STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	160057	A. BUILDING _____ B. WING _____	C 11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT RIVER MEDICAL CENTER	1221 SOUTH GEAR AVENUE WEST BURLINGTON, IA 52655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC 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	INITIAL COMMENTS As directed by the Centers for Medicare & Medicaid Services (CMS), the State Survey Agency (SA) conducted an unannounced, on-site EMTALA investigation into complaint #87159-C, which ended on November 14, 2019. The on-site survey team identified that the hospital was not operating in compliance with the Commitments Relevant to section 1867 Responsibilities (42 CFR 489.20) and Special Responsibilities of Medicare Hospitals in Emergency Cases (42 CFR 489.24).	A 000	Credible Allegation 2/25/20 Date of Correction 2/28/20 Please See Additional Documents	
A2400	COMPLIANCE WITH 489.24 CFR(s): 489.20(l) [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: I. Based on document review and staff interviews, the hospital's emergency department (ED) staff failed to follow the hospital's policies when the ED staff failed to provide a medical screening examination for 1 of 30 patients reviewed (Patient #30) that presented to the ED and requested care. Failure of the hospital's ED staff to provide a medical screening examination within the hospital's capabilities resulted in the hospital's ED staff's failure to determine whether or not an emergency medical condition existed, which could have resulted in an adverse event or even death. The hospital's administrative staff identified a monthly average of 2,961 patients presented to the ED and requested emergency care per month. Findings include:	A2400		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Chief Clinical Officer 2-24-20

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

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A2400	Continued From page 1 1. Review of the hospital policy "EMTALA," dated 8/2018, revealed in part, "...GRMC [Greater Regional Medical Center] is a hospital with an emergency department and shall provide to any individual, including every infant who is born alive, at any stage of development, who 'comes to the emergency department' an appropriate Medical Screening Examination ('MSE') within the capability of the GRMC's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition ('EMC') exists ..." 2. During an interview on 11/13/19 at 1:00 PM, ED Registered Nurse (RN) B revealed that Patient Service Associate (PSA) A notified her that Patient #30 presented to the ED requesting treatment. However, Patient #30 had a family member accompanying him who was "banned" from the hospital's property. ED RN B stated he instructed PSA A to contact the hospital's security office and the police. 3. During an interview on 11/13/19 at 3:20 PM, PSA A revealed that Patient #30 presented to the ED complaining of a cough and shortness of breath. Patient #30 was accompanied by a family member who was "banned" from the hospital property. PSA A notified ED RN B, and ED RN B instructed PSA A to contact the hospital's security officer and the local police. After the police officer spoke with Patient #30's family member, both Patient #30 and the family member left the hospital. PSA A confirmed that patient #30 did not receive a medical screening examination prior to leaving the hospital. Please refer A-2406 for additional information.	A2400		

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A2400	Continued From page 2 II. Based on document review and staff interviews, the hospital's administrative staff failed to ensure the ED registration staff followed the hospital's policies and placed 1 of 101 patients on the Great River Medical Center's (GRMC) Emergency Department (ED) log of patients who presented to the hospital's dedicated ED and requested care. Failure to include all patients who requested a medical screening exam on the central log could potentially result in the administrative staff being unable to identify all patient needs for the community. The hospital's administrative staff identified an average of 2,961 patients per month who presented to the hospital's dedicated ED and requested medical care. Findings include: 1. 1. Review of policy "ED Patient Log," revised 9/2016, revealed in part, "... The ED Log (or Control Registry) is continuously maintained via input of patient registration data into the computer registration process. Patient name, address, age, sex, date, physician, time, and nature of complaint automatically come into the ED Log with the registration process...." 2. Review of policy "Registration Policy and Procedure", revised 10/2017, revealed, in part, "... Emergency Department Registration. The patient presents to the registration desk. The ED Patient Services Associate will receive patient through a quick registration which goes to the ED tracker ... The quick registration will capture name, date of birth, sex, chief complaint, arrival mode, and primary care provider.... The patient is then seen by the triage nurse...."	A2400		

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A2400	Continued From page 3 3. Review of the emergency department's central log for 11/07/2019 revealed 101 patients presented to the dedicated emergency department and requested emergency medical care on that day. The central log did not include information which indicated Patient #30 presented to the dedicated emergency department and requested medical care. 4. During an interview on 11/13/19 at 3:20 PM, Patient Service Associate (PSA) A revealed that Patient #30 presented to the ED on 11/7/19 at approximately 1:00 AM complaining of a cough and shortness of breath. PSA A told Patient #30 to have a seat in the waiting room and PSA A would return shortly. PSA A then notified the ED nursing staff that Patient #30 was accompanied by a family member which the hospital staff had "banned" from the hospital property. The nursing staff instructed PSA A to wait to return to Patient #30 until the hospital's contracted security officer and a police officer arrived in the ED. Following a discussion with police officer, Patient #30 and his family member left the hospital property. PSA A acknowledged they failed to register Patient #30, in accordance with hospital policy, and place Patient #30 on the hospital's ED central log. Please refer to A-2405 for additional information.	A2400		
A2405	EMERGENCY ROOM LOG CFR(s): 489.20(r)(3) [The provider agrees,] in the case of a hospital as defined in §489.24(b) (including both the transferring and receiving hospitals), to maintain a central log on each individual who comes to the emergency department, as defined in §489.24(b),	A2405		

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A2405	Continued From page 4 seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged. §489.24 The provisions of this regulation apply to all hospitals that participate in Medicare and provide emergency services. This STANDARD is not met as evidenced by: Based on document review and staff interviews, the administrative staff failed to ensure the Emergency Department (ED) registration staff included 1 of 101 patients who presented to Great River Medical Center's (GRMC) ED on 11/7/19 (Patient #30) and requested emergency medical care. Failure to include all patients requesting emergency medical care could potentially result in the hospital's administrative staff failing to identify the needs of all patients in the community the hospital served. The hospital's administrative staff identified an average of 2,961 patients presented to the hospital's dedicated ED and requested emergency medical care. Findings include: 1. Review of the emergency department's central log for 11/07/2019 revealed 101 patients presented to the dedicated emergency department and requested emergency medical care on that day. The central log did not include information which indicated Patient #30 presented to the dedicated emergency department and requested medical care. 2. During an interview on 11/13/19 at 3:20 PM, Patient Service Associate (PSA) A revealed that Patient #30 presented to the ED on 11/7/19 at	A2405		

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A2405	Continued From page 5 approximately 1:00 AM complaining of a cough and shortness of breath. PSA A told Patient #30 to have a seat in the waiting room and PSA A would return shortly. PSA A then notified the ED nursing staff that Patient #30 was accompanied by a family member which the hospital staff had "banned" from the hospital property. PSA A stated that ED Registered Nurse (RN) B instructed her to wait to return to Patient #30 in the waiting room until the hospital's security officer and a police officer arrived in the ED. Following a discussion with the security officer and police officer, Patient #30 and his family member left the hospital property. PSA A acknowledged they failed to register Patient #30, in accordance with hospital policy, and place Patient #30 on the hospital's ED central log. 3. During an interview on 11/14/2019 at 4:00 PM, the Emergency Department Director acknowledged Patient #30 did not appear on GRMC's emergency department log. The Emergency Department Director acknowledged the ED staff should have placed Patient #30 on the ED's central log [indicating patient # 30 was seeking assistance, and whether he refused treatment or was refused treatment, or whether he was treated, stabilized, transferred or discharged].	A2405		
A2406	MEDICAL SCREENING EXAM CFR(s): 489.24(a) & 489.24(c) Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph	A2406		

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A2406	Continued From page 6 (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health	A2406		

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A2406	Continued From page 7 emergency, as provided for by section 1135(e)(1)(B) of the Act. (c) Use of Dedicated Emergency Department for Nonemergency Services If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition. This STANDARD is not met as evidenced by: Based on document review and staff interviews, the hospital's administrative staff failed to ensure the Emergency Department (ED) staff provided 1 of 30 patients, selected for review (Patient #30), a medical screening examination within the hospital's capabilities. Failure to provide a medical screening examination resulted in the ED staff failing to identify a potentially life threatening condition, and the patient suffering avoidable pain, disability, or death. The hospital administrative staff identified an average of 2,961 patients per month who presented to the hospital's dedicated ED and requested emergency medical care. Findings include: 1. During an interview on 11/13/19 at 3:20 PM, Patient Service Associate (PSA) A revealed that Patient #30 presented to the ED complaining of a cough and shortness of breath. PSA A told Patient #30 to have a seat in the waiting room	A2406		

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A2406	Continued From page 8 and PSA A would return shortly. PSA A then notified the ED nursing staff that Patient #30 was accompanied by a family member which the hospital staff had "banned" from the hospital property. PSA A stated that ED Registered Nurse (RN) B instructed her not to return to Patient #30 in the waiting room until the hospital's security officer and a police officer arrived in the ED. Following a discussion with the security officer and police officer, Patient #30 and his family member left the hospital property. 2. During an interview on 11/13/19 at 1:00 PM, ED RN B revealed that PSA A informed him that Patient #30 had presented to the hospital's ED accompanied by a family member which the hospital had "banned" from the hospital's premises. PSA A told RN B that she was not comfortable bringing Patient #30's family member back to the ED. ED RN B instructed PSA A to contact the hospital's security officer and the local police department. ED RN B stated that "banned patients can come into the ED but they have to have an escort." 3. During an interview on 11/13/19 at 3:00 PM, Security Officer (SO) C revealed they responded to the hospital's ED at the request of the ED staff. SO C waited for the police officer to show up and escorted the police officer to Patient #30's family member. The police officer spoke to Patient #30's family member, then Patient #30 and his family member left the hospital. 4. During an interview on 11/14/2019 at 4:00 PM, the Emergency Department (ED) Director acknowledged that ED staff did not provide Patient # 30 with a medical screening examination.	A2406		

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A2406	Continued From page 9 5. During an interview on 11/14/19 at 1:20 PM, Patient #30's family member revealed they accompanied Patient #30 to the ED on 11/7/19 at approximately 1:00 AM because Patient #30 was complaining of chest pain. After Patient #30 provided their name, the ED staff summoned the police. After the police arrived, the police asked the family member to leave. The family member stated that the ED staff did not come out and talk with patient # 30. The family member stated that he he has power of attorney for patient # 30, that he was complaining of chest pain, so he took him to another hospital for an examination. 6. Review of Hospital B's medical record showed that Patient # 30, an 84 year old presented to the ED with his family member on 11/7/19 at approximately 2:00 AM. Further documentation showed that ED staff provided patient # 30 with a medical screening examination and treatment.	A2406		

Credible Allegation 2/25/20
Date of Correction 2/28/20

160057 GREAT RIVER MEDICAL CENTER
1221 SOUTH GEAR AVENUE
WEST BURLINGTON, IA 52655

DATE SURVEY COMPLETED
11/14/2019

PLAN OF CORRECTION

Tag A2400: Compliance with 489.24 CFR(s); 489.20(I)

This STANDARD is not met as evidenced by:

I. Based on document review and staff interviews, the hospital's emergency department (ED) staff failed to follow the hospital's policies when the ED staff failed to provide **a medical screening examination** for 1 of 30 patients reviewed (Patient #30) that presented to the ED and requested care. Failure of the hospital's ED staff to provide a medical screening examination within the hospital's capabilities resulted in the hospital's ED staff's failure to determine whether or not an emergency medical condition existed, which could have resulted in an adverse event or even death. The hospital's administrative staff identified a monthly average of 2,961 patients presented to the ED and requested emergency care per month.

II. Based on document review and staff interviews, the hospital's administrative staff failed to ensure the ED registration staff followed the hospital's policies and placed 1 of 101 patients on the Great River Medical Center's (GRMC) Emergency Department (ED) log of patients who presented to the hospital's dedicated ED and requested care. Failure to include all patients who requested a medical screening exam **on the central log** could potentially result in the administrative staff being unable to identify all patient needs for the community. The hospital's administrative staff identified an average of 2,961 patients per month who presented to the hospital's dedicated ED and requested medical care.

Tag A2405: EMERGENCY ROOM LOG CFR(s): 489.20(r)(3)

This STANDARD is not met as evidenced by: Based on document review and staff interviews, the administrative staff failed to ensure the Emergency Department (ED) registration staff included 1 of 101 patients who presented to Great River Medical Center's (GRMC) ED on 11/7/19 (Patient #30) and requested emergency medical care. Failure to include all patients requesting emergency medical care could potentially result in the hospital's administrative staff failing to identify the needs of all patients in the community the hospital served. The hospital's administrative staff identified an average of 2,961 patients presented to the hospital's dedicated ED and requested emergency medical care.

Tag A2406: MEDICAL SCREENING EXAM CFR(s): 489.24(a) & 489.24(c)

This STANDARD is not met as evidenced by: Based on document review and staff interviews, the hospital's administrative staff failed to ensure the Emergency Department (ED) staff provided 1 of 30 patients, selected for review (Patient #30), a medical screening examination within the hospital's capabilities. Failure to provide a medical screening examination resulted in the ED staff failing to identify a potentially life threatening condition, and the patient suffering avoidable pain, disability, or death. The hospital administrative staff identified an average of 2,961 patients per month who presented to the hospital's dedicated ED and requested emergency medical care.

The Plan and Procedure for Correcting the Specific Deficiency

1. Hospital leaders conducted a review of Policy: EMTALA. All ED staff are required to complete an annual computer-based learning module on EMTALA. ED Providers, ED nursing staff members and Nursing House Supervisors were re-educated on Policy: EMTALA through email on 11/23/2019 and 2/14/2020 and/or staff meetings held 2/11/2020 and 2/12/2020. The focus of the review included the following:
    a. **Medical Screening Examination (MSE)** - A MSE is the process required to reach, with reasonable clinical confidence, the point at which it can be determined whether or not an emergency medical or psychiatric condition exists or whether a woman is in labor. The scope of an MSE must be tailored to the

presenting complaint and the medical history of the patient. The process may range from a simple examination (such as a brief history and physical) to a complex examination that may include laboratory tests, MRI or diagnostic imaging, lumbar punctures, other diagnostic tests and procedures and the use of on-call physician specialists. Such screening must be done within GRMC's capability and available personnel, including on-call physicians. The MSE is an ongoing process and the medical records must reflect continued monitoring based on the patient's needs and must continue until the patient is either stabilized or appropriately transferred or determined not to have an emergency medical condition and is discharged. Evidence of the evaluation must be documented in the medical record prior to discharge or transfer.

b. **Central Log:** GRMC is required to maintain a log on each individual who "comes to the emergency department" seeking assistance that documents whether he or she refused treatment, was refused treatment, or whether he/she was transferred, admitted and treated, stabilized and transferred or discharged. For purposes of EMTALA, the Central Log is to track the care provided to each individual. The Central Log includes, directly or by reference, logs from other areas of the hospital that may be considered DEDs, such as labor and delivery where an individual might present for emergency services or receive an MSE instead of the "traditional" emergency department; as well as individuals who seek care for an EMC in other areas located on the hospital property other than a DED.

2. Process for registering patients who present after normal registration staff leave was formalized in a new procedure called "After Hours Registration Process." ED PSA and ED RN staff were educated to this new procedure during staff meetings held on 2/11/2020 and 2/12/2020. This procedure was added to Orientation Checklists on 2/12/2020 for ED PSA/RN staff and ED Float of the Day and House Supervisor.
    a. When the patient presents after normal registration staff leave, the patient is registered in the ED Central Log by ED staff at the Registration window. Information obtained includes: Patient name, address, age, sex, date, physician, time, and nature of complaint. This is recorded in the electronic health record.
    b. ED staff and Providers are aware of the patient's arrival through the electronic ED patient tracker board (electronic white board listing all registered patients and their locations).
    c. ED staff to initiate medical screening exam in triage or ED exam room upon notification of patient presence. If patient or visitor is a potential or known security risk, Security staff will be notified to be present during the medical screening exam.
    d. Additional information is populated into the ED Central Log during the patient's ED visit. Items such as: arrival mode, reason for visit, disposition.

3. ED staff, Security and House Supervisors will complete an electronic survey to assess their continued knowledge of Policy: EMTALA, from 2/12/2020 through 2/17/2020.

4. Continuing education will be determined for the ED staff, Security and House Supervisors related to the results of the survey by 2/28/2020. Resurvey of the ED staff, Security and House Supervisors is scheduled for May 2020 to determine retained knowledge of the education.

Monitoring

1. Initiated monitoring of Emergency Department Log on 2/10/2020, for completion of a medical screening exam. The monitoring results will be reported at the Clinical Quality Committee on a monthly basis until performance is 100% for 3 months.
2. Registration staff will be observed one hour, three times per week, during the evening shift beginning on 2/10/2020, to ensure all patients who present are registered in the ED Central Log. The monitoring results will be reported at the Clinical Quality Committee on a monthly basis until performance is 100% for 1 month.
3. The Corporate Education department monitors staff completion of annual education and orientation. They will identify any knowledge deficits from the post-test scores and make recommendations for ongoing training needs.
4. The Quality Resources department will monitor any EMTALA related concerns using the Electronic Event Reporting System occurrence monitoring system and through patient complaints. Any reported issues will be reviewed through the Performance Improvement Process.

Responsible for Implementing the Corrective Actions

Chief Clinical Officer for GRMC