

**Hospital Citation Report for January – March 2019**

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Tag	Regulation	# Fed Cites	# State Cites	Special Purpose Regulation Sets	Deficiency #1 Survey Category	Deficiency #2 Survey Category	Deficiency #3 Survey Category	Deficiency #4 Survey Category	Deficiency #5 Survey Category
<b>Discharge Planning</b>		<b>2</b>	<b>0</b>						
C 0379	[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:] Transfer, and discharge rights (§483.12(a)(6)): The written notice specified in paragraph (a)(4) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged;	2			Recertification, Validation	Recertification, Validation, Follow-up			
C 0379 (cont.)	(iv) A statement that the resident has the right to appeal the action to the State; (v) The name, address and telephone number of the State long term care ombudsman; (vi) For nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance								
C 0379 (cont.)	and Bill of Rights Act; and (vii) For nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.								
<b>EMTALA</b>		<b>14</b>	<b>0</b>						
A 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.	5			Complaint	Complaint	Complaint	Complaint	Complaint
A 2401	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to report to CMS or the State survey agency any time it has reason to believe it may have received an individual who has been transferred in an unstable emergency medical condition from another hospital in violation of the requirements of §489.24(e).	2			Complaint	Complaint			
A 2406	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	2			Complaint	Complaint			
A 2406 (cont.)	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								

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A 2406 (cont.)	(b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section.								
A 2406 (cont.)	(2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour								
A 2406 (cont.)	period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided for by section 1135(e)(1)(B) of the Act.								
A 2406 (cont.)	(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.								
A 2409	1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer.	2		Previous Regulation Set for CMS-certified Acute Care Hospitals	Complaint, Follow-up	Complaint, Follow-up			

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A 2409 (cont.)	(B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in			Previous Regulation Set for CMS-certified Acute Care Hospitals					
A 2409 (cont.)	consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based. (2) A transfer to another medical facility will be appropriate only in those cases in which - (i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; (ii) The receiving facility (A) Has available space and qualified personnel for the treatment of the individual; and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment.			Previous Regulation Set for CMS-certified Acute Care Hospitals					

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A 2409 (cont.)	<p>(iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and</p> <p>(iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.</p>			Previous Regulation Set for CMS-certified Acute Care Hospitals					
A 2409	<p>(1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless -</p> <p>(i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and</p> <p>(ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer.</p>	3		Most Recent Cited Regulation Set for CMS-certified Acute Care Hospitals	Complaint	Complaint	Complaint		

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A 2409 (cont.)	B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or (C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.			Most Recent Cited Regulation Set for CMS-certified Acute Care Hospitals					
A 2409 (cont.)	(2) A transfer to another medical facility will be appropriate only in those cases in which - (i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; (ii) The receiving facility (A) Has available space and qualified personnel for the treatment of the individual; and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment. (iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any			Most Recent Cited Regulation Set for CMS-certified Acute Care Hospitals					
A 2409 (cont.)	tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and (iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.			Most Recent Cited Regulation Set for CMS-certified Acute Care Hospitals					

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<b>Governing Body</b>		<b>4</b>	<b>0</b>						
A 0286	(a) Standard: Program Scope (1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will ... identify and reduce medical errors. (2) The hospital must measure, analyze, and track ...adverse patient events ... (c) Program Activities ..... (2) Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital.	2			Complaint	Complaint			
A 0286 (cont.)	(e) Executive Responsibilities, The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following: ...(3) That clear expectations for safety are established.								
C 0272	§485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1). §485.635(a)(4) These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH.	2			Recertification, Validation	Recertification, Validation, Follow-up			
<b>Swing Bed: Hospital and CAH</b>		<b>0</b>	<b>0</b>						
<b>Infection Control</b>		<b>4</b>	<b>0</b>						
A 0749	The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.	2			Recertification	Recertification			
C 0278	[The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	2			Recertification, Validation	Recertification, Validation, Follow-up			
<b>Medical Record Services</b>		<b>2</b>	<b>0</b>						
C 0304	For each patient receiving health care services, the CAH maintains a record that includes, as applicable-- identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;	2			Recertification, Validation	Recertification, Validation, Follow-up			

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<b>Medical Staff</b>		<b>4</b>	<b>0</b>						
A 0622	There must be administrative and technical personnel competent in their respective duties.	2			Recertification	Recertification			
B 0144	The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.	2			Recertification	Recertification			
<b>Nursing Services</b>		<b>13</b>	<b>0</b>						
A 0385	The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.	2			Recertification	Complaint			
A 0396	The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.	3			Complaint	Recertification			
B 0148	The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.	2			Recertification	Recertification			
C 0296	A registered nurse or, where permitted by State law, a physician assistant, must supervise and evaluate the nursing care for each patient, including patients at a SNF level of care in a swing-bed CAH.	2			Recertification, Validation	Recertification, Validation, Follow-up			
C 0297	All drugs, biologicals, and intravenous medications must be administered by or under the supervision of a registered nurse, a doctor of medicine or osteopathy, or where permitted by State law, a physician assistant, in accordance with written and signed orders, accepted standards of practice, and Federal and State laws.	2			Recertification, Validation	Recertification, Validation, Follow-up			
C 0298	A nursing care plan must be developed and kept current for each inpatient.	2			Recertification, Validation	Recertification, Validation, Follow-up			

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<b>Services: Anesthesia, Emrgcy, Food &amp; Dietetic, Nucl Medicine, Respiratory, Outpt, Rehab &amp; Surgical</b>		<b>2</b>	<b>0</b>						
C 0322	(1) A qualified practitioner, as specified in paragraph (a) of this section, must examine the patient immediately before surgery to evaluate the risk of the procedure to be performed. (2) A qualified practitioner, as specified in paragraph (c) of this section, must examine each patient before surgery to evaluate the risk of anesthesia. (3) Before discharge from the CAH, each patient must be evaluated for proper anesthesia recovery by a qualified practitioner, as specified in paragraph (c) of this section.	2			Recertification, Validation	Recertification, Validation, Follow-up			
<b>Pharmaceutical Services</b>		<b>0</b>	<b>0</b>						
<b>Organ, Tissue, Eye Procurement</b>		<b>0</b>	<b>0</b>						
<b>Patients' Rights</b>		<b>8</b>	<b>0</b>						
A 0115	A hospital must protect and promote each patient's rights.	2			Complaint	Recertification			
A 0131	The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.	3			Complaint	Complaint	Recertification		
A 0144	The patient has the right to receive care in a safe setting.	3			Complaint	Recertification	Recertification		
<b>Physical Environment (all K tags are counted as federal cites)</b>		<b>15</b>	<b>0</b>						
K 0311	Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6.19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Life Safety Code			

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K 0321	Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Life Safety Code			
K 0321 (cont.)	19.3.2.1 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)			Regs for Existing Structures					
K 0341	Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Life Safety Code			
K 0347	Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Life Safety Code			
K 0351	Spinkler System - Installation 2012 EXISTING: Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)	2		Regs for Existing Structures	Recertification, Validation, Life Safety Code, Other	Recertification, Life Safety Code			

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K 0712	Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7	3		Regs for Existing Structures	Recertification, Validation, Life Safety Code, Other	Recertification, Validation, Life Safety Code, Other	Recertification, Validation, Life Safety Code, Follow-up, Other		
K 0911	Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Life Safety Code			
<b>QAPI</b>		<b>0</b>	<b>0</b>						
<b>Chief of Services</b>		<b>0</b>	<b>0</b>						
<b>Psychiatric Services</b>		<b>6</b>	<b>0</b>						
B 0117	Each patient must receive a psychiatric evaluation that must include an inventory of the patient's assets in descriptive, not interpretive fashion.	2			Recertification	Recertification			
B 0121	The written plan must include short-term and long range goals.	2			Recertification	Recertification			
B 0122	The written plan must include the specific treatment modalities utilized.	2			Recertification	Recertification			
<b>Other</b>		<b>2</b>	<b>0</b>						
C 0151	The CAH is in compliance with applicable Federal laws and regulations related to the health and safety of patients.	2			Recertification, Validation	Validation, Follow-up			
<b>Total Federal/State Cites:</b>		<b>76</b>	<b>0</b>						
<b>Total Cites:</b>		<b>76</b>							