blood pressure. At 1245 the blood pressure was 126/84 at 98 percent oxygen saturation while the patient was being mechanically bagged at the bedside. At 1247 Patient #83 was intubated (mechanical ventilation), at 1250 Patient #83 was transferred to the medical intensive care unit. At 1256 the second Lactic Acid resulted as critically high "11.96". After discussion with the family, Hospitalist MD #16 changed Patient #83 Full Resuscitation status to Limited Resuscitation with no cardiopulmonary resuscitation (CPR). Patient #83 expired on 11/30/2023 at 1337.</p> <p>Review on 12/06/2023 of a Patient Safety Analysis (Incident Report) completed by RN #12 on 12/01/2023 at 1917 revealed this Care Event was a "Delay in Care" and the issue was "Lack of timely response to Order", for Patient #83. A description "A NOW LA (lactic acid) order was placed at 0529. Lab wasn't drawn until 0844, and in lab at 0907. Critical results of lactic acid 7.48 reported at 1108. MD at 1114...Shortly after this (within the hour), the patient took a turn and had to be intubated at bedside and sent to ICU (intensive care unit) ...Solution to Prevent this</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 254</p> <p>from Recurring? Promptly follow orders..." This Patient Safety Report was still in process. Review of the report revealed Patient #83 had a delay in lab work.</p> <p>Request to interview MD #9 revealed she was unavailable for interview.</p> <p>Request to interview MD #16 revealed he was unavailable for interview.</p> <p>Telephone interview on 12/07/2023 at 1632 with RN #10 who cared for Patient #83 in the Orange Pod (location in the ED for pending admissions) revealed "...I work on an inpatient unit and was pulled to the ED that day. It's a revolving door, I don't recall this patient in particular. If I can't get the labs, I would call a phlebotomist after 3 tries to get the labs if I couldn't..." Interview revealed she could not remember why the NOW lactic acid order was not collected. Interview revealed physician orders for Patient #83 were not followed.</p> <p>Interview on 12/08/2023 at 0915 with RN #11 revealed she did remember Patient #83 and worked night shift. "...I did not receive a report on this patient from the ED. You have to look up the medical record number and sometimes the charge nurse gets an alert that the patient is coming and will print the face sheet. I had to piece it together and go through the orders. I reordered the lab work when I saw it was pending. My concern is we have had trouble getting in contact with the phlebotomist. That morning they were not logged into to their imobile device. I called the general lab number, and no one answered. I then contacted my house supervisor, and he told me 'we don't have another</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 255</p> <p>option right now.' I can't recall if she was on a telemetry box or not, I was only with her over an hour..." Interview revealed not being able to reach a phlebotomist during night shift had happened before. Interview revealed RN #11 had called multiple times to reach the lab phlebotomist to draw NOW blood orders without reaching someone. Interview revealed lab Turn Around Time for NOW lab orders was not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1309 with Laboratory Phlebotomist Supervisor #17 revealed "...the phlebotomists do not collect in the ED; we will help if called. All labs ordered in the ED default to "nurse collect". The expectation was for STAT and NOW orders to be from order to collection in 15 minutes and to be resulted in an hour from order..." Interview revealed lab collection for STAT and NOW orders for Patient #83 did not follow hospital policy for lab turnaround times.</p> <p>Interview on 12/08/2023 at 1414 with NP #6 revealed her expectation for Patient #83, was for her to have continuous ECG monitoring and vital signs every 2 hours while in the ED. Interview revealed physician orders were not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1425 with RN #3 who cared for Patient #83 in the Hallway Bed 17 on 11/28/2023 revealed "...I remember her. It was an extremely busy day...she was a hard stick; I used an ultrasound to start her IV. The problem with hallway beds is they have no dedicated monitor. She had a monitor and vital signs ordered. I strongly advocated for her to get moved into a bed with the CNC (clinical nurse coordinator), and it didn't happen. She didn't think it was a big deal.</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 256</p> <p>We don't have the capability to link the patient to a monitor in a hallway bed. She wasn't on a monitor; I spent the afternoon telling the CNC and MD. The doctors don't have any say, it's up to the CNC where patients are roomed. I sat behind her all day, ...I was extremely frustrated..." Interview revealed Patient #83 was not placed on continuous ECG monitoring, nor were vital signs monitored every 2 hours. Interview revealed physician orders were not followed for Patient #83.</p> <p>Interview on 12/08/2023 at 1230 with Nursing Vice President of ED Services, RN #20 revealed she could not explain the lack of telemetry monitoring or vital signs for Patient #83 while in the ED. Interview revealed the ED nurse should elevate to the ED Charge Nurse for the need to continuously monitor a patient in a hallway bed if one was not available. Further interview revealed the ED Provider and ED Nurse were responsible for monitoring lab results via electronic medical record in the ED. Interview revealed hospital policy was not followed for Patient #83.</p> <p>Interview on 12/09/2023 at 1159 with Lab Director #18 revealed "...I do know we had a call out that day. The lactic acid was available for the lab tech to see at 1016 but wasn't called to the floor until 1108. I don't know what the delay was. The expectation was to call as soon as the result was available. The expectation for lab collection and processing was to follow the policy guidelines, and for STAT and NOW results to be completed within an hour..." Interview revealed lab collection and processing did not follow hospital policy for Patient #83.</p> <p>Patient #83 was presented to the ED with</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 257 dizziness on 11/28/2023 at 1216. The patient had STAT (immediate) lab work ordered at 1218 with continuous ECG monitoring. Labs were drawn at 1358 (1 hour and 40 minutes after ordered). Labs arrived at the lab at 1412 and resulted at 1532 (3 hours and 14 minutes after ordered). The blood glucose was 1137 (critically high). Insulin IV infusion was 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 hours were never initiated in the ED. At 2349 an IV infusion of D51/2 KCL was ordered that was not completed until 0157 (2 hours. and 8 minutes after ordered). Lactic acid was ordered NOW at 0127 for nurse collect in the ED. At 0200 a physician wrote there was a delay in labs and fluids so stopped the insulin IV infusion. The lactic acid was not collected in the ED. At 0529 the original lactic acid NOW, order was cancelled and reordered as lab collect NOW on the floor. It was collected at 0844 (3 hours and 15 minutes after ordered at 0529) and resulted at 1108 (9 hours and 41 minutes after originally ordered at 0127) with a result of 7.48 critical high. A second lactic acid was reordered at 1108 and resulted at 1256 (1 hr. and 36 minutes after ordered) with a result of 11.96 critically high. A rapid response was called previously at 1158, the patient was intubated at 1247, and ultimately expired on 11/30/2023. 3. Review of the CIWA (Clinical Institute Withdrawal Assessment for Alcohol) /Alcohol Withdrawal Plan, effective date 07/20/2022 revealed "...Monitoring Phase ...Now ONCE, when plan is initiated with goal CIWA < (less than) 15..." The CIWA/Alcohol Withdrawal Plan	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 258</p> <p>Reference Information included 10 questions, questions 1-9 can score between 0 and 7 points each question, question 10, can score 0 to 4 points, depending on severity of symptoms for each question. Score range 0-68. Questions with observations: 1. Nausea/Vomiting? 2. Paroxysmal sweats? 3. Agitation? Headache, fullness in head? 5. Anxiety? 6. Tremor? 7. Visual disturbances? 8. Tactile disturbances? 9. Auditory disturbances? 10. Orientation and clouding of sensorium -Ask what day it is? "...CIWA Management Communication If CIWA > 15 for four consecutive hours, contact provider to initiate Severe Withdrawal Phase and/or to consider transfer to higher level of care..."</p> <p>Closed medical record review on 11/16/2023 revealed 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, and right-side tingling for several week. Drinks 12 beers a day...." At 1603 triage by Registered Nurse (RN) #21 with vital signs: temperature 98.5, heart rate 97, respirations 18, blood pressure 141/89, oxygen saturation of 96 percent on room air, and pain of 4/10 (1 being least pain, and 10 being most pain) and was assigned an emergency severity index [ESI] (level 1 as the most urgent and 5 as the least urgent) of 2. Patient #43 was then moved to the ED waiting room IPA (Internal Processing Area) area and was seen by Nurse Practitioner (NP) #22. At 1650 initial labs, ekg, and chest Xray were completed, and Patient #43 was assigned to ED Medical Doctor (MD) #23. Review of the ER Physician Note from 08/14/2023 at 1727 by MD #23 revealed a review of lab, ekg and chest Xray results from 08/14/2023 did not show any critical</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 259 results. At 1732 MD #23 ordered a GI cocktail (oral combination of medications given for 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 [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 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	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 260 after 1851 for Patient #43 while in the ED waiting room. On 08/15/2023 at 0057 Patient #43 was moved to the Red Pod (ED area for the most acute patients) room 11. At 0105 MD #25 ordered Patient #43 to have Ativan 4mg IV STAT and was given at 0106 by RN #27. Review of the ER Report Note on 08/15/2023 at 0107 by MD #26 revealed "...I became involved in the patient's care after he apparently left the waiting room where he was awaiting admission and then had a seizure and struck his head on the sidewalk outside of the ER (emergency room) entrance. On my evaluation, the patient seems postictal (the period following a seizure, disorienting symptoms, confusion, and drowsiness), he is not actively seizing. He does have a history of heavy alcohol use, drinks about 12 beers a daily. He has been in the emergency department waiting room for 9 hours and has not received any Ativan or Phenobarbital. I suspect that he seized due to alcohol withdrawal. Will obtain head CT (cat scan) given the patient did strike his head, he also has a small laceration that will require repair..." Record review revealed the ED waiting room orders for IV fluids NOW on 08/14/2023 at 1841 to 08/15/2023 at 0106 (5 hrs. and 25 min), Ativan IV NOW ordered on 08/14/2023 at 1947 to administered on 08/15/2023 at 0106 (5 hours 19 min), and Phenobarbital STAT ordered on 08/14/2023 at 2305 to administered on 08/15/2023 at 0150 (2 hours and 45 min) for Patient #43 were delayed and no CIWA score/assessment was completed until 08/15/2023 at 0437 (9 hours and 56 minutes after ordered). No CIWA score/assessment was documented before the patient had a seizure event with sustained head injury. There was no nursing reassessment, or nursing care after 08/14/2023 at 1851 by RN #22 until 08/15/2023 at	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 261</p> <p>0057 (6 hours and 1 minute). Patient #43 was admitted to an inpatient room on 08/15/2023 at 0334 from the ED. Patient #43 was discharged home on 08/17/2023.</p> <p>Review of the Patient Care Analysis (Incident) report submitted by MD #25 on 08/15/2023 at 0443 revealed the date of event was 08/15/2023 at 0000. Brief description revealed "...patient was in waiting room for 9 hours, did not receive any medications for alcohol withdrawal, then had a seizure and sustained a head injury..."</p> <p>Investigator #28 Notes revealed: We continue to work through ways to provide care to patients in the waiting room during peak times of surge and limited staffing..." Further comments were reviewed by the hospital Pharmacy, dated 11/17/2023 (3 months after the event) that revealed "...Suggest education to send out of CIWA precautions...Nurse could have clarified with provider about the CIWA order and administered medication..." Level of Harm was documented as "Harm-required intervention" and Primary Action to Prevent Recurrence: "Increase in Staffing/Decrease in Workload."</p> <p>MD #23 declined to be interviewed.</p> <p>Interview on 11/15/2023 at 1414 with MD #26 revealed "...With the current process it's still difficult to treat patients in the ED waiting room. The goal was for delays in care to not happen, but especially at night it occurs. I have concerns with delays in patient care. The patient was better off in a more clinical area where they can be monitored ..." Interview revealed MD #26 had concerns for patient safety in the ED waiting room due to delays in patient monitoring.</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 262</p> <p>Interview on 11/15/2023 at 1615 with NP #36 revealed "...it does happen occasionally that orders in the ED waiting room are on hold until the patient can be roomed. I do have concerns about it. The new waiting room flow is not better..." Interview revealed NP #36 had concerns provider orders were not completed timely in the ED waiting room.</p> <p>Interview on 11/16/2023 with ED IPA Day RN #22 revealed she did not remember Patient #43. Interview revealed "...best practice was to go back to see if patients' meds (medication) were helpful. I must have left before I was able to put in a reassessment...I work IPA and the waiting room. There are multiple nurses and nurse techs (technicians) who get vital signs in the lobby and the techs notify us if abnormal. We escalate patient concerns with the charge nurse and the doctors do the same..." Interview revealed RN #22 cared for Patient #43 until 1900 and did not remember doing a reassessment after medication administration.</p> <p>Interview on 11/28/2023 at 1639 with ED IPA Night RN #28 revealed she did not remember Patient #43. Interview revealed "NOW orders in the IPA area go by priority and ESI, we are not always able to do them. The CNC (clinical nurse coordinator) should be informed...If you are the only IPA nurse and the doctor says 'this has to happen now' then it's the next on my list. There was no protocol for who was actually assigned patients in the waiting room. Reassessments for ED patients who are waiting in the lobby would fall under the IPA nurse tasks but they are doing other patient's needs and medications as well. There were only two ways to know if additional orders are placed on a patient after IPA, the</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 263</p> <p>doctor tells you, or on the tracking board, you might see "repeat troponin", the CNC was supposed to help with that. If I gave controlled medication in the waiting room, I am responsible for the reassessment. If we are caught up it is a part of our duties to reassess..." Interview revealed patients in the ED waiting room are not assigned a nurse for reassessment and monitoring. Interview revealed hospital policy for reassessment in the ED was not followed for Patient #43.</p> <p>Interview on 12/01/2023 at 1130 with ED IPA RN #35 revealed "...The IPA nurse continues to be responsible for patients in the waiting room, after initial orders were completed..." Interview revealed the IPA nurse should continue to reassess patients in the ED waiting room. Interview revealed hospital policy for reassessment was not followed for Patient #43.</p> <p>Interview on 12/08/2023 at 1230 with Nursing VP of ED Services, VPED #20 revealed she could not explain the lack of monitoring or completion of provider orders in the ED waiting room. Interview revealed any new outstanding provider orders for patients in the ED waiting room would be elevated to the CNC. Further there was a WebEx huddle (meeting virtually for many hospital departments to discuss and prioritize patient needs) held every 2 hours and any outstanding provider orders would be delegated to be completed. Interview revealed RN #20 could not explain why Patient #43's reassessments and providers orders had not been completed.</p> <p>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,</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 264</p> <p>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.</p> <p>4. Closed medical record review on 11/14/2023 revealed Patient #28, a 48-year-old male patient who arrived at the emergency department (ED) by emergency medical services (EMS) on 07/05/2022 at 0947 with headache x 2 weeks, altered mental status, fall, and was combative. He was triaged at 0950 by RN #57 with vital signs temperature 97.8, pulse 79, respirations 24, blood pressure 175/86, oxygen saturation of 94 percent on room air, a pain scale of 0 and an emergency severity index (ESI) of 1-Resuscitation. At 0955 Medical Doctor (MD) #59 initiated orders for EKG, lab work, chest Xray and CT (cat scan) of the head. At 1005 Haldol (given to treat severe behavior) 10 mg Intravenous was ordered by MD</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 265 #59 and given due to combativeness. Review of the ER Note by MD #59 dated 07/05/2023 at 1002 revealed ".....history unable to be obtained from the patient. he was combative with EMS requiring 5 mg (milligrams) of Versed (given for sedation) given IV. He is only slightly sedated right now,... pulling at lines, not answering questions, and not following commands. " At 1005 the complete blood count resulted with a white blood cell count of critical high- 32.4 (normal high 11). At 1029 Normal Saline 1 liter IV bolus was given and Rocephin (antibiotic) 1 gram IV was administered. At 1045 vital signs were pulse 78, blood pressure 226/107, oxygen saturation 98 percent on room air. At 1050 Patient #28 was intubated (mechanical ventilation) with standard IV sedation protocols. At 1054 vital signs pulse 76, blood pressure 211/91, and ventilated at 98 percent oxygen saturation. At 1236-1311 Patient #28 went into ventricular tachycardia (lethal heart rhythm) and was coded (resuscitated by staff), defibrillated, and had a central line placed. At 1322 a lumbar puncture was completed by MD #59 and a meningitis panel was ordered. At 1322 the cerebrospinal fluid (CSF) white blood count (WBC) resulted high at 94000 (normal high range 5 WBC's per mm3 [million cubic meters]. At 1324 more antibiotics were given IV. Review of the ER Report Reexamination/Reevaluation (not timed) by MD #59 revealed ". the patient ultimately did require intubation for sedation and airway protection, his mental status continued to worsen despite Haldol and Versed.. The Head CT was negative. Once back from CT the patient became profoundly hypotensive and at 1 point lost pulses requiring CPR, total time roughly 5 to 10 minutes. We have been running norepinephrine (given to sustain blood pressure)	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 266 through this...ICU (intensive care unit) has been consulted. Family additionally has been updated..." At 1409 Pulmonologist/ICU MD #60 ordered Levophed (used to treat life-threatening low blood pressure) 4mg/ in 250 milliliters (ml) to titrate to 30 micrograms (mcg)/per minute and was initiated by RN #56 at 1514 (1 hour and 5 minutes after ordered), and at 1655 this drip rate was adjusted to 20mcg/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 revealed at 1801 RN #68 initiated a bag of Levophed at 30 mcg/min for Patient #28. At 1803 a code was initiated, and Patient #28 was in asystole (no heart rhythm). The code ended at 1807 with the return of blood pressure. At 1814 blood pressure was 249/118 with a pulse of 145. At 1816 an addendum to the ER Report by MD #62 revealed "...At 1803 I was called to the patient's room, who had gone asystole. I was notified of the patient's diagnosis of meningitis and hypotension. CPR was in progress on my arrival...I was notified that the patient's Levophed had run dry, and that the patient had been hypotensive (low blood pressure) sometime before coding...Shortly after the epi (epinephrine-used to return pulse) and bicarb (bicarbonate improves outcomes in cardiac arrest), (1807) we had return of pulses. Patient's blood pressure high. ICU attending entered shortly after the code finished." At 1940 Patient #28 was transferred to the medical ICU for admission. Patient #28 continued to decline and showed no signs of improvement. Review of the Discharge Summary date 07/15/2022 at 1525 by Doctor of Osteopathic Medicine, DO #63 revealed "...There was no change in neurology exam, and it was explained to the family that there were no	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 267 signs of meaningful improvement. At this time the family changed its code status to DNR (do not resuscitate) ...at this time the family was amenable...for organ procurement. He was brought to the OR (operating room) this morning where he was extubated (removal of mechanical ventilation), and time of death was 1040. On 07/15/2022 at 0931 Patient #28 had his kidneys harvested and was pronounced dead at 1040. Review on 11/28/2023 of the Patient Safety (Incident) Report for Patient #28 revealed it was reported by: (named RN #57) on 07/05/2022 at 1930. Event #: 6858. Event time was 07/05/2022 at 1803 with brief description "...assigned 5 patients, pt. (patient) coded due to unsafe staffing ratio...additional comments ...NUS (nursing unit supervisor RN #74) and Director (named, RN #75) notified of unsafe assignment at approx. 1730. RN (named RN #56) responded to assigned Trauma Alert which arrived at 1748. Pt. coded at 1803, 1 round of CPR, epi, sodium bicarb, ROSC (return of spontaneous circulation). Pt's levophed emptied due to unsafe staffing assingment [sic]which was reported to NUS and Director prior to event..." Review on 07/06/2022 by Investigator and Director of ED Services (named RN #76) revealed one of the ED managers had spoken to Patient #28's family member. The family was upset because they had "...asked for help at the doorway of the patient's room when she noted alarms going off in the room. A PA (PA#77) was at the nurse's station from a different service line that reportedly did not respond to her request..." Further the CNC, RN #74 reported she was only notified RN #56 needed assistance when the patient was coding. Patient #28 did code 2 times during his ER stay and had a length of stay of 9:52 (9 hours and 52	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 268</p> <p>minutes) in the ER. RN #56's patient assignment was broken down by RN #76 in the report as two stable patients awaiting admission to step down units (2), one patient who had been moved to the hallway (1), a new Trauma Alert patient (1), and Patient #28, an ICU patient (1). (RN #56 was assigned and responsible for 5 patients during Patient #28's code/event). RN #76 discussed collateral staff available in the ED to support RN #56. "...Background information: The House was unable to provide staffing support for the admit holds in the ER on this date. There was an ER census of 295 on this date..." On 07/07/2022, Vice President (VP) of ED Services, VPED #48 reviewed this Patient Safety Report. Her investigation revealed there was an additional Patient Safety Report for this same event "...Indicating that the ER Director was informed of an alleged unsafe patient assignment. This notification to the Director was not substantiated..." Additionally, VPED #48 agreed RN #56's assignment was safe due to collateral staffing in the ED. And did mention Patient #28's family had voiced concerns who did not respond to their request for help for alarms in the room with (named, PA #77). The Primary Contributing Factor was "Human Factors/Staff Factors...Competing priorities...Level of Harm Harm-intervention to sustain life..." In summary, Patient #28's levophed IV infusion sustaining his blood pressure was allowed to run dry, his blood pressure dropped, he was coded for 7 minutes until the infusion was reinstated. RN #56 had a patient assignment of 5 patients.</p> <p>Review on 11/28/2023 of the Patient Safety Analysis report, Event #6856, referencing Patient #28 dated 07/05/2022 at 1843 by ED Clinical Pharmacist, ED RPH #78 revealed the event date</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 269 was 07/05/2022 at 1800 with a brief description of "...Patient required CPR (cardio-pulmonary resuscitation) due to levophed running dry while RN was attending to other patients (RN had 5 pts), including two traumas and this ICU patient...additional comments...making this report on behalf of (named RN #56) as he does not have time to make report. (Named) had 5 patients: the patient from this report (named) intubated, ICU), a trauma alert, a trauma transfer-a comfort care patient in the hall, and two other admitted patients. While he was in one of the traumas, this patient's norepinephrine infusion ran dry-the patient became hypotensive. The family of the patient was monitoring the BP (blood pressure) and tried to get help from a non-ER provider who was sitting at a computer outside the room and this provider told the family that he could not help them because it was not his patient. Family is irate about this. A few minutes later, another RN came into the room and was able to switch out the levophed, but by this point the pt's SBP (systolic blood pressure) was in the 30's. He then became aystolic and required a round of CPR. (Named RN #56) alerted the ER NUS throughout the day that his assignment was unsafe. This patient coding was a direct result of an unsafe and unreasonable assignment..." This Report was investigated by ED Director, RN #76 on 07/06/2022 without any new findings from previous Event #6858. Additionally, on 07/21/2022 Doctor of Pharmacy, PharmD #79 added investigator notes to this report. The leading description of harm cited by PharmD #79 was "Human Factors/Staff Factors...Level of Harm...Harm-intervention to sustain life..." A summary of her report revealed that a bag of levophed was pulled for Patient #28 on 07/05/2022 at 1511 by RN #56 and was	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 270</p> <p>documented on the Medication Administration Record as given on 07/05/2022 at 1514, and per her estimation of the rates of infusion, the bag of levophed "...would have likely run out 1745..." The next bag of levophed was pulled on 07/05/2022 at 1757 by ED RN #68 and was started at 1801 for Patient #28. Review revealed Patient #28's levophed IV infusion was interrupted for 16 minutes; he was coded from 1803 to 1810 before returning to spontaneous circulation.</p> <p>Request to interview ED RN #68 revealed she was not available for interview.</p> <p>Request to interview ED RPH #78 revealed she was unavailable for interview.</p> <p>Request to interview ED Manager RN #75 revealed he was unavailable for interview.</p> <p>Request to interview ED Director, RN #76 revealed she was unavailable for interview.</p> <p>Interview on 11/15/2023 at 1014 with RN #56 revealed he remembered Patient #28 and had worked in the ED for 5 years. Interview revealed "...I had trauma bay 11, and rooms 10, 9, 8 initially. The patient in room 10 was combative, intubated and a danger to himself and was receiving the maximum dose of levophed to keep his blood pressure elevated. I had him around 10 hours of my day. I got a trauma patient, and they were going to assign me another new trauma patient. Around 1730 I went to CNC (named RN #74) to discuss my assignment and the acuity of my already 4 patients, she put my dying trauma patient in the hallway, to make room for the new trauma patient even when I explained I felt my assignment was unsafe. I had already</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 271</p> <p>approached her that morning after 0800 to explain the acuity of my patients. So, then I went to my Nurse Manager (named, RN #75) to discuss my assignment 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 code had been called for my intubated patient. When I arrived in the room (named RN #68), the person who was assisting me while I was caring for the new trauma patient, had already hung a new bag of levophed, and the code was in progress. I was very upset. I voiced my concerns, I talked to the administration, to the ethics and compliance committee and filed a complaint with HR (human resources). I tried to document this the best I could..." Interview revealed RN #56 had gone to the CNC, RN #74 at 0800 and again before new assigned trauma patient to voice his concerns with his high patient acuity assignment. Interview revealed RN #56 was caring for another patient, when the levophed IV infusion ran out, causing Patient #28's blood pressure to drop, and a code was initiated. The interview revealed reassessment and monitoring of Patient #28 did not follow hospital policy. (request for all documents filed by RN #56 administration, ethics committee and HR were not made available during the survey).</p> <p>Interview on 11/16/2023 at 1128 with CNC, RN #74 revealed RN #56 approached her one time, and said, 'I need help'. CNC RN #74 stated she got RN #56 help by calling on the trauma team nurses who support trauma patients in the ED, but were not assigned patients in the ED. Interview revealed "...If we need help, we pull resources..." Further interview with CNC RN #74 revealed "...she had no concerns with nursing reassessments in the ED... that nursing</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 272</p> <p>assignments in the Red Pod (where the most acute patients are assigned) were 1 RN to 4 patients..." The interview revealed CNC #74 added trauma team nurses to assist RN #56 and stated she and the CNC's filled in themselves when needed to support patient care.</p> <p>Interview on 11/15/2023 at 1637 VPED #20 during tour of the ED revealed the Red Pod in the ED was assigned the most acute ED patients. The interview revealed nursing assignments were 1 nurse to 4 patients, and RNs are expected to communicate with the CNC's any concerns or delays with patient care. "...starting in 2023 we have Webex huddles with nursing, providers, and other hospital departments every 2 hours to discuss delays in care and appoint resources where they are needed..." Interview revealed the expectation for reassessment and monitoring patients were for all staff to follow hospital policy. Interview revealed hospital policy for Patient #28 was not followed.</p> <p>Telephone interview on 12/01/2023 at 1209 with Director of the Trauma Team, MD #80 revealed he was aware of the case with Patient #28 and was the Medical Supervisor for PA #77 in 2022 and currently. Interview revealed "...when a Trauma Team member was in the ED it was to care for a specific consulted trauma patient, however a Trauma Team member if clearly evident could assist any patient in a life sustaining emergency..." The interview revealed PA #77 would not be allowed to touch an IV drip or alarming IV pump of a patient they were not consulted on. Interview revealed PA #77 notified a person who could adjust the drip for Patient #28. Further interview revealed he had no concerns with PA #77's patient care, and the Trauma Team</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 273</p> <p>Supervisor, RN #81 had communicated with PA #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's 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.</p> <p>Telephone interview on 12/01/2023 at 1241 with Trauma Team PA #77 revealed he had been employed for 8 years. Interview revealed "...I 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 he would find the nurse, and he did.</p> <p>Patient #28 presented to the ED on 07/05/2022, was critically ill, intubated and diagnosed with bacterial meningitis. The patient developed a low blood pressure and a 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 PAs assigned patient. The patient arrested. A new Levophed bag was hung. The patient and IV were not monitored and</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 274 the bag ran dry with subsequent cardiac arrest. 5. Closed medical record review on 11/14/2023 revealed Patient #27, a 66-year-old female who arrived at the emergency department (ED) on 07/04/2022 at 0025 by private vehicle with abdominal pain, nausea, and vomiting. Patient #27 was triaged at 0025 by RN #38 vital signs: temperature 97.2, respirations 20, heart rate 107, blood pressure 169/93, and oxygen saturation of 94 percent on room air, a pain score of 10 (1 least pain and 10 being the most pain) and was assigned an emergency severity index (ESI) of 3 (urgent). At 0028 Nurse Practitioner (NP) #39 wrote orders for Lipase (a digestive enzyme) STAT, CMP (comprehensive metabolic panel) STAT, Lactic Acid (carries oxygen from your blood to other parts of your body) STAT, CBC (complete blood count) STAT, Urinalysis (Urine test) STAT, and CT (cat scan) of the Abdomen/Pelvis STAT, an IV (intravenous) of Normal Saline to be started and Ondansetron (medication for nausea) 4 milligrams (mg) IV to be given. Record review did not reveal 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 3 min). At 0631 Patient #27 was moved to Red Pod (for highest acuity patients) room 20. Patient #27 was seen by MD #26 at 0656 and orders were placed for ondansetron 4 mg, and Dilaudid (narcotic pain medication) 0.5 mg for pain. At 0734 lab work resulted (7 hours and 6 minutes after ordered). At 0739 Patient #27 had an IV started of NS (7 hours and 11 minutes after ordered), and medications for pain (7 hours and 14 minutes after identified pain level of 10, and 43 minutes after pain medication ordered) and nausea (7 hours and 11 minutes after original	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 275</p> <p>order) were administered by RN #40. At 0742 vital signs were documented as heart rate 85, respirations 16, blood pressure 174/89, oxygen saturation of 93 percent on room air (no temperature), with a pain score of 10/10 by RN #40. At 0755 the CT of Abdomen and Pelvis (6 hours) resulted (7 hours and 27 minutes after ordered) positive for a small bowel obstruction. Review of the ER Note Reevaluation (not timed) by MD #26 revealed Labs were reviewed without critical results, and the CT scan was consistent with a small bowel obstruction. Surgery was consulted for further evaluation and management by MD #26. At 0839 repeat pain assessment was 1/10 by RN 40. On 07/04/2022 at 1316 Hospitalist #41 saw the patient, set for admission. At 1319 Patient #27 had a pain score of 10/10, vital signs heart rate 83, respirations 17, blood pressure 147/96, oxygen saturation of 93 percent on room air, and was given Dilaudid 0.5mg IV for pain relief by RN #40. Review of the Surgical Consult Physician Note by MD #42 dated 07/04/2022 at 1543, Patient #27 was scheduled for a Laparoscopy, Possible Exploratory Laparotomy with Possible Bowel Resection. At 1620 a repeat pain assessment was completed for a pain score of 3/10. At 1600 Patient #27 left the ED for the operating room for surgery. Patient #27 completed surgery without complications and was discharged home on 07/06/2022 at 1136.</p> <p>Request for a Patient Safety Report (Incident Report) revealed there was not one available.</p> <p>Interview on 11/15/2023 at 1350 with ED RN #38 who triaged Patient #27 revealed "...in 2022 no patients were checked on in the ED waiting room, some changes were made, and there are some improvements. It's very possible that this patient</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 276</p> <p>waited without any labs or orders completed. At that time there was one nurse in the waiting room to triage patients. There was no way to complete orders..." Interview revealed nursing reassessments and physician orders were not completed in the ED waiting room in 2022.</p> <p>Interview on 11/17/2023 at 1102 with NP #39 revealed "...the IPA (Internal Processing Area area in the ED waiting room) did not exist then. Now if patients need to move to the back, I tell the CNC (clinical nurse coordinator), we call and we call. I personally have been pulled to do patient reassessments when there was a change in condition. One hundred percent, patients are not safe, orders are not completed, and staffing is a concern. There is one nurse with a line out the door, I can put orders in, but it is not going to get done because of the volume of patients and minimal staff..." Interview revealed NP #39 had current concerns with waiting room patients not getting orders completed in the ED waiting room.</p> <p>Interview on 11/15/2023 at 1414 with ED MD #26 revealed "...I saw the patient after she was roomed..... There is not always a person to get labs and orders done. No staff to do orders. With the new process the goal is for that not to happen, but at night I suspect it does. As far as care in the waiting room, this patient didn't get vital signs, or overall assessments and no meds. things are not happening on a timely basis. " Interview revealed Patient #27 did not get vital signs, assessments, or medications as prescribed. Interview revealed hospital policy was not followed for Patient #27.</p> <p>Patient #27 arrived in the ED on 07/04/2022 at 0025 with a reported pain level of 10 of 10. The</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 277</p> <p>patient had a STAT CT of the abdomen and pelvis ordered at 0027 that was not completed until 0755 (7 hours, 27 minutes later) resulted and signed at 0825. The patient had pain reported as 10 of 10, with nausea and vomiting with vital signs at arrival at 0025 and was medicated with Dilaudid (narcotic pain medication) at 0739 (7 hours and 14 minutes after arrival). 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.</p> <p>6. Closed medical record review on 11/14/2023 revealed Patient #29, a 78-year-old female who presented to the emergency department (ED) via emergency medical services (EMS) on 04/05/2022 at 1451 with complaint of falling at home with a laceration to the right lower extremity. The EMS report dated 04/05/2022 at 1342 revealed the patient had fallen from the toilet at home, was on oxygen 3 liters by nasal cannula "comments: baseline for patient", had an Intravenous (IV) line in her left forearm #20 gauge and had received Normal Saline 700 milliliters. Review of an EMS narrative note revealed "she does have significant bleeding from her right lower leg...bleeding is controlled...the leg is splinted...", was on a ECG (heart monitor) showing a heart rhythm of atrial fibrillation (irregular heart beat) with a pulse of 88. At 1503 a Physician's Assistant (PA) #45 was assigned and a review of his ER Report Note at 1510 revealed "...High suspicion for open fracture to right anterior shin...", with plans to order CT (cat scan) of the head and neck, pain medication, antibiotics, and lab work." PA #45 ordered X-rays/CT at 1508. At 1514 Patient #29 was moved to Red Pod (for most acute patients)</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 278 Hallway Bed 7. At 1517 Patient #29 was triaged by RN #43 "...subjective rapid assessment: fell in the bathroom at home. On Eliquis (blood thinning medication) and a pain score of 0. Open Tib Fib started earlier unseen...Pre-hospital treatments: oxygen, other: 3-liter O2. 20g Left arm...Acuity 5-non-urgent...", an emergency severity index (ESI) was assigned of 5 (Non-Urgent). At 1536 lab work was ordered. At 1537 the CNC (clinical nurse coordinator), RN #44 documented a change in patient ESI to 3-urgent. 1559 lab work had resulted. At 1618 PA #45 ordered Hydromorphone (narcotic pain medication for severe pain) 0.5 mg IV push every 15 minutes duration 3 doses for pain for Patient #29 and Zofran 4mg IV for nausea. At 1630 (one hour and 39 minutes after arrival) vital signs were documented as pulse 88, blood pressure 161/79, oxygen saturation of 90 percent (no oxygen was documented), 1639 respirations of 22, and temperature of 98.4. By 1627 all radiology had resulted, and a review of the ER Report Reexamination/Reevaluation (not timed) by PA #45 revealed "...On my read it appears the patient has a rather significant tib-fib (tibia/fibula) fracture. I do believe this is an open fracture. She has already received Ancef (antibiotic), and I have already spoken to orthopedic surgery. They will come and speak with the patient..." At 1636 Ancef 1 gram IV, a Tetanus (infectious disease that can occur from an unclean wound) booster intramuscular, Hydromorphone 0.5mg IV for a pain score of 10/10 and Zofran 4mg IV were administered by RN #43(no evidence of an oxygen assessment). At 1736 a pain reassessment was charted as 9/10 (no evidence of an oxygen reassessment). At 1748 the Orthopedic Consult and History and Physical was completed by MD #52 with diagnosis of "Open	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 279</p> <p>tibial shaft fracture..." with plan for surgery to repair fracture. Review of the ER Report addendum by PA #45 (not timed) revealed "...Orthopedic surgery agrees this appears to be open fracture and recommends a room for splinting and simple reduction before surgery tomorrow am..." At 1816 Patient #29 was given Dilaudid 0.5mg IV for a pain score of 9/10 by RN #43 (no evidence of oxygen assessment). Review of the Patient Summary Report revealed Patient #29 was moved to room 11 at 1915. Review of an addendum to the ER Report by PA #45 (not timed) revealed "...As I was handing off the patient to ... I was told by nursing staff that the patient was unresponsive. Upon arrival at the bedside, the patient is unresponsive. She does have DNR (no evidence of this in the record). She is moved into room 11 where Dr. (MD #46), my attending physician was kind enough to evaluate the patient and call time of death..." Review of the ER Report 04/05/2022 at 1947 by MD #46 revealed "...78-year-old female past medical history of atrial fibrillation currently anticoagulated on Eliquis. She fell and had an open fracture of the tibia/fibula. Patient has been admitted to the orthopedic service. I was called to the patient's bedside at 7 PM as nursing found her pulseless and apneic (no respiration). After 60 seconds, the patient has no cardiac activity, she is in asystole (no heart rhythm) on the monitor. Her pupils are fixed and dilated. No spontaneous respirations, no cardiac sounds and she is pulseless. Official time of death was called at 709 PM ..." Patient #29 was pronounced dead in the ED on 04/05/2022 at 1909.</p> <p>Review of the Patient Event Record dated 04/06/2022 at 0341 by Nursing/Surgical Services #54 revealed the event was "unexpected death"</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 280</p> <p>date of event "04/05/2022 at 1903" with narrative "...pt came to ER (emergency room) c/o (complaint) fall with fracture. pt placed in the hall bed. pt found unresponsive in hall...House Supervisor (RN #55) notified at 1905...", the description of harm and action to prevent reoccurrence was documented as "monitor trends and patterns". There was no witness to the event per the report.</p> <p>Trauma Nurse, RN #56 as unavailable for interview.</p> <p>Interview on 11/16/2023 at 1204 with ED RN #43 who cared for Patient #29 revealed "...I was checking on the patient, she was responding, her daughter was there. I was charting and could see her. She was full code, her daughter ran over to me and asked me what I was doing, as I was pulling the stretcher away from the wall and replied 'CPR' and the daughter said, 'please don't do that'. The trauma nurse that day, (named RN #56) took the patient to room 11. I reported it to my charge nurse (named RN #57), and I went to report off on my other patients because it was the end of the shift. I didn't see her again...you'll have to go by my charting, I don't remember if she was on oxygen..." A further interview revealed "...I should have charted she expired, that was an error..." The interview revealed RN #43 did not recall if Patient #29 received oxygen in the ED, did not recall if an oxygen reassessment was completed and did not get vital signs or reassess a change in condition. Interview revealed hospital policy for reassessment was not followed for Patient #29.</p> <p>Telephone interview on 11/16/2023 at 1324 with MD #46 revealed she did not recall Patient #29.</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 281</p> <p>Interview revealed "...monitoring of patients in hallway beds are a concern. Ideally every patient in the Red Pod should be on some sort of a monitor with a pulse oximeter. More monitoring is always better..." Interview revealed when MD #46 arrived at the patient's bedside she was in asystole, and she pronounced the patient with daughter at the bedside.</p> <p>Interview on 11/16/2023 at 1747 with CNC, RN #44 revealed "...I do remember she was in a hallway bed, and (named RN #43) said she had passed. I had checked on her. (Named RN #43) told me the daughter came to her and said, 'somethings wrong with my mom'. I don't remember if she had oxygen or was being monitored. I would expect the ED nurse to complete assessments and document them in the chart...Staffing was 4:1 in the Red Pod, If a nurse tells me I'm overwhelmed, I will ask another nurse to assist with patient care..." Interview revealed RN #44 did not know why oxygen reassessments or changes in conditions were not completed for Patient #29. Interview revealed hospital policy for reassessment for a change of condition was not followed for Patient #29.</p> <p>Interview on 11/28/2023 at 1433 with Assistant Director of Nursing, RN #15 to review the internal investigation following Patient #29's death in the ED "...Per the ED Manager (not identified) the patient's family called staff over to the patient because 'she didn't look good'. She was unresponsive and was taken to room 11 to be placed on a cardiac monitor which showed asystole. At 1909 was the time of death pronounced with her daughter at the bedside. Interview revealed this event was reviewed by the Mortality and Morbidity which was comprised of</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 282</p> <p>multiple providers and the MD who had completed the report dated 07/11/2022 the internal investigation of Patient #29's death revealed the patient was under triaged, the door to antibiotics was greater than 1 hour, and needed closer monitoring. (note: this surveyor was not allowed to hold or view documents during this interview.)</p> <p>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% prior to arrival. 1630 pulse oximetry was 90% (1 hour and 39 minutes after arrival) with no evidence of oxygen administration at hospital. Dilaudid 0.5 milligrams (mg) IV was administered at 1630 and at 1816. No vital sign or oxygen assessment on an elderly patient was assessed on the patient with a prior pulse oxygen of 90% after the administration of Dilaudid. The patient was subsequently asystole at 1909 and expired. Patient #29 had one set of vital signs 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 reassess the patient for a change in condition (not breathing).</p> <p>7. Medical Record review, on 12/14/2023, revealed Patient #6 arrived to Hospital B via EMS on 10/03/2023. Review of the Triage Note at 1723 revealed " ...Reason for Visit: Pt (patient) at 2 started having left sided arm and leg muscle weakness and left sided diminished sensation on leg. Facial drooping noted in lower face. No blood thinners and 10 days post partum. What aspect of reason for visit is concerning to patient? : Stroke symptoms. " Review of a MD "ER Report", service date/time 10/03/2023 at 1714,</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 283 revealed " ... History of Present Illness 22-year-old female with a past medical history of vaginal delivery 10 days prior..... who presents to the emergency department with left-sided weakness. Patient states that she felt normal when she went to take a nap at approximately 2 (2:00), when she woke up at 330 (3:30) she noticed that she had weakness on the left side of her face and is developing weakness in the left side of her body. She notes that she was unable to smile fully. States that she has never had any symptoms like this in the past. She notes that last night she had an episode of epigastric pain, but that has gone away since fully. States that the developing left-sided weakness has been ongoing since that time and called EMS for evaluation. Pregnancy was uncomplicatedInitial Vitals T: 98.9 F Oral HR: 65 RR: 20 BP: 170/97 SpO2: 87%.....Medical Decision Making22-year-old female presenting to the emergency department secondary to onset of neurologic deficit with last known normal of approximately 2:00 PM. On exam, I initially had concern for Bell's palsy given her age and demographic info, but on my physical examination I noted appreciable weakness on the left side of the body with regards to motor function. I would not expect Bell's palsy to cause the symptoms, in addition to this she was able to raise both eyebrows equally. Although there can be varying degrees of eyebrow raise or inability to thereof with Bell's palsy, I would not expect the left-sided sensory subjective deficit and motor deficit as noted. Therefore I did initiate a code stroke procedure. This is also complicated by the fact the patient is 10 days postpartum which does place her at an elevated risk for ischemic CVA (stroke). Differential at this point would also include complex migraine,	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 284</p> <p>preeclampsia/eclampsia (serious pregnancy complication characterized by high blood pressure), or complex partial seizure, though she did not report any seizure-like activity Ultimately, the decision was made in concert with the stroke neurologist at (Hospital A) not to provide thrombolytics at this point in time However, patient will require transport to (Hospital A) for further close work-up and likely MRI (Magnetic Resonance Imaging- type of diagnostic testing). Ultimately my concern for eclampsia (serious pregnancy complication) is certainly present given her elevated blood pressure and abnormal neurologic exam. I did order 20 mg of IV labetalol (to treat BP) to be given as a stat dose in addition to 4 mg of magnesium as a bolus with a 2g/h (grams per hour) infusion thereafter. I did reach out to and speak with the OB/GYN on-call..... who agreed with this management plan and possible diagnosis of eclampsia given her blood pressure and symptoms. Patient was transferred to (Hospital A) emergently for further care. Diagnosis/ Disposition Postpartum eclampsia/stroke....."</p> <p>Review of the EMS (Emergency Medical Services) Patient Care Record, dated 10/03/2023, revealed EMS transported Patient #6 from Hospital B to Hospital A. The EMS record indicated they arrived to Hospital A at 1938. Review of the EMS Narrative note revealed "(EMS) on scene at (Hospital B) and was informed of a Red Transport (red is the most urgent transport).....Arrived to find the pt (patient) in room 3, alert to EMS presence and in no obvious distress.....report is as follows:Dx (Diagnosis): HTN (hypertension) crisis, Preeclampsia Stroke HPI (History/Physical): Came in with EMS for L (left) sided drooping and</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 285 weakness and tingling onset. ... 10 days postpartum.... CT Head clear for bleed and clots 'Preeclampsia Stroke' Meds: Mag (Magnesium) 4 g (gram) Bolus with 2 gm/hr infusion, Labetalol 10 mg (milligrams)Vitals: 172/98 Pt states that she feels fine just feels super weak but denies any pain or N/V (Nausea/Vomiting). Due to the importance of medication, (EMS) waited for nurses to retrieve and start a magnesium (Mag) drip before departing. In the meantime, secondary IV access obtained by Paramedic (name) and pt is moved over to the stretcher, placed on all monitoring..... Pt was placed on capnography (carbon dioxide monitoring) noting elevated rate and borderline hypocapnia (decrease in carbon dioxide levels below normal) with normal appearing waveform Once all paperwork is obtained and Mag is started pt is moved out to the truck and transport is initiated to (Hospital A) Emergency. Enroute pt is monitored with no new complaints. .. While waiting on a bed at (Hospital A) pt was monitored with minimal changes to her BP. Repeat neuro checks were completed periodically... Pt began to complain of a mild headache and posterior neck pain similar to how she felt before she delivered. Pt report and care given to RN (Name) bedside Arrived: 19:40Transferred Care 22:24 (2 hours 44 minutes after EMS arrived to the hospital). Review of the EMS Record revealed EMS staff continued to monitor the patient, including ongoing vital signs. An EKG was performed at 2016. An EMS assessment was completed at 2121 which indicated slight yellowing of the skin, right upper quadrant tenderness and left arm and leg weakness along with a facial droop and neck pain. Vital signs continued approximately every 5 minutes, with the last recorded blood pressure 147/90 at 2215.	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 286 Emergency Department record review revealed Patient #6 arrived to Hospital A on 10/03/2023 at 1942. An "ED Triage" performed on 10/03/2023 at 2227 (2 hours 45 minutes after arrival) revealed "...Subjective Rapid Assessment Stated Reason for Visit : Brought by EMs (sic) team from (Hospital B) due to stroke like symptoms, left facial droop and left sided weakness, last known normal was 1400H (hours) and onset of symptoms at 1530H.....ED Full Triage Arrival Mode - ED (Emergent) : EMSPre-Hospital Treatments : IV Access, Other: Magnesium sulfate at 2g/hrArrived From: Hospital..... " Review of vital signs revealed a heart rate of 82, respiratory rate of 18, BP of 168/96, oxygen saturation of 93% on room air and a pain score of 4. Record review revealed an "ED Medical Screen Exam Form.... Entered on 10/03/23 22:23 EDT" which noted ". MSE Comments : tx (Transfer) from (Hospital B) for MRI brain, concern for eclampsia. Appears admit bed is already ordered." Review of the "ER Report", service date/time, 10/03/2023 at 2310, revealed "...Patient presents as a transfer from outside hospital for concern of strokelike symptoms. She presented to (Hospital B) today with left facial droop that she noticed when she woke up from her nap around 3:30 PM. Her last known well was around 2 PM. At (Hospital B), she was noted to have left facial droop as well as some left arm and leg weakness. Stroke consult was called and the patient was seen in concert with telemetry neurologist decision was made against using tPA (breaks down blood clots). She was transferred here for further stroke eval and MRI (magnetic resonance imaging). She was also notably hypertensive at outside hospital with blood pressure 160s systolic. She has also had some	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 287 headaches recently, did have a headache at the time of her delivery. She denies any chest pain or shortness of breath currently.... Physical ExamInitial Vitals HR: 82 RR: 19 BP: 168/96 SpO2: 93% Neurological: Alert and oriented to person, place, time. Patient does have left facial droop with left eyebrow droop as well. Has very mild drift on the left as compared to right. Has difficulty lifting left leg up against gravity Medical Decision Making Differential Diagnosis..... Stroke, eclampsia less likely given no seizures, preeclampsia, Bell's palsy although this is less likely given her symptoms in the left arm and legTreatment and Disposition Patient presents the emergency department with left sided weakness and left facial droop. Chart reviewed from outside hospital as she is a transfer from (Hospital B). Discussed with neurologist who will admit to their service. MRI and MRV (magnetic resonance venography-imaging that focuses on the veins) have been ordered. Patient continues to have left facial droop on exam, does seem to have eyebrow sparing as she is able to lift her left eyebrow. She also does have some very mild pronator drift on the left side as compared to the right as well as difficulty lifting up her left leg Concern remains for stroke. MRI has been ordered and MRV as well as ordered by neurology. I did discuss the case with OB given her hypertension here. I have ordered the magnesium infusion at 2 g/h as well as a 10 mg dose of IV labetalol given her systolic of 168 here. Patient admitted to neurology Diagnosis/Disposition Left-sided facial droop Preeclampsia..... " Record review failed to reveal acceptance and monitoring of Patient #6 by nursing until triage at 2227 (~2 hours 45 minutes after arrival). Record review did not reveal	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 288</p> <p>documentation of a physician evaluation until 2310. Record review revealed the only documented evaluation and monitoring of Patient #6 during the time period from arrival to triage was from EMS staff. Patient #6 was moved from the initial ED room to a holding unit and later to a maternal fetal medicine unit. The patient was discharged home on 10/06/2023.</p> <p>Telephone interview with EMS #63, on 11/14/2023 at 1430, revealed the EMS team was at Hospital B dropping off another patient and were notified of a "red" transfer of a patient who was 10 days postpartum with a hypertensive crisis and preeclampsia or stroke. Interview revealed they were notified that Neurology wanted the patient transferred emergently. Medications were started and the patient immediately transferred. Patient #6, per interview, was still having symptoms and waited at Hospital A for a "2 hour 46 minute wait time on the wall" (location where EMS waits in the ED with patients who are awaiting an available bed). Interview revealed EMS continued to monitor the patient closely as Patient #6 had right upper quadrant pain and was on a Mag Drip. Interview revealed that EMS waiting and patients holding for a bed had been an ongoing issue for 3 ½ years and seemed to be getting worse. Interview revealed the EMS staff member did not feel the patient's care was met in the ED as Patient #6 required neuro checks, vital signs and close monitoring.</p> <p>Interview with RN #64 during observation on 11/13/2023 around 1030 revealed that when EMS arrives with patients and there are no beds available then EMS stays "on the wall" with the patient until a bed is available. They do not hand-off the patient until patients get to an</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 289</p> <p>assigned bed. Physicians may see patients on the wall, but "EMS can only hand-off to a RN." Follow-up telephone interview on 11/15/2023 at 1430 revealed that in relation to patients arriving with EMS, ED nurses do not "triage patients until ...taking ownership of the patient. Interview revealed that if the CNC in the EMS arrival area was to triage the patient, then the RN was "taking ownership of the patient." The RN stated they could not do that as CNC and still meet all the expectations of the role. Interview revealed that in this ED, "EMS is still responsible."</p> <p>Telephone interview on 11/15/2023 at 1410 with DO #65 revealed the DO went to assess Patient #6 when she was in a bed in the ED. Interview revealed the DO signed up for Patient #6 as soon as her name popped up on the ED tracking board. Before that time, the DO was not aware the patient was in the department. Interview revealed that technically the patient was already admitted, having been accepted by neurology, but was an ED to ED transfer. ED physicians still did a full medical screening on transferred patients, the DO stated. Interview revealed Patient #6 was on a Mag infusion and was hypertensive. Interview revealed DO #65 called the accepting Neurologist and also called an Obstetric Resident since the patient was postpartum and hypertensive and there were concerns for preclampsia.</p> <p>Telephone interview with Patient #6's Triage Nurse, RN #66, on 11/17/2023 at 0932, revealed the nurse did not recall Patient #6 or the situation. Interview revealed the EMS team was responsible for any patient they brought in until the patient got a room assignment and was moved to a room in the ED. Once the patient was</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 290</p> <p>in a room, the ED RN triaged the patient and there was a proper hand-off between EMS and the RN.</p> <p>Telephone interview on 11/17/2023 at 1205 with Medical Doctor (MD) #67, the accepting neurologist for Patient #6, revealed they were concerned enough to transfer the patient to Hospital A even though they decided not give thrombolytics. Interview revealed obstetrics was called since the patient recently delivered and Mag was given more often by obstetrics. Interview revealed the time until the patient was triaged was "a long time." Interview revealed the patient should have received frequent vital signs by staff. The MD stated they often do ED to ED transfers. Interview revealed MD #67 thought he saw the patient when she was in an ED room and that the accepting physicians would not know a patient had arrived to the ED until a call was received from the ED that the patient was there. Interview revealed if they had a room the patient would have gone to Neuro. Ultimately, the MD stated, it was determined Patient #6 was hypertensive related to pregnancy and it was better for her to be admitted to obstetrics.</p> <p>Patient #6 arrived to Hospital B with strokelike symptoms at 10 days postpartum. She was accepted for transfer to Hospital A as an ED to ED transfer. Patient #6 arrived to the hospital via EMS on 10/03/2023 at 1942. The patient waited in the ED for a bed and continued to be managed by EMS. No documentation was noted by a medical provider until 2223 and Patient #6 was not triaged or assessed by hospital nursing staff until 2227 (approximately 2 hours 45 minutes after arrival by EMS). There was a delay in accepting the patient and a delay in triage,</p>	A1101			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 291 assessment and monitoring by nursing staff. 8. Hospital B Medical Record review on 12/16/2023 revealed Patient #1, a 64-year-old, arrived to Hospital B on 10/31/2023 at 2203. Review of the ED Triage, at 2203, revealed " ...Subjective Rapid Assessment Stated Reason for Visit : 2130 onset slurred and right sided weakness with facial droop; no thinners (blood thinning medications)CODE STROKE. ED Full TriageAcuity : 1 (highest acuity). " Review of the "ER Report" by a physician, at 2212, revealed "....History of Present Illness This patient is a 64-year-old woman.... here with neurologic symptoms. Independent history is obtained from the patient's husband, who is here with her. He said that at approximately 9:30 PM, she called out to him that something was wrong. He looked over and saw that she was having difficulty walking and seemed to be slumping to the side. Her speech was noted to be slurred..... She is weak on the right side. Physical ExamInitial Vitals BP: 204/100. .. VITAL SIGNS: Triage vital signs are reviewed and show elevated blood pressure approximately 204/100, otherwise normal. GENERAL: Patient is well-developed, well-nourished, and clearly with facial asymmetry and slurred speech..... NEURO: The patient has paralysis of the right lower face.She has moderate dysarthria (slurred speech)..... Level of consciousness seems normal. She does have drift of the right arm without hitting bed..... Medical Decision Making This patient presents with neurologic symptoms concerning for acute ischemic stroke I think she will likely be a candidate for thrombolytics assuming that we can get her blood pressure down. She is going to CAT (computerized axial tomography - type of diagnostic imaging) scan right now. We are giving	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 292</p> <p>labetalol IV (medication for blood pressure given intravenously). [space] 10/31/23 23:00:55.....I reviewed CT scan Showing left basal ganglia hemorrhage (hemorrhagic [bleed] stroke in a part of the brain] I did discuss the patient with the neurologist, who accepts the patient in transfer for treatment of acute atraumatic hemorrhage. The patient did receive a dose of labetalol, and her blood pressure dropped below 160 briefly but then went back up over 170, so nicardipine infusion was started. Diagnosis/Disposition Acute atraumatic intraparenchymal hemorrhage (bleeding into the brain) [space] Acute hypertensive emergency (acute marked elevation in BP associated with signs of damage) [space] Right-sided weakness. " Review of the Transfer Form revealed Patient #1 was accepted for transfer at 2225. Review of the Physician's Certification for Medical Transport form revealed " ...Medical Condition at the Time of Transport : Patient requires neurological, cardiac, and hemodynamic monitoring and a nicardipine drip by a medical attendant throughout transport....." Review revealed Patient #1 was transferred out at 2233 as a "Red" priority.</p> <p>Review of the EMS Patient Care Record revealed EMS transferred Patient #1 as an emergency "red" transfer. Review of the "Narrative" documentation revealed "(EMS) WAS ISSUED A RED TRANSPORT TO (Hospital A). THE PT WAS BEING TRANSPORTED TO (Hospital A) DUE TO INTRACRANIAL HEMORRHAGE. THE PT WAS PLACED ON THE CARDIAC MONITOR, 12 LEAD ESTABLISHED THE PHYSICIAN ADVISED TARGET BLOOD PRESSURE IS 140/90 AND ADVISED TO MONITOR BLOOD PRESSURE DURING TRANSPORT. NICARDIPINE WAS</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 293 ADMINISTERED AND MAINTAINED THROUGHOUT ROUTE EMERGENCY TRAFFIC. THE PT WAS REASSESSED EVERY 5 MINUTES DURING TRANSPORT PT REMAINED ALERT, ORIENTED, SLURRED SPEECH WAS NOTED. PT CAREUPON ARRIVAL, THE PT WAS REGISTERED, AND EMS WAITED ON ROOM ASSIGNMENTS. VITAL SIGNS WERE CONTINUOUSLY MONITORED. A PHYSICIAN STATED, 'WHAT DO YOU HAVE?'. THE PHYSICAN (sic) WAS ADVISED RED TRANSPORT FROM (Hospital B) ER TO (Hospital A) WITH AN INTRACRANIAL HEMORRHAGE. THE PHYSICIAN ASKED FOR PAPERWORK AND THEN STATED 'NEVER MIND.' THE PT REMAINED STABLE WITH ONLY COMPLIANT (sic) OF A HEADACHE. THE NEUROLOGIST (Name of accepting physician) ADVISED THE PT WOULD MOVE TO THE ICU ONCE A BED WAS AVAILABLE. THE PT REMAINED IN THE HALLWAY AND WAS CONTINUOUSLY MONITORED AND ASSESSED. (EMS) WAS ADVISED THE PT WOULD BE TRANSFERRED TO THE NEUROLOGY ICU. PT CARE REPORT WAS GIVEN TO THE ATTENDING NURSE..... PT CARE WAS TRANSFERRED ..." Review revealed the EMS unit arrived to Hospital A at 2312 and Patient #1's care was handed-off to hospital staff at 0106 (1 hour 54 minutes after arrival to the hospital). Review revealed EMS completed vital signs every 5 minutes to 10 minutes throughout the wait time for a bed and hand-off to the hospital. Review of the Hospital A medical record for Patient #1 revealed the patient arrived as a transfer via EMS at 2314. Review of the "ED Report" by an ED physician, at 2351, revealed "	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 294 ... 64-year-old female who presents as a transfer due to intracranial hemorrhage. Was taken to an outside hospital due to concern unilateral (one-sided) weakness and speech difficulty at roughly 2130. At that time had a head CT which showed an intracranial bleed and thus the patient was transferred here. At the outside hospital she was noted to have fairly profound hypertension was given IV Lopressor (treats elevated BP). Plan is for neurology admission however they would like angiography of the head and neck prior to getting a bed. Nicardipine was also initiated for blood pressure management.....Physical Exam Initial Vitals No Data Available Neuro: Right-sided facial droop with loss of nasolabial fold as well as dysarthria noted. Weakness of the right arm over relatively normal left arm and lower extremities. Medical Decision Making Patient presents as a transfer due to intracranial hemorrhage. 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 monitoring. ..." Review also revealed a Neurology "History and Physical", service date/time 10/31/2023 2347, which indicated ".... Impression and Plan: ... #ICH (Intracranial Hemorrhage): hypertensive etiology suspected..... #HTN (hypertension) urgency: no prior hx (history) of HTN, treat >160/90 with goal towards normotension. #dysarthria, right hemiparesis (weakness or partial paralysis on one side of the body). Plan: admit to ICU for close neurologic monitoring. " Review of the ED record failed to reveal any vital signs or assessments by nursing. Review revealed "Nurse Notes" on 11/01/2023 at 0051 that stated "RN gave heads up to NSICU (Neurosurgery ICU) by (Name), RN. ED CNC	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 295</p> <p>(Clinical Nurse Coordinator) aware that (Name), RN is not assuming care of patient and only transporting PT (patient) upstairs. Pt has been with EMS in hallway for approx. (approximately) 2 hours and now has bed assignment upstairs. RN only transporting from EMS to NSICU." Record review failed to reveal an ED RN ever accepted, triaged, assessed or did vital signs on Patient #1 while the patient was in the Emergency Department. The first documented vital signs were at 0110, once Patient #1 arrived to NSICU. The patient's blood pressure at 0110 was documented as 162/85.</p> <p>Telephone interview with EMS #73 on 11/30/2023 at 1415 revealed the paramedic was involved in the transfer of Patient #1. Interview revealed it was a "red" transfer. Interview revealed on arrival to the hospital they gave the paperwork to hospital staff and then "sat on the wall." The neurologist came to evaluate the patient and said she would move as soon as a bed was available. EMS, interview revealed, continue to monitor Patient #1. The patient was on IV medications for blood pressure and EMS staff had to "fluctuate the meds to keep the blood pressure where it needed to be." Interview revealed no nurse evaluated Patient #1 while she was in the ED.</p> <p>Interview with MD #69 the accepting neurologist, revealed it was not uncommon to do ED to ED transfers, that it was good to have them in the ED for emergent evaluation when there was a concern for a patient's stability on arrival. Interview revealed MD # 69 came to see patients in the ED as soon as they were notified of the patient's arrival. Interview revealed it was "surprising" not to have vital signs completed in the ED and stated it did not meet expectations for</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 296</p> <p>care - patients needed hourly neuro checks and vital signs with provider updates on changes.</p> <p>Interview with RN #64 during observation 11/13/2023 around 1030 revealed that when EMS arrives with patients and there are no beds available then EMS stays "on the wall" with the patient until a bed is available. They do not hand-off the patient until patients get to an assigned bed. Physicians may see patients on the wall, but "EMS can only hand-off to a RN." Follow-up telephone interview on 11/15/2023 at 1430 revealed that in relation to patients arriving with EMS, ED nurses do not "triage patients until ...taking ownership of the patient. Interview revealed that if the CNC in the EMS arrival area was to triage the patient, then the RN was "taking ownership of the patient." The RN stated they could not do that as CNC and still meet all the expectations of the role. Interview revealed that in this ED, "EMS is still responsible."</p> <p>Telephone interview with RN #66, on 11/17/2023 at 0932, revealed the EMS team was responsible for any patients they brought in until a room was assigned and the patient moved to a room in the ED. Once the patient was in a room, the ED RN triaged the patient and there was a proper hand-off between EMS and the RN.</p> <p>Patient #1 arrived as a transfer on 10/31/2023 at 2314 by EMS. No triage, nursing assessment or evaluation was completed in the ED. The patient was transported to the NSICU (Neurosciences Intensive Care Unit) on 11/01/2023 at 0105. A nursing note was written that stated the nurse was only transporting the patient to the inpatient unit and had not assumed care of the patient. The first nursing vitals or assessment were done</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 297 at 0110 in NSICU. EMS monitored Patient #1 in the ED and nursing failed to accept, triage and provide care to a patient in the ED. 9. Review of the EMS Patient Care Record, on 11/14/2023, revealed EMS was called to Patient #2's home on 10/17/2023. The EMS record revealed the call came in at 1654, EMS reached the patient at 1702, departed the scene at 1720 and reached the Hospital at 1748. The Patient Care Record noted the patient's medical history was "Cirrhosis of Liver, Diabetes, Infectious disease, Neuropathy, Other-Infection of foot - amputation schedule for 10/21." Review of the Narrative Note revealed "(EMS) DISPATCHED EMERGENCY TRAFFIC TO LISTED ADDRESS REFERENCE SYNCOPAL EPISODE WITH CHEST PAIN AND SHORTNESS OF BREATH ...ARRIVED ON SCENT TO FIND A 66-YEAR-OLD MALE, A&Ox4, SKIN PALE, WARM, AND DRY, SITTING UPRIGHT IN A RECLINER IN THE LIVING ROOM. PT ADVISED HE HAD BEEN HAVING CHEST PAIN AND SHORTNESS OF BREATH FOR THE LAST WEEKADMINISTERED ASPIRIN ...PT ADVISED THAT HE AND HIS FRIEND HAD BEEN WORKING AROUND THE HOUSE AND ALL OF A SUDDEN HE DID NOT FEEL GOOD AND PASSED OUT. PT'S FRIEND ADVISED PT DID NOT FALL, 'I CAUGHT HIM ON THE WAY DOWN.' PT ADVISED HE RECENTLY HAD SURGERY ON HIS FOOT AND IT HAD GOT AN INFECTION AND WAS TAKING ANTIBIOTICS FOR SAME. PT ADVISED HE WAS GOING TO NEED ANOTHER SURGERY TO REMOVE THE BIG TOE OF HIS LEFT FOOT. IT WAS NOW NOTED THAT PT'S EKG WAS SHOWING ... ALSO SHORT RUNS OF A WIDE COMPLEX TACHYCARDIA. PT REMAINED COMPLETELY	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 298 A&Ox4..... PT WAS PLACED ON SUPPLEMENTAL OXYGEN WITH NOTED IMPROVEMENT IN BREATHING, ACCORDING TO THE PT. PT WAS TRANSPORTED ROUTINE TRAFFIC TO (Hospital) WHILE ENROUTE PT'S VITALS WERE CONTINUALLY ASSESSED ...IV ACCESS WAS OBTAINED ... PT WAS FOUND TO HYPERGLYCEMIC (high blood sugar). PT ADVISED HE HAD NOT BEEN ABLE TO TAKE HIS INSULIN YET TODAY PT WAS ADMINISTERED FLUID AS RECORDED PT ADVISED HIS CHEST PAIN WAS A 6/10 AND THAT TAKING A DEEP BREATH HURT. PT ADVISED THIS HAS BEEN GOING ON ALL WEEK AND HAS NOT CHANGED. (Hospital) WAS CONTACTED FOR PT NOTIFICATION. UPON ARRIVAL AT (Hospital) PT WAS TAKEN TO ER ROOM, WHERE (EMS) WAITED FOR ER PERSONNEL TO COME FOR THE HANDOFF REPORT WHILE BEING CONTINUALLY MONITORED. A FACILITY RN FINALLY ARRIVED AND A FULL REPORT WAS GIVEN AND PT CARE WAS TRANSFERRED TO THE RECEIVING RN..... " EMS record review revealed the team arrived to the hospital with Patient #2 at 1748 and care was transferred to hospital staff at 1907 (1 hour, 19 minutes after arrival). Review revealed EMS staff continued monitoring Patient #2 after arrival with vital signs generally taken every 5-6 minutes. The last recorded EMS vital signs were at 1858 with BP noted as 104/61, pulse 70, respirations 15, 99% pulse ox and a pain score of 6. A note was made on "Turn Around Delays" that indicated "ED Overcrowding/ Transfer of Care....." Review of the medical record, on 11/14/2023, revealed Patient #2 arrived to the hospital on 10/17/2023 at 1753 via EMS. Review of "ED	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 299</p> <p>Triage", performed 10/17/2023, at 1900 (1 hour and 7 minutes after arrival) revealed a pre-hospital blood glucose of 459 and an acuity of "3-urgent". Vital signs were: Temperature 97.9, Pulse 72, Respirations 20, blood pressure 106/69 and oxygen saturation of 100% on 4 liters oxygen. Patient #2's pain score was 7.</p> <p>Review of the "ER Report" by a Physician Assistant, on 10/17/2023 at 1845, revealed " ... 66-year-old male patient presents..... (to the) emergency department today via EMS for chief complaint of chest pain and shortness of breath. 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 states that today he had acute worsening to his symptoms and also had a syncopal episode earlier today. He reports pain and shortness of breath are still present. He states that he also has bilateral lower extremity swelling which has been ongoing over the past couple of weeksHe states that he has ulcer to the first metatarsal of his left foot and this extends to his bone. He states that he has planned to have amputation of the first digit of his left foot this coming Friday patient currently taking ciprofloxacin (antibiotic , Diflucan (antifungal), and Duricef (antibiotic).Medical Decision Making..... EMS reports that they gave patient 324 mg aspirin..... blood pressure was approximately 96 mmHg. They gave one L (liter) of normal saline IV blood pressure is 105/66 now. EMS also reports that patient had 7 beat run of V tach on their EKG tracing in route with patient now in sinus rhythm and occasional bigeminy. Ordered EKG and for patient to be on telemetryPoint-of-care CBG</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 300</p> <p>(blood sugar), CMP (comprehensive metabolic panel), CBC (complete blood count), troponin, proBNP, D-dimer, lactic acid, and portable 1 view chest x-ray ordered. EKG obtained and notes sinus rhythm with PVCs and 4 beat run of V tach1953 Dr. (Name) called to patients bedside for cardiac arrest and assumed care of patient. CPR initiated2017 Called lab to request results of chemistries be available as soon as possible. Labs resulted after arrest Resuscitation attempt failed. Patient deceased. Suspect etiology to cardiac arrest related to MI (Myocardial infarction- heart attack).</p> <p>Review revealed a Stat order for an EKG at 1841. Review did not reveal an EKG was completed until 1905 (24 minutes after ordered and 1 hour and 12 minutes after arrival). Review of lab orders revealed the following lab tests were ordered in the ED stat at 1841 (48 minutes after Patient #2 arrived): Lactic Acid, CMP (comprehensive metabolic panel), Troponin, D-Dimer, Pro B-Type Natriuretic Peptide (ProBNP) and CBC with Differential. Review of orders revealed the labs were collected as Nurse collects at 1920 (39 minutes after the lab orders). Patient #2 experienced cardiac arrest at 1953, 2 hours after arrival. The CBC resulted at 2002 and the CMP resulted at 2012. The D-Dimer resulted as 824 (high) at 2006. The Pro BNP resulted as 9690 (High - reference range 5-125) at 2023 and the Troponin resulted as 0.460 (High - reference range 0.000-0.034) at 2039 (1 hour 19 minutes after the lab was collected; 1 hour, 58 minutes after it was ordered). The physician was notified. Review revealed the physician was notified 2 hours, 46 minutes after Patient #2 arrived to the ED and 15 minutes after the patient expired). Review revealed delays in ordering, collecting</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 301 and resulting the labs and a delay in obtaining an EKG. Review of the "ER Report", service date/time 10/17/2023 at 2030, revealed " ...The patient was initially evaluated by the emergency department physician assistant.....Work-up for chest pain and syncope were underway. I was called to the patient's bedside at 1953 for cardiac arrest. Staff reports that only moments before the patient had been alert and talking. CPR (cardia pulmonary resuscitation) was initiated. The patient was placed on a monitor and defibrillator. Initial rhythm revealed ventricular tachycardia (fast heart rhythm). He received electrical therapy and CPR was resumed. Patient received high-quality chest compressions. He would briefly show signs consciousness indicating adequate cerebral perfusion (blood to the brain) with chest compressions, but remained without an organized rhythmrequired continuation of CPR. He received multiple doses of electrical therapy.....He received magnesium as well as amiodarone (medication for irregular heart rhythm) for shock refractory ventricular tachycardia. Ventricular tachycardia progressed to ventricular fibrillation (life threatening arrhythmia). He also received multiple doses of epinephrine (emergency medication) per ACLS (advanced cardiac life support) protocol for pulseless arrest. He was intubated.....I called the physician assistant to the bedside to brief me on the details of the initial presentation. During the resuscitation I took the opportunity to review the available work-up. The EKG was brought to me for review at 2002For this patient who presented with chest pain, syncope, and suffered cardiac arrest has either suffered an MI or rhythm disturbance.....I reviewed his medications..... I made attempts to	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 302</p> <p>addressreversible causes of cardiac arrest. As resuscitation proceeded the rhythm progressedto asystoleAfter 30 minutes of resuscitation he remained in asystole. All team members agreed that further resuscitative efforts were futile ... the patient was pronounced dead at 8:24 PM ... 10/17/23 20:38:56 I received a (sic) from the chemistry lab. Troponin is 0.46 ... Diagnosis/Disposition Chest pain Syncope Ventricular tachycardia Cardiopulmonary arrest...."</p> <p>Telephone interview on 11/20/2023 at 1415 with EMS #70 revealed they responded to a call for a patient with chest pain and shortness of breath. Interview revealed on EKG the heart was very irritated, throwing PVCs (arrhythmias), PACs (arrhythmias) and then short runs of wide complex tachycardia (rapid heart rate). Interview revealed there was potential for things to turn unstable quickly. By the time they got to the hospital there were just a few PVCs. EMS #70 stated they arrived to the hospital at 1750 and were assigned a room at 1756 but they got to the room and there was a patient in the room which caused the wait. EMS #70 stated at some point the patient started to get hypotensive and the fluids had emptied, so the other EMS staff gathered another bag of fluids. Patient #2, per EMS, was on supplemental oxygen and had no complaints at the time. Interview revealed they got the patient into an ED bed at 1845 but there was no nurse for report. At 1907 (1 hours, 17 minutes after arrival), per interview, EMS was able to give hand-off report to a nurse. Interview revealed waits had gotten more common recently and it seemed like a staffing issue.</p> <p>Telephone interview with PA #71, on 11/15/2023 at 1600, revealed the patient came into the ED</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 303</p> <p>with EMS and there were no rooms available. PA #71 stated he saw the patient while in the hallway and placed orders. Interview revealed the patient had not been triaged, he was still in the hall. Interview revealed prior to arrival the patient had "a few runs, approximately 8 beats", of V tach. PA #71 stated the patient was given a liter of fluids and the rhythm improved. Patient #2 remained on the EMS monitor prior to getting a formal EKG in the ED, the PA stated. Interview revealed there were another 4 beats of V tach but it was not sustained; the patient appeared stable. PA #71 moved to another patient and did not see Patient #2 after he got in an ED room until the PA heard the code and responded. Interview revealed these patients should be closely monitored. Interview revealed the goal for the screening evaluation was 20 minutes from arrival.</p> <p>Telephone interview with RN #66, on 11/16/2023 at 0938, revealed the nurse assigned to Patient #2's room was busy and not able to triage the patient, so a radio request for help was made and RN #66 responded, did the hand-off with EMS and triaged Patient #2. The patient had been placed on a monitor by the Certified Nursing Assistant (CNA). RN #66 then received report from EMS. Interview revealed there was no bed available when Patient #2 first arrived by EMS. When RN #66 went to triage the patient, Patient #2 had just been put in a room and was stable, alert and talking. RN #66 stated that after Patient #2 was triaged, RN #66 drew blood for labs; labs were not drawn until after the patient was accepted and in a room. Until the patients were in a room and care handed-off from EMS, interview revealed, they were "counting on EMS to care for (the patients)..."</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 304</p> <p>Telephone interview on 11/16/2023 at 1100 with MD #72 revealed he heard the overhead page for Patient #2 and immediately responded. Interview revealed the expectation for chest pain patients was an EKG within 10 minutes and to be seen by a provider within 10 minutes. Interview revealed there is a chest pain protocol but the protocol had to be activated by a provider. MD #72 acknowledged there was a delay for Patient #2. Interview revealed in an ideal situation the patient would have gone straight back to a room and care started.</p> <p>Patient #2 was brought to the ED by EMS from home. The patient arrived on 10/17/2023 at 1753 with chest pain and a syncopal episode at home. The provider ordered labs at 1841 (48 minutes after Patient #2 arrived), and the labs were not collected by nursing staff until 1920 (39 minutes after orders), after the patient was triaged at 1900 (1 hour and 7 minutes after arrival). The patient was on a cardiac monitor and received vital signs by EMS until triage at 1900. No hospital EKG was completed until 1905 (24 minutes after order and 1 hour 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.</p> <p>10. Closed medical record review of Patient #12 revealed a 41 year old female transferred to the ED (emergency department) on 07/18/2023 at 1623 via EMS (emergency medical service) for abdominal pain, nausea, chills, and evaluation by general surgery for concerns of appendicitis. No</p>	A1101		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 305</p> <p>past medical history. Review of EMS run report revealed vital signs were taken at 1526 and 1555 via EMS. Review of ED record revealed a Medical Screening Examination (MSE) was performed at 1653. Further review of MSE revealed the CT (computed tomography) was consistent with appendicitis and general surgery consult placed at 1652. Review of physician orders revealed an order for q4h (every 4 hours) vital signs at 1729. An order for Dilaudid 0.25mg (milligram) Inj. Q3h, PRN (as needed), pain (refractory) at 1729. An order for Dilaudid 0.5mg Inj. Q15min, PRN, pain, at 1734. Review of ED record revealed the patient was assigned to RPOD-Hall 18 at 1756. Review of ED record revealed a pain assessment of 10 at 1759. Review of MAR (medication administration record) revealed the patient was given Zofran 4mg at 1757 and Dilaudid 0.5mg at 1759. Review of the General Surgery History and Physical at 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).</p> <p>Interview 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.</p> <p>11. Review on 11/16/2023 of "Nursing Management of Wounds and Alterations of Skin"</p>	A1101			

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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	<p>Continued From page 306</p> <p>policy revised 11/2021 revealed, "POLICY: Patients are assessed on admission and once every 12-hour shift for alterations in skin integrity and/or wounds. SCOPE:...Inpatient, acute care services, critical access hospitals, and other related services. Emergency Department (ED)...DOCUMENTATION: Document wound details: type, bed color, odor, drainage (color and amount), undermining/tunneling, induration, and erythema. Document intervention".</p> <p>Review on 11/16/2023 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...".</p> <p>Closed medical record review on 11/14/23 of Patient #26 revealed a 22-year-old patient that presented to the Emergency Department (ED) via EMS (Emergency Management Services) on 09/01/2022 at 1845 for complaints of abdominal pain, decreased appetite, watery non-bloody diarrhea, and right-calf burn. Review of an ED Note dated 09/01/2022 at 2130 per medical provider indicated: "Assessment/Plan...Burn. I ordered bacitracin and instructed the nurse to apply a Xeroform dressing". Review of Patient #26's closed medical record lacked documentation that an ED nurse assessed and applied bacitracin and a Xeroform dressing to the patient's right-calf burn. Review revealed the patient was transferred to inpatient room #566 A5-West on 09/03/2022 at 1357. Review revealed a nursing wound consultation was</p>	A1101		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	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 307 completed on 09/04/2022 at 1024. Review of Inpatient Wound/Ostomy Documentation Note dated 09/04/2022 at 1024 indicated: "Wound care consult received for calf burn...wound is pink, red wound bed, superficial. Communicated with RN (Registered Nurse) that wound team will not be able to prioritize this patient today. Would recommend provider place order for bacitracin to be applied generously, cover with xeroform gauze, then dry gauze and gauze roll, daily. Will only follow if wound worsend with appropriate treatment-please reconsult if this occurs". Review of a physician's order dated 09/04/2022 at 2100 indicated: "Bactroban topical 2% cream to be applied three times daily at 0900, 1500, and 2100 for 7 days to right-calf wound". Record review revealed a lack of documentation related to the application of the aforementioned wound treatment per nursing. Review of the patient's closed medical record lacked nursing documentation related to the assessment and treatment of the patient's right calf wound from presentation in the ED on 09/01/2022 through discharge on 09/07/2022.	A1101		