

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 250099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2024
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NAME OF PROVIDER OR SUPPLIER GREENWOOD LEFLORE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 RIVER RD GREENWOOD, MS 38930
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A 000	<p>Continued From page 1</p> <p>gurgling noted patient sat. [oxygen saturation] 50% [percent] on RA [room air] rushed to ER 1 via Mothers arms in w/c [wheelchair] patient naked except for towel breathing and tight/gurgling. Multiple staff to bedside working to apply monitors and start ivs [intravenous lines]. Child collapses at 1018 [2218 hours] and CODE called at 1018 [2218 hours]." A hospital document titled "General Medicine (Pediatric) - Nurse Initial Assessment Note" dated May 30, 2024, at 2259 hours, documented by RN #3 states, "Constitutional Pt [patient] presents to the ER accompanied by mother for complaints of seizure/asthma attack - pt obtunded [dulled or reduced level of alertness or consciousness] on arrival, O2 50% at triage desk. Pt brought immediately to RM1 [room 1], ED staff and MD [medical doctor] at beside. Pt found to be pulseless. CPR/ACLS protocol initiated at this time." A hospital document titled "General Medicine (Pediatric) - Provider Note" dated May 30, 2024, at 2306 hours documented by Medical Doctor #3, under the history of present illness, "...This is a 7-year-old female who presents to the emergency room with her mother for altered mental status. The patient was apparently at home when she had a seizure and afterwards had some trouble breathing. The patient apparently came to her mother and said she was having a lot of difficulty breathing. The mother put the patient in the bathtub which did not help. Upon arrival to the emergency room the patient was minimally response. Apparently in triage she was moving a little bit. She was immediately brought to the emergency department. When I walked into the room the patient was not breathing. She did not have a pulse. We started CPR immediately and intubated the patient. She was PEA [pulseless electrical activity] on the</p>	A 000	<p>emergency department, especially a pediatric patient in any type of distress. The emergency department nurses, security, and admissions staff were debriefed on the details of the event of patient #1 and instructed to immediately take patients in distress straight to the treatment area and not to delay care for any reason. Education was provided by the Chief Nursing Officer, the Nursing Director of the Emergency Department, the Director of Security, and the Director of Admissions starting on 06/26/24.</p> <p>Nursing leadership rounds are performed daily by the Nurse House Supervisor. Starting on 07/22/24 the House Supervisor began making observations in the ED to ensure the hospital policy/procedure is being followed related to patient sign in, registration, triage, and patient throughput to ensure the MSE is not delayed for any reason.</p> <p>b. The Emergency Department Nursing staff were re-educated on the Greenwood Leflore Hospital Emergency Severity Index (ESI) Triage Policy. (See Attachment #1). Education was done with a read</p>	<p>08/09/24</p> <p>07/22/24</p> <p>07/05/24</p>
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A 000	Continued From page 2 monitor for the entire resuscitation. After about 30 minutes of CPR the patient was pronounced dead." Medical Doctor #3's physical examination findings documented Patient #1 had "Copious vomitus around the mouth and in the airway. Pupils fixed and dilated. Pulseless." Patient #1's time of death was recorded as May 30, 2024, at 2249 hours, with a preliminary cause of death documented as respiratory arrest. The hospital staff's failure to immediately take Patient #1 to the ED clinical area for initiation and treatment of her presenting medical complaints upon arrival to the ED posed an immediate threat to the health and safety of Patient #1 and other individuals who present for evaluation and treatment of medical emergencies.	A 000	and sign method administered by the Emergency Department Director and Director of Accreditation to ensure compliance with the Hospital Triage Policy and ESI level for timely, safe, and effective care. ESI level examples are included in the ESI Education provided by the Emergency Nurses Association. (See Attachment #3). Upon further review of the policy, the decision was made to add Triage Nurse role/responsibilities and the ESI level 1 and 2 examples. The revised policy will be reviewed at the Emergency Department staff meeting on 08/13/24 and 08/14/24. (See Revised ESI Triage Policy Attachment #1b) New hire education will be the responsibility of the Director of Education. Ongoing and annual education will be the responsibility of the Nurse Emergency Department Director.	08/06/24
A2400	Cross Refer to A2400 and A2406. 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: Based on review of hospital surveillance video, staff interviews, medical record reviews, and facility policy and procedure, Greenwood Leflore Hospital failed to comply with 489.24. Specifically, the facility staff failed to immediately initiate emergency interventions for treatment of Patient #1's presenting complaints of respiratory distress for one (1) of 20 patient records reviewed (Patient #1). Findings Include:	A2400		08/16/24

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A2400	Continued From page 3 Registered Nurse (RN) #1 failed to initiate immediate interventions to Patient #1 who presented in respiratory distress. Instead, RN #1 directed Patient #1's mother, who was holding the patient in her arms, to the registration desk prior to triage or placement in the Emergency Department clinical area. During the exit conference on 06/28/2024 at 12:33 p.m. with Chief Nursing Officer, Chief Financial Officer, Director of Quality Management, Vice President of Administrative Services, and Director of Accreditation, survey findings were discussed, and no further documentation was submitted for review.	A2400	<p>c. EMTALA education will be presented by Nursing leadership, Quality Department, and Accreditation for all hospital staff utilizing the following methods: (See Attachment #2).</p> <p>i. Emergency Department staff- in person education sessions for all shifts began on 08/05/24.</p> <p>ii. Medical staff- in person education sessions at Full Medical Conference</p> <p>iii. Hospital nursing staff, radiology staff, security staff, admissions staff, cardiopulmonary staff, and pharmacy staff- in person education sessions for all shifts</p> <p>iv. All other hospital non-clinical staff not listed above, will complete the education through the hospital electronic education system "HealthStream."</p> <p>The Director of Accreditation and the Medical Staff Liaison, in coordination with the Director of Education, will be responsible to ensure EMTALA education is completed by all hospital staff, physicians, and nurse practitioners on hire and annually.</p>	08/16/24
A2406	Cross Refer to A-2406 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	A2406		

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A2406	<p>Continued From page 4 direction; and</p> <p>(ii) 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.</p> <p>(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:</p> <p>(A) The transfer is necessitated by the circumstances of the declared emergency in the emergency area during the emergency period.</p> <p>(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.</p> <p>(C) The hospital does not discriminate on the basis of an individual's source of payment or ability to pay.</p> <p>(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.</p> <p>(E) There has been a determination that a waiver of sanctions is necessary.</p>	A2406	<p>d. Emergency Severity Index (ESI) training developed by the Emergency Nursing Association (ENA) (See attachment #3) is scheduled for the hospital emergency department nursing staff to review and enhance nursing clinical skills/competency for triage assessments. Training will be done in person during staff meetings by the Chief Nursing Officer and the Nursing Director of the Emergency Department starting on 08/13/24. New hire education will be the responsibility of the Director of Education. Ongoing and annual education will be the responsibility of the Nurse Emergency Department Director.</p> <p>e. Nursing Administration reviewed the EMTALA Central Log for accuracy and completeness. The time of arrival to the facility was added to log for the front Emergency Department entrance and the back ambulance bay entrance. Nursing staff and security staff were educated of the revised</p>	<p>08/14/24</p> <p>07/22/24</p>
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A2406	<p>Continued From page 5</p> <p>(ii) A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health 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 review of hospital surveillance video, staff interviews, medical record reviews, and facility policy and procedure, Greenwood Leflore Hospital failed to immediately initiate emergency interventions for treatment of Patient #1's presenting complaints of respiratory distress for one (1) of 20 patient records reviewed (Patient #1). The hospital's failure to immediately take Patient #1 to the Emergency Department (ED) clinical area for initiation and treatment of her presenting medical complaints upon arrival to the ED posed an immediate threat to the health and safety of Patient #1.</p> <p>Findings Include:</p>	A2406	<p>log by the Emergency Department Director. The Director of Security or designee will check the Emergency Department front entrance sign in log daily for accuracy and hospital policy compliance. The Vice President of Administrative services will oversee Security staff compliance with the POC.</p> <p>f. All hospital security staff that work in the Emergency Department will complete a read and sign re-education of the Greenwood Leflore Hospital "Environment of Care, Security Management, Emergency Department Support and Monitoring" policy (See Attachment #4), which addresses security staff role/responsibility of assisting patients that present to the Emergency Department. The Emergency Department triage nurse role is in the Greenwood Leflore Hospital Emergency Severity Index (ESI) Triage Policy. (See Attachment #1).</p>	08/05/24

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A2406	<p>Continued From page 6</p> <p>A review of hospital video footage dated May 30, 2024, at 2208 hours showed Patient #1's mother arriving to the front of the hospital ED and entering the hospital with Patient #1 in her arms in a chest to chest holding position. Patient #1 was limp with no signs of muscle control. Patient #1's mother encounters a moment with Registered Nurse (RN) # 1, Triage Nurse, while a hospital Security Guard stands behind the mother and Patient #1 with a wheelchair. RN # 1 sends the mother and Patient #1 to the registration area. At 2211 hours the Security Guard escorts Patient #1 and her mother to the treatment area of the ER.</p> <p>A hospital document titled "Nurse Notes" documented by Registered Nurse # 1 stated in entirety, "2211 presented to ER [Emergency Room] via Mothers arms Mother states that she was in the bath had an asthma attack and a seizure and can't breath (sic) wheezing and gurgling noted patient sat. [oxygen saturation] 50% [percent] on RA [room air] rushed to ER 1 via Mothers arms in w/c [wheelchair] patient naked except for towel breathing and tight/gurgling. Multiple staff to bedside working to apply monitors and start ivs [intravenous lines]. Child collapses at 1018 [2218 hours] and CODE called at 1018 [2218 hours]."</p> <p>Medical record review of "Patient Agreement and Consent Form," dated May 30, 2024, for Patient #1 reveals a registration time of 2212 hours [10:12 p.m.]. There is a signature of Patient #1's mother and hospital employee name who administered the agreement documented on the consent form. This was three (3) minutes after arrival and prior to RN #1 or the Security Guard assisting the patient to the ED clinical area for</p>	A2406	<p>g. Admissions staff were instructed to only enter the patients in the electronic medical record system on patient's arrival to the emergency department and to complete registration ONLY after the triage and Medical Screening Examination is performed. This will prevent a delay in patient care by completing the registration process prior to the patient being examined for severity. It will also help to reduce the risk of human error in judgement so another delay cannot occur due to registration taking place prior to examination.</p> <p>The Director of Admissions or designee, will make daily rounds in the Emergency Department Admissions area to verify that admissions staff are in compliance. The Chief Financial Officer has oversight of Admissions staff compliance with the POC.</p>	07/22/24	

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A2406	Continued From page 7 treatment. A hospital document titled "General Medicine (Pediatric) - Nurse Initial Assessment Note" dated May 30, 2024, at 2259 hours, documented by RN #3 states, "Constitutional Pt [patient] presents to the ER accompanied by mother for complaints of seizure/asthma attack - pt obtunded [dulled or reduced level of alertness or consciousness] on arrival, O2 50% at triage desk. Pt brought immediately to RM1 [room 1], ED staff and MD [medical doctor] at beside. Pt found to be pulseless. CPR/ACLS protocol initiated at this time." A hospital document titled "General Medicine (Pediatric) - Provider Note" dated May 30, 2024, at 2306 hours documented by Medical Doctor #3, under the history of present illness, " ...This is a 7-year-old female who presents to the emergency room with her mother for altered mental status. The patient was apparently at home when she had a seizure and afterwards had some trouble breathing. The patient apparently came to her mother and said she was having a lot of difficulty breathing. The mother put the patient in the bathtub which did not help. Upon arrival to the emergency room the patient was minimally responsive. Apparently in triage she was moving a little bit. She was immediately brought to the emergency department. When I walked into the room the patient was not breathing. She did not have a pulse. We started CPR immediately and intubated the patient. She was PEA [pulseless electrical activity] on the monitor for the entire resuscitation. After about 30 minutes of CPR the patient was pronounced dead." Medical Doctor #3's physical examination findings documented Patient #1 had "Copious vomitus around the	A2406	2. To ensure the improvement measures put in place are sustained, routine hospital director leadership rounds have been instituted in the Emergency Department to review the EMTALA Central Log and complete an integrated rounding checklist that includes the following: patient arrival time to the Emergency Department, quick registration time, triage time and triage level, and current patient disposition at rounding time. All directors were educated on the leadership rounding tool at the hospital morning safety huddle. The hospital nursing House Supervisor will also utilize the EMTALA rounding tool when making daily rounds in the Emergency Department. (See Attachments #5 & #6). Responsible staff are the House Supervisor and the Chief Nursing Officer for rounds compliance. One of the corrective actions for this event, was to implement EMTALA Leadership rounds so the hospital will be in	08/01/24	

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A2406	<p>Continued From page 8</p> <p>mouth and in the airway. Pupils fixed and dilated. Pulseless." Patient #1's time of death was recorded as May 30, 2024, at 2249 hours, with a preliminary cause of death documented as respiratory arrest.</p> <p>Interview with Emergency Department (ED) Director on 06/25/2024 at 3:47 p.m. confirms patients presenting to the ED receive a quick triage assessment that consist of vital signs and complaint. They will then go to the registration department to register and return to the Triage Department to receive a full triage assessment and Emergency Severity Index (ESI) Level rating. Patients will then wait for their Medical Screening Examination (MSE). The ED Director also confirmed emergency medical treatment is provided for patients who present to the ED requiring immediate assistance such as cardiac arrest, respiratory arrest, and stroke signs and symptoms.</p> <p>Interview on 06/26/2024 at 10:03 a.m. with Medical Doctor (MD) #2 confirms, when a patient walks through the door there is a triage nurse present to assess and determine if a patient is non-emergent/emergent. If non-emergent, the patient goes to registration. If the patient is emergent, they are brought immediately back to one of the rooms and the provider will take it from there so we can put orders in the system. MD #2 also said, if the ED is full, which frequently it is, the non-emergent patients are triaged per protocol and then they're brought back in the order of triage level.</p> <p>Interview on 06/26/2024 at 2:28 p.m. with RN #3, confirmed when Patient #1 arrived, the mother was sitting in a wheelchair with Patient #1 in her</p>	A2406	<p>compliance for all emergency department patients, not patients with similar conditions of patient #1. Education on implementation of the rounding tool will include focus on patients presenting with life threatening conditions that require immediate treatment, both adult and pediatric. Greenwood Leflore Hospital identified it did not have a robust EMTALA audit and review process in place prior to this event, so a full EMTALA chart audit and rounds was necessary to improve the care and safety of all emergency department patients. Attachment #6 is a retrospective chart audit tool to gather data to share with frontline staff, practitioners, and hospital leadership in a systematic format. The hospital nursing leadership rounds will review appropriate triage level and timely movement through the emergency department to a MSE.</p>	
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A2406	<p>Continued From page 9</p> <p>lap and was taken to Emergency Room (ER) room one (1), our pediatric room. RN #3 said, the nurse that brought her around the corner said you know we need respiratory stat in ER room one (1). RN #3 stated, "I got up and called respiratory. I paged for them and told them that we had a pediatric patient that needed some attention. Several other staff members and I as well as Medical Doctor #3 got up and went into the room and saw the patient and that she was clearly not breathing, she was undressed, damp, and cold to the touch she was draped in a towel from home. We started CPR and put her on the monitor and called Code Blue."</p> <p>An interview on 06/26/2026 at 2:43 p.m. with the Director of Emergency Services (DES) revealed she was not working on 05/30/2024, the night Patient #1 was brought to the ED. The DES said, if you are triaging, it's obvious if patient is stable, throwing up, having respiratory issues and breathing. If you are triaging a stable person, and a patient in obvious distress arrives you should end the triage and perform a brief assessment and determine distress, that patient should immediately be transferred to the back. She further said, in this incident the nurse didn't tend to the child, she leads them to registration and then takes dyna map to patient and measures oxygen saturation and gets a reading of 50% and then goes back to type on the computer. This incident happened on May 30, 2024, but I know the first and only meeting to identify the "root cause" was held yesterday, June 25, 2024, at 9:00 p.m. There has been no corrective action as far as I know except termination. I did reach out to our education provider for an Emergency Medical Treatment and Labor Act (EMTALA) training presentation. I have not yet heard a reply</p>	A2406	<p>3. The Quality Department, Nurse Directors, and Director of Accreditation began real time chart audits on 07/31/24 monitoring triage and registration processes to ensure compliance with hospital policy/procedure for timely throughput through the Emergency Department for MSE and appropriate care for the medical condition. Feedback is shared through email communication with the Nurse Director of the Emergency Department. Beginning 08/05/24, The Quality Department and hospital nursing leadership will monitor ongoing compliance by completing 20 patient medical records audits daily for one week, then 50 records for two consecutive weeks then 50 records monthly, which include pediatric patients, utilizing the EMTALA chart audit tool. 100% of all Level 1 patients will be included in the record audits up</p>	08/16/24

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A2406	<p>Continued From page 10 from them.</p> <p>Interview on 06/26/2024 at 3:40 p.m. with the Director of Risk Management (DRM) confirms the facility performs a quick triage assessment prior to the registration process. After registration a full Triage Assessment is performed. The DRM also confirmed an internal investigation was performed after an incident that occurred on 05/30/2024 and there has not been a change in the ED registration process at this time.</p> <p>Interview on 06/26/2024 at 4:11 p.m. with Chief Nursing Officer confirmed RN #1 was terminated from employment and was not available for interview.</p> <p>Hospital policy titled "Admission Admitting Process" effective November 21, 2006, last revised October 17, 2023, stated the purpose was "To ensure patients are treated in an efficient and courteous manner and accurate receipt of patient information." Under the policy "Procedure" item six (6), letter "b." documented "Patients in acute distress or for whom any delay getting to the appropriate care unit would be detrimental, are transported immediately to the care unit and the Admissions process will be completed in the Admitting Department by a family member, ambulance transporter or by facsimile from the nursing unit if no family is available."</p> <p>Review of the facility's, "Emergency Services Policy and Position Statement for Evaluating, Treating and Transferring Emergency Department Patients (EMTALA)," dated 10/21/2019, "...To ensure the Hospital complies with the requirements ...and associated regulations ...Definitions ...Emergency Medical</p>	A2406	<p>to the max review amount specified above. (See Attachment #7). Results will be shared with Emergency Department staff, physicians and nurse practitioners, and the Emergency Department Committee starting with staff meetings on 08/13/24, 08/14/24, and Emergency Department Conference on 08/16/24. The audit data will be reported to the Quality Council, the Medical Staff, and the Hospital Board of Directors. Once a target of 100% compliance has been met for 6 consecutive months, 50 patient medical records will be audited quarterly and the data will be reported according to the plan stated above.</p> <p>The Director of Quality, Chief Nursing Officer and the Director of Accreditation are responsible to ensure daily, weekly, and monthly audits are completed and reported to the plan of corrections.</p> <p>A-2406</p> <p>1. a. The Greenwood Leflore Hospital "Emergency Services</p>	08/16/24
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 250099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/28/2024	
NAME OF PROVIDER OR SUPPLIER GREENWOOD LEFLORE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 RIVER RD GREENWOOD, MS 38930		
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A2406	<p>Continued From page 11</p> <p>Condition ...A medical condition manifesting itself by acute symptoms of sufficient severity ...such that the absence of immediate medical attention could reasonably be expected to result in ...serious dysfunction of any bodily organ or part ...When an individual presents to the Emergency Department ...evaluation must be conducted in conformity ...established by Medicare guidelines ..."</p> <p>Review of the facility's "Emergency Department Triage Classifications," last revised date 12/2019, "...Ensure patients are properly classified after an assessment has been carried out by a registered nurse ...A registered nurse will be responsible for triaging all patients presenting to the Emergency department and classifying complaints or condition ...of the following classifications ...Class III-Emergent, include, but not limited to: Cardiopulmonary arrest, Airway obstruction...Security or the triage nurse takes the patient to the appropriate treatment room..."</p> <p>Review of the facility's "Emergency Department Emergency Severity Index (ESI) Triage," last revision date 03/25/2022, "Purpose: To establish an appropriate triage system/process for use in establishing standardized criteria for the nursing staff in the triage role in assigning an appropriate triage level ...ESI Level 1: Those patients who require life-saving interventions. These patients are immediately placed in a treatment area ..."</p> <p>Review of the facility's "Nursing Service Pediatric Code" policy, dated 05/2024, "Purpose...to provide life supporting treatments to pediatric patients experiencing cardiac or respiratory arrest ...Policy: Maintain procedures to ensure a Pediatric Code is initiated immediately upon</p>	A2406	<p>Policy and Position Statement for Evaluating, Treating, and Transferring Emergency Department Patients (EMTALA)" was reviewed by nursing leadership, the Quality Department, and the Accreditation Department for any necessary revisions. The EMTALA policy revisions were as follows:</p> <ol style="list-style-type: none"> i. The Definitions section was added ii. The Patient Registration section on page 8, was revised to match the language more closely in the EMTALA law iii. Sections VIII A. B. and C. were added to address patients leaving without treatment or AMA. <p>(See Attachment #8).</p> <p>All hospital staff will complete a policy review with signature confirmation through the hospital education electronic system, "HealthStream."</p> <p>Ongoing EMTALA policy review will be completed by hospital staff at the annual skills fair. The Director of Education has oversight and responsibility for</p>	

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A2406	Continued From page 12 noting a pediatric patient without discernible pulse and/or respiration ...Procedure: 1. A pediatric patient is defined as a patient 12 years old or less." During the exit conference on 06/28/2024 at 12:33 p.m. with Chief Nursing Officer, Chief Financial Officer, Director of Quality Management, Vice President of Administrative Services, and Director of Accreditation, survey findings were discussed, and no further documentation was submitted for review.	A2406	the content and competencies included in the skills fair. b. The scope of the Medical Screening Examination (MSE) will be tailored to the presenting complaint and the medical history of the patient. All MSEs will include the following, but are not limited to: i. Chief complaint and pertinent history ii. Past medical and social history iii. Physical examination assessment iv. Laboratory or imaging studies, if applicable. c. For pediatric patients presenting with respiratory symptoms, the MSE will include the above assessment with the addition of the Pediatric Assessment Triangle tool (See Attachment #9). Implementation and training will begin once approved by the Emergency Department Committee, which is scheduled on 08/16/24. Emergency Department staff training will begin the same day the assessment tool is approved for implementation. The Chief of Emergency Medicine has	08/16/24	

<p>oversight of the compliance of the Emergency Department physicians. The Chief of the Emergency Department reports Chief Executive Officer and the Chief Nursing Officer.</p> <p>d. All pediatric patients presenting to the ED with any serious or life-threatening conditions will receive a Medical Screening Exam based on best practice guidelines according American Academy of Pediatrics and American Academy of Emergency Medicine. According to hospital policy/procedure, it is the expectation that these patients will be immediately taken to the treatment area without delays.</p>	<p>06/24/24</p>
<p>2. a. As a part of the hospital quality of care review process, the Quality Department reviews all deaths in the emergency department, including pediatric deaths, and all code blues/whites in the emergency department. Any quality of care issues identified are reviewed by the Medical Director of the Emergency Department and the Emergency Department Committee. This event that patient #1 was involved in, was reviewed by the Quality Department and a root cause analysis was done on 06/26/24 which included the Medical Director of the Emergency Department. The Chief Nursing Officer has oversight of the Quality Department compliance with the POC.</p> <p>b. During June 2023, (yes, planning and evaluation began in 2023) the hospital began efforts</p>	<p>08/05/24</p>

<p>to re-staff and restructure its Hospitalist Service Line in an effort to add efficiency to the care provided to inpatients and to increase coordination among the emergency room and hospitalist service. These efforts are resulting in a smoother transition from emergent care to acute care and decompressing the volume of patients being cared for in the emergency room. Thus, allowing for improved through-put time or an increase in the time emergency room physicians are able to devote to patients. A performance improvement project (PIP) was initiated in June 2024 to evaluate patient flow and through-put times from the Emergency Department to the admission on the hospital medical-surgical unit. The data is scheduled to be presented to the Quality Council on August 5, 2024 and the Medical Executive Committee, which includes the Emergency Department physicians, on August 19, 2024. This is an ongoing PIP.</p>	<p>08/19/24</p>
<p>c. A contracted critical care nurse educator will be on site to provide critical care and emergency department skills and competency training for nursing and providers from 08/10/24-08/14/24. Education will be provided for all Emergency Department nurses. Topics to be covered are titration of cardiac drips for critical patients, ventilator management, heparin infusions, and TPA administrations. The purpose of the sessions is to provide ongoing education for staff caring for critical patients. The Chief Nursing Officer has</p>	<p>08/14/24</p>

oversight of the Education Department.

3. a. The Quality Department, Nurse Directors, and Director of Accreditation began real time chart audits on 07/31/24 monitoring triage and registration processes to ensure compliance with hospital policy/procedure for timely throughput through the Emergency Department for MSE and appropriate care for the medical condition. Feedback is shared through email communication with the Nurse Director of the Emergency Department. Beginning 08/05/24, The Quality Department and hospital nursing leadership will monitor ongoing compliance by **completing 20 patient medical records audits daily for one week, then 50 records for two consecutive weeks then 50 records monthly**, which include pediatric patients, utilizing the EMTALA chart audit tool. **100% of all Level 1 patients will be included in the record audits up to the max review amount specified above.** (See Attachment #7). Results will be shared with Emergency Department staff, physicians and nurse practitioners, and the Emergency Department Committee **starting with staff meetings on 08/13/24, 08/14/24, and Emergency Department Conference on 08/16/24.** The audit data will be reported to the Quality Council, the Medical Staff, and the Hospital Board of Directors. Once a target of 100% compliance has been met for 6 consecutive months, 50 patient medical records will be audited

08/05/24

quarterly and the data will be reported according to the plan stated above.

New hire education will be the responsibility of the Director of Education. Ongoing and annual education will be the responsibility of the Nurse Emergency Department Director.

b. Mock code blue/white are held in the hospital as a part of ongoing education and skills evaluation. A pediatric mock code will be held by the education department and nursing leadership for all hospital staff on all 4 shifts starting the week of 08/05/2024 (See Attachment #10). **Ongoing, pediatric mock codes will be held on a quarterly basis for the next 12 months, then two times annually thereafter. The mock code sheets and evaluations are kept by the hospital Education Department.**

The Chief Nursing Officer is directly responsible to ensure mock pediatric codes are carried out and in compliance with education department plan.

08/09/24