PRINTED: 06/06/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	СОМ	E SURVEY PLETED
		440091	B. WING			ı	C 1 2/2012
	ROVIDER OR SUPPLIER	STEM, INC		252	ET ADDRESS, CITY, STATE, ZIP CODE 25 DESALES AVE IATTANOOGA, TN 37404		,! M ¥ 1 M
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 000	# TN-329876 was of Healthcare System compliance with Responsibilities of Hospitals in Emerg 489.20 and 489.24 provide adequate "unumber 3; failure to Orthopedic surgeor appropriate transfe Immediate Jeopard notified of the Immed 2013.	an investigation of complaint conducted. Memorial Inc. was found out of equirements for the Medicare Participating ency Cases 42 CFR Parts Inc. The failure of the facility to On-Call" services for patient o provide on-call services of an in; and failure to provide an or placed patient number 3 in ity. The administrator was ediate Jeopardy on April 3,		000			
A2400	[The provider agree defined in §489.24(This STANDARD i Based on medical review, and intervie patients who are trahave been seen by and received stabli	ed:	A24	100			
A2404	Please refer to A-2 489.20(r)(2) and 48 PHYSICIANS §489.20(r)(2)	409 39.24(j)(1-2) ON CALL	A24	404			
LABORATOR'		DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE	PLETED
		440091	B. WING				2/2012
	ROVIDER OR SUPPLIER			:	REET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
A2404	Continued From p	age 1	A24	404			
	receiving hospitals physicians who are examination to pro	uding both the transferring and s), must maintain] a list of e on call for duty after the initial ovide further evaluation and/or ary to stabilize an individual with dical condition.					
	physicians on its r best meets the ne who are receiving section in accorda	st maintain an on-call list of medical staff in a manner that eds of the hospital's patients services required under this ince with the resources ospital, including the availability ns.					
	procedures in plac which a particular on-call physician of	have written policies and ce to respond to situations in specialty is not available or the cannot respond because of yond the physician's control.					
	procedures in place services are available patients with emel elects to permit or elective surgery d	have written policies and ce to provide that emergency able to meet the needs of rgency medical conditions if it n-call physicians to schedule uring the time that they are on n-call physicians to have call duties.					
	Based on medica	is not met as evidenced by: Il record review and interview, o consult the on-call Orthopedic cility before transferring the facility.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		440091	B. WING	·			2/2012
	ROVIDER OR SUPPLIER	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A2404	The findings include Medical record revipresented to the Erhospital #1 on May complaints of havin retaining wall to correcord review reveapain to the right shideling. Review of the Physologon on the Physologon on call. Review of the Physologon on call. Review of the Physologon on	ew revealed patient #3 nergency Department (ED) of 17, 2012, at 11:07 p.m. with 18 jumped twenty feet from a nerete. Continued medical aled the patient complained of 19 at a level of 10 on a scale of 19 the worst possible pain. Sician On-call Schedule for May 19 there was an Orthopedic 19 there was already 19 the patient was already 19 the patient was already 19 the patient. Continued 19 the patient was already 19 the patient was a to 20 would be consulted but the 19 the patient was a to 20 would be consulted but the 20 the management of the patient 20 the patient was a point was a to 20 the patient was a point was a to 20 the patient was a point was a to 20 the patient was a point was a to 20 the patient was a point was a point was a to 20 the patient was a point was a point was a to 20 the patient was a point was	A2-	404			
	and Nurse Practition	or had polled ED physician, PA, oner staff and 70% said they erred the patient without calling					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		LE CONSTRUCTION		PLETED
		440091	B. WING	·		06/1) 2/2012
	ROVIDER OR SUPPLIER	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A2404	the on-call Orthope interview revealed probably have called on-call to let them is plans to transfer the with the Medical Disorthopedic trauma with the Medical Disorthopedic trauma with the Mdeical Disorthopedic trauma with the Mdeical Disorthopedic trauma with the Mdeical Disorthopedic trauma felt regardacilities at hospital trauma center. Telephone interview 14, 2012, at 1:30 phospital #1 was not mechanism of injurt twenty feet. Continuphysician felt the patrauma surgeon in Further interview reapplied because the and there would have a feliphed in paragraphospital may not traumal if an individual at a medical condition the defined in paragraphospital may not traumal (ii) (A) The individual person acting on the transfer, after the meaning of paramal (iii) (A) The individual person acting on the transfer, after the meaning of paramal (iii) (A) The individual person acting on the transfer, after the meaning of paramal (iiii) (A) The individual person acting on the transfer, after the meaning of paramal (iiii) (A) The individual person acting on the transfer, after the meaning of paramal (iiii) (A) The individual person acting on the transfer, after the meaning of paramal (iiii) (A) The individual person acting on the transfer, after the meaning of paramal (iiii) (A) The individual person acting on the transfer, after the meaning of paramal (iiii) (A) The individual person acting on the transfer, after the meaning of paramal (iiii) (A) The individual person acting on the transfer, after the meaning of paramal (iiii) (A) The individual person acting on the transfer (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	dic Surgeon. Continued the Medical Director"would ed the Orthopedic Surgeon know the type of injury and e patient". Further interview rector revealed the patient met criteria. Continued interview rector revealed the physician mechanism of injury and the ardless of having orthopedics #1, the patient needed a w with physician#2 on June m., revealed orthopedicas at t consulted because of the y with the patient falling from ued interview revealed the atient should be evaluated by a case there were other injuries. evealed splints were not e fractures were not unstable to the total control of the limbs and the total control of the limbs	A24	404			
	obligations under t	his section and of the risk of					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURBILIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>'</i>		G	COMF	PLETED
		440091	B. WING	÷		0614	
	PROVIDER OR SUPPLIER		<u> </u>	s	TREET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOOGA, TN 37404	1 06/1	2/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΊX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A2409	transfer. The request must be reasons for the request saware of the transfer. (B) A physician (with 1861(r)(1) of the Activate, based upon the time of transfer, the expected from the medical treatment outweigh the increasing the case of a wouth the unborn child, from the unborn child, from the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the unborn child, from the case of a wouth the c	the in writing and indicate the uest as well as indicate that he the risks and benefits of the shin the meaning of section of the signed a certification are information available at the emedical benefits reasonably provision of appropriate at another medical facility ased risks to the individual or, man in labor, to the woman or om being transferred. The ontain a summary of the risks which it is based; or anot physically present in the ment at the time an individual is fied medical person (as hospital in its bylaws or rules as signed a certification raph (e)(1)(ii)(B) of this section is defined in section 1861(r)(1) altation with the qualified grees with the certification. The ontain a summary of the risks which it is based. other medical facility will be those cases in which hospital provides medical a capacity that minimizes the ual's health and, in the case of the health of the unborn child;	A2	40	9		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	COMP	PLETED
		440091	B. WING	·	A CANADA CONTRACTOR OF THE CON	1	12/2012
	ROVIDER OR SUPPLIER	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 1525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES /MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A2409	(A) Has available s for the treatment of (B) Has agreed to a and to provide approvide and transfer; and approvide ap	pace and qualified personnel the individual; and accept transfer of the individual ropriate medical treatment. If hospital sends to the medical records (or copies he emergency condition which presented that are available at sfer, including available at ser, including available are the provided, results of any tests are telephone reports of the provided, results of any tests are the under paragraph (e)(1) and the name and address of any tests are the ser than a described in paragraph (g) or has refused or failed to as a soon able time to provide any treatment. Other records on the hospital's as soon as practicable after seffected through qualified sportation equipment, as the use of necessary and attellife support measures	A2-	409			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	SURVEY PLETED
		440091	B. WING			06/4	2/2012
	ROVIDER OR SUPPLIER		J. 111110	STF	REET ADDRESS, CITY, STATE, ZIP CODE 1525 DESALES AVE CHATTANOOGA, TN 37404	06/	2/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
A2409	and splints for orthoto another facility for reviewed. The findings include Medical record revipresented to the Err May 17, 2012, at 17 having jumped twe concrete. Continue revealed the patient	ppedic injuries before transfer or one (#3) of thirty patients ed: ew revealed patient #3 mergency Department (ED) on 1:07 p.m., with complaints of inty feet from a retaining wall to differ medical record review at complained of pain to the of 10 on a scale of 1-10 with	A2	409			
	Assistant assessed found the patient to periauricular swelli extension and flexo in ankle limited in a Right ankle with sw	iew revealed the Physician of the patient at 11:31 p.m. and o have "left ankle with ang and tender to palpation; or intact. Range of Movement ankles bilaterally due to pain. Welling and tender to touch and its and flexors intact. Distal present x4".			,		
	assessed at 11:16 documented "pt. onto concrete from	iew revealed the patient was p.m., by the Triage Nurse who (patient) jumped off a ledge 15-20 feet up. Both ankles are hed up. Pt. Also complains of					
	assessed by nursing	iew revealed the patient was ng at 11:20 p.m. and stated 10 on a scale of 1-10 with 10 in.					
	Medical record rev	iew revealed the patient had an					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DATE	PLETED
		440091	B. WING	·	· ·		2/2012
	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 1525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A2409	started at 12:24 a. Continued review Dilaudid (pain relie Zofran (anti-nause another dose of Di Medical record rev by the Physician A untimed, revealed x-rays with (named further imaging ve transfer. Spine is i palpation. (named accepts transfer o 12:46 a.m". Review of the tran revealed the rease care services requ (named hospital # stabilized within re standards. No furt result of the transf Medical record rev transported to hos 1:35 a.m., per am Review of the Em #2 dated May 18, statement by the I hospital #1) and s #2). Told him stab had been remove Review of hospital	e into vein to administer fluids) m., in the left antecubital area. revealed the patient received ef) 0.5 mg (milligrams) IV and ea) 4 mg at 12:30 a.m., and illaudid 0.5 mg IV at 12:55 a.m. view of a medical note written assistant on May 17, 2012, and "Discussed and review all d physician #2). We discussed resus transfer. Agreed to non-tender to touch and physician) at hospital #2 of patient per transfer center at esfer form dated May 17, 2012 on for transfer was "health wired are not available at 1). The patient has been easonable medical care ther deterioration is likely as a fer".		409			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILI		COMPLETED			
		440091	B. WING	i		1) 1 <u>2/2012</u>
	ROVIDER OR SUPPLIER	STEM, INC		25	EET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE HATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A2409	(Extremities) ECC treatment and man orthopedic emerge include the following Medical record rev May 18, 2012, at 1 started in the patien. Telephone interview (PA) on June 12, 2 room, revealed the considered a traum revealed an IV is us is transferred to an interview revealed patients to have IV. Telephone interview the ED on June 12 most patients have transferred. Contin Director revealed manulance from on have an IV". During interview on in the conference of confirmed the patients on transfer required to have IV	agement of the patient with an agement of the patient lower and at hospital #2. We with the Physician Assistant on the conference apatient was already as a case. Further interview as ally in place when a patient another facility. Continued "I believe it is protocol for access with transfer". We with the Medical Director of the patient was already and IV in place when a patient and IV in place when a patient who goes by the facility to another should an IV in place when a patient who goes by the facility to another should an June 12, 2012, at 1:30 p.m., aroom, the ED Director and all transfer patients are a cases. We with physician #2 on June on the fractures were not unstable ave been no threat to the limbs		409			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	СОМІ	(X3) DATE SURVEY COMPLETED C		
		440091	B. WING		1	2/2012
	ROVIDER OR SUPPLIER	STEM, INC	2	EET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A2409	Continued telephor on June 14, 2012, are usually transfer Continued interview unaware there was	nge 9 ne interview with physician#2 nat 1:30 p.m., revealed patients red with IV access in place. IV revealed physician#2 was no IV access during the "I would have wanted one"	A2409		•	

PRINTED: 06/06/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	` СОМІ	E SURVEY PLETED
		440091	B. WING		and the second s	08/2	23/2012
	ROVIDER OR SUPPLIER	STEM, INC		25	EET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE HATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 000	INITIAL COMMEN	тѕ	A	000			
A2400	complaint # TN-30: Healthcare System compliance with Re Responsibilities of Hospitals in Emerg 489.20 and 489.24 provide adequate for Stabilization of ED provide on-call ser failing to provide an patient number 9 in administrator was Jeopardy on April 3 489.20(I) COMPLIA [The provider agreedefined in §489.24] This STANDARD Based on medical and protocol review and interview, the of on-call physician treatment, and failt transfer for one papatients reviewed. The findings include Please refer to A-2 stabilizing treatmer Please refer to A-2 apporpriate transfer.	es,] in the case of a hospital as (b), to comply with §489.24. is not met as evidenced by: I record review, facility policy w, review of on-call schedules, facility failed to maintain a list ns, failed to provide stabilizing ed to provide appropriate tient (#9) of twenty sampled ded: 2404 for failing to maintain a st 2407 for failing to provide int 2409 for failing to provide er		400			
A2404		89.24(j)(1-2) ON CALL IDER/SUPPLIER REPRESENTATIVE'S SIG		404	TITLE		(X6) DATE

TITLE

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	COMP	LETED	
		440091	B. WING	·	Market Control of the		3/2012	
	ROVIDER OR SUPPLIER	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOOGA, TN 37404			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
A2404	S489.20(r)(2) [The hospital (inclureceiving hospitals physicians who are examination to protreatment necessal an emergency medical system) (1) Each hospital must physicians on its most meets the new who are receiving section in accorda available to the holy of on-call physician system (in a particular on-call physician coircumstances beyone system) (2)(ii) The hospital must procedures in place which a particular on-call physician coircumstances beyone system) (2)(ii) The hospital must procedures in place services are available patients with emergelects to permit or elective surgery descriptions of the complex surgery description of the complex system.	uding both the transferring and e), must maintain] a list of e on call for duty after the initial ovide further evaluation and/or ary to stabilize an individual with dical condition. It maintain an on-call list of nedical staff in a manner that eds of the hospital's patients services required under this nee with the resources espital, including the availability ns. Thave written policies and se to respond to situations in specialty is not available or the cannot respond because of yond the physician's control. Thave written policies and se to provide that emergency able to meet the needs of regency medical conditions if it n-call physicians to schedule uring the time that they are on n-call physicians to have	A2-	404		•		
		is not met as evidenced by: of facility policy, review of						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′		E CONSTRUCTION	C C		
		440091	B. WING	·			3/2012
	ROVIDER OR SUPPLIER	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
A2404	observation, and in maintain a list of or The findings included Review of facility Frecently reviewed 2009, and titled "E Treatment and Late and Transfer of Inc. Medical Services in maintain an on-cal specialists and subtotexamine and treemergency medical Office, on a month Emergency Depar Rosterthe ED wire rostersThe on-categories of medical include but are not received and an emergency Rolist of on-call physis specialty, and included telephone number	On-Call Schedules, iterview, the facility failed to n-call neurologists.		404			
	identification of an	ocumentation regarding on-call neurologist. ow with Registered Nurse (RN) 2012, at 2:40 p.m., revealed the					

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		COMPLETED C		
		440091	B. WING	3. WING		i i	3/2012
	ROVIDER OR SUPPLIER	STEM, INC		2525	T ADDRESS, CITY, STATE, ZIP CODE DESALES AVE ATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
A2404 A2407	On-Call Schedule of phone number to or required. RN #1 states the care of a neuro otherwise we just of	age 3 for August 23, 2012, included a sall when neurology was ated, "If (a) patient (is) under logist we call their neurologist, call this answering service" ABILIZING TREATMENT	A24				
, 2401	(1) General. Subje paragraph (d)(2) or (whether or not elignomes to a hospital that the individual condition, the hospital (i) within the capal available at the hoexamination and to the medical condition; For for transfer	ct to the provisions of f this section, if any individual gible for Medicare benefits) al and the hospital determines has an emergency medical bital must provide either- bilities of the staff and facilities spital, for further medical reatment as required to stabilize					
	(i) If a hospital has paragraph (a) of the individual to have condition, and adminpatient in good from the emergency medical section with respection with respection with respection was admitted diagnosis or treatment (iii) A hospital is reparticipation for he chapter to provide	plication to inpatients. It is screened an individual under his section and found the an emergency medical mits that individual as an aith in order to stabilize the all condition, the hospital has all responsibilities under this ct to that individual not applicable to an inpatient for elective (nonemergency) ment. Required by the conditions of pospitals under Part 482 of this ecare to its inpatients in hose conditions of participation.					

	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		LE CONSTRUCTION	COMPLETED		
		440091	B. WING	·		08/2	3/2012	
	PROVIDER OR SUPPLIER	YSTEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 1525 DESALES AVE CHATTANOOGA, TN 37404			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
A2407	(d)(1)(i) of this sectindividual if the hor further medical examination individual (or a perbehalf) of the risks of the examination individual (or a perbehalf) does not outreatment. The medical excription of the if applicable, that with the individual. The reasonable steps informed refusal (whis or her behalf), indicate that the prisks and benefits treatment, or both This STANDARD Based on review medical record refailed to provide spatient (#9) of twee The findings included the provided and transfer of In Medical Services provide an individual in the findings included the provided an individual services provided an individual in the findings included the provided an individual services provide an individual in the findings included the fi	sent to treatment. he requirements of paragraph tion with respect to an spital offers the individual the amination and treatment baragraph and informs the reson acting on the individual's and benefits to the individual and treatment, but the reson acting on the individual's consent to the examination or redical record must contain a rexamination, treatment, or both was refused by or on behalf of the hospital must take all to secure the individual's written for that of the person acting on The written document should the reson has been informed of the of the examination or is not met as evidenced by: of facility policy and protocol, view and interview, the facility tabilizing treatment for one enty sampled patients.		407				

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILE		COMPLETED		
		440091	B. WING	;	110,000	1	3/2012
	ROVIDER OR SUPPLIER	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 1525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
A2407	condition, within the stabilizemeanthe medical treatment in necessary to assure probability, that no condition is likely to the transfer of the property of	lize the emergency medical e capability of the HospitalTo ne patient is provided such of the condition as is re, within reasonable medical material deterioration of the presult from or occur during		407			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		440091	B. WING			08/2	3/2012
	ROVIDER OR SUPPLIER			25	EET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE HATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
A2407	Continued From p		A24	407			
	Patient #9 present Department on Ma	ed to Hospital #1's Emergency arch 26, 2012.					
	revealed, "Arriva	view of Patient Information al Date/Time: 1213 (12:13 nplaint: Neurologic s"					
	dated March 26, 2 "Stated Complaint (shortness of brea	view of a Triage Assessment 2012, at 12:23 pm., revealed, :: Possible Strokeonset SOB ath) after walking to surgery corts slurred speechHigh Risk				•	
	March 26, 2012, a "reassessed in treoccurence of slustrengths. L (left) record review of a 2012, at 12:51 p.r.	view of a nurse's note dated at 12:47 p.m., revealed, riage. Noted to have urred speech. Equal grip side facial droop." Medical nurse's note dated March 26, n., revealed, "taken to room MD #1) notified of pt (patient)					
	Department Phys dated March 26, 2 complaint: slurring	view of an untimed Emergency ical History and Assessment 2012, revealed, "Chief gduration less than one I droop that has waxed and blink on Left"					
	tomography) scar dated March 26, 2	view of a CT (computerized n of the brain without contrast 2012, at 2:33 p.m., revealed, o acute intracranial					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		440091	B. WING		- A Market Market	1	23/2012
	ROVIDER OR SUPPLIE			252	ET ADDRESS, CITY, STATE, ZIP CODE 5 DESALES AVE ATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICYMUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
A2407	Continued From	page 7	A24	107			
	March 26, 2012, "Dramatic neuro notedincreased	eview of a nurse's note dated at 4:02 p.m., revealed, (neurological) changes slurred speech and left sided .#1) notified, (M.D. #1) to ::03 p.m.)"					
	Assessment date "Disposition Dis dysarthria seems uncertain of Bell's (neurologist) who (discharge) with s hemiplegic on L.	eview of the Physical History and ad March 26, 2012, revealed, scussed with pt and family. Pt more prounounced and I am a PalsyDiscussed with requests MRI. If negative D/C steroids)(4:00 p.m.)densely Call (neurologist)onset greater commended (Hospital #2)"					
	regarding an ER Stroke for Patier	eview revealed no documentation Center Protocol for t-PA in Acute at #9. Medical record review Imentation regarding neurologist.					
	dated March 26, Neurological defi patient has been	eview of a Certificate of Transfer 2012, revealed, "Diagnosis: cits with L side neglectThe stabilized within reasonable ndards. No further deterioration alt of transfer"					
	with and without at 5:05 p.m., revo with previoused dated 3/26/2012 minimal develop	eview of a CT scan of the brain contrast dated March 26, 2012, ealed, "Comparison is made kam (examination) of the brainThere is a questionable ing infarct in the anterior limb of capsuleImpressionOcclusion					

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '		= CONSTRUCTION	COMPLETED		
		440091	B. WING		11 1- 12 1 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	1	; :3/2012	
	ROVIDER OR SUPPLIER	/STEM, INC	•	25	EET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE HATTANOOGA, TN 37404			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
A2407	of the right internal portion of the right arteryQuestional anterior limb of the Medical record rev transferred to Hosp Medical record rev Record (Hospital #revealed, "Triage (Emergency Depaistroke like symptor #1)onset of new 45 minutesArrive (emergency medic p.m.)Historian: Hrecords from trans Onset of symptom Medical record rev note dated March revealed, "Patier Medical record rev note dated March revealed, "pt had no surgery, no hea and benefits pt wa (M.D. #2) ok to giv of a physician's pre 2012, at 6:54 p.m. records" Medical revealed, "pt und waiting for neuro endedical record revealed, "pt und waiting	carotid artery and proximal middle cerebral ole minimal infarct in the right internal capsule" iew revealed the patient was oltal #2 on March 26, 2012. iew of an Emergency Room 2) dated March 26, 2012, (6:19 p.m.)presented to edrtment) with complaints of ms transfer from (Hospital symptoms app (approximately) ed via (Hospital #1's) EMS al service)(6:38 listory obtained from patient, ferring facility. Time course: s reported as sudden" iew of a physician's progress 26, 2012, at 6:52 p.m., at's status is critical." riew of a physician's progress 26, 2012, at 6:52 p.m., and bleed per pt. reviewed risk and bleed per pt. reviewed risk and bleed per pt. reviewed risk and bleed per pt. Review of transfer I record review of a physician's progress note dated March 26, revealed, "Review of transfer I record review of a physician's ed March 26, 2012, at 7:11p.m., changed. will continue with tPA		407				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI A. BUILD		(X3) DATE SURVEY COMPLETED C		
		440091	B. WING	i		I .	23/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 1525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A2407	talking with family, spoke with patient 5 pm (p.m.) and EN symptoms started a yet so that is the in stopped" Medical record reviby Hospital #1 to H documentation reg CT scan of the braz 2:33 p.m. or the CT March 26, 2012, re (spouse)at (Hospital #1)was emergency room angiogram of head showed a distalo around 5:30 pmv management. Beca (Hospital #1) indica 5:00 p.mthought forTPAI stoppe infusionAssessm secondary to interrocclusionLeft he secondary to strok unit)"	ith (M.D. #2)states after stroke started this am (a.m.). I who said symptoms started at MS hand over indicated that at 4 pm. Family was not here formation I went with. tPA was few of the medical records sent ospital #2 revealed no arding the final report of the in dated March 26, 2012, at scan of the brain dated 5:05 p.m. iew of a Consultation dated vealed, "was visiting bital #1)Per the family, who is time of onset, which was a.mstarted ned while (Patient #9) was in immediately taken to the apparently had a CT done at (Hospital #1), which occlusion on the right side, and was transferred to us for further ause the records from ated that the time of onset was to be within the window dithe TPA entAcute ischemic stroke		407			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC		LE CONSTRUCTION		E SURVEY PLETED
		440091	B. WING	i			C 23/2012
	ROVIDER OR SUPPLIER	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOOGA, TN 37404	1 001	LO/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A2407	originally reported, a continued dense neglectcontinues after receiving part large stroke and ris Interview with M.D. 10:28 a.m. in an En Hospital #1, revealed discharge the patieneurologist and negthe brain. Continuenursing staff inform patient's condition, reconsulted and reconsul	ion and then later f onset was different than and so that was stoppedhas left hemiplegia and in ICU (Intensive Care Unit) of the TPA dose. Also with a lk of hemorrhage" #1 on August 22, 2012, at mergency Room office in led M.D. #1 was prepared to nt after consultation with a gative findings from a CT of d interview revealed the led M.D. #1 of a decline in the the neurologist was commended a CT scan of the and M.D. #1 stated, "was window (a specific timeframe in relation to onset of and that's why (neurologist)	A24	407			
A2409	489.24(e)(1)-(2) AF	PPROPRIATE TRANSFER	A24	409			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI A. BUILE		(X3) DATE SURVEY COMPLETED		
		440091	B. WING	i			23/2012
	ROVIDER OR SUPPLIER	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOOGA, TN 37404	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A2409	Continued From pa	ge 11	A24	409			
	medical condition to defined in paragraphospital may not traction to the meaning of paragraphose and (ii)(A) The individual person acting on the transfer, after bobligations under the transfer. The request must be reasons for the request	hospital has an emergency hat has not been stabilized (as oh (b) of this section), the ensfer the individual unless - n appropriate transfer (within agraph (e)(2) of this section); al (or a legally responsible the individual's behalf) requests eing informed of the hospital's his section and of the risk of the in writing and indicate the uest as well as indicate that he the risks and benefits of the					
	1861(r)(1) of the Acthat, based upon the time of transfer, the expected from the medical treatment outweigh the increasin the case of a wo the unborn child, frocertification must cand benefits upon the transferred, a qualification of transferred, a qualification of the and regulations) had described in paraginal transferred.	thin the meaning of section of has signed a certification he information available at the emedical benefits reasonably provision of appropriate at another medical facility ased risks to the individual or, man in labor, to the woman or om being transferred. The ontain a summary of the risks which it is based; or a not physically present in the ment at the time an individual is fied medical person (as hospital in its bylaws or rules as signed a certification raph (e)(1)(ii)(B) of this section as defined in section 1861(r)(1)					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		440091	B. WING	i			23/2012
	ROVIDER OR SUPPLIER	YSTEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOOGA, TN 37404	1 0011	.0/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A2409	medical person, ac subsequently cour certification must of and benefits upon (2) A transfer to an appropriate only in (i) The transferring treatment within its risks to the individual a woman in labor, (ii) The receiving fa (A) Has available of the treatment of (B) Has agreed to and to provide appear within a receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all thereof) related to the individual has put the time of the transferring receiving facility all the receiving facility all th	ultation with the qualified grees with the certification and stersigns the certification. The contain a summary of the risks which it is based. other medical facility will be those cases in which hospital provides medical a capacity that minimizes the ual's health and, in the case of the health of the unborn child;	A24	409			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILI		E CONSTRUCTION	СОМ	(3) DATE SURVEY COMPLETED	
		440091	B. WING	;	AND AND ADDRESS OF THE PARTY OF		C 23/2012	
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE CHATTANOOGA, TN 37404	, 00,	20/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
A2409	personnel and trans required, including the medically appropriated during the transfer. This STANDARD is Based on review of review and interview an appropriate transtwenty sampled path the findings included Review of facility Porecently reviewed a 2009, and titled "EM Treatment and Laborand Transfer of Indi Medical Services reprovide an individual condition such furth treatmentor arranget on another medical is procedures set fortimeansThe physicial required in the procedure of the physicial services in the procedure of the procedure of the physicial of the procedure of the procedure of the procedure of the physicial of the procedure of the procedure of the physicial of t	effected through qualified sportation equipment, as the use of necessary and te life support measures anot met as evidenced by: facility policy, medical record w, the facility failed to ensure sfer for one patient (#9) of ients. Dlicy Number PC-07179 most and/or revised in September MTALA (Emergency Medical or Act) Guidelines - Treatment viduals in Need of Emergency vealed, "The Hospital will all with an emergency medical er examination and ge for transfer of an individual facility in accordance with the in below'Stable for transfer iandeterminesthat the is the capability to manage the	A24	409				
	Patient #9 presente Department on Mar	d to Hospital #1's Emergency ch 26, 2012.						
		ew of Patient Information Date/Time: 1213 (12:13						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		440091	B. WING	;			C 23/2012
	PROVIDER OR SUPPLIER			25	REET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE CHATTANOOGA, TN 37404		<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
A2409	p.m.)Stated Comp Symptoms/Deficits. Medical record revided March 26, 20 "Stated Complaint: (shortness of breath waitingfamily reposituation" Medical record review March 26, 2012, at "reassessed in triareoccurence of slurr strengths. L side factories of a nurse's 12:51 p.m., revealed Doctor - MD #1) not status." Medical record review Department Physical dated March 26, 20 complaint: slurring hourwith L (left) factories waneddecreased Medical record review March 26, 20 "ImpressionNo a abnormality" Medical record review March 26, 2012, at 4 "Dramatic neuro (neurotedincreased sli	plaint: Neurologic" few of a Triage Assessment D12, at 12:23 pm., revealed, Possible Strokeonset SOB h) after walking to surgery orts slurred speechHigh Risk few of a nurse's note dated 12:47 p.m., revealed, age. Noted to have red speech. Equal grip cial droop." Medical record note dated March 26, 2012, at ad, "taken to room(Medical tified of pt (patient) change in ew of an untimed Emergency al History and Assessment 12, revealed, "Chiefduration less than one acial droop that has waxed and blink on Left" ew of a CT (computerized of the brain without contrast 12, at 2:33 p.m., revealed,	A24	409			

	AN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING \(\) COM		E SURVEY PLETED				
		440091	B. WING	ı		1	C 23/2012
	ROVIDER OR SUPPLIER	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE .	(X5) COMPLETION DATE
A2409	Assessment dated "Disposition Discrete family pt dysarthria and I am uncertain with (neurologist) w D/C (discharge) with p.m.)densely herrore (neurologist)onse Recommended (Horevealed no docum communication with (Hospital #2). Medical record revidated March 26, 20 documentation regard (Hospital #2; approsent with the patien (Hospital #2) to who Continued review resisks regarding tranand included, "Diawith L side neglectstabilized within reastandards. No further result of transfer	ew of the Physical History and March 26, 2012, revealed, ussed with pt (patient) and seems more prounounced of Bell's PalsyDiscussed tho requests MRI. If negative the steroids)(4:00 niplegic on L. Call the greater than 3 hours. It is possible from the prize of the patient has been as onable medical care are deterioration is likely as a pate/Time 3/26/12/(4:13 fransferto the service of	A24	409			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		(X3) DATE SURVEY COMPLETED		
		440091	B. WING)			C /23/2012
	PROVIDER OR SUPPLIER IAL HEALTHCARE SY	-		25	EET ADDRESS, CITY, STATE, ZIP CODE 125 DESALES AVE HATTANOOGA, TN 37404		23/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES /MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BF	(X5) COMPLETION DATE
	of the right internal of portion of the right in arteryQuestionable anterior limb of the right in arteryQuestionable in arteryQuest	psuleImpressionOcclusion carotid artery and proximal middle cerebral le minimal infarct in the right internal capsule" ew of a nurse's note dated 5:34 p.m., revealed, "Will sfer." ew revealed no documentation or condition of the patient at lew of an Emergency Room of attention of the patient at lew of an Emergency Room (6:19 p.m.)presented to ed ment) with complaints of the stransfer from (Hospital symptoms app (approximately) levia (Hospital #1's) EMS I service)(6:38 story obtained from patient, pering facility. Time course: reported as sudden" ew of a physician's progress 5, 2012, at 6:52 p.m., s status is critical."	A24	109			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		440091	B. WING		****		C /23/2012
	PROVIDER OR SUPPLIER	/STEM, INC		2525	ET ADDRESS, CITY, STATE, ZIP CODE 5 DESALES AVE ATTANOOGA, TN 37404	1 001	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A2409	p.m., revealed, "Re Medical record revinote dated March 2 revealed, "pt unch waiting for neuro ex Medical record revinote dated March 2 revealed, "spoke witalking with family, spoke with patient v5 pm (p.m.) and EM symptoms started a yet so that is the inf stopped" Medical record review Hospital #1 to Hodocumentation regarded CT scan of the brain 2:33 p.m. or the CT March 26, 2012, at Medical record review March 26, 2012, at Medical record review March 26, 2012, at (spouse)at (Hospital #1)was it emergency rooma angiogram of head of showed a distaloc around 5:30 pmwamanagement. Beca (Hospital #1) indicated	eview of transfer records" iew of a physician's progress 26, 2012, at 7:11p.m., hanged. will continue with tPA val (evaluation)." iew of a physician's progress 26, 2012, at 7:27 p.m., ith (M.D. #2)states after stroke started this am (a.m.). I who said symptoms started at MS hand over indicated that at 4 pm. Family was not here formation I went with. tPA was ew of the medical records sent ospital #2 revealed no arding the final report of the n dated March 26, 2012, at scan of the brain dated 5:05 p.m. ew of a Consultation dated vealed, "was visiting ital #1)Per the family, who it ime of onset, which was a.mstarted and while (Patient #9) was in immediately taken to the apparently had a CT done at (Hospital #1), which colusion on the right side, and as transferred to us for further ause the records from ted that the time of onset was so be within the window	A24	.09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		I IDENTIFICATION NUMBER		LTIPLE DING_	(X3) DATE SURVEY COMPLETED		
		440091	B. WING				C 23/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		252	ET ADDRESS, CITY, STATE, ZIP CODE 25 DESALES AVE IATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
A2409	secondary to international occlusionLeft her secondary to stroke unit)" Medical record reviet dated March 26, 20 started a TPA infusi discoveredtime of originally reported, a continued dense I neglectcontinues after receiving particular at the stroke and risi linterview with M.D. 10:28 a.m. in an Em Hospital #1, revealed discharge the patier neurologist and negthe brain. Continued nursing staff informed patient's condition, to reconsulted and r	entAcute ischemic stroke all carotid artery niplegia left hemi neglect,Admit to ICU (intensive care ew of a History and Physical 12, revealed, "basically had on and then later onset was different than and so that was stoppedhas eft hemiplegia and in ICU (Intensive Care Unit) of the TPA dose. Also with a cof hemorrhage" #1 on August 22, 2012, at hergency Room office in a d M.D. #1 was prepared to not after consultation with a ative findings from a CT of a interview revealed the ed M.D. #1 of a decline in the he neurologist was ommended a CT scan of the land M.D. #1 stated, "was window (a specific timeframe relation to onset of and that's why (neurologist) dospital #2)." Continued M.D. #1 did not recall Hospital #2 regarding the land M.D. #1's communication cility was usually documented	A24	109			

PRINTED: 04/03/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE	E SURVEY PLETED
		440091	B. WING		1 . ') 12/2012
NAME OF PROVIDER OR SUPPLIER MEMORIAL HEALTHCARE SYSTEM, INC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	TREET ADDRESS, CITY, STATE, ZIP GODE 2525 DESALES AVE CHATTANOOGA, TN 37404 PROVIDERS PLAN OF CORRECT	.t.	(Xe)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	YMUST BE PRECEDED BY FULL SC (DENTIFYING (NFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIACE	DATE
A 000	On June 12, 2012 # TN-329876 was Healthcare System compliance with Re Responsibilities of Hospitals in Emerg 489.20 and 489.24 provide adequate " number 3; fallure to Orthopedic surgeo appropriate transfe Immediate Jeopara notified of the imm 2013. 489.20(I) COMPLI. [The provider agre defined in §489.24 This STANDARD Based on medical review, and intervipatients who are to have been seen by and received stable	an investigation of complaint conducted. Memorial in the was found out of squirements for the Medicare Participating tency Cases 42 CFR Parts. The fallure of the facility to On-Call" services for patient or provide on-call services of an in; and failure to provide an ir placed patient number 3 in dy. The administrator was adiate Jeopardy on April 3, ANCE WITH 489.24 es, I in the case of a hospital as (b), to comply with §489.24. Is not met as evidenced by: I record relivew, facility policy ew, the facility failed to ensure ansferred to another facility y qualified on-call physicians lizing treatment before being ther hospital for one (#3) of	A 240	This Plan of Correction Is subr provide credible evidence of co of any alleged EMTALA defice that CMS may determine that no immediate threat to the he safety of any individual, and to may rescind the proposed ter of the Hospital's provider ag This Plan of Correction is admission that the alleged de exist, and may not be used in a	errection lency so there is ealth and hat CMS mination reement. not an ficiencies any other	4/12/13
A2404	The findings included	ded: 2404	Ą24	04		(XS) DATE

Any defidiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing It's 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.

Facility ID: TNP53171

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR INICUICARE & MICDIOAID SCRAIGES						OMETIC: COVO VAL.	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY GOMPLETED	
		440091	B. WING			C 06/12/2012	
	ROVIDER OR SUPPLIER AL HEALTHCARE SY			2.1	IEET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE HATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Tement of deficiencies Ymust be preceded by full. SC Identifying information)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)) BE.	(X6) COMPLETION DATE
A2404	IThe hospital (inclureceiving hospitals) physicians who are examination to provite atment necessar an emergency med \$489.24(j)(1) Each hospital must physicians on its most meets the nee who are receiving section in accordance in the section in accordance are receiving section in accordance.	ding both the transferring and , must maintain] a list of on call for duty after the initial vide further evaluation and/or y to stabilize an individual with loal condition. maintain an on-call list of edical staff in a manner that ds of the hospital's patients services required under this now with the resources.	Α2-	404	concluded September 30, 2 Appendix 3. Monitoring: ED Director will produce the control of the c	onse. three toring 2012 covide on for nittee edical	9/30/12
	available to the hos of on-call physician §489.24(j)(2)(i) The hospital must he procedures in place which a particular son-call physician or circumstances beyon §489.24(j)(2)(ii) The hospital must in procedures in place services are available patients with emergelects to permit onelective surgery ducall or to permit onsimultaneous on-call the STANDARD is Based on medical the facility failed to	pital, including the availability is. nave written policies and a to respond to situations in specialty is not available or the annot respond because of and the physician's control. have written policies and a to provide that emergency ble to meet the needs of gency medical conditions if it call physicians to schedule ring the time that they are on call physicians to have all duties. Is not met as evidenced by: record review and interview, consult the on-call Orthopedic lifty before transferring the			Committee of the E	soard. be NO of ED I for 2013. review I staff ate to edical	2/1/13

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		440091	B. WING	š	Aprilla de la companya de la company	1	ੁ 12/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		2	EET ADDRESS, CITY, STATE, ZIP CODE 826 DESALES AVE HATTANOOGA, TN 37404	:	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ntement of deficiencies Ymusy be preceded by full. SC identifying information)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8世	COMPLETION DATE
A2404	Continued From pa		. A2	404			-
	presented to the Enhospital #1 on May complaints of havir retaining wall to co record review reversal to the right ship 1-10 with 10 being Review of the Physis 17, 2012, revealed surgeon on call. Revealed no docum surgeon was constituted in the Physis 17, 2012, revealed to docum surgeon was constituted in the Physis 18, 200 m, revealed the Physis 200 m, revealed whether Orthopedi Physis 200 m, revealed the pattern accepted the pattern applied to the lower Telephone interviet the ED on June 12 the Medical Direct and Nurse Practitic and Nurse Practitics.	lew revealed patient #3 mergency Department (ED) of 17, 2012, at 11:07 p.m. with ng jumped twenty feet from a norete. Continued medical aled the patient complained of in at a level of 10 on a scale of the worst possible pain. Scian On-call Schedule for May if there was an Orthopedic sylew of the ED record tentation the Orthopedic uited about the patient. W with the Physician Assistant 012, at noon in the conference patient was already na case. Continued interview build have called the Orthopedic thospital #1 if hospital #2 had pt the patient. Continued it depends upon the case as to cs would be consulted but the mp of twenty feet to be a erview revealed hospital #2 int immediately so the patient transfer and splints were not					

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
}		440091	B. WING	**************************************	1	C 12/2012
NAME OF P	ROVIDER OR SUPPLIER	440081		TREET ADDRESS, CITY, STATE, ZIP CODE	1 007	12/2012
}	AL HEALTHCARE SY	etem, inc		2525 DESALES AVE CHATTANOOGA, TN 37404	; ;	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECECED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION	DBE .	(X6) COMPLETION DATE
A2404	Interview revealed probably have called on-call to let them plans to transfer the with the Medical Diorthopedic trauma with the Mdelcal Dimust consider the physicians felt received.	age 3 adic Surgeon, Continued the Medical Director "would ad the Orthopedic Surgeon know the type of injury and e patient". Further interview irector revealed the patient met criteria. Continued interview irector revealed the physician mechanism of injury and the ardless of having orthopedics I #1, the patient needed a	A240	14		
A2409	14, 2012, at 1:30 p hospital #1 was no mechanism of injur twenty feet. Contin physician felt the p trauma surgeon in Further interview napplied because it and there would ha if splints were not	w with physician #2 on June o.m., revealed orthopedicas at t consulted because of the ry with the patient falling from ued interview revealed the atient should be evaluated by a case there were other injuries. evealed splints were not ne fractures were not unstable ave been no threat to the Ilmbs applied. PPROPRIATE TRANSFER	A240	og Plan begins on page 7		
	medical condition of defined in paragral hospital may not in (i) The transfer is a the meaning of parand (ii)(A) The individuperson acting on the transfer, after it	thospital has an emergency that has not been stabilized (as ph (b) of this section), the ansfer the individual unlessan appropriate transfer (within ragraph (e)(2) of this section); al (or a legally responsible the individual's behalf) requests being informed of the hospital's this section and of the risk of				

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIET/CLIA IDENTIFICATION NUMBER:	(X2) MU		(X3) DATE SURVEY COMPLETED		
AND PLAN O	F CORRECTION	IOCITO IOMIONINOMENTO	A. BUILI	``EDNIC			o .
		440091	B. WING			06/	12/2012
1	ROVIDER OR SUPPLIER AL HEALTHCARE SY	stem, inc		25	EET AODRESS, CITY, STATE, ZIP CODE 526 DESALES AVE HATTANOOGA, TN 37404	,	<u>;</u>
(X4) ID PREFIX TAG	(FACH DEFICIENC)	NEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) GROSS-REFERENCED TO THE APPROPRIES (CORRECT)) BE	(X5) COMPLETION DATE
A2409	reasons for the red	nge 4 be in writing and indicate the uest as well as indicate that he the risks and benefits of the	A2	409	Plan begins on page 7	•	
	1861(r)(1) of the Adhat, based upon the time of transfer, the expected from the medical treatment outwelgh the incretine the unborn child, frogriffication must controlly.	ithin the meaning of section of) has signed a certification ne information available at the e medical benefits reasonably provision of appropriate at another medical facility ased risks to the individual or, or in labor, to the woman or om being transferred. The contain a summary of the risks which it is based; or					
	emergency depart iransferred, a qual determined by the and regulations) he described in parag after a physician (a of the Act) in consu- medical person, as subsequently cour certification must of and benefits upon					7	
	appropriate only in (i) The transferring treatment within its	nother medical facility will be a those cases in which- I hospital provides medical a capacity that minimizes the ual's health and, in the case of the health of the unborn child; acility					

STATEMENT AND PLAN C	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI A. BUILL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		440091	B. WING			1	0 1 2/2012
1	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		28	EET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE HATTANOOGA, TN 37404	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVEACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X6) COMPLETION DATE
A2409	for the treatment of (B) Has agreed to a	pace and qualified personnel	A2	409	Plan begins on page 7	•	s
	recelving facility all thereof) related to to the individual has p the time of the tran history, records rela emergency medica	y hospital sends to the medical records (or copies he emergency condition which presented that are available at sfer, including available at led to the individuals of condition, observations of					
	of diagnostic studies tudies, treatment and the informed w (or copy thereof) re (il) of this section, any on-call physicity of this section) who	, preliminary diagnosis, results as or telephone reports of the provided, results of any tests written consent or certification equired under paragraph (e)(1) and the name and address of an (described in paragraph (g) b has refused or failed to					
	necessary stabilizing (e.g., test results no records not readily	asonable time to provide ag treatment. Other records of yet available or historical available from the hospitats as soon as practicable after					
	personnel and tran	effected through qualified sportation equipment, as the use of necessary and ate life support measures				,	
	Based on medical review, and interview patient with multiple	is not met as evidenced by: record review, facility policy w the facility failed to ensure a e orthopedic injuries was ed with intravenous access					,

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ECONSTRUCTION	(X3) DATE	SURVEY PLETED
		440091	B. WING			,) 2/2012
111112 05 5	DAVIDED OD ALIDDI ICO	440001	2,,.		EET ADDRESS, CITY, STATE, ZIP CODE	1 00/	
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	stem, inc		25	er Address, Git, State, 27 code 125 desales ave Hattanooga, TN 37404	.:	*
rya in	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	└──Т	PROVIDER'S PLAN OF CORRECTIO	N .	(X6)
(X4) ID PREFIX YAG	(EACH DEFICIENC)	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE !	COMPLETION DATE
						:*	
A2409		_	A24	409	Tag 2409 489.24(e)(1)(2)	,	6/25/12
	and splints for ortho	opedic injuries before transfer or one (#3) of thirly pallents			146 2403 403124(0)(2)(2)		
	reviewed.	, one (110) of thing parameter			The Hospital revised	its	
	The findings include	orl·			comprehensive EMTALA poli-	cy to	1
	The mange monda	ou.			ensure compliance with all EM	1TALA	
	Medical record revi	iew revealed patient#3 nergency Department (ED) on			requirements so as to prov	ide a	
	May 17, 2012, at 1	1:07 p.m., with complaints of			more comprehensive policy	that	
	having jumped twe	nty feet from a retaining wall to			accurately and fully pro	ovides	
	concrete. Continue	d medical record review It complained of pain to the		ļ	direction to all emer	gency :	
į	right shin at a level	of 10 on a scale of 1-10 with			department staff on the proce	dures	
	10 being the worst	possible pain.		-	•	сору	
	Medical record revi	iew revealed the Physician			of the revised Policy is attach	ed to	
	Assistant assessed	I the patient at 11:31 p.m. and			this Plan of Correction at App	:	2
	found the patient to necleuricular swelling	have "left ankle with ng and tender to palpation;			1. The revised policy was acc	epted '	
	extension and flexo	or intact. Range of Movement			by the Medical Executive Comr	-	•
	in ankle limited in a	inkles bilaterally due to pain. veiling and tender to touch and			and was approved by the Boa		
İ	palpation; extensor	s and flexors intact. Distal			Directors on June 25, 2012.		
1	pulses equal and p	resent x4".			-		
	Medical record revi	lew revealed the patient was			Monitoring: The Hospital Po	-	
	assessed at 11:16	p.m., by the Triage Nurse who			reviewed and revised annually		: •
	onto concrete from	(patient) jumped off a ledge 15-20 feet up. Both ankles are			as needed, to ensure compliant	æ.	
	swollen and scratci	hed up. Pt. Also complains of			Responsible Person: Asso	ociate	
	pain to right shin*	•			Corporate Responsibility Office		
1	Medical record revi	lew revealed the patient was			Corborate vesbousingth office	1	
1	assessed by nursir	ng at 11:20 p.m. and stated 10 on a scale of 1-10 with 10			Completion Date: June 25, 201	2	
1	pain was at a level being the worst pal	U. TO OUT A SOCIE OF ILLIA MILL TO			•		ì
							-
	Medical Lecold LeA	iew revealed the patient had an					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		440091	B. WING	i		1	C 12/2012
NAME OF F	ROVIDER OR SUPPLIER	110001	I	STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 001	ILIKU IK
l	AL HEALTHCARE SY	STEM, INC		21	626 DESALES AVE HATTANOOGA, TN 37404	!	, in the second
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	COMPLETION DATE
A2409	IV (Infravenous line started at 12:24 a.m. Continued review in Dilaudid (pain relief Zofran (anti-nausea another dose of Dilaudid (pain relief Zofran (anti-nausea another dose of Dilaudid (pain revealed in Physician As untimed, revealed in X-rays with (named further imaging vertransfer. Spine is in palpation. (named judicepts transfer of 12:46 a.m". Review of the transfer of 12:46 a.m". Review of the transfer of 12:46 a.m". Review of the transfer standards. No furth result of the transfer Medical record revitransported to hosp 1:35 a.m., per amb. Review of the Eme #2 dated May 18, 2 statement by the Einhospital #1) and sp #2). Told him stable had been removed	into vein to administer fluids) in., in the left antecubital area. sevealed the patient received i) 0.5 mg (milligrams) iV and ii) 4 mg at 12:30 a.m., and audid 0.5 mg IV at 12:55 a.m. ew of a medical note written isistant on May 17, 2012, and iDiscussed and review all physician #2). We discussed sus transfer. Agreed to on-tender to touch and ohysician) at hospital #2 patient per transfer center at ifer form dated May 17, 2012 in for transfer was "health red are not available at). The patient has been asonable medical care er deterioration is likely as a ir". ew revealed the patient was lital #2 on May 18, 2012, at		109	revised EMTALA policy and protraining to all emergedepartment medical staff and staff related to the changes to EMTALA policy. The revised policy was presented to ED medical staff and ED staff during trastaff meetings and re-trasessions. EMTALA education provided to all ED medical staff ED staff to review EM requirements for me stabilization and document prior to transfer to another father to transfer to another father to the father	vided gency d ED o the draft edical aining was ff and tralA edical cation cility. datory were h 06- by all hooga d ED the fficer, Nurse the ector. an	6/30/12
	Standard of Care -	Ormopeaic Emergencies			eLEARN module requirement f	or all	

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
	440091	B. WING_		C 06/12/2012
NAME OF PROVIDER OR SUPPLIER MEMORIAL HEALTHCARE SYS	TEM, INC	s	Treet Address, City, State, Zip Code 2828 Desales ave Chattanooga, TN 37404	<i>y</i> ;
PREFIX (EACH DEFICIENCY)	EMENT OF DEFICIENCIES MUST DE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH GORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION DATE
treatment and managorthopedic emergence include the following: Medical record review May 18, 2012, at 1:56 started in the patient: Telephone interview (PA) on June 12, 201 room, revealed the paconsidered a frauma revealed an IV is usual is transferred to anoth interview revealed " pattents to have IV and Telephone interview the ED on June 12, 2 most patients have a transferred. Continue Director revealed " ambulance from one have an IV". During interview on Jin the conference rook confirmed the patient present on transfer a required to have IV a Telephone interview 14, 2012, at 1:30 p.m. applied because the	201025, revealed "The gement of the patient with an cy to any extremity may: 8. Obtain IV" w of a nursing note dated 9 a.m., revealed an IV was is left hand at hospital #2. with the Physician Assistant I2, at noon, in the conference eatient was already case. Further interview ually in place when a patient their facility. Continued believe it is protocol for occess with transfer". with the Medical Director of 2012, at 12:10 p.m., revealed in IV in place when ed interview with the Medical Any patient who goes by facility to another should fune 12, 2012, at 1:30 p.m., om, the ED Director t did not have IV access and all transfer patients are access. with physician #2 on June in revealed splints were not fractures were not unstable to been no threat to the limbs	A240	practitioners and phy assistants) and ED staff. Email to eLEARN administrator by Director requesting EN assignment on 05-31-12. The Lamodule requirement addressit without limitation, EMTALA to the obligations of On-Call physicans, including timely person response, medical screen examinations, stabilizing treating including awareness of	sician I sent y ED ATALA EARN essed, pasics, sicians tment y in- eening atment and access, on and ent the spond) Idition, rovided EEARN ated to

PRINTED: 04/03/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN	T of deficiencies of correction	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	IER/CLIA (X2) MULTIPLE CONSTRUCTION UMBER: A. BUILDING			
		440091	B. WING		C 06/12/2012	
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2526 DESALES AVE CHATTANOOGA, TN 37404	1 001/2/2012	
(X4) ID PREFIX TAG	i (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL COMMITTEN THE STATE OF	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO	NOTE COMPLETION	
A2409	on June 14, 2012, a are usually fransferr Continued Interview unaware there was i	ge 9 Interview with physician#2 Interview with physician#2 Interview with physician#2 Interview with IV access in place, revealed physician#2 was IV access during the Interview wanted one"	A240	Monitoring: The Hospital more EMTALA education through the of eLEARN documentation, signed the Medical Staff members staff. The completion roster eLearn modules are tracked ensure all staff complete required courses. Responsible Person: Asso Corporate Responsibility Officer Completion Date: June 30, Appendix 2, CRO focused train Appendix 6 LEARN annual modules.	e use gn in d by and rs of I to the ciate	
				The hospital implemented expanded checklist for staff float to the ED May 25, 2012. Subseque monitoring for IV access was done Monitoring: FY13 Quarter 1 – access continued through trans the Hospital reviewed 100% transfers (37) Responsible Person: ED Directo CNO Completion Date: September 2012 Results – 100% compliance (37/3)	ent	
NACNA OFFI	(02-99) Previous Versions Ob	Solele Event IIV NC7C14		Appendix 3,	"'	

Facil Certificate of Transfer document et Page 10 of 10 Appendix 4.

PRINTED: 04/03/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDERS AND PLAN OF GORRECTION IDENTIFICAT		(X1) PROVIDENSUPPLIERCLIA IDENTIFICATION NUMBER:	PPLIERICLIA (X2) MULTIPLE CONSTRUCTION N NUMBER: A, DUILDING			COMPLETED	
		440091	B. WING			, ,	3/2012
	ROVIDER OR SUPPLIER	<u> </u>			EET ADDRESS, CITY, STATE, ZIP CODE 525 DESALUS AVE	,,	
MEMORI	al Healthcare sy	(STEM, INC		C	HATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROBS-REFERENCED TO THE APPROP DEFICIENCY)) BE •	DATE COMPLETION (X6)
A 000	INITIAL COMMEN	тв	Α	000	Tag A 000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
A2400	complaint # TN-30 Healthcare Systen compliance with R Responsibilities of Hospitals in Emery 489.20 and 489.24 proyide adequate Stabilization of ED provide on-call set falling to provide a patient number 9 i administrator was Jeopardy on April 489.20(I) COMPLI	, 2012 an investigation of 311 was conducted. Memorial n, inc, was found out of equirements for the Medicare Participating gency Cases 42 CFR Parts i, The failure of the facility to Medical Screening, and patient number 9; failure to rvices of a neurology MD; and appropriate transfer placed in immediate Jeopardy. The notified of the immediate 3, 2013. ANCE WITH 489.24 Des.] in the case of a hospital as 4(b), to comply with §489.24.		2400	This Plan of Correction is submitted provide credible evidence of correct of any alleged EMTALA deficiency is that CMS may determine that then no immediate threat to the health safety of any individual, and that C may rescind the proposed termina of the Hospital's provider agreement in Plan of Correction is not an admission that the alleged deficient exist, and may not be used in any context or for any purpose, other as set forth below.	e is and important includes other	
	Based on medice and protocol review and interview, the of on-call physicial treatment, and fall transfer for one patients reviewed. The findings inclusively physician of-call physician of-call	ded: 2404 for falling to maintain a list 2407 for falling to provide			Tag A 2400 Please see plan of correction under A-2404, A-2407 and A-2409. Tag A 2404 The Hospital complies with 489.24 and 489.24(j)(1) and (2) by maintain On-Cali roster, and adopting a enforcing the On-Call Policy and to the control of the c	O(r), alning and	
A2404	Please rofer to A- apporpriate trans	2409 for failing to provide	A	240	EMTALA Policy, and providing per education.	, , , , ,	(VA) DATE

Any felicioncy statement ending with an asterisk (*d denotes a delicioncy which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the pullonts. (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.

PRINTED: 04/03/2013 FORM APPROVED OMB NO. 0938-0391 (xs) pate survey

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/GLTA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING			C	
		440091	B. WING	3		,	23/2012	
MEMORI	ROVIDER OR SUPPLIER AL HEALTHCARE SY SUMMARY STA		ID PREI	1X	REET ADDRESS, CITY, STATE, ZIP CODE 1520 DEBALES AVE CHATTANOOGA, TN 37404 PROVIDERS PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL	13 14 5	(X6) GOMPLETION	
(X4) ID PREFIX TAG A2404	Continued From part PHYSICIANS §489.20(r)(2) [The hospital (Inclurecelving hospitals physicians who are examination to protect the new part of the pa	Iding both the transferring and), must maintain a list of a on call for duty after the initial vide further evaluation and/or ry to stabilize an individual with dical condition. I maintain an on-call list of nedical staff in a manner that eds of the hospital's patients services required under this noe with the resources spital, including the availability ns. have written policies and se to respond to situations in specialty is not available or the cannot respond because of your difference with the physician's control. have written policies and se to provide that emergency argency medical conditions if it n-call physicians to schedulo uring the time that they are on n-call physicians to have	A2	ΊX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	y on oup gency he on-sician Room he will oke	COMPLETION DATE	
	This STANDARD Based on review	is not met as evidenced by: of facility policy, review of				,,		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION MUMBER:		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
	440091	B. WING_		08/23/2012	
NAME OF PROVIDER OR SUPP	E SYSTEM, INC	E	STREET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOGA, TN 37404 PROVIDERS PLAN OF CORREC	OTION (COMPLETI	
ORECTY I CEACH DEFIC	IENCY MUST BE PRECEDED BY FULL OR LSC (DENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APPL DEFICIENCY)		
observation, at	m page 2 com On-Cali Schedules, nd interview, the facility falled to of on-call neurologists.	A240	for on call notification and Data reflects 100% compliance	transfers 6/25/1:	
The findings in Review of facility review	icluded: lity Policy Number PC-07179 most ved and/or revised in September		months, therefore n concluded. Appendix 3. At the of ED CQI, 100% of ED transfer reviewed beginning February	direction :	
2009, and little Treatment and and Transfer of Medical Service	d "EMTALA (Emergency Medical I Labor Act) Guidelines - Trealment of Individuals in Need of Emergency pes revealed, "The Hospital shall		Appendix 5. Monitoring: Per ED CQI, tra	nsfer case ended and	
specialists and to examine an emergency man Office, on a m	i-call list of physicians, including I sub-specialists who are available d treat an Individual with an edical conditionThe Medical Stalf onthly basis, creates the epartment ("ED") on-call	1	medical staff action will be appropriate to ensure compliance of the service of t	ance. Associate er	
Rosterthe E rostersThe c categories of	pariment (ED) official D will maintain the on-call on-call roster is divided into medical specialilesspecialties e not limited toNeurology"		Completion Date: June 25, 20	112	
dated January documentation	ergency Room On-Call Schedules r-July 2012, revealed no n regarding on-call neurologisis.			*	
an Emergence list of on-call page 2015	on August 21, 2012, at 4:47 p.m. at y Room nurse's station, revealed a physicians that identified the included a physicians name and the Continued as the supply revealed the) 1 }.	
specialties ind	nber. Continued review revealed th studed neurology with a telephone no documentation regarding of an on-call neurologist.	6		:,	
Telephone Int	erview with Registered Nurse (RN)			,	

	OF DEFICIENCIES OF CORRECTION			(X3) DATE SURVEY COMPLETED	
		440091	B. WING		08/23/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		STREET ADDRESS, CITY, STATE, ZIP COT 2628 DEBALES AVE CHATTANOOGA, TN 37404	DE .
(X4) ID PREFIX TAG	(EACH DEFICIENC	Tement of Deficiencies Ymust be preceded by Fuli. SC (Dentifying Information)	PREFID TAG		CONTRIGION IN THE PROPERTY OF
Λ2404 Α240 7	On-Call Schedule f phone number to co required. RN #1 sta the care of a neuro otherwise we just of 489.24(d)(1-3) STA	or August 23, 2012, included a all when neurology was ated, "If (a) patient (is) under logist we call their neurologist, all this onswering service" BILIZING TREATMENT	Λ24 Α24	Tag 2407 489.24(d) The Hospital complies with	489.24(1-3)
	paragraph (d)(2) of (whether or not elig comes to a hospita that the individual frondition, the hospita that the individual frondition, the hospital that the individual frondition and treatment of the medical condition. (2) Exception: App (i) if a hospital has paragraph (a) of this section. (2) Exception: App (i) if a hospital has paragraph (a) of thindividual to have a condition, and adminpatient in good farmergency medical satisfied its special section with respection with respection with respection and individual to have a condition in the was admitted diagnosis or treatment of the participation for hospital is reparticipation for hospital in the same factor in the same fact	of the individual to another coordance with paragraph (e) dication to inpatients. screened an individual under is section and found the in emergency medical lits that individual as an ith in order to stabilize the il condition, the hospital has responsibilities under this it to that individual interpricable to an inpatient for elective (nonemergency)		by ensuring the hospital pro- appropriate stabilizing treat the hospital's capacity and o to all patients who present: Emergency Department wit emergency medical condition appropriate transfer. All ED staff (including physion nurses) were provided re-tracurrent stroke protocol, to p of the stroke guidelines for a dministration where appro- on the patient's condition, a stabilizing treatment under within the Hospital's capabil Appendix _2_ Didactic t-PA protocol training content. Emergency Center Protocol Acute Stroke. Training and e plan includes ensuring all ne physicians as well as staff ar on leave receive training. The	evides iment within capabilities to the h an on, or an clans and alning on promote use t-PA priate based is a form of EMTALA lities. and Appendix 12 for t-PA in education ew staff and ind physicians he Hospital

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED COMPLETED	
		440091	B. WING			08/	23/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE S'	YSTEM, INC		28	EET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE HATTANOOGA, TN 37404	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX YAG	たいいし いただいだがい	ATEMENT OF DEFICIENCIES LYMUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROBS-REFERENCED TO THE APPROF DEFICIENCY)	י שנט	(X6) COMPLETION DATE
A2407	(d)(1)(i) of this see individual if the ho further medical exdescribed in that pindividual (or a perbehalf) of the risks of the examination individual (or a perbehalf) does not direatment. The midescription of the if applicable, that the individual. The reasonable steps informed refusel (his or her behalf), indicate that the prisks and benefits treatment, or both This STANDARD Based on review medical record refailed to provide a patient (#9) of two 2009, and tilled "Treatment and Le and Transfer of It Medical Services an individual services and individual serv	sent to treatment, the requirements of paragraph (iton with respect to an spital offers the individual the amination and treatment the paragraph and informs the reson acting on the individual's and treatment, but the reson acting on the individual's cand treatment, but the reson acting on the individual's consent to the examination or edical record must contain a examination, treatment, or both was refused by or on behalf of the hospital must take all to secure the individual's written or that of the person acting on The written document should the examination or the examination or the individual of the examination or the examinatio		407	11/12 and hired a stroke coordina 2/13 to promote appropriate stromanagement. Monitoring: ED Director to track compliance for completion of train Appendix _3_ Training completion reports Responsible Person: ED Director/of Completion Date: April 18, 2013. Monitoring is ongoing. ED physicians were provided retrain to EMTALA, including the physician certification requirements for an appropriate transfer, including the requirement that the physician's certification be specific enough to a complete picture of the benefits expected from appropriate care a receiving (recipient) facility and the transfer, including the time away an acute care setting necessary to the transfer. Appendix _4 Monitoring: Hospital monitors to on new policies and procedures to maintaining sign in sheets and attestations signed by the Medical	tor ke ning; n CNO sining an e o give s to be at the he from p effect aining	6/25/12
						untion etc	of Page 5 of 2

PRINTED: 04/03/2013 FORM APPROVED OMB NO. 0938-0391 (X8) DATE SURVEY

١	TATEMENT	of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			E CONSTRUCTION	COMPLETED	
1	ND PLAN O	CORRECTION	INDIA ILIONI CIA HOMOZIA	A, BUILL	hilder"			;
			440091	B. WING			08/2	3/2012
-		ROVIDER OR SUPPLIER AL HEALTHCARE S			2	Bet Address, City, State, Zip Code 528 Desales ave Shattanooga, TN 37404		;
-	(X4) ID PREFIX TAG		ATEMENT OF DEFIGIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMAT(ON)	ID PREF TAG	IX }	PROVIDERS PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE I	COMPLETION DATE
	A2407	Continued From pas required to stable condition, within the stabilizemeanti medical treatment necessary to assuprobability, that no condition is likely the transfer of the Review of facility is most recently review 2010, revealed, " (Gerebrovascular. To establish guide CVA/Stroke patier Emergency Center receive the following physician to deter thrombolytic (disserview of an Emet-PA (tissue plasmotots and restores dated August, 200 Neurologist of polithe following exclusive symptoms (IV(intravenous) to hours of onset of (Computerized To intracranial bleed (Emergency Root answer to any of the patient is not answer to all the	age 6 ilize the emergency medical a capability of the HospitalTo the patient is provided such of the condition as is re, within reasonable medical material deterioration of the to result from or occur during patient" Policy Number FCC-01070 and sewed and/or revised in JanuaryTitle Standard of Care - CVA Accident) or StrokeOutcome; lines in the treatment of a atA patient who arrives at the ar with CVA or stroke may mine if patient meets criteria for colution of blood clots) therapy' orgency Center Protocol For altogen activator - dissolves blood flow) in Acute Stroke 16, revealed, "NOTIFY on call cential t-PA candidateReview usion criteriaAre the patient's greater than 3 hours old? -PA must be given within 3 stroke symptomsDoes the CT to mography) brain demonstrate or mass effectSoreening ER m) Physician Signature if the the above questions is 'YES', a candidate for t-PAIf the above questions is 'NO', the		407	members and staff. Responsible Person: Corporate Responsibility Officer Completion Date: June 25, 2012. Monitoring is ongoing.		
		Neurologist that p	candidate for t-PANOTIFY eatlent IS a t-PA candidate"				;	

PRINTED: 04/03/2013 FORM APPROVED OMB NO. 0938-0391 (X8) DATE SURVEY COMPLETED

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:			ECONSTRUCTION	(X3) DATE COMI	SURVEY
AND PLAN C	P CORRECTION	IDELETIS IONITATE DE MANAGE	A. BUILI	भारत-		١٠	;
ļ		440091	B. WING			08/2	3/2012 i
1	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		20	EET ADDRESS, CITY, STATE, ZIP CODE 828 DESALES AVE HATTANOOGA, TN 37404	;; ì.	1
	minaland on	TEMENT OF DEGICENCIES	ID	١	PROMINED'S DI AN OF CORRECTIO	N	(X6) GOMPLETION
(X4) ID PREFIX TAG	(EACH DEFICIENC REGULATORY OR L	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DAYE
A2407	Continued From pa	nge 6	A2	407	•	ì	
	Patient #9 present Department on Ma	ed to Hospital#1's Emergency rch 26, 2012.				n	,
	Medical record rev	iew of Patient Information Date/Time: 1213 (12:13 plaint: Neurologic					
	dated March 26, 20 "Stated Complaint: (shoriness of breat	iow of a Triage Assessment 212, at 12:23 pm., revealed, Possible Strokeonset SOB in) after walking to surgery orts slurred speechHigh Risk			·	***	} :
	March 26, 2012, at "reassessed in it reoccurence of stu- strengths. L. (left) s record review of a 2012, at 12:51 p.m.	lew of a nurse's note dated i 12:47 p.m., revealed, iage. Noted to have rred speech. Equal grip Ido (acial droop." Medical nurse's note dated March 26, i., revealed, "taken to room MD #1) notified of pt (pationt)		,			
	Department Physic dated March 26, 2 complete: sturring	lew of an untimed Emergency cal History and Assessment 012, revealed, "Chief duration loss than one droop that has waxed and d blink on Left"		•		*, . *,	
	tomography) scan	lew of a CT (computerized of the brain without contrast 012, at 2:33 p.m., revealed, acute intracranial				;	

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A. BUILDING_ ·C 08/23/2012 440091 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2526 DESALES AVE MEMORIAL HEALTHCARE SYSTEM, INC CHATTANOOGA, TN 37404 PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) OWNERTION ID PREFIX (X4) ID PREFIX TAG A2407 A2407 Continued From page 7 Medical record review of a nurse's note dated March 26, 2012, at 4:02 p.m., revealed, "Dramatic neuro (neurological) changes noted...Increased slurred speech and left sided weakness...(M.D. #1) notified, (M.D. #1) to bedside @ (at) (4:03 p.m.)... Medical record review of the Physical History and Assessment dated March 26, 2012, revealed, "...Disposition Discussed with pt and family. Pt dysarthria seems more prounounced and I am uncertain of Ball's Palsy...Discussed with (neurologist) who requests MRI. If negative D/C (discharge) with steroids)...(4:00 p.m.)...densely hemiplegic on L. Call (neurologist)...onset greater than 3 hours. Recommended (Hospital #2)... Medical record review revealed no documentation: regarding an ER Center Protocol for t-PA in Acute Stroke for Patient #9. Medical record review revealed no documentation regarding assessment by a neurologist.

FORM CM8-2567(02-99) Previous Versions Obsolete

Medical record review of a Certificate of Transfer dated March 26, 2012, revealed, "...Dlagnosis: Neurological deficits with L.side neglect...The patient has been stabilized within reasonable medical care standards. No further deterioration

Medical record review of a CT scan of the brain with and without contrast dated March 26, 2012, at 5:05 p.m., rovealed, "...Comparison is made with provious...exam (examination) of the brain dated 3/26/2012...There is a questionable minimal developing infarct in the anterior limb of the right internal capsule...Impression...Occlusion

Is likely as a result of transfer..."

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID:EBID11

Facility ID: TNP63171

If continuation shoet Page 8 of 20

PRINTED: 04/03/2013

FORM APPROVED

		AND HUMAN SERVICES & MEDICAID SERVICES		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FORMA OMB NO.	04/03/2013 APPROVEC 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		440091	B. WING			1	23/2012
•	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		25	ET ADDRESS, CITY, STATE, ZIP CODE 25 DESALES AVE ATTANOOGA, TN 37404	1	
(X4) ID PREFIX TAG	ALYVIT DECICIONO.	TEMENT OF DEFICIENCIES YAUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF	ix	PROVIDERS PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE I	(X6) COMPLETION DATE
A2407	of the right internal portion of the right arteryQuestlonab anterior limb of the Medical record revitransferred to Hospital #revealed, "Triage (Emergency Departicke like symptor #1)onset of new 45 minutesArrive (emergency medical p.m.)Historian: Hrecords from frans Onset of symptom Medical record revinote dated March revealed, "Patter Medical record revinote dated March revealed, "phacand benefits pt was (M.D. #2) ok to gly of a physician's precords" Medical records at 6:54 p.m. records"	carotid artery and proximal middle cerebral middle minimal infarct in the right internal capsule" Idew revealed the patient was oltal #2 on March 26, 2012. Idew of an Emergency Room 2) dated March 26, 2012, (6:19 p.m.)presented to editment) with complaints of mis transfer from (Hospital symptoms app (approximately) did via (Hospital #1's) EMS all service)(6:38 all service)(6:38 all service)(6:38 all service)(6:38 all service)(6:38 all service)(6:38 middle from patient, ferring facility. Time course: a reported as sudden" It is status is critical." It is status is critical. Spoke with mis to go with iPa. Spoke with re tPA" Medical record review ogress note dated March 26, revealed, "Review of transfer ir record review of a physiciaris and March 26, 2012, at 7:110.m.		407			
	2012, at 6:54 p.m. records" Medica progress note date revealed, "pt und walting for neuro of Medical record re-	, revealed, "Review of fransfer I record review of a physician's ed March 26, 2012, at 7:11p.m. changed. will continue with IPA	. i				1 1 2

SYATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MU		E CONSTRUCTION		X8) DATE SURVEY COMPLETED	
		440004	B. WING			C		
NAME OF P	ROVIDER OR SUPPLIER	440091	D. WINC		REET ADDRESS, CITY, STATE, ZIP CODE	1 0812	23/2012	
	AL HEALTHCARE SY	STEM, INC		2	520 desales ave :Hattanooga, TN 37404			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDERS PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEPICIENCY)	RIATE ·	(X6) COMPLETION , DATE	
A2407	revealed, "spoke w talking with family, spoke with patient 5 pm (p.m.) and Et symptoms started a yet so that is the in stopped" Medical record reviby Hospital #1 to H documentation reg CT scan of the bra 2:33 p.m. or the CT March 26, 2012, at Medical record rev March 26, 2012, re (spouse)at (Hosp	ilin (M.D. #2)states after stroke started this am (a.m.). I who said symptoms started at MS hand over indicated that at 4 pm. Family was not here formation I went with IPA was lew of the medical records sent lospital #2 revealed no arding the final report of the in dated March 26, 2012, at F scan of the brain dated 5:05 p.m. Iew of a Consultation dated ovealed, "was visiting poital #1)Per the family, who	A2	407				
	were present at the around 11 or 11:30 staggeringhappe (Hospital #1)was emergency room angiogram of head showed a distalo around 5:30 pmv management. Bec (Hospital #1) indice 5:00 p.mthought forTPAl stappe infusionAssessm secondary to interrocclusionLeft he secondary to strok unit)"	a time of onset, which was a.mstarted ned white (Pallent #9) was in immediately taken to the apparently had a CT idone at (Hospital #1), which occlusion on the right side, and was transferred to us for further ause the records from ated that the time of onset was to be within the window at the TPA nentAcute ischemic stroke						

STATEMENT AND PLAN C	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(X3) DATE	SURVEY PLETED
	•	440091	B. WING	١		<i>i</i> '	C 23/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC	,	2	REET ADDRESS, CITY, STATE, ZIP CODE 526 DESALES AVE SHATTANOOGA, TN 37404	†' (: :	; {,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of Deficiencies Ymust be preceded by Full SC Identifying Information)	JO PREP TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	명본	(X6) COMPLETION DATE
A2407	originally reported, a continued dense neglectcontinues after receiving part large stroke and ris interview with M.D. 10:28 a.m. in an En Hospital #1, reveale discharge the patte neurologist and negthe brain. Continue nursing staff inform pattent's condition, reconsulted and reported in with contrast, past the three hour for administration in	on and then later f onset was different than and so that was stoppedhas left hemiplegia and in ICU (Intensive Care Unit) of the TPA dose. Also with a k of hemorrhage" #1 on August 22, 2012, at nergency Room office in ad M.D. #1 was prepared to nt after consultation with a pative findings from a CT of d interview revealed the ed M.D. #1 of a decline in the the neurologist was commended a CT scan of the and M.D. #1 stated, "was window (a specific timeframe or relation to onset of and that's why (neurologist)	A2	407		and the second s	The second secon
	22, 2012, at 11:30 a revealed the ER No the facility had a stranger stated, "	R Nurse Manager on August a.m., In a conference room, aree Manager was unaware roke protocol. The ER Nurse just if we know we're getting a just get them to CT scan right			·		
	and failed to treat a patient was misdiag	foliow their stroke protocols, ind stabilize the patient. The gnosed with Beils Palsy and for stroke in a timely manner.		!		•	
A2409	C/O: #30311 489.24(e)(1)-(2) AF	PROPRIATE TRANSFER	A2	409			i i

STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	•	,		_	, 11. 11. 11. 11.	(
		440091	B. WING			1 080	23/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		26	eetaodress, city, state, 21p code 126 desales ave Hattanooga, tn 37404	i.	
				<u> </u>		, '	1 1 1 1 1 1
(X4) ID PREFIX TAG	ÆACH DEFIGIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	COMPLETION TO DATE
A2409	Continued From pa	ngo 11	A24	na	The Hospital complies with 489.24	(e)(1)	
72400	Continued From pa	ig o 11	A64	00	and (2) by ensuring patients who		, ;;
	(1) General				present to the ED with emergency		1.
	If an individual at a	hospital has an omergency		-	medical conditions receive approp	rlate	
	medical condition t	hat has not been stabilized (as			stabilizing treatment within it capa	bility	,
	defined in paragrap	oh (b) of this section), the			and capacity prior to transfer, and	that '	
İ	nospilal may not un	ansfer the individual unless - in appropriate transfer (within			each transfer meets the elements	of an	
	the meaning of par	agraph (e)(2) of this section);			"appropriate transfer."		
	and			- 1			3
	(ii)(A) The individua	al (or a legally responsible			The Hospital revised its EMTALA p	olicy	105/02
	person acung on the	ne individual's behalf) requests being informed of the hospital's		ı	to ensure compliance with all EM1	ALA	6/25/12
	obilosilons under t	his section and of the risk of			requirements and to provide more	2	3
1	transfer.			Ì	accurate and complete direction t	o all	;. •
	The request must I	be in writing and indicate the			staff on the procedures necessary	for	'
	reasons for the red	uest as well as indicate that he the risks and benefits of the			EMTALA compliance. A copy of t	he	
	transfer.	and they and policing of the	Í		revised Policy is attached to this P		1:
					Correction at Appendix_5_ The r		
1	(B) A physician (wi	thin the meaning of section			policy was accepted by the Medica		
	1861(r)(1) of the A	ct) has signed a certification ne information available at the	1		Executive Committee and was app		;
	time of transfer. th	e medical benefits reasonably	ł	8	by the Board of Directors on 6/25/		
1	expected from the	provision of appropriate	ļ		Monitoring: The EMTALA Policy is		1 : 1
	medical trealment	at another medical facility			reviewed and revised annually, an		
}	outweigh the incre	ased risks to the individual or, oman in labor, to the woman or			needed, to ensure compliance	นถุง	
1	the unborn child. fr	rom being transferred. The	1	į	1	l	
	certification must c	contain a summary of the risks			Responsible Person: Associate		
1	and benefits upon	which it is based; or			Corporate Responsibility Officer		
	(C) If a physician is	s not physically present in the	1		Completion Date: June 25, 2012		{
	emergency depart	ment at the time an individual is				· 5.	
1	transferred, a qual	ified medical person (as				•	
1	determined by the	hospital in its bylaws or rules	١.			,	,
	and regulations) ha	as signed a cerillication graph (e)(1)(ll)(B) of this section	1] :
	after a physician (a	as defined in section 1861(r)(1)	1				
	and a projection (İ				<u> </u>

STATEMENT OF DEFICIENCIES (X-	1) PROVIDER/SUPPLIER/GLIA IDEN/IFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRUCTION	(X3) DAT	e Survey IPLETED
	440081	B. WING	·		Į	C 23/2012
NAME OF PROVIDER OR SUPPLIER MEMORIAL HEALTHCARE SYST	rem, inc	-	21	REET ADDRESS, CITY, STATE, ZIP CODE 826 DESALES AVE HATTANOOGA, TN 37404	 	
PRIFFIX (EACH DEFICIENCYMA	MENT OF DEFICIENCIES USY BE PRECEDED BY FUI.L IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDERS PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE `	. (X6) COMPLETION DATE
subsequently counters certification must cont and benefits upon whi (2) A transfer to anoth appropriate only in the (ii) The transferring he treatment within its carisks to the individual's a woman in labor, the (iii) The receiving facilit (A) Has available spar for the treatment of the (B) Has agreed to accend to provide approperation of the provide approperation of the transferring facility all me thereof) related to the the individual has present the time of the transferring history, records related emergency medical configurations, provide appropriate of diagnostic studies of the section, and the informed write (or copy thereof) required (ii) of this section, and any on-call physician (of this section) who he appear within a reason necessary stabilizing the cords not readily available.	allon with the qualified es with the certification and reigns the certification. The fain a summary of the risks loh it is based. The medical facility will be ose cases in which-papital provides medical apacity that minimizes the shealth and, in the case of health of the unborn child; ity are and qualified personnel periodical reading transfer of the individual oriale medical treatment. The medical treatment is emergency condition which sented that are available at entry including available of the individual's condition, observations of reilminary diagnosis, results or telephone reports of the wided, results of any tests ten consent or certification littled under paragraph (e)(1) as refused or failed to	A24	109	The Hospital Certificate of Transfer includes fields for documentation or report called to RN / Name at receive facility. The receiving facility (authoperson) Transfer Center RN receives report and relays to transfer unit. Appendix _6_ Certificate of Transfer 08/2012 Monitoring: ED Director reviews 10 of neuro and stroke transfers for documentation of report called to R Name and reports to ED CQI Commit quarterly and ultimately to Medical Executive Committee and Quality Committee of the Board. Documentation omissions will be reviewed with involved staff. Appendix—17_ Transfers with diagnosis of neurotrauma FY 13. Deficiencies will be reviewed with involved staff; any identified trends will be reviewed in staff meetings and ED Leadership Appendix—8_ Process Change Alert documentation of RN to RN report of Certificate of Transfer April 2013 Responsible Person: ED Director with CNO provision of oversight assurance and process continuation Completion Date: April 11, 2013. Monitoring is ongoing	f ving rized s r 0% N / ttee ndix o or	4/11/13

	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	E SURVEY PLETED	
		448091	B. WING	3	•	08/	C ` 23/2012
}	ROWDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE CHATTANOOGA, TN 37404		
(XI) ID PREFIX TAG	(EACH DEFICIENC)	Tement of Deficiencies Ymust be preceded by Full 80 identifying information)	PREF TAG	ix	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE .	COMPLETION COMPLETION
A2409	transfer; and (iv) The transfer is personnel and transfer, including medically appropriate during the transfer. This STANDARD is Based on review or review and interview an appropriate transfer. The findings include Review of facility Personally reviewed a 2009, and titled "En Treatment and Labrand Transfer of Indi Medical Services reprovide an individual condition such furth treatmentor arrans to another medical procedures set forlimeansThe physic receiving facility has emergency medical Patient #9 presented Department on Mar	effected through qualified sportation equipment, as the use of necessary and ate life support measures is not met as evidenced by: If facility policy, medical record w, the facility falled to ensure sfer for one patient (#9) of lients. ed: olicy Number PC-07179 most indor revised in September ATALA (Emergency Medical or Act) Guidelines - Treatment ividuals in Need of Emergency and will all with an emergency medical facility in accordance with the in below'Stable for transfer is andeterminesthat the is the capability to manage the it condition"	A2	409	The Hospital Certificate of Transfer Is revised to include additional field the certifying physician's documentation to promote EMTAL/compliance, including the requirem that the physician's certification be specific enough to give a complete picture of the benefits to be expect from appropriate care at the receiving (recipient) facility and the specific riassociated with the transfer, including the time away from an acute care setting necessary to effect the transfer Appendix 9_ Certificate of Transfer 4/12/2013 Monitoring: ED Director will provid data trends on physician certificationall transfers to ED CQI Committee quarterly and ultimately to Medical Executive Committee and Quality Committee of the Board. Documentation omissions will be reviewed with involved staff. Appendix Person: ED Director will CNO provision of oversight assurant and process continuation Completion Date: April 30, 2013. Monitoring is ongoing	s for A ent ed ing isks ing sfer r e n for	4/30/13
		ew of Palient Information Date/Time: 1213 (12:13				•	ĵ.

STATEMEN AND PLAN	T of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		440091	B. WING			!	C 23/2012
	PROVIDER OR SUPPLIER IAL HEALTHCARE SY	STEM, INC		2	REET ADDRESS, CITY, STATE, ZIP CODE 525 DESALES AVE CHATTANOOGA, TN 37404	<u>.</u> .	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES /MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEF(CIENCY)	BE .	GONFLETION DATE
A2409	Continued From pa p.m.)Stated Comp Symptoms/Deficits.	plaint: Neurologic	A24	109	The Hospital implemented the rev EMTALA policy and provided training all emergency department medical	ig to staff	6/30/12
	dated March 26, 20 "Stated Complaint: (shortness of breath	ew of a Triege Assessment 12, at 12:23 pm., revealed, Possible Strokeonset SOB a) after walking to surgery ats slurred speechHigh Risk			and ED staff related to the change the EMTALA policy. The revised of policy was presented to ED medical and ED staff during training meetings and re-training sessions.	draft staff staff † .	·
	March 26, 2012, at "reassessed in tric reoccurence of slum strengths, L side fac review of a nurse's p 12:51 p.m., revealed	ew of a nurse's note dated 12:47 p.m., revealed, age. Noted to have ed speech. Equal grip dial droop." Medical record note dated March 26, 2012, at 1, "taken to room(Medical lified of pt (patient) change in	•		EMTALA education was provided t ED medical staff and ED staff to re EMTALA requirements for med stabilization and/ documentation to to transfer to another facility. Twelv minute mandatory EMTALA educa sessions were scheduled for 06-0 through 06-11-12, and were atter	view dical prior e 60 dion 7-12	
	Department Physica dated March 26, 201 complaint: slurring hourwith L (left) fa waneddecreased I Medical record revietomography) scan of dated March 26, 201 "ImpressionNo a abnormality" Medical record reviet March 26, 2012, at 4 "Dramatic neuro (ne notedIncreased sluincreased sluin	duration less than one clei droop that has waxed and blink on Left" w of a CT (computerized if the brain without contrast 2, at 2:33 p.m., revealed, cute intracranial w of a nurse's note dated ::02 p.m., revealed,			by all Hixson ED and Chattand Emergency Medicine staff and ED s Classes were led by the Corpo Responsibility Officer, Emerge Department Nurse Manager at Hb and the Emergency Departm Director. Hospital also implemented eLEARN module requirement for all	taff. rate ency cson nent d an i ED urse nts) ARN ting The	

DEPART	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			FORM OMB NO	: 04/03/2013 APPROVED : 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD		CONTINUENT	(E SURVEY MPLETED C
		440091	B. WING		08	/23/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	stem, inc		25	EET ADDRESS, CITY, STATE, ZIP CODE ; 125 DEBALES AVE HATTANOOGA, TN 37404	
(X4) 1D PREFIX TAG	i reacti nedected	Tement of Deficiencies Ymust he preceded by full SC (Dentifying Information)	ID PREF TAG	ix.	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE/ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE DEFICIENCY)	COMPLETION OATE
A2409	bedside @ (at) (4:0) Medical record rev Assessment dated "Disposition Disc family pt dyserthris and I am uncertain with (neurologist) v D/C (discharge) wi p.m.)densely her (neurologist)ons Recommended (H revealed no docur communication wi (Hospital #2). Medical revord rev	iew of the Physical History and March 26, 2012, revealed, ussed with pt (patient) and a seems more prounounced of Bell's PalsyDiscussed who requests MRI. If negative th steroids)(4:00 miplegic on L. Call et greater than 3 hours. ospilal #2)" Continued review nentation regarding in a receiving physician or view of a Cerilficate of Transfer 012 revealed no		409	without limitation, EMTALA basics, the obligations of On-Call physicians and Emergency Department physicians, including timely in-person response, medical screening examinations, stabilizing treatment including awareness of and requirement for IV access, appropriate transfers, escalation and chain of command (in the event the On-Call physician cannot respond) and documentation. (In addition, annua EMTALA training is provided for all hospital staff as an eLEARN module	
	documentation ref (Hospital #2; app) sent with the patie (Hospital #2) to with Continued review risks regarding tra and included, "L with L side negled stabilized within restandards. No fur result of transfer p.m.)Consent to (M.D. #2) at (Hos Medical record ref with and without at at 5:05 p.m., reve with previousex	parding an authorizing person at ropriate medical information int; or a Registered Nurse nom report was given. reveated specific benefits and insfer were not documented Diagnosis: Neurological deficits tThe patient has been easonable medical care ther deterioration is likely as a Date/Time 3/20/12/(4:13			New staff is oriented to EMTALA guidelines and policy.) Monitoring: The Hospital monitors EMTALA education through the use of eLEARN documentation, sign in sheets, and attestations signed by the Medical Staff members and staff. The completion rosters of eLearn modules are tracked to ensure all staff complete the required courses. Appendix 11 Responsible Person: Associate Corporate Responsibility Officer Completion Date: June 30, 2012.	÷ .

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBJER:	A. BUILD			(X3) DATE COMP	releo
		440091	B. WING			08/2	3/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE 8)	rstem, inc	•	25	EET ADDRESS, CITY, STATE, ZIP CODE 526 DESALES AVE HATTANOOGA, TN 37464		
(X4) ID PREFIX TAG	MACH DEFICIENC	ntement of deficiencies Ymust be preceded by full SC (dentifying information)	PREIT TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVEACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEPICIENCY)	HBE	GOMPLETION DATE
A2409	of the right internal portion of the right arteryQuestional anterior limb of the Medical record rev March 26, 2012, a prepare pt, for Tra	apsuleImpression,Occlusion caroild artery and proximal middle cerebral ole minimal infarct in the right internal capsule" New of a nurse's note dated t 5:34 p.m., revealed, "Will insier." New revealed no documentation or condition of the patient at		409			
	Medical record rev Record (Hospital I revealed, "Triagi (Emergency Depa stroke like sympto It1)onset of new 46 minutesArriv (emergency medi p.m.)Historian: records from trans Onset of symptom Medical record re	view of an Emergency Room (2) dated March 26, 2012, a (6:19 p.m.)presented to eduriment) with complaints of ome transfer from (Hospital symptoms app (approximately) ed via (Hospital #1's) EMS cal service)(6:38 distory obtained from patient, afterring facility. Time course; as reported as sudden" view of a physician's progress 26, 2012, at 6:52 p.m., nt's status is critical."					
	note dated March revealed, "pt ha no surgery, no he and benefits pt w plasminogen acti restores blood flo give IPA" Medic	view of a physician's progress 26, 2012, at 6:52 p.m., d neg Head CT for acute bleed, ad bleed per pt. reviewed risk ants to go with tPa (tissue vator - dissolves clots and w). Spoke with (M.D. #2) ok to sal record review of a physician's ted March 26, 2012, at 6:54				,	

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	V. Brift (XS) Wri		CONSTRUCTION	(X3) DATE COMP	LETED
		440091	B. WING			1	3/2012
	ROVIDER OR SUPPLIER AL HEALTHGARE SY	STEM, INC		25	EET ADDRESS, CITY, STATE, ZIP CODE 125 DESALES AVE HATTANOOGA, TN 37404		<u>:</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	COMPLETION DATE
A2409	Medical record revenue dated March: revealed, "pt und waiting for neuro e Medical record revenue dated March: revealed, "spoke with patient 5 pm (p.m.) and E symptoms started yet so that is the instopped" Medical record revenue documentation record reactions are conditionally to its documentation record reacting and the process of the brown of the	eview of transfer records" iew of a physician's progress 26, 2012, at 7:11p.m., hanged. will continue with tPA val (evaluation)." ilew of a physician's progress 26, 2012, at 7:27 p.m., with (M.D. #2)states after stroke started this am (a.m.). I who said symptoms started at MS hand over indicated that at 4 pm. Family was not here information I went with tPA was siew of the medical records sent lospital #2 revealed no garding the final report of the ain dated March 26, 2012, at T scan of the brain dated it 5:05 p.m.		409			
	March 26, 2012, r (spouse)at (Hos were present at it around 11 or 11:3 staggeringhapp (Hospital #1)wa emergency room. anglogram of hea showed a distal around 5:30 pm management. Be (Hospital #1) indic	ened while (Patient #9) was in s immediately laken to the apparently had a CT d done at (Hospital #1), which occlusion on the right side, and was transferred to us for further cause the records from cated that the time of onset was t to be within the window	r		·		is a second of the second of t

		AND HUMAN SERVICES				FORM	04/03/2013 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CI.IA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		e Construction	COM	SURVEY PLETED
		440091	B. WING	·		08/2	23/2012
NAME OF F	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
MEMORI	AL HEALTHCARE SY	STEM, INC			526 Desales ave Hattanooga, TN 37404	;	·
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL 8C IDENTIFYING INFORMATION)	ID PREI YAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	# D RE	OATE COMPLETION (X8)
A2409	secondary to intern occlusionleft he secondary to stroke unit)" Medical record revidated March 26, 20 started a TPA Infus discoveredlime originally reported, a continued dense neglectcontinues after receiving partiarge stroke and rist interview with M.D. 10:28 a.m. in an El-Hospital #1, reveal discharge the pettineurologist and nethe brain. Continuen ursing staff inform patient's condition, reconsulted and rebrain with contrast past the three hour for administration is symptoms) for PT/wanted me to call	entAcute ischemic stroke and carotid artery miplegla teft hemi neglect, eAdmit to ICU (Intensive care liew of a History and Physical 1712, revealed, "basically had iton and then later of onset was different than and so that was stoppedhas left hemiplegla and it in ICU (Intensive Care Unit) of the TPA dose. Also with a sk of hemorrhage" .#1 on August 22, 2012, at mergency Room office in led M.D. #1 was prepared to not after consultation with a gative findings from a CT of ed interview revoaled the ned M.D. #1 of a decline in the the neurologist was revenued a CT scan of the , and M.D. #1 stated, "was revindow (a specific timeframe in relation to onset of A and that's why (neurologist) (Hospital #2)." Continued		409			
	communication will care of Patient #9 with an accepting in the Physical His Continued intervie facility's tranfer ce	M.D. #1 did not recall the Hospital #2 regarding the and M.D. #1's communication facility was usually documented story and Assessment. We revealed M.D. #1 called the need to arrange transfer) and the facility foliation provide an					

ID PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		440091	B. WING		08/	C 23/2012
	ROVIDER OR SUPPLIER AL HEALTHCARE SY	STEM, INC	s	TREET ADDRESS, CITY, STATE, ZIP CODE 2525 DESALES AVE CHATTANOOGA, TN 37404		
(XI) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	TEMENT OF DEFICIENCIES / MUST 8E PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APPE DEFICIENCY)	ULDBE	(X6) COMPLETION DATE
A2409	was not timely for the appeared that the fater the patient. As	ge 19 r for Patient #8. The transfer ne diagnosis of CVA and it acility had the capability to a result, the patient arrived at or definitive treatment for	A240	9	!	-
	C/O: #30311 ·	·				•
					·	\$ 1.18 M. 44 M. 54
						į.

Event ID: EBID11

Facility ID: TNP63171

If continuation sheet Page 20 of 20

FORM CM9-2567(02-90) Previous Versions Obsolete