

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

PRINTED: 02/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 220111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/12/2021
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH PEARL STREET BROCKTON, MA 02301
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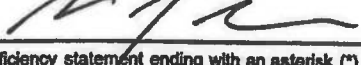
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A 000	INITIAL COMMENTS A CMS Authorized Medicare Participating Hospitals in Emergency Cases (Emergency Medical Treatment and Labor Act (EMTALA) Survey was conducted (ACTS reference numbers: MA00034380) on 11/9/2021, 11/10/2021 & 11/12/2021 at: Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02401 The following Emergency Medical Treatment and Labor Act (EMTALA) regulations were reviewed using a sample of one patient (Unsampled Patient #1) in a total sample of thirty patients. 42 CFR 489.20: EMTALA. 42 CFR 489.24: EMTALA. EMTALA Regulations were out of compliance.	A 000	Following receipt and review of the findings by Senior Leadership on 2/11/22 and reviewed the report and identified areas of variation from compliance and opportunities for improvement. The President notified the Chairman of the Board of Directors on 2/11/2022. A full review of the findings and action plans will be reviewed at the next Patient Care Assessment Committee (PCAC) (Quality Committee of the Board) on 2/22/2022 and the next full Board of Directors meeting. The Governing Body responsibilities related to the hospital QAPI program will be reviewed at the PCAC meeting on 2/22/22. Responsible person: Chief Medical Officer	3/25/2022
A2400	COMPLIANCE WITH 489.24 CFR(s): 489.20(l) [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: Hospital A with a dedicated emergency department did not comply with the requirements for the Emergency Medical Treatment and Labor Act (EMTALA, 42 CFR 489.20 and 489.24) regulations. Findings included: 1.) Hospital A failed for one service (Nephrology) to ensure individual Physician names were	A2400	A 2400 EMTALA Compliance The following plan of correction includes assessments and actions taken to ensure the conditions of participation were met with the Emergency Medical Treatment and Labor Act Regulations compliance. The corrective action plans will be included for the following findings of on-call physician calendars, emergency room logs and medical screening examinations.	

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

TITLE

(X6) DATE



PRESIDENT

02/18/2022

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

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A2400	Continued From page 1 identified on the list as Physicians group names were not acceptable for identifying the on call physician. Refer to TAG: A-2404. 2.) Hospital A failed for one patient (Unsampled Patient #1) in a sample of thirty patients to ensure they maintained their Emergency Department (ED) Registration Log on each individual who came to Hospital A's Dedicated Emergency Department (DED) seeking treatment whether he or she refused treatment, was refused treatment, was transferred, or was discharged; in accordance with §489.20(r)(3) Logs. Refer to TAG: A/C-2405. 3.) Hospital A failed to ensure for one patient (Unsampled Patient #1), in a total sample of thirty patients to ensure each patient was provided with an appropriate Medical Screening Examination; in accordance with §489.24(a); §489.24(c) Appropriate Medical Screening Examination. Refer to TAG: A/C-2406.	A2400			
A2404	ON CALL PHYSICIANS CFR(s): 489.20(r)(2) and 489.24(j)(1-2) §489.20(r)(2) [The hospital (including both the transferring and receiving hospitals), must maintain] a list of physicians who are on call for duty after the initial examination to provide further evaluation and/or treatment necessary to stabilize an individual with an emergency medical condition. §489.24(j)(1)	A2404	<u>A 2404 A On Call Physicians</u> The CEO, CMO, Quality Director and Risk Manager met to review the findings for the on-call physicians services group on-call schedules that were missing the individual on-call physician's name and a phone number. Policy <i>MS 20 Medical Staff On-call Coverage and Ongoing Availability</i> was reviewed and found to be compliant with standards.	3/25/2022	

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A2404	<p>Continued From page 2</p> <p>Each hospital must maintain an on-call list of physicians on its medical staff in a manner that best meets the needs of the hospital's patients who are receiving services required under this section in accordance with the resources available to the hospital, including the availability of on-call physicians.</p> <p>§489.24(j)(2)(i) The hospital must have written policies and procedures in place to respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond the physician's control.</p> <p>§489.24(j)(2)(ii) The hospital must have written policies and procedures in place to provide that emergency services are available to meet the needs of patients with emergency medical conditions if it elects to permit on-call physicians to schedule elective surgery during the time that they are on call or to permit on-call physicians to have simultaneous on-call duties.</p> <p>This STANDARD is not met as evidenced by: Based on records reviewed Hospital A failed for one service (Nephrology) to ensure individual Physician names were identified on the list as Physicians group names were not acceptable for identifying the on call physician.</p> <p>Findings included:</p> <p>The document titled January - December, Nephrology indicated an on-call schedule for two Nephrology (kidney medical specialist) groups were on-call; the Renal Medical Group indicated three names and the Associates of Nephrology</p>	A2404	<p>To Prevent future occurrences: The Medical Staff Office Director will review policy MS 20 Medical Staff on-call coverage and ongoing availability. This policy will reinforce the use of an individual physician name and phone number on the on-call lists. The implementation of the plan of correction includes: The Medical Staff Office Director will review all Provider on-call schedules prior to posting. Any on-call schedule that does not have an individual physician name and phone number will be returned to the practice for compliance. All posted schedules will be in compliance to include a physician name, and phone number for each coverage day. Monitor: monthly audit of all on-call schedules for 3 months to assure 100% compliance with on-call scheduling standards (physician name and phone number). All audit results will be presented monthly at the Quality and Safety Committee, PCAC and MEC meetings.</p> <p>Responsible person: Chief Medical Officer</p>	3/25/2022	

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A2404	Continued From page 3 indicated two names however the January - December, Nephrology on-call schedule did not identify an individual Physician name as on-call to a specified date.	A2404		
A2405	EMERGENCY ROOM LOG CFR(s): 489.20(r)(3) [The provider agrees,] in the case of a hospital as defined in §489.24(b) (including both the transferring and receiving hospitals), to maintain a central log on each individual who comes to the emergency department, as defined in §489.24(b), seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged. §489.24 The provisions of this regulation apply to all hospitals that participate in Medicare and provide emergency services. This STANDARD is not met as evidenced by: Based on records reviewed and interviews Hospital A failed for one patient (Unsampled Patient #1) in a sample of thirty patients to ensure they maintained their ED Registration Log on each individual who came to Hospital A's Dedicated Emergency Department (DED) seeking treatment whether he or she refused treatment, was refused treatment, was transferred, or was discharged; in accordance with §489.20(r)(3) Logs. Findings included: Hospital B report, dated 11/4/2021, indicated Hospital B suspected an improper transfer.	A2405	<u>A 2405 Emergency Room Log</u> The hospital reached out to the EMS who would not share the patient information for registration. The Patient Access Department reviewed the ED Registration Process with the Patient Access Coordinators. This included ensuring all patients are registered. In the event that a name is unknown the use of John/Jane Doe will be utilized for registration purposes. The implementation of the plan of correction includes: All ED charge nurses, and ED Patient Access Coordinators were reeducated on the requirements for registering patients. Monitor: The Patient Access Director/Designee will conduct 20 random observational audits/month for 3 months to observe patient access coordinator coverage. All audit results will be presented at the Quality and Safety Committee. Responsible person: Chief Medical Officer	3/25/2022

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A2405	<p>Continued From page 4</p> <p>The document titled Good Samaritan Medical Center, dated 11/9/2021, indicated Hospital A had a Dedicated Emergency Department.</p> <p>The document titled ED Log (ED Registration Log), dated 5/9/2021 to 11/9/2021, indicated no documentation that Hospital A registered Unsampld Patient #1 as presenting to Hospital A's ED via EMS seeking care for an Emergency Medical Condition. The ED Registration Log indicated Hospital A therefore did not :</p> <ul style="list-style-type: none"> - Create Unsampld Patient #1's medical record, - Track the care provided to Unsampld Patient #1, - Document the Charge Nurse's observations of Unsampld Patient's condition, nor - Document the Charge Nurse's conversation with the EMS staff. <p>During the interview, at 9:30 A.M. on 11/9/2021 with the Chief Medical Officer (CMO) said EMS brought Unsampld Patient #1 to Hospital A's ED because Unsampld Patient #1 was demonstrating agitated behaviors at the nursing facility and Unsampld Patient #1 had comorbidities (had two or more diseases) and was an organ transplant recipient. The CMO said Hospital A did not register Unsampld Patient #1 (into the ED Registration Log). The CMO said that Hospital A had a process for registration of a patient that Hospital A did not know the patient's name; the patient could be registered as a John Doe or Jane Doe. The CMO said that Hospital A investigated the event (Unsampld Patient #1 presentation and departure) and Hospital A</p>	A2405	See Page 4.	3/25/2022	

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A2405	Continued From page 5 determined that the event was not an Emergency Medical Treatment and Labor Act (EMTALA) violation. During the interview, at 9:00 A.M. on 11/10/2021, Hospital A Emergency Department Registered Nurse #1 she saw (observed) Unsampled Patient #1 and spoke with the ambulance crew. During the interview, at 1:15 P.M. on 11/10/2021, the Chief Medical Officer (CMO) said they (EMS) took Unsampled Patient #1 away from us, the EMS staff "stole" our patient (Unsampled Patient #1), before Hospital A registered Unsampled Patient #1.	A2405	<u>A2406 Medical Screening Exam EMTALA</u> The review the hospital's internal investigation found that it did not include a review of Policy ES 05- <i>Emergency Department Nurse Triage</i> . The Senior Leadership team reviewed Policy ES 05 <i>ED Nurses Triage</i> and it did not require any revisions. Policy RI 23 <i>EMTALA</i> was also reviewed by the Chief Medical Officer, Risk Manager, and Emergency Department Director and found to meet the standards. Charge nurses were re-educated on registration at arrival and requirements of ES 05- <i>ED Nurse Triage</i> via huddle, and an email to all ED Staff. All ED RN staff were assigned ESI Triage Training in Steward U. All ED staff were re-educated on the policy RI 23 <i>EMTALA</i> with an emphasis on the requirement to register all patients, provide a medical screening exam, and documentation of unannounced leave. For any patient who leaves without being seen, there must be a discussion between the RN and the Provider. A call back to the patient with documentation of any conversation will be documented in the EMR. All ED providers and ED RNs will sign an attestation of understanding. To prevent future occurrences: Every patient that presents to the ED shall receive a triage with an ESI by the nurse. All patients are required to receive a medical screening exam, to determine if they have an emergency medical condition that the hospital can stabilize and treat or transfer per EMTALA regulations.	
A2406	MEDICAL SCREENING EXAM CFR(s): 489.24(a) & 489.24(c) (a) Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must- (i) Provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (ii) If an emergency medical condition is	A2406		3/25/2022

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A2406	Continued From page 6 determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2)(i) When a waiver has been issued in accordance with section 1135 of the Act that includes a waiver under section 1135(b)(3) of the Act, sanctions under this section for an inappropriate transfer or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department if the following conditions are met: (A) The transfer is necessitated by the circumstances of the declared emergency in the emergency area during the emergency period. (B) The direction or relocation of an individual to receive medical screening at an alternate location is pursuant to an appropriate State emergency preparedness plan or, in the case of a public health emergency that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan. (C) The hospital does not discriminate on the basis of an individual's source of payment or ability to pay. (D) The hospital is located in an emergency area during an emergency period, as those terms are defined in section 1135(g)(1) of the Act. (E) There has been a determination that a waiver of sanctions is necessary. (ii) A waiver of these sanctions is limited to a 72-hour period beginning upon the	A2406	The Trauma/EMS Program Manager sent an email on 11/12/2021 to all local EMS providers reinforcing that no patient is to be removed from the ED prior to registration and a medical screening exam is completed by an LIP. Signage is also posted in the ED to ensure no patient is removed prior to receiving a Medical Screening Exam. The implementation of the plan of correction includes: All ED charge nurses, and ED Patient Access Coordinators will be reeducated on the requirements for registering patients. All patients who enter the facility will require a registration. In the event that a patient name is unknown the use of John/Jane Doe will be utilized for registration purposes. For any patient who leaves without being seen, there must be a discussion between the RN and the Provider. A call back to the patient with documentation of any conversation will be documented in the EMR. The ED assignment sheet was revised to identify a Lead Physician and Provider in Triage who the Charge Nurse can contact to communicate patients who have LWBS. Monitor: a) The patient access director will conduct 20 observational audits for 3 months to observe patient access coordinator coverage. b) The ED Director will conduct daily audits for 3 months to assure a lead physician and provider in triage are listed on the ED Assignment sheet. c) 30 LWBS patient records will be audited monthly x 3 months to confirm the documented conversation of call to patient was completed. All audit results will be presented at the Quality and Safety Committee. Responsible: Chief Medical Officer	3/25/2022	

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A2406	<p>Continued From page 7</p> <p>implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided under section 1135(e)(1)(B) of the Act.</p> <p>(c) Use of dedicated emergency department for nonemergency services. If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.</p> <p>This STANDARD is not met as evidenced by: Based on records reviewed and interviews Hospital A failed to ensure for one patient (Unsampled Patient #1), in a total sample of thirty patients, were provided with an appropriate Medical Screening Examination; in accordance with §489.24(a); §489.24(c) Appropriate Medical Screening Examination.</p> <p>Findings included:</p> <p>Hospital A's policy titled Emergency Medical Treatment and Active Labor Act (EMTALA), dated 7/6/2021, indicated all patients who presented to Hospital A's Dedicated Emergency Department (DED) or on Hospital A property and requested examination or treatment of a potential Emergency Medical Condition (EMC), would receive an appropriate Medical Screening</p>	A2406	<p><u>EMTALA</u></p> <p>The review the hospital's internal investigation found that it did not include a review of Policy ES 05-<i>Emergency Department Nurse Triage</i>. The Senior Leadership team reviewed Policy ES 05 <i>ED Nurses Triage</i> and it did not require any revisions. Policy RI 23 <i>EMTALA</i> was also reviewed by the Chief Medical Officer, Risk Manager, and Emergency Department Director and found to meet the standards. Charge nurses were re-educated on registration at arrival and requirements of ES 05-<i>ED Nurse Triage</i> via huddle, and an email to all ED Staff. All ED RN staff were assigned ESI Triage Training in Steward U. All ED staff were re-educated on the policy RI 23 <i>EMTALA</i> with an emphasis on the requirement to register all patients, provide a medical screening exam, and documentation of unannounced leave. For any patient who leaves without being seen, there must be a discussion between the RN and the Provider. A call back to the patient with documentation of any conversation will be documented in the EMR. All ED providers and ED RNs will sign an attestation of understanding.</p> <p>To prevent future occurrences: Every patient that presents to the ED shall receive a triage with an ESI by the nurse. All patients are required to receive a medical screening exam, to determine if they have an emergency medical condition that the hospital can stabilize and treat or transfer per EMTALA regulations.</p>	3/25/2021	

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A2406	<p>Continued From page 8 Examination.</p> <p>Hospital A's policy titled ED Nursing Triage, dated 11/23/2020, indicated all patients received a rapid Triage assessment including an Emergency severity Index (ESI) score to determine if the patient required immediate evaluation and treatment.</p> <p>During the interview, at 9:30 A.M. on 11/9/2021 with the Chief Medical Officer (CMO) said EMS brought Unsampled Patient #1 to Hospital A's ED because Unsampled Patient #1 was demonstrating agitated behaviors at the nursing facility and Unsampled Patient #1 had comorbidities (had two or more diseases) and was an organ transplant recipient. The CMO said Hospital A did not provide Unsampled Patient #1 with a Triage [the clinical assessment of Unsampled Patient #1's presenting signs and symptoms at the time of arrival at Hospital A, in order to prioritize when the individual would be seen by a physician or other qualified medical personnel (QMP)].</p> <p>Hospital A provided no documentation to indicate Hospital A provided Unsampled Patient #1 with a Medical Screening Examination to determine an Emergency Medical Condition (EMC).</p>	A2406	<p>The Trauma/EMS Program Manager sent an email on 11/12/2021 to all local EMS providers reinforcing that no patient is to be removed from the ED prior to registration and a medical screening exam is completed by an LIP. Signage is also posted in the ED to ensure no patient is removed prior to receiving a Medical Screening Exam. The implementation of the plan of correction includes: All ED charge nurses, and ED Patient Access Coordinators will be reeducated on the requirements for registering patients. All patients who enter the facility will require a registration. In the event that a patient name is unknown the use of John/Jane Doe will be utilized for registration purposes.</p> <p>For any patient who leaves without being seen, there must be a discussion between the RN and the Provider. A call back to the patient with documentation of any conversation will be documented in the EMR. The ED assignment sheet was revised to identify a Lead Physician and Provider in Triage who the Charge Nurse can contact to communicate patients who have LWBS.</p> <p>Monitor:</p> <p>a) The patient access director will conduct 20 observational audits for 3 months to observe patient access coordinator coverage.</p> <p>b) The ED Director will conduct daily audits for 3 months to assure a lead physician and provider in triage are listed on the ED Assignment sheet.</p> <p>c) 30 LWBS patient records will be audited monthly x 3 months to confirm the documented conversation of call to patient was completed. All audit results will be presented at the Quality and Safety Committee.</p> <p>Responsible: Chief Medical Officer</p>	3/25/2022