STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: A. BLDG: | (X3) DATE SURVEY COMPLETED: 
---|---|---|---
390111 | | 00 | 06/05/2017

NAME OF PROVIDER OR SUPPLIER: HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, THE

STATE LICENSE NUMBER: 341101

STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 SPRUCE STREET PHILADELPHIA, PA 19104

ID PREFIX  TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX  TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CORRECTIVE ACTION ID) | (X5) COMPLETE DATE
---|---|---|---|---
A 0000 | INITIAL COMMENT | A 0000 | | |

This report is the result of an unannounced onsite complaint investigation (CEN16C946L) conducted on May 1, 2017, and completed on May 30, 2017, at the Hospital of the University of Pennsylvania. It was determined the facility was not in compliance with the requirements of 42 CFR, Title 42, Part 482-Conditions of Participation for Hospitals.

A 0118 | | A 0118 | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.
Continued from page 1

482.13(a)(2) PATIENT RIGHTS: GRIEVANCES

The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.

This REQUIREMENT is not met as evidenced by:

The Hospital of the University of Pennsylvania (HUP) took immediate steps to develop a process for the facility to provide prompt resolution of patient complaints and grievances.

HUP corrected the deficiency related to the complaint by having the Director of HUP Patient and Guest Relations mail a resolution letter to the complainant on Friday, July 7, 2017.

HUP acted to protect patients in similar situations by undertaking the following measures to prevent recurrence. On June 7, 2017, the Director of HUP Regulatory Affairs and Corporate Patient Affairs reviewed the "Response to Patient's and Family Members' Complaints and Grievances" administrative policy with the Regulatory Executive Committee meeting attendees.

On June 30, 2017 The Director of HUP Patient and Guest Relations & Reception (PGR) conducted an audit

Completion Date: 09/01/2017
Status: APPROVED
Date: 07/11/2017
of grievances received during the previous 4 weeks to ensure that a resolution letter was written for each grievance. Moving forward, the Director of HUP PGR will perform this audit monthly until there is 100% compliance for six consecutive months of sustained compliance. If a resolution letter has not been written, the Director of HUP PGR will review with the respective staff member and ensure a letter is then promptly written and sent to the patient.

The "Response to Patient's and Family Members' Complaints and Grievances" administrative policy, number: 1-12-20, was reviewed and updated by the Director of HUP PGR, Director of HUP Regulatory Affairs, and the Associate Director of HUP Regulatory Affairs to ensure that the policy explained the process for prompt resolution of patient complaints and grievances. The policy will be reviewed by the Policy Oversight Committee meeting scheduled for July 11, 2017.
The Director of HUP PGR, who is responsible for the Response to Patient's and Family Members' Complaints and Grievances, has scheduled several presentation dates at HUP Leadership meetings in order to 1) present and review the "Response to Patient's and Family Members' Complaints and Grievances" policy with staff; 2) included in the presentation that complaints that are communicated via electronic mail are to be considered grievances; 3) answer any questions regarding the process for prompt resolution of patient complaints and grievances; and 4) discuss utilization of PGR as a service to ensure the prompt review and resolution of patient complaints and grievances.

The Director of HUP PGR (or designee) is scheduled to speak at the following Leadership meetings on the following dates:
- CPUP Manager Meeting, Tuesday, July 25, 2017
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)

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390111

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A. BLDG: ___
B. WING: ___

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(X4) ID PREFIX TAG

A.0118  Continued from page 4

A.0118

- Hospital Department Directors Council (HDDC), Wednesday, July 26, 2017
- Nursing Leadership Council (NLC), Thursday, July 27, 2017

A one-page huddle containing primary points of the "Response to Patient's and Family Members' Complaints and Grievances" administrative policy will be developed by the Director of PGR and the Associate Director HUP/CPUP Regulatory Affairs to distribute at the presentations to facilitate staff training. This huddle will be completed by July 24, 2017. The Directors/Managers will disseminate the huddle to their respective staff for review and will track compliance, with a target date for 100% Completion of September 1, 2017. The HUP Nursing Director of Regulatory Compliance will be responsible for ensuring compliance. The HUP PGR Director (or designee)
### Statement of Deficiencies and Plan of Correction (POC)

#### Provider/Supplier/CLIA Identification Number:
390111

#### Completed Date Survey:
06/05/2017

#### Name of Provider or Supplier:
Hospital of the University of Pennsylvania, The

#### State License Number:
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#### Street Address, City, State, Zip Code:
3400 Spruce Street, Philadelphia, PA 19104

#### ID Prefix Tag:
A 0118

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<td>A 0118</td>
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<td>will conduct a monthly query of HUP Nurse Managers, HUP ambulatory leads, HUP outpatient Practice Managers, and the HUP Senior Leadership for six consecutive months of sustained compliance to verify that all grievances (100%) were responded to in writing, per the Response to Patient's and Family Members' Complaints and Grievances policy. HUP will monitor its performance that solutions are sustained by review of quarterly reports of complaints and grievances as well as staff compliance of huddle completion for 60 days. The outcomes will be reviewed by the HUP Patient Grievance Subcommittee and presented at the Clinical Effectiveness and Quality Improvement Committee meetings (CEQI) as part of the quality improvement activities. The next HUP Patient Grievance Subcommittee meeting is scheduled for July 17, 2017, at which time the quarterly complaints and grievances</td>
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**Date Survey Completed:** 06/05/2017

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**Street Address, City, State, Zip Code:** 3400 Spruce Street Philadelphia, PA 19104  
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<td>reports for April 2017 to June 2017 will be presented. At the HUP Patient Grievance Subcommittee meeting scheduled for October 16, 2017, the July to September 2017 complaints and grievances report, including the monthly leadership query; and the huddle completion compliance report will be reviewed. At the HUP Patient Grievance Subcommittee meeting scheduled for January 15, 2017, the October to December 2017 complaints and grievances report, including the monthly leadership query will be reviewed. All results will also be presented at the HUP CEQI meeting scheduled for February 1, 2018. The Director of HUP PGR is responsible for the Plan of Correction. Completion date for the Plan of Correction is September 1, 2017.</td>
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**Printed:** 7/20/2017  
**Form Approved:** 2567-L
Based on a review of the facility's policy, documents, medical record (MR) and interview with staff (EMP), it was determined that the facility failed to follow their adopted policy for resolution of complaint and grievance.

Findings include:

A review of the facility's policy "Response to Patient's and Family Members' Complaints and Grievances" last revised November 2, 2016, revealed "...2. A patient grievance, as defined by CMS is any complaint that meets the criteria listed below: a) A formal, informal written, or verbal complaint made by a patient or their representative received by an department...This includes faxes, emails, and letters or notes attached to any patient satisfaction survey other than general comments...c) A written complaint (including e-mails and faxes) is always considered a grievance, whether from an inpatient/outpatient, released/discharged patient or their representative regarding the patient care provided, abuse or neglect, or the compliance with
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the CMS Conditions of Participation."

A review of the facility's policy "Response to Patient's and Family Member's Complaints and Grievances" last revised November 2, 2016, revealed ".3...b) Every attempt will be made to resolve the grievance within 7 days of receipt. If the grievance is unable to be resolved within 7 days of receipt or if the investigation is not or will not be completed within 7 days, the complainant will be notified that the hospital is still working to resolve the grievance and that the hospital will follow-up with a written response within 30 days..h) When a patient communicates a grievance to the hospital via email the hospital may respond via email. When the email response contains the information stated in this requirement, the email meets the requirement for a written response.

A review of facility document, "Email" dated October 30, 2016, revealed "...I am glad to hear that HUP (Hospital University of Pennsylvania) is taking aggressive measures to do a microbiology
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| A 0118 | Continued from page 9 analysis of the joint debris..., and to inform the company and the FDA of this potential infectious disease risk...It is hard to envision a scenario in which contaminated joints on the patient's side of the bed do not pose a biohazard to recovering patients, especially in the ICU setting. ___(name redacted) and I ask that the hospital take steps in the direction of following the FDA (Food Drug Administration) self-reporting requirements for medical devices-so as to provide the FDA with the necessary information it can use to generate a nationwide warning to all provider facilities."

An interview conducted on May 1, 2017, at 9:45AM with EMP1 and EMP4 confirmed EMP4 received the email dated October 30, 2016, from the family member of MR1. EMP4 further confirmed that upon receiving the email on October 30, 2016, EMP4 contacted EMP14 on that same day to further discuss the details of the email. It was also confirmed that EMP4 and EMP14 did not respond to the email from the family member of MR1.
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A review of facility document "Email" dated November 10, 2016, from the family member of MR1 addressed to EMP4, EMP15, local newspapers, the Food Drug Administration, the "Department" and government officials revealed "...Is it possible for you to share the culture results from the joint alcoves with me and with the Inquirer?"

An interview conducted on May 1, 2017, at 9:50AM, with EMP4 confirmed the email dated November 10, 2016, was received by EMP4. EMP4 also confirmed that the facility did not respond with a written response. EMP4 also stated that the facility failed to follow their policy.

A review of facility document "Email" dated November 14, 2016, from the family member of MR1 addressed to EMP6, local newspapers, the Food Drug Administration, the "Department" revealed "...I am not certain what you are trying to accomplish by claiming that such debris is "harmless"
and poses "no risk" to patients. This statement has shocked many of your colleagues as a corporate response not a medically or ethically sound one, I assure you. Of course, NO accumulated debris in a patient bed is ever acceptable or safe—especially in the ICU setting. Please let me known when you plan to delineate how you came to the conclusions that you arrived at for the ____ (name redacted) reporters."

A review of a news article "Physician, Congressman say Hospital Beds accumulate debris" published November 11, 2016, revealed EMP6 stated in the news article "University of Pennsylvania infectious disease staff analyzed the debris and found it harmless. These particular beds were examined, and we found no risk to patients."

A telephone interview conducted on May 2, 2017, at 9AM with EMP6, confirmed that EMP6 remembered the incident and confirmed giving a statement to the local newspaper about the incident. EMP6 further stated "I have never spoken to the
### Statement of Deficiencies and Plan of Correction (POC)

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#### Date Survey Completed:
06/05/2017

### Summary Statement of Deficiencies

- **ID Prefix Tag:** A 0118

Patient or the patient's family member about this incident.

A telephone conference call conducted on May 30, 2017, at 2:00PM with EMP1 revealed that EMP4 and EMP15 did not consider emails to the facility, with news agencies copied on the email to be a grievance that required a referral to the hospital's Patient and Guest Relations Department for follow-up. Further interview confirmed that the facility had not responded to the email correspondence received on October 30, 2016, November 10, 2016, and November 14, 2016, as defined in the facility's policy.
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### 482.42 INFECTION CONTROL

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

This REQUIREMENT is not met as evidenced by:

- The Hospital of the University of Pennsylvania (HUP) took immediate steps to continue developing the process to ensure patient beds in the Intensive Care Units (ICU’s) were properly cleaned according to the manufacturer’s instructions.
- Environmental Services (EVS) Regional Resident Director met with the bed manufacturer to review the manufacturer's recommendations for cleaning the debris in the alcoves of the side rail joints and reported these recommendations to the HUP Assistant Executive Hospital Director.
- HUP reviewed the bed manufacturers’ cleaning recommendations for all beds in the HUP bed inventory, including rental beds. The cleaning recommendations were incorporated into a new infection control policy, entitled, "Bed, Stretcher and Wheelchair Cleaning Procedure", number: 1-3-C. The policy was presented and approved by the HUP Infection Control Committee on December 16, 2016. EVS staff were...
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<td>A 0747</td>
<td>Continued from page 18 educated on the updated cleaning processes in the policy and trained on how to clean the alcoves of the side rail joints as well as the rest of the bed. A 100% compliance was achieved by April 1, 2017. An inspection checklist of the beds was put into place by EVS to ensure that the beds were cleaned per manufacturers' recommendations. HUP acted to protect patients in similar situations by undertaking the following measures to prevent recurrence: On January 11, 2017 and April 1, 2017, the EVS Resident Regional Director presented the updated cleaning program and progress report to the Executive Quarterly Business Review meeting participants which included HUP Senior Leadership. On April 1, 2017, the EVS staff were re-educated on the Infection Control policy entitled, &quot;Bed, Stretcher and Wheelchair Cleaning Procedure, number: I-3-C in order to reinforce the updated cleaning requirements.</td>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)

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NAME OF PROVIDER OR SUPPLIER:

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DATE SURVEY COMPLETED:

06/05/2017

EDUCATION: 0747

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
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| A 0747        | Continued from page 19                                                                         | A 0747       | On May 24, 2017, the EVS Resident Regional Director presented the updated cleaning program and reported compliance to the HUP Environment of Care Committee as part of the follow-up to quality improvement activities. EVS Resident Regional Director for HUP will monitor its performance and that compliance was sustained through ongoing audits. On June 29, 2017, the HUP Director of Materials Management assigned an Equipment Technician to randomly inspect the cleanliness of 20% of the critical care beds on a monthly basis. Audit data will be incorporated into HUP Materials Management Quality Assessment and Performance Improvement Plan (QAPI) and submitted electronically to the Operations Quality Council, monthly. The HUP Director of Materials Management (or designee) will present the compliance data to the Operations Quality Council, in-person, bi-annually. The first
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Electronic submission of audit data will be on August 4, 2017 and presented to the Operations Quality Council on the meeting scheduled for December 11, 2017. The Operations Quality Council reports up through the HUP Clinical Effectiveness Quality Improvement Committee (CEIQ). If 100% compliance does not occur, the HUP Director of Materials Management will inform the EVS Resident Regional Director and the Assistant Executive Hospital Director. The EVS Resident Regional Director will then review the process with the EVS staff immediately.

EVS Resident Regional Director (or designee) will report their audit results to the HUP Infection Control Committee semiannually in order to ensure Infection Control oversight as a part of quality improvement monitoring. EVS is scheduled to present audit results at the next HUP Infection Control Committee meeting, scheduled for August 8, 2017. The audit data will also be
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<td>reported at the HUP Environment of Care Committee scheduled for August 23, 2017.</td>
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<td>The Medical Director of HUP Health Care Epidemiology, Infection Prevention and Control is responsible for the Plan of Correction. Completion date for the Plan of Correction is August 23, 2017.</td>
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Based on a review of facility documents, and interview with staff (EMP), it was determined the facility failed to ensure patient beds in the Intensive Care Unit (ICU) were properly cleaned according to the manufacturer's instructions.

Findings include:

A review on May 1, 2017, of facility documents revealed pictures from October 2016, of the intensive care (ICU) beds which contain debris in the alcoves of the side rail joints located on Founders 5 (Heart and Vascular ICU), Rhoads 5 (Surgical Intensive Care Unit), Rhoads 2 (NeuroIntensive Care Unit), Founders 9 (Medical Intensive Care Unit) and Founders 8 (Cardiac Care Unit).

An interview conducted on May 1, 2017, at 3:47PM with EMP1 and EMP9 confirmed EMP9 had completed an observational tour of the ICU beds at the request of MRI’s family member in October 2016. EMP9 confirmed the results of the
observational tour revealed the ICU beds labeled as "clean" contained debris in each of the alcoves of the side rail joints.

An interview conducted on May 1, 2017, at 9:55AM with EMP4 revealed "We did not complete a microbiology analysis test on the material found in the alcove areas of the ICU patient beds. We believed the substance to be dust and lint."

An interview conducted on May 1, 2017, at 10:15AM with EMP1 and EMP5 confirmed that the alcoves of the side rail joints had not been an area the environmental staff was trained to clean and disinfect prior to November 2016. EMP5 further confirmed that removal of the debris in the alcove areas should have been identified and removed during the cleaning and disinfecting process of the ICU beds.
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)

**NAME OF PROVIDER OR SUPPLIER:**

**HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, THE**

**STATE LICENSE NUMBER:** 341101

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

3400 SPRUCE STREET

PHILADELPHIA, PA 19104

**ID PREFIX TAG:** 390111

**DATE SURVEY COMPLETED:** 06/05/2017

### (X4) ID PREFIX TAG  
**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**

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<th>A 0747</th>
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### (X2) MULTIPLE CONSTRUCTION:

- **A. BLDG:** __
- **B. WING:** __________

### (X3) DATE SURVEY COMPLETED:

- **06/05/2017**

### PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COLUMN)

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**ID PREFIX TAG:** A 0747
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<td>P 0000</td>
<td></td>
<td>INITIAL COMMENT</td>
<td>P 0000</td>
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This report is the result of an unannounced onsite complaint investigation (CEN16C946L) conducted on May 1, 2017, and completed on May 30, 2017, at the Hospital of the University of Pennsylvania. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.
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<tr>
<td>P 0372</td>
<td>Continued from page 1</td>
<td></td>
<td>103.24 (4) INVESTIGATION/ENFORCEMENT PROCEDURES</td>
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<td>The Hospital of the University of Pennsylvania (HUP) took immediate steps to develop a process for the facility to provide prompt resolution of patient complaints and grievances.</td>
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<td>103.24 (4) investigation and resolution, when possible, of formal complaints shall be timely; and</td>
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<td>HUP corrected the deficiency related to the complainant by having the Director of HUP Patient and Guest Relations mail a resolution letter to the complainant on Friday, July 7, 2017.</td>
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<td>This REGULATION is not met as evidenced by:</td>
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<td>HUP acted to protect patients in similar situations by undertaking the following measures to prevent recurrence. On June 7, 2017, the Director of HUP Regulatory Affairs and Corporate Patient Affairs reviewed the &quot;Response to Patient's and Family Members' Complaints and Grievances&quot; administrative policy with the Regulatory Executive Committee meeting attendees.</td>
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<td>On June 30, 2017 The Director of HUP Patient and Guest Relations &amp; Reception (PGR) conducted an audit</td>
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<td>ID PREFIX</td>
<td>TAG</td>
<td>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)</td>
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<td>P 0372</td>
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<td>Continued from page 2</td>
<td>P 0372</td>
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<td>of grievances received during the previous 4 weeks to ensure that a resolution letter was written for each grievance. Moving forward, the Director of HUP PGR will perform this audit monthly until there is 100% compliance for six consecutive months of sustained compliance. If a resolution letter has not been written, the Director of HUP PGR will review with the respective staff member and ensure a letter is then promptly written and sent to the patient. The &quot;Response to Patient's and Family Members' Complaints and Grievances&quot; administrative policy, number: 1-12-20, was reviewed and updated by the Director of HUP PGR, Director of HUP Regulatory Affairs, and the Associate Director of HUP Regulatory Affairs to ensure that the policy explained the process for prompt resolution of patient complaints and grievances. The policy will be reviewed by the Policy Oversight Committee meeting scheduled for July 11, 2017.</td>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)

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<th>DATE SURVEY COMPLETED:</th>
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<tr>
<td>390111</td>
<td>A. BLDG: __</td>
<td>B. WING: __</td>
<td>06/05/2017</td>
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STATE NAME OF PROVIDER OR SUPPLIER:

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, THE

STATE LICENSE NUMBER: 341101

STREET ADDRESS, CITY, STATE, ZIP CODE:

3400 SPRUCE STREET
PHILADELPHIA, PA 19104

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</table>
| P 0372 | Continued from page 3 | P 0372 | The Director of HUP PGR, who is responsible for the Response to Patient's and Family Members' Complaints and Grievances, has scheduled several presentation dates at HUP Leadership meetings in order to 1) present and review the "Response to Patient's and Family Members' Complaints and Grievances" policy with staff; 2) included in the presentation that complaints that are communicated via electronic mail are to be considered grievances; 3) answer any questions regarding the process for prompt resolution of patient complaints and grievances; and 4) discuss utilization of PGR as a service to ensure the prompt review and resolution of patient complaints and grievances.

The Director of HUP PGR (or designee) is scheduled to speak at the following Leadership meetings on the following dates:
- CPUP Manager Meeting, Tuesday, July 25, 2017
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)**

**NAME OF PROVIDER OR SUPPLIER:**

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, THE

**STATE LICENSE NUMBER:** 341101

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

3400 SPRUCE STREET
PHILADELPHIA, PA 19104

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)**

**IDENTIFICATION NUMBER:** 390111

**MULTIPLE CONSTRUCTION:**

A. BLDG: __
B. WING: __

**DATE SURVEY COMPLETED:** 06/05/2017

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<td>P 0372</td>
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<td>- Hospital Department Directors Council (HDDC), Wednesday, July 26, 2017</td>
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<td>- Nursing Leadership Council (NLC), Thursday, July 27, 2017</td>
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<td>A one-page huddle containing primary points of the &quot;Response to Patient's and Family Members' Complaints and Grievances&quot; administrative policy will be developed by the Director of PGR and the Associate Director HUP/CPUP Regulatory Affairs to distribute at the presentations to facilitate staff training. This huddle will be completed by July 24, 2017. The Directors/Managers will disseminate the huddle to their respective staff for review and will track compliance, with a target date for 100% Completion of September 1, 2017. The HUP Nursing Director of Regulatory Compliance will be responsible for ensuring compliance. The HUP PGR Director (or designee)</td>
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<td>will conduct a monthly query of HUP Nurse Managers, HUP ambulatory leads, HUP outpatient Practice Managers, and the HUP Senior Leadership for six consecutive months of sustained compliance to verify that all grievances (100%) were responded to in writing, per the Response to Patient's and Family Members' Complaints and Grievances policy. HUP will monitor its performance that solutions are sustained by review of quarterly reports of complaints and grievances as well as staff compliance of huddle completion for 60 days. The outcomes will be reviewed by the HUP Patient Grievance Subcommittee and presented at the Clinical Effectiveness and Quality Improvement Committee meetings (CEQI) as part of the quality improvement activities. The next HUP Patient Grievance Subcommittee meeting is scheduled for July 17, 2017, at which time the quarterly complaints and grievances</td>
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**STREET ADDRESS, CITY, STATE, ZIP CODE:**
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<td>P 0372</td>
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<td>Continuation from page 6</td>
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<td>reports for April 2017 to June 2017 will be presented. At the HUP Patient Grievance Subcommittee meeting scheduled for October 16, 2017, the July to September 2017 complaints and grievances report, including the monthly leadership query; and the huddle completion compliance report will be reviewed. At the HUP Patient Grievance Subcommittee meeting scheduled for January 15, 2017, the October to December 2017 complaints and grievances report, including the monthly leadership query will be reviewed. All results will also be presented at the HUP CEQI meeting scheduled for February 1, 2018. The Director of HUP PGR is responsible for the Plan of Correction. Completion date for the Plan of Correction is September 1, 2017.</td>
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</table>
Based on a review of the facility's policy, documents, medical record (MR) and interview with staff (EMP), it was determined that the facility failed to follow their adopted policy for resolution of complaint and grievance.

Findings include:

A review of the facility's policy "Response to Patient's and Family Members' Complaints and Grievances" last revised November 2, 2016, revealed "...2. A patient grievance, as defined by CMS is any complaint that meets the criteria listed below: a) A formal, informal written, or verbal complaint made by a patient or their representative received by an department...This includes faxes, emails, and letters or notes attached to any patient satisfaction survey other than general comments...c) A written complaint (including e-mails and faxes) is always considered a grievance, whether from an inpatient/outpatient, released/discharged patient or their representative regarding the patient care provided, abuse or neglect, or the compliance with
A review of the facility's policy "Response to Patient's and Family Member's Complaints and Grievances" last revised November 2, 2016, revealed "...b) Every attempt will be made to resolve the grievance within 7 days of receipt. If the grievance is unable to be resolved within 7 days of receipt or if the investigation is not or will not be completed within 7 days, the complainant will be notified that the hospital is still working to resolve the grievance and that the hospital will follow-up with a written response within 30 days...h) When a patient communicates a grievance to the hospital via email the hospital may respond via email. When the email response contains the information stated in this requirement, the email meets the requirement for a written response.

A review of facility document, "Email" dated October 30, 2016, revealed "...I am glad to hear that HUP (Hospital University of Pennsylvania) is taking aggressive measures to do a microbiology
**Analysis of the Joint Debris...**

It is hard to envision a scenario in which contaminated joints on the patient's side of the bed do not pose a biohazard to recovering patients, especially in the ICU setting. ___ (name redacted) and I ask that the hospital take steps in the direction of following the FDA (Food Drug Administration) self-reporting requirements for medical devices—so as to provide the FDA with the necessary information it can use to generate a nationwide warning to all provider facilities."

An interview conducted on May 1, 2017, at 9:45 AM with EMP1 and EMP4 confirmed EMP4 received the email dated October 30, 2016, from the family member of MR1. EMP4 further confirmed that upon receiving the email on October 30, 2016, EMP4 contacted EMP14 on that same day to further discuss the details of the email. It was also confirmed that EMP4 and EMP14 did not respond to the email from the family member of MR1.
A review of facility document "Email" dated November 10, 2016, from the family member of MR1 addressed to EMP4, EMP15, local newspapers, the Food Drug Administration, the "Department" and government officials revealed "...Is it possible for you to share the culture results from the joint alcoves with me and with the Inquirer?"

An interview conducted on May 1, 2017, at 9:50AM, with EMP4 confirmed the email dated November 10, 2016, was received by EMP4. EMP4 also confirmed that the facility did not respond with a written response. EMP4 also stated that the facility failed to follow their policy.

A review of facility document "Email" dated November 14, 2016, from the family member of MR1 addressed to EMP6, local newspapers, the Food Drug Administration, the "Department" revealed "...I am not certain what you are trying to accomplish by claiming that such debris is "harmless"
and poses "no risk" to patients. This statement has shocked many of your colleagues as a corporate response not a medically or ethically sound one, I assure you. Of course, NO accumulated debris in a patient bed is ever acceptable or safe-especially in the ICU setting. Please let me known when you plan to delineate how you came to the conclusions that you arrived at for the ____ (name redacted) reporters."

A review of a news article "Physician, Congressman say Hospital Beds accumulate debris" published November 11, 2016, revealed EMP6 stated in the news article "University of Pennsylvania infectious disease staff analyzed the debris and found it harmless. These particular beds were examined, and we found no risk to patients"

A telephone interview conducted on May 2, 2017, at 9AM with EMP6, confirmed that EMP6 remembered the incident and confirmed giving a statement to the local newspaper about the incident. EMP6 further stated "I have never spoken to the
A telephone conference call conducted on May 30, 2017, at 2:00PM with EMP1 revealed that EMP4 and EMP15 did not consider emails to the facility, with news agencies copied on the email to be a grievance that required a referral to the hospital's Patient and Guest Relations Department for follow-up. Further interview confirmed that the facility had not responded to the email correspondence received on October 30, 2016, November 10, 2016, and November 14, 2016, as defined in the facility's policy.

patient or the patient's family member about this incident."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  | PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | MULTIPLE CONSTRUCTION:  | DATE SURVEY COMPLETED:
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| 390111 |  | 06/05/2017 |

NAME OF PROVIDER OR SUPPLIER:  
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STATEMENT OF DEFICIENCIES (POC)  | ID PREFIX  | TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX)
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| P 0372 | Continued from page 13 | P 0372 |

| P 4702 |  | P 4702 |

State Form  0KS111  IF CONTINUATION SHEET Page 14 of 22
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)**

**STATE LICENSE NUMBER:** 341101

**HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, THE**

**STATE ADDRESS, CITY, STATE, ZIP CODE:**
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**DATE SURVEY COMPLETED:** 06/05/2017

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**STATEMENT OF DEFICIENCIES: MAINTENANCE OF SAFETY & SANITATION**

147.2 Maintenance of safety and sanitation

The hospital shall be equipped, operated, and maintained so as to sustain its safe and sanitary characteristics and to minimize all health hazards in the hospital, for the protection of both patients and employees.

This REGULATION is not met as evidenced by:

The Hospital of the University of Pennsylvania (HUP) took immediate steps to continue developing the process to ensure patient beds in the Intensive Care Units (ICU’s) were properly cleaned according to the manufacturer's instructions. Environmental Services (EVS) Regional Resident Director met with the bed manufacturer to review the manufacturer's recommendations for cleaning the debris in the alcoves of the side rail joints and reported these recommendations to the HUP Assistant Executive Hospital Director.

HUP reviewed the bed manufacturers' cleaning recommendations for all beds in the HUP bed inventory, including rental beds. The cleaning recommendations were incorporated into a new infection control policy, entitled, "Bed, Stretcher and Wheelchair Cleaning Procedure", number: I-3-C. The policy was presented and approved by the HUP Infection Control Committee on 08/23/2017.

**Completion Date:** 08/23/2017

**Status:** APPROVED

**Date:** 07/11/2017
December 16, 2016. EVS staff were educated on the updated cleaning processes in the policy and trained on how to clean the alcoves of the side rail joints as well as the rest of the bed. A 100% compliance was achieved by April 1, 2017. An inspection checklist of the beds was put into place by EVS to ensure that the beds were cleaned per manufacturers’ recommendations.

HUP acted to protect patients in similar situations by undertaking the following measures to prevent recurrence: On January 11, 2017 and April 1, 2017, the EVS Resident Regional Director presented the updated cleaning program and progress report to the Executive Quarterly Business Review meeting participants which included HUP Senior Leadership.

On April 1, 2017, the EVS staff were re-educated on the Infection Control policy entitled, “Bed, Stretcher and Wheelchair Cleaning Procedure, number: I-3-C in order to reinforce...
The updated cleaning requirements.

On May 24, 2017, the EVS Resident Regional Director presented the updated cleaning program and reported compliance to the HUP Environment of Care Committee as part of the follow-up to quality improvement activities. EVS Resident Regional Director for HUP will monitor its performance and that compliance was sustained through ongoing audits.

On June 29, 2017, the HUP Director of Materials Management assigned an Equipment Technician to randomly inspect the cleanliness of 20% of the critical care beds on a monthly basis. Audit data will be incorporated into HUP Materials Management Quality Assessment and Performance Improvement Plan (QAPI) and submitted electronically to the Operations Quality Council, monthly. The HUP Director of Materials Management (or designee) will present the compliance data to the Operations Quality Council,
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<tr>
<td>P 4702</td>
<td>Continued from page 17</td>
<td>P 4702</td>
<td>in-person, bi-annually. The first electronic submission of audit data will be on August 4, 2017 and presented to the Operations Quality Council on the meeting scheduled for December 11, 2017. The Operations Quality Council reports up through the HUP Clinical Effectiveness Quality Improvement Committee (CEQI). If 100% compliance does not occur, the HUP Director of Materials Management will inform the EVS Resident Regional Director and the Assistant Executive Hospital Director. The EVS Resident Regional Director will then review the process with the EVS staff immediately. EVS Resident Regional Director (or designee) will report their audit results to the HUP Infection Control Committee semiannually in order to ensure Infection Control oversight as a part of quality improvement monitoring. EVS is scheduled to present audit results at the next HUP Infection Control Committee meeting, scheduled for August 8,</td>
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<tr>
<td>P 4702</td>
<td>Continued from page 18</td>
<td>P 4702</td>
<td>2017. The audit data will also be reported at the HUP Environment of Care Committee scheduled for August 23, 2017. The Medical Director of HUP Health Care Epidemiology, Infection Prevention and Control is responsible for the Plan of Correction. Completion date for the Plan of Correction is August 23, 2017.</td>
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</tbody>
</table>
Based on a review of facility documents, and interview with staff (EMP), it was determined the facility failed to ensure patient beds in the Intensive Care Unit (ICU) were properly cleaned according to the manufacturer's instructions.

Findings include:

A review on May 1, 2017, of facility documents revealed pictures from October 2016, of the intensive care (ICU) beds which contain debris in the alcoves of the side rail joints located on Founders 5 (Heart and Vascular ICU), Rhoads 5 (Surgical Intensive Care Unit), Rhoads 2 (NeuroIntensive Care Unit), Founders 9 (Medical Intensive Care Unit) and Founders 8 (Cardiac Care Unit).

An interview conducted on May 1, 2017, at 3:47PM with EMP1 and EMP9 confirmed EMP9 had completed an observational tour of the ICU beds at the request of MR1’s family member in October 2016. EMP9 confirmed the results of the
observational tour revealed the ICU beds labeled as "clean" contained debris in each of the alcoves of the side rail joints.

An interview conducted on May 1, 2017, at 9:55AM with EMP4 revealed "We did not complete a microbiology analysis test on the material found in the alcove areas of the ICU patient beds. We believed the substance to be dust and lint."

An interview conducted on May 1, 2017, at 10:15AM with EMP1 and EMP5 confirmed that the alcoves of the side rail joints had not been an area the environmental staff was trained to clean and disinfect prior to November 2016. EMP5 further confirmed that removal of the debris in the alcove areas should have been identified and removed during the cleaning and disinfecting process of the ICU beds.
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE)</th>
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Certified End Page

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, THE
STATE LICENSE NUMBER: 341101
SURVEY EXIT DATE: 06/05/2017

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Kelly Hoover Thompson
Deputy Secretary for Quality Assurance

Rachel L. Levine, MD
Acting Secretary of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY