

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764
STATE LICENSE NUMBER: 234501	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0000	INITIAL COMMENT	A 0000		
	<p>This report is the result of an unannounced onsite complaint investigation (CHL18C424S) initiated on September 10, 2018, and concluded September 14, 2018, at Wilkes-Barre General Hospital. It was determined the facility was not in compliance with the requirements of 42 CFR, Title 42, Part 482-Conditions of Participation for Hospitals.</p> <p>Immediate Jeopardy was initiated on September 13, 2018 at 10:30 AM. The facility submitted their first written Plan of Correction at approximately 1:00 PM on September 13, 2018. The plan was not acceptable. The facility submitted a second written Plan of Correction at approximately 3:15 PM. The Immediate Jeopardy was discontinued at 3:30 PM.</p>			
A 0115		A 0115		

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

TITLE:

(X6) DATE:

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0115	Continued from page 1 482.13 PATIENT RIGHTS A hospital must protect and promote each patient's rights. This REQUIREMENT is not met as evidenced by:	A 0115	The Chief Nursing Officer and/or his designee will provide the nursing staff re-education on the facility's "Prevention/Alternatives and Use of Restraints/Protective Devices" policy. With emphasis on the necessity of completion of documentation on the "Restraint Flow Sheet". Emphasis will also be on the removal of restraints at the earliest opportunity based on patient reassessments. In-service sign in sheets will be kept in the nursing administrative offices. All nursing staff will complete the Advanced Learning Center Module on the computerized education tool and it will continue to be part of the nursing orientation program. Human resources will keep the electronic log of staff completion. The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following: use of overtime in accordance with the labor contract, management staff assuming patient assignments, use	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0115	Continued from page 2	A 0115	<p>of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will continue to work with the Human Resources Department in recruitment/retention efforts with</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0115	Continued from page 3	A 0115	<p>filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 5. Reduce turnover by working with management to select candidates that are a better match for positions 6. Reaching out to local colleges for Nursing Leadership to be guest speakers <p>Quality Monitoring: A random audit of 30 restraint patient charts per month will be performed by the Chief Nursing Officer and / or his designees. Audits will continue for 3 months and / or until 100% compliance is achieved for 3 consecutive months. Results will be reported to the Clinical Operations</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501	STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
--------------------	--	---------------	--	--------------------

A 0115	Continued from page 4	A 0115	meeting monthly and to the Quality Department quarterly until goal has been achieved.	
--------	-----------------------	--------	---	--

--	--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0115	<p>Continued from page 5</p> <p>This condition is not met as evidenced by:</p> <p>Based on the systemic nature of the standard-level deficiencies related to patient rights, the facility staff failed to substantially comply with this condition.</p> <p>The findings were:</p> <p>These following standards were cited and show a systemic nature of non-compliance with regards to Patient Rights as follows:</p> <p>(482.13(c)(2) Tag- 0144) The information reviewed during the survey provided evidence that the facility failed to prevent self harm of patients in their care for two of two medical records reviewed (MR1 and MR2).</p> <p>(482.13 Tag-0174) The information reviewed during the survey</p>	A 0115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0115	Continued from page 6 provided evidence that the facility failed to ensure four-point leather restraints were removed at the earliest possible time in the Emergency Department (ED) for one of one medical record reviewed (MR2) (482.13 Tag-0175) The information reviewed during the survey provided evidence that the facility failed to follow their policy related to monitoring a patient in four-point leather restraints for one of one medical record reviewed (MR2). Cross Reference: 482.23 Nursing Services 482.25 Emergency Services	A 0115		
A 0144		A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 7 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING The patient has the right to receive care in a safe setting. This REQUIREMENT is not met as evidenced by:	A 0144	<p>The Chief of Security reviewed the "Crisis Room: Security Metal Detector Use" policy, and found that this policy was obsolete and was archived. The Chief of Security created a new Security Handheld metal detector policy; which reflects the correct process for wandling of patients utilizing a hand held metal detector device. The Chief of Security and/or his designee will provide education to all of the security staff. A sign in sheet will be kept on file within the Security office. The education on the policies will continue to be a part of the security officer orientation program.</p> <p>The Chief of Security also reviewed the Manual for the Metal Detector Wand and provided re-education to all security staff on the manufacturer's recommendations for the appropriate method of wandling a patient. A sign in sheet will be kept within the Security office.</p> <p>Quality Monitoring: The Chief of Security and / or his designee will</p>	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 8	A 0144	<p>perform 10 direct observations of security guards performing wandng technique on patients per month. There will be immediate re-education of any security guard who fails to perform the wandng technique correctly as per the manufacturer's recommendations. The Chief of Security will report results of the observations to the Quality Department monthly for 3 months and / or until 100 % compliance is achieved.</p> <p>The CNO/ACNO reviewed and revised the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" policy. "The Patient Monitor Resource Allocation Algorithm" contained within the policy was revised to clearly delineate the process for obtaining a patient monitor for level 1 and level 2 patients; which require 1:1 supervision. The CNO/ACO and / or their designees will provide education to nursing staff on the "Suicide Risk Assessment and</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 9	A 0144	<p>Interventions in a Non-Behavior Health Setting" policy. Emphasis will be placed on the revised "The Patient Monitor Resource Allocation Algorithm" contained within the policy. The CNO/ACNO and / or their designees will also provide education to the nursing staff on the "Prevention/ Alternatives and Use of Restraint Policy" and the "Suicide Precautions Policy". Sign in sheets will be kept on file in the Nursing Administrative office. Education on the policies will continue to be part of the nursing orientation.</p> <p>The ACNO developed and implemented a "Sitter Log" to track every patient requiring 1:1 observation based on a suicide lethality scale of 1 or 2. The "Sitter Log" is completed every shift by the supervisors and is scanned and emailed to the CNO/ACNO daily.</p> <p>The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following:</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 10	A 0144	<p>use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 11	A 0144	<p>continue to work with the Human Resources Department in recruitment/retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 5. Reduce turnover by working with management to select candidates that are a better match for positions 6. Reaching out to local colleges for Nursing Leadership to be guest speakers <p>Quality Monitoring: The CNO/ACNO and / or their designee will audit the medical records of 15 patients requiring 1:1 monitoring, a month for appropriate completion of</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 12	A 0144	<p>the "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" form. The audit will continue for 3 months and/or until 100% compliance is achieved for 3 consecutive months.</p> <p>The CNO/ACNO will also audit the "Sitter Log" on a daily basis to assure all patients requiring a 1:1 patient monitor has / had the appropriate staff monitoring them.</p> <p>The Chief Operating Officer and the Chief of Security will provide education to the security staff on their role in patient monitoring. To include the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" this includes the revised "The Patient Monitor Resource Allocation Algorithm". Staff sign in sheets will be obtained and will be kept on file with the Chief of Security. The education will continue to be a part of the nursing orientation program.</p> <p>Quality Monitoring: The COO / Chief of Security will audit security's</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 13	A 0144	participation in patient monitoring as per "The Patient Monitoring Allocation Algorithm." The results of the audit will be reported to the Quality Department monthly for 3 months and / or until 100% compliance is achieved for 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 14 Based on review of facility documents, medical record (MR) and staff interview (EMP), it was determined the facility failed to prevent self harm of suicidal patients in their care for two of two medical records reviewed. (MR1 and MR2). Findings include: Review on September 12, 2 018, of the facility's "Crisis Room: Security Metal Detector Use" policy, effective February 21, 2015, revealed "1.0 Purpose: The purpose of this policy is to provide the approved plan to be followed when patients are admitted to the Crisis Room for evaluation. 2.0 Policy: When any patient is admitted to the Crisis Room for the purpose of having an evaluation by the Crisis Caseworker, it will be the responsibility of the Security Officers assigned to the areas to: ... 2.3 All clients/visitors who enter the Crisis Room will be asked by the Mental Health worker Or the Security Office if they have pacemakers, implantable cardioverter/defibrillators or spinal cord stimulators prior to being screened through the [name of metal	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 15 detector] or with the hand held metal detector. If so, those clients/visitors will not be allowed to pass through the [name of metal detector] but will undergo the hand-held scanner after Security personnel consult with Emergency Room Personnel as to their ability to do so in a safe manner. The "hand held scanner" should not be held near the medical device no longer then is absolutely necessary. If clients/visitors do not have medical devices on or within their person, the following procedure (2.3) will be followed. 2.4 All clients and/or visitors who enter the Crisis Room will be required to pass through the [name of metal detector], if physically able, or be screened. ..." Review on September 12, 2018, of the facility's "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" policy, last revised August 2017, revealed "Policy: All patients who are admitted for care and services will be assessed for suicide ideation and /or suicide risk factors during initial intake/admission assessment process. In addition, patients who present for evaluation and	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 16 treatment with a primary diagnosis or complaint of an emotional or behavioral disorder or substance abuse; or display the symptoms of an emotional or behavioral disorder, will be assessed for suicide risk. Based on the level of suicide risk, interventions will be implemented as a means to keep patients form inflicting harm to self or others. Purpose: To identify patients at risk for suicide and provide safety interventions. ... Definitions: ... Suicidal Ideation: Thoughts of harming or killing oneself. Intensity determined by assessing the frequency, duration and intensity of these thoughts; in addition to the presence of a plan. Suicide Attempt: A non-fatal, self-inflicted destructive act with explicit or inferred intent to die. ... Level of Supervision A. Continuous visual surveillance (Level 1) - one patient to one observer (1:1). Observer must maintain 1:1 direct observation and be able to respond to the patient immediately. De-escalation techniques will be used as appropriate. B. Continuous visual surveillance (Level 2). Patient is under direct observation at all times and observer must be able to respond to the patient rapidly. Ratio may be more than 1:1 as long	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 17 as observer is able to attend to the immediate needs of one patient without sacrificing surveillance and attendance to the immediate needs of another patient(s). Observer must have direct line of sight of patient. If de-escalation techniques are ineffective, patient will be escalated to Activity Level 1. C. Close observation (Level 3): Patient may not be left alone without support person (may be reliable family/friend). Observation is required by hospital staff at intervals at a maximum of 15-minute intervals. Supportive family/friend must receive education from staff on expected responsibilities and be willing to sign a contract to stay with the patient at all times or know and agree to communicate with/seek staff assistance if chooses to leave for any concerns. In absence of reliable support person, patient will be escalated to Activity Level 2. D. Intermittent observation (Level 4): Observation at a maximum of 30-minute intervals by clinical staff. E. General observation (Level 5): Routine check by clinical staff at a maximum of one-hour intervals. ..." Review on September 12, 2018, of the facility's	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 18 "Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting" form, last reviewed April 12, 2018, revealed "Level 1 Definition Requires immediate life-saving intervention. Immediate danger to self or others. Observed Violent Behavior Possession of weapon Self-Destructive act that resulted in physical harm Reported Verbal commands to do harm to self or others (command hallucinations) violent/self-destructive behavior Behavior that has resulted in harm to self or others, including actual suicide attempt Interventions Continuous visual surveillance 1:1 ratio: direct observation by staff at all times. must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation. Level 2 High-risk situation Risk of danger to self or others and/or Severe behavioral disturbance Observed Extreme agitation Physically/verbally/aggressive Uncooperative hallucinations/delusions/paranoia distorted perception of reality May or has require(d)	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	<p>Continued from page 19</p> <p>restraint/seclusion Words or behavior reflect high risk of elopement (pacing, hovering near doorway) signs of severe depression (Activities of Daily Living impacted) Reported threat to harm self or others Suicidal ideation (thoughts of suicide) with or without a plan acute drug or alcohol intoxication with history of suicide attempt or ideation Psychotic symptoms: Hallucinations, delusions, paranoid ideas, thought disorder, unusual or agitated behavior Overwhelming symptoms of depression Interventions Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. ..."</p> <p>Review on September 12, 2018, of the facility's "Suicide Precautions" policy, last revised November 2017, revealed "Purpose: To outline a mechanism for observation and protection of patients who are assessed to be at for suicide, or have expressed</p>	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 20 suicidal ideations. Policy: 1. A physician's order must be obtained for suicide precautions and psychiatric consult obtained. 2. Suicide precautions must be re-ordered daily. 3. A patient monitor is assigned until the patient is either transferred to an appropriate facility or is determined to be no longer at risk and discontinued. 4. The nurse will inform the patient that he/she is being placed on suicide precautions and explain the rational. 5. The patient on suicide precautions should be assigned the bed near the door in a semi-private room. 6. An environmental safety check of the patient's room will be performed. 7. Patient belongings will be checked closely and all potentially harmful items will be removed, labeled and secured in the designated area on each department. ... 13. The patient monitor is to be seated at the foot of the patient's bed (beyond arms length but in direct proximity of the patient). 10. (sic) The patient monitor will report any potentially unsafe behaviors to the assigned nurse. ..." 1) Review of MR1 on September 11, 2018,	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	<p>Continued from page 21</p> <p>revealed this patient was admitted to the ED on August 11, 2018, for evaluation and treatment of suicidal ideations and major depression with a history of cutting self. The ED physician ordered 1:1 sitter at the bedside for constant observation at all times on August 11, 2018, on admission to the ED.</p> <p>Review on September 11, 2018, of MR1's Suicide Risk/Behavioral Disorder Assessment dated August 11, 2018, at 2:15 PM revealed the facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio: Direct observation by staff at all times. Must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation.</p> <p>Review of MR1 on September 11, 2018, revealed nursing documentation dated August 11, 2018, at 3:00 PM that MR1 was wanded (hand held metal detector) by security. There was no documentation security identified any concealed metal items or</p>	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 22 safety hazards. Review of MR1 on September 11, 2018, revealed nursing documentation dated August 11, 2018, at 3:20 PM there was no sitter at the bedside because no sitter available. Review of MR1 on September 11, 2018, at 4:45 PM revealed nursing documentation this patient had multiple open lacerations on the arms and front of the neck. MR1's incision/wound charting revealed there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds. Interview with EMP1, EMP3 and EMP7 September 11, 2018, at approximately 9:15 AM confirmed MR1 was admitted to the ED for evaluation and treatment of suicidal ideations and major depression; the ED physician ordered 1:1 sitter at the bedside for constant observation at all times; MR1 was wanded by security; that no	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 23 concealed metal items or safety hazards were found and MR1's nursing documentation revealed there was no sitter at the bedside because no sitter available. EMP1, EMP3 and EMP7 confirmed MR1's nursing documentation this patient had multiple open lacerations on the arms and front of the neck and this patient's incision/wound charting revealed there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds. 2) Review of MR2 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, at 1:18 AM for evaluation and treatment of a suicidal attempt. Review on September 13, 2018, of MR2's admission Suicide Risk/Behavioral Disorder Assessment dated July 29, 2018, revealed the facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio: Direct observation by staff at all times. must be able	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	<p>Continued from page 24</p> <p>to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation. The ED physician ordered Continuous visual surveillance 1:1 direct observation on this patient.</p> <p>Review on September 13, 2018, of MR2's Physician's Restraint/Seclusion Orders Violent - Self Destructive order sheet dated July 29, 2018, at 1:10 AM revealed a physician order instructing nursing staff to apply four-point leather restraints. ED nursing staff applied leather restraints to MR2's both wrists and both ankles.</p> <p>Review of MR2 on September 13, 2018, revealed nursing documentation dated July 29, 2018, at 1:30 AM this patient was being obstructive to self and others by kicking and screaming to staff, thrushing (sic) around in bed, and trying to bite staff. At 1:35 AM on July 29, 2108, nursing documented this patient was able to strangle self with the gown strings. Oxygen was applied to the patient; the</p>	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 25 patient was hypoxic (inadequate oxygenation of the blood related to suffocation) and the doctor was made aware. Review of MR2 on September 13, 2018, revealed physician documentation that MR2 was cyanotic (blue discoloration of the skin due to having low oxygen in the blood) and initially not responsive. MR2 was bagged for a few seconds and became awake. Review of MR2 on September 13, 2018, revealed no documentation this patient was provided a sitter for 1:1 direct observation. Review of MR2 on September 13, 2018, revealed nursing documentation dated July 29, 2018, at 9:52 AM, 11:03 AM and 3:00 PM that this patient was ordered Level 1 (Continuous visual surveillance). Nursing documentation revealed there was no sitter at the bedside due to the lack of staffing. Interview with EMP1, EMP3 and EMP7	A 0144		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0144	Continued from page 26 September 13, 2018, at approximately 9:20 AM confirmed MR2 was admitted to the ED for evaluation and treatment of a suicidal attempt: the facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio and that MR2 was placed in four-point leather restraints. EMP1, EMP3 and EMP7 confirmed nursing documented this patient was able to strangle self with the gown strings and MR2 became hypoxic requiring oxygen administration. EMP1 and EMP3 confirmed there was no documentation this patient was provided a sitter for 1:1 direct observation and that nursing documented there was no sitter at the bedside due to the lack of staffing.	A 0144		
A 0174		A 0174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0174	Continued from page 27 482.13(e)(9) PATIENT RIGHTS: RESTRAINT OR SECLUSION Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. This REQUIREMENT is not met as evidenced by:	A 0174	The Chief Nursing Officer and/or his designee will provide the nursing staff re-education on the facility's "Prevention/Alternatives and Use of Restraints/Protective Devices" policy. With emphasis on the necessity of completion of documentation on the "Restraint Flow Sheet". Emphasis will also be on the removal of restraints at the earliest opportunity based on patient reassessments. In-service sign in sheets will be kept in the nursing administrative offices. All nursing staff will complete the Advanced Learning Center Module on the computerized education tool and will continue to be part of the nursing orientation program. Human resources will keep the electronic log of staff completion. Quality Monitoring: A random audit of 30 restraint patient charts per month will be performed by the Chief Nursing Officer and / or his designees. Audits will continue for 3 months and / or until 100%	Completion Date: 10/29/2018 Status: APPROVED Date: 10/15/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0174	Continued from page 28	A 0174	compliance is achieved for 3 consecutive months. Results will be reported to the Clinical Operations meeting monthly and to the Quality Department quarterly until goal has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0174	<p>Continued from page 29</p> <p>Based on a review of facility documents, medical record (MR) and staff interview (EMP), it was determined the facility failed to ensure four-point leather restraints were removed at the earliest possible time in the Emergency Department (ED) for one of one medical record reviewed (MR2).</p> <p>Findings include:</p> <p>Prevention/Alternatives and Use of Restraints/Protective Devices policy, last revised December 21, 2016. "Philosophy: The patient has the right to be free from restraints of any form that are not absolutely medically or behaviorally necessary. Our approach to restraint will protect the patient's health and safety and maintain the patient's dignity. ... Definitions: Restraint: Includes whether a physical restraint or a drug that is being used as a restraint. 1. A physical restraint is any manual method or physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his or her arms, legs, body, or head. Policy: 1. Restraints must never</p>	A 0174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0174	Continued from page 30 be used as a means of coercion, discipline, convenience or retaliation by the staff. 2. A restraint may be used to ensure the patient's immediate physical safety even if the patient is not violent or self-destructive. ... 6. A restraint must be discontinued at the earliest possible time." The facility utilizes a Restraint Flow Sheet, dated December 2015, for documentation. The Restraint Flow Sheet includes the following behaviors: ... "Patient State: 1. Resting 2. Restless/Agitated 3. Spitting/biting 4. Verbally abusive 5. Fighting 6. Trying to leave. ... Violent/Self-Destructive Behavior Restraints or Seclusion: ... Nurses initials every hour and then checks every 15 minutes in the appropriate box." Review of MR2 revealed a physician order dated July 29, 2018, at 1:10 AM, instructing nursing staff to apply four-point leather restraints to the patient's wrists and ankles. Nursing staff applied four-point restraints on July 29, 2018, at 1:10 AM.	A 0174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0174	Continued from page 31 Review of MR2 Restraint Flow Sheet dated July 29, 2018, revealed nursing documented this patient's behavior as resting at 3:00 AM, at 4:00 AM and at 5:00 AM. There was no nursing documentation in MR2 indicating the need for continuing restraints. Interview with EMP1 and EMP3 on September 12, 2018, at approximately 1:00 PM confirmed MR2's physician order for four-point leather restraints and nursing staff applied MR2's four-point restraints on July 29, 2018, at 1:10 AM. EMP1 and EMP3 confirmed nursing documented MR2's behavior as resting at 3:00 AM, at 4:00 AM and at 5:00 AM. EMP3 confirmed there was no documentation in MR2 indicating nursing staff begun removing MR2's four-point restraints at the earliest possible time. Cross reference 482.55 Emergency Services	A 0174		
A 0175		A 0175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0175	Continued from page 32 482.13(e)(10) PATIENT RIGHTS: RESTRAINT OR SECLUSION The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy. This REQUIREMENT is not met as evidenced by:	A 0175	The Chief Nursing Officer and/or his designee will provide nursing staff re-education on the facility's "Prevention/Alternatives and Use of Restraints/Protective Devices" policy. With emphasis on the "Restraint Flow Sheet" and "Visual check of patient including circulation, sensation and movement, patient state, and skin integrity, and psychological distress are checked every 15 minutes and PRN (as needed). Nutritional, hydration, repositioning, elimination needs, and range of motion with release and message (sic) as needed are provided every 2 hours and PRN. Continued need for restraints is reevaluated every 2 hours. Nurses initials every hour and then checks every 15 minutes in the appropriate box. ..." In-service sign in sheets will be kept in the nursing administrative offices. In addition All nursing staff will complete the Advanced Learning Center Module on the computerized education tool. The module will	Completion Date: 10/29/2018 Status: APPROVED Date: 10/15/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0175	Continued from page 33	A 0175	<p>continue to be part of the nursing orientation program. Human resources will keep the electronic log of staff completion.</p> <p>Quality Monitoring: A random audit of 30 restraint patient charts per month will be performed by the Chief Nursing Officer and / or his designees. Audits will continue for 3 months and / or until 100% compliance is achieved. Results will be reported to the Clinical Operations Committee monthly and to the Quality Department Quarterly until goal has been achieved.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0175	<p>Continued from page 34</p> <p>Based on a review of facility documents, medical record review (MR) and staff interview (EMP), it was determined the facility failed to follow their policy related to monitoring a patient in four-point leather restraints for one of one medical record reviewed (MR2).</p> <p>Findings include:</p> <p>Restraint Flow Sheet, dated December 2015. "... Patient State: 1. Resting 2. Restless/Agitated 3. Spitting/biting 4. Verbally abusive 5. Fighting 6. Trying to leave. ... Violent/self-Destructive Behavior Restraints or Seclusion: Visual check of patient including circulation, sensation and movement, patient state, and skin integrity, and psychological distress are checked every 15 minutes and PRN (as needed). Nutritional, hydration, repositioning, elimination needs, and range of motion with release and message (sic) as needed are provided every 2 hours and PRN. Continued need for restraints is reevaluated every 2 hours. Nurses initials every hour and then checks every 15 minutes</p>	A 0175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0175	Continued from page 35 in the appropriate box." Review of MR2 revealed a physician order dated July 29, 2017, at 1:10 AM instructing nursing staff to apply four-point leather restraints to the patient's wrists and ankles. Nursing staff applied four-point restraints on July 29, 2018, at 1:10 AM. Review of MR2 Restraint Flow Sheet dated July 29, 2018, lacked documentation that nursing staff visually checked this patient's circulation, sensation and movement, skin integrity and psychological distress at 2:15 AM, 2:30 AM, 2:45 AM, 3:15 AM, 3:30 AM, 3:45 AM, 4:15 AM, 4:30 AM and at 4:45 AM. Interview with EMP1 and EMP3 on September 12, 2018, at approximately 1:30 PM confirmed the physician order instructing nursing staff to apply four-point restraints on July 29, 2018, at 1:10 AM. EMP1 and EMP3 confirmed there was no documentation on MR2 Restraint Flow Sheet indicating nursing staff visually checked this patient's	A 0175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0175	Continued from page 36 circulation, sensation and movement, skin integrity and psychological distress at 2:15 AM, 2:30 AM, 2:45 AM, 3:15 AM, 3:30 AM, 3:45 AM, 4:15 AM, 4:30 AM and at 4:45 AM. Cross reference 482.55 Emergency Services	A 0175		
A 0385		A 0385		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	Continued from page 37 482.23 NURSING SERVICES 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. This REQUIREMENT is not met as evidenced by:	A 0385	The Chief Nursing Officer and the Assistant Chief Nursing officer will review and re-sign their respective job descriptions. In addition the CNO and ACNO will review and revise all documents utilized for staffing related activities in the organization inclusive of policies, staffing grids and assignment sheets. The CNO/ACNO will provide education to the clinical services leadership team on all documents utilized for staffing the organization. The clinical services leadership team. Sign in logs will be kept within the nursing administrative offices. The Nursing Supervisor prior to the start of each shift will reconcile assignments by phone with each unit to assure that there is adequate LPN coverage by RNs. A validation tool is being developed to ensure compliance with process. Quality Monitoring: The CNO/ACNO and or their designee	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	Continued from page 38	A 0385	<p>will conduct random audits of the staffing assignment sheets over a period of a minimum of 90 days and / or until 100% compliance with the completion of the assignment sheets is achieved for 10 consecutive audits. The results of the audits will be aggregated and analyzed for trends and reported monthly to the Clinical Operations Committee and Quarterly to the Quality Department until the goal has been achieved.</p> <p>The CNO and ACNO will review and revise all documents utilized for staffing related activities in the organization inclusive of policies, Staffing Guidelines policy, staffing grids and assignment sheets. The CNO/ACNO will provide education to the clinical services leadership team on all documents utilized for staffing the organization. Sign in logs will be kept within the nursing administrative offices.</p> <p>The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	Continued from page 39	A 0385	<p>guidelines include the following: use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	Continued from page 40	A 0385	<p>Assistant Chief Nursing Officer will continue to work with the Human Resources Department in recruitment/retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 5. Reduce turnover by working with management to select candidates that are a better match for positions 6. Reaching out to local colleges for Nursing Leadership to be guest speakers <p>Quality Monitoring: The CNO/ACNO and or their designee will conduct random audits of 15 staffing assignment sheets per</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	Continued from page 41	A 0385	<p>month over a period of a minimum of 90 days and / or until 100% compliance with the completion of the assignment sheets is achieved for 10 consecutive audits. The results of the audits will be reported monthly to the Clinical Operations Committee and Quarterly to the Quality Department until the goal has been achieved.</p> <p>Quality Monitoring:</p> <p>The CNO/ACNO will also perform a random audit of 15 assignment sheets per month focusing on areas of opportunity related to staffing levels. The CNO / ACNO will report the results to the Senior Leadership Team monthly for a period of 3 months and / or until the assignment sheets coincide with the staffing grids.</p> <p>The CNO/ACNO and / or their designees will provide re-education on the "Assignments" policy and the "Intershift/Bedside Report" policy and the RN's responsibilities</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	Continued from page 42	A 0385	<p>to cover LPN's, GN's and NA/s. Education will be provided to all of those responsible for completing the assignment sheets to include the Clinical Directors, Clinical Leaders, and RN's taking Charge Nurse positions. The re-education will place emphasis on assuring the assignment sheets are completed in their entirety and sub-assigning a Registered Nurse to all Graduate Nurses and Licensed Practical Nurses.</p> <p>In-service sign in sheets will be kept within the nursing administrative office.</p> <p>Quality Monitoring: The CNO/ACNO and or their designee will conduct random audits of 15 staffing assignment sheets per month over a period of a minimum of 90 days and / or until 100% compliance with the completion of the assignment sheets is achieved for 10 consecutive audits. The results of the audits will be reported monthly to the Clinical</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	Continued from page 43	A 0385	<p>Operations Committee and Quarterly to the Quality Department until the goal has been achieved.</p> <p>The CNO/ACNO and / or their designee will provide re-education to the nursing staff on the "13-09-H Administration of Drugs Policy - Medication Administration Times," and the "Medication Administration General Rules," policies. Policy includes directions to the nursing staff "General Rules For Medication Administration: ...12. Medications should be given on time; however, they may be administered one (1) hour before or one (1) hour after the scheduled medication time. Note: If deemed appropriate to hold or stagger a medication to adjust for dosing intervals, or to accommodate a clinical reason, the nurse will enter a comment to explain the reason for the adjustment...."</p> <p>Quality Monitoring: The CNO/ACNO and / or their designees will perform a random audit of 15 patient medical records per month</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	Continued from page 44	A 0385	for compliance with medication administration times and / or documentation of reasons why medication was administered late. The audit will continue for 3 months and/or until 100 % compliance is achieved for 3 consecutive months. Results will be reported to the Clinical Operations Committee monthly and to the Quality Department quarterly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	Continued from page 45 This condition is not met as evidenced by: Based on the systemic nature of the standard-level deficiencies related to nursing services, the facility staff failed to substantially comply with this condition. The findings were: These following standards were cited and show a systemic nature of non-compliance with regards to nursing services as follows: (482.23 Tag-0386) The information reviewed during the survey provided evidence that the facility failed to ensure Nursing Administration provided oversight of clinical services related to nurse staffing. (482.23 Tag-0392) The information reviewed during the survey provided evidence that the facility failed to schedule	A 0385		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0385	<p>Continued from page 46</p> <p>sufficient number of Registered Nurses and/or ancillary staff on the nursing units for 81 of 148 shifts reviewed.</p> <p>(482.23 Tag-0393) The information reviewed during the survey provided evidence that the facility failed to provide registered nurse supervision for licensed practical nurses scheduled on the Six center/south/north nursing unit for seven out of seven assignment sheets reviewed.</p> <p>(482.23 Tag-0405) The information reviewed during the survey provided evidence that the facility failed to administer medications on time for two of three medical records reviewed (MR12 and MR13).</p> <p>Cross Reference: 482.13 Patient Rights 482.25 Emergency Services</p>	A 0385		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501			STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE	
A 0386		A 0386			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0386	Continued from page 48 482.23(a) ORGANIZATION OF NURSING SERVICES The hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care. The director of the nursing service must be a licensed registered nurse. He or she is responsible for the operation of the service, including determining the types and numbers of nursing personnel and staff necessary to provide nursing care for all areas of the hospital. This REQUIREMENT is not met as evidenced by:	A 0386	The Chief Nursing Officer and the Assistant Chief Nursing officer will review and re-sign their respective job descriptions. In addition the CNO and ACNO will review and revise all documents utilized for staffing related activities in the organization inclusive of policies, staffing grids and assignment sheets. The CNO/ACNO will provide education to the clinical services leadership team on all documents utilized for staffing the organization. The clinical services leadership team. Sign in logs will be kept within the nursing administrative offices. The Nursing Supervisor prior to the start of each shift will reconcile assignments by phone with each unit to assure that there is adequate LPN coverage by RNs. A validation tool is being developed to ensure compliance with process. The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following:	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0386	Continued from page 49	A 0386	<p>use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0386	Continued from page 50	A 0386	<p>continue to work with the Human Resources Department in recruitment/retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 5. Reduce turnover by working with management to select candidates that are a better match for positions 6. Reaching out to local colleges for Nursing Leadership to be guest speakers <p>Quality Monitoring: The CNO/ACNO and or their designee will conduct random audits of the staffing assignment sheets over a period of a minimum of 90 days and /</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0386	Continued from page 51	A 0386	or until 100% compliance with the completion of the assignment sheets is achieved for 10 consecutive audits. The results of the audits will be aggregated and analyzed for trends and reported monthly to the Clinical Operations Committee and Quarterly to the Quality Department until the goal has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0386	Continued from page 52 Based on a review of facility documents and staff interview (EMP), it was determined the Chief Nursing Officer and the Assistant Chief Nursing Officer failed to provide oversight of the Wilkes-Barre General Hospital overall clinical care functions including staffing and supervision of staff. Findings include: 1) Review on September 12, 2018, of the facility's "Chief Nursing Officer Administration Wilkes-Barre General Hospital," last revised May 2013, revealed "...Position Purpose A senior administrative member of [name of health care system], Hospital Division, who plans, organizes, directs and controls the overall clinical care functions. Communicate, support and implement, organizational strategic plan and vision to members of the clinical departments. ... General Duties 1 All applicable duties as assigned 2 Participate in Senior Management decision making and strategic planning, including setting financial and organizational goals 3 Responsible for coordination of operations of Patient Care/Clinical Care service	A 0386		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0386	<p>Continued from page 53</p> <p>functions, specifically in the areas of personnel assignments, staffing requirements and staff development programs 4 Responsible for the selections, training, evaluation and development of Clinical Services personnel, including Administrative Directors 5 Provide strategic planning leadership for all Clinical Services Departments 6 Collaborate with other Senior Managers in the development of the hospital budget 7 Plan and supervise the preparation and administration of department budgets ...13 Participate in the development of hospital wide patient care programs, policies and procedures that describe how the needs of patient or patient [sic] populations are assessed, evaluated and met ... 16 Formulate objectives for the Division, and establishes budgetary guidelines by which goals can be achieved 17 Develop goals for the Division and establish budgetary guidelines by which goals can be achieved ..."</p> <p>Review on September 12, 2018, of the facility's "Assistant Chief Nursing Officer Clinical Services Wilkes-Barre General Hospital," last revised May</p>	A 0386		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0386	Continued from page 54 2013, revealed "... Position Purpose This senior Clinical Services leadership position is responsible for planning, directing, and coordinating Clinical Services. Major responsibilities include ensuring the quality of services provided. ...General Duties 1 All applicable duties as assigned 2 Develop operational and capital budgets; monitor for budget variances; ensure compliance with fiscal goals ... 5 Develop work methods to reduce costs/manpower and increase productivity 6 Develop strategic plans around human resource needs and management; analyze pertinent factors effecting recruitment and retention; provide recommendations and implement solutions as needed ... 15 Coordinate recruitment and retention efforts ... 18 Ensure that directors/managers maintain compliance with budget ... 20 Provide oversight for service operations including staff, equipment and supplies, staff education and training ... 22 Promote culture of safety for patients and staff ..." Review on September 11, 2018, of the facility's Six center/south/north nursing unit patient staffing	A 0386		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0386	<p>Continued from page 55</p> <p>assignment sheets revealed seven out of seven assignment sheets revealed a licensed practical nurse was working and registered nurse coverage was not assigned.</p> <p>Review on September 11, 2018, of approximately 148 shift increments which included assignment sheets and staffing grids for the nursing units, it was noted that 81 of the 148 shifts did not meet their adopted staffing grid for RN's and/or nurse's aides or unit secretaries.</p> <p>Interview on September 12, 2018, at approximately 1:00 PM with EMP1 confirmed the Chief Nursing Officer has overall responsibilities for the facility's clinical care functions.</p> <p>Cross reference: 482.13 Tag A-0115 Patient Rights 482.55 Tag A1100 Emergency Services</p>	A 0386		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501	STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0386	Continued from page 56	A 0386		
A 0392		A 0392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	Continued from page 57 482.23(b) STAFFING AND DELIVERY OF CARE The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for bedside care of any patient. This REQUIREMENT is not met as evidenced by:	A 0392	The Chief Nursing Officer and the Assistant Chief Nursing officer will review and re-sign their respective job descriptions. In addition the CNO and ACNO will review and revise all documents utilized for staffing related activities in the organization inclusive of policies, staffing grids and assignment sheets. The CNO/ACNO will provide education to the clinical services leadership team on all documents utilized for staffing the organization. The clinical services leadership team. Sign in logs will be kept within the nursing administrative offices. The Nursing Supervisor prior to the start of each shift will reconcile assignments by phone with each unit to assure that there is adequate LPN coverage by RNs. A validation tool is being developed to ensure compliance with process. The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following:	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	Continued from page 58	A 0392	<p>use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	Continued from page 59	A 0392	<p>continue to work with the Human Resources Department in recruitment/recruitment efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 5. Reduce turnover by working with management to select candidates that are a better match for positions 6. Reaching out to local colleges for Nursing Leadership to be guest speakers <p>Quality Monitoring: The CNO/ACNO and or their designee will conduct random audits of the staffing assignment sheets over a period of a minimum of 90 days and /</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	Continued from page 60	A 0392	or until 100% compliance with the completion of the assignment sheets is achieved for 10 consecutive audits. The results of the audits will be aggregated and analyzed for trends and reported monthly to the Clinical Operations Committee and Quarterly to the Quality Department until the goal has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	<p>Continued from page 61</p> <p>Based on review of facility documents, patient (PT) interviews and staff (EMP) interviews, it was determined the facility failed to schedule sufficient number of Registered Nurses and/or ancillary staff on the nursing units for 81 of 148 shifts.</p> <p>Findings include:</p> <p>Review on September 11, 2018, of the facility document, "Staffing Guidelines," no date listed, revealed "The following pages contain the guidelines used for determining the recommended number of staff needed for patient coverage for the individual patient care units. ...If the numbers of staff available does not meet the minimum level required, measures are taken to address the situation and ensure that patient care is not compromised. ..."</p> <p>A request was made on September 10-11, 2018 for a policy and procedure related to nursing unit staffing. None was provided.</p>	A 0392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	<p>Continued from page 62</p> <p>Interview on September 11, 2018, at approximately 2:00 PM with EMP1 revealed the facility did not have a policy related to nursing unit staffing.</p> <p>Following review of 148 shift increments which included assignment sheets and staffing grids for the nursing units, it was noted that 81 of the 148 shifts did not meet their adopted staffing grid for RNs and/or nurse's aides or unit secretaries.</p> <p>Interviews were conducted with EMP1, EMP3, EMP4, EMP6, EMP40 confirmed assignment sheets and staffing grids for 81 of the 148 shifts did not meet their adopted staffing grid for RNs and/or nurse's aides or unit secretaries.</p> <p>Review of the overtime by position for June, July, August 2018 revealed RN 15434.88 hours; Agency RN 3025.75 hours; RN Weekender/Alternate RN Rate 286.3 hours; Nursing Assistant 4781.97 hours; Unit Secretary 2171.9 hours.</p>	A 0392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	Continued from page 63 Interview on September 10, 2018, with EMP9 revealed they feel the patients are sicker now when admitted to the hospital than they were years ago therefore, the acuity of these patients is higher ...Facility doesn't follow staffing grids. They stated there aren't enough aides or secretaries to go around. The aide may start the shift on telemetry, but get pulled to the ED to help out. Interview on September 10, 2018, at approximately 5:30 PM, with EMP43 revealed EMP43 stated the staff does not have enough help. EMP43 stated an Medical Surgical Intensive Care Unity (MSICU) RN is pulled from their patient assignment for any trauma level one's called in the emergency department. EMP43 explained a nurse could be gone for up to two hours for a trauma and it is possible for multiple traumas to occur at once, which leaves the remaining MSICU nurses to cover 3-4 total patients. EMP43 explained the nurses never get breaks, there is a delay in care/treatments/medications for patients due to the	A 0392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	<p>Continued from page 64</p> <p>staffing. EMP43 explained there is not enough staff to turn patients or care for patients properly. EMP43 stated the staffing was unsafe for patients and staff. EMP43 explained the MSICU does not have an aide on second shift and they do not always have a secretary. EMP43 explained when a patient needs to be transferred to a tertiary facility and is highly unstable nurses are often pulled away from the patient to complete the administrative paperwork to prepare for the transfer. EMP43 stated the lack of ancillary staff leaves patients at risk. EMP43 further explained nurses are also taken away from their patient assignment when aides or sitters are necessary for suicidal patients. EMP43 explained the nurses have been told by nursing supervisors to relieve the sitters for breaks and lunches. EMP43 stated the patients on our unit are very sick and this is not fair to them.</p> <p>Interview on September 10, 2018, at approximately 7:25 PM with EMP51 revealed EMP51 had also been asked to take three patients</p>	A 0392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	<p>Continued from page 65</p> <p>but refused. EMP51 explained they felt three CVICU patients was not a safe assignment and would not accept that assignment. EMP51 stated there are no aides or secretaries in the evenings and that makes it difficult to take care of the patients especially during an emergency. EMP51 explained often when they need emergent blood for a patient there is no staff to retrieve the blood. EMP51 explained on multiple occasions they had to call the nursing supervisor to retrieve the blood. EMP51 explained it is frustrating and they do their best to take care of the patients.</p> <p>Interview on September 10, 2018, with EMP17 revealed they are per diem, but work enough hours to be full time because there is so much overtime. They felt every shift is short staffed with aides. Weekends are worse. They revealed they may start their shift on telemetry, but end up working as a monitor tech in the ED in crisis. They spent the last week in the ED working crisis because there were not enough monitor techs.</p>	A 0392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	Continued from page 66 Interview on September 10, 2018, at approximately 7:35 PM with PT2 and PT2's family revealed they had been in the hospital for about one week. PT2 stated they were admitted to a medical/surgical floor before they was transferred to the Cardiovascular Intensive Care Unit (CVICU). They felt the nurses were too busy to take care of them on that floor. PT2's husband stated it took the staff along time to answer the call bell and the patient had an accident because of that. Interview on September 10, 2018, with EMP21 stated weekends are worse. Everyone calls off. They stated it's difficult to get your work done on time when there isn't enough ancillary help. This is the worst they have ever seen it. Morale is down. EMP21 stated they might discharge two patients in a shift and then admit two more and admissions are a lot of work. A request was made for data related to open RN	A 0392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0392	<p>Continued from page 67</p> <p>positions and ancillary clinical staff on September 10 and 12, 2018. No data was provided for open ancillary clinical staff positions.</p> <p>Interview on September 12, 2018, at approximately 10:30 AM with EMP58 revealed the facility currently has 91 Registered Nurse positions open. EMP58 revealed the facility currently has 29 Passport nurses on staff and 12 travel or agency nurses on staff.</p> <p>A request was made on September 10 and 14, 2018, for the Staffing Benchmarks utilized by the facility. None were provided.</p> <p>Interview on September 14, 2018, with EMP1 and EMP3 revealed there were no Staffing Benchmarks to provide.</p>	A 0392		
A 0393		A 0393		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0393	Continued from page 68 482.23(b)(1) RN/LPN STAFFING The hospital must provide 24-hour nursing services furnished or supervised by a registered nurse, and have a licensed practical nurse or registered nurse on duty at all times, except for rural hospitals that have in effect a 24-hour nursing waiver granted under o488.54(c) of this chapter. This REQUIREMENT is not met as evidenced by:	A 0393	The CNO/ACNO and / or their designees will provide re-education on the "Assignments" policy and the "Intershift/Bedside Report" policy and the RN's responsibilities to cover LPN's, GN's and NA/s. Education will be provided to all of those responsible for completing the assignment sheets to include the Clinical Directors, Clinical Leaders, and RN's taking Charge Nurse positions. The re-education will place emphasis on assuring the assignment sheets are completed in their entirety and sub-assigning a Registered Nurse to all Graduate Nurses and Licensed Practical Nurses. Education on the "Intershift/Bedside Report" policy has been added to the new staff orientation program. In-service sign in sheets will be kept within the nursing administrative office. Quality Monitoring: The CNO/ACNO and or their designee will conduct random audits of 15	Completion Date: 10/29/2018 Status: APPROVED Date: 10/15/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0393	Continued from page 69	A 0393	staffing assignment sheets per month over a period of a minimum of 90 days and / or until 100% compliance with the completion of the assignment sheets is achieved for 10 consecutive audits. The results of the audits will be reported monthly to the Clinical Operations Committee and Quarterly to the Quality Department until the goal has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0393	<p>Continued from page 70</p> <p>Based on review of facility documents and staff interview (EMP), it was determined the facility failed to provide registered nurse supervision for licensed practical nurses scheduled on the Six center/south/north nursing unit for seven out of seven assignment sheets reviewed.</p> <p>Findings include:</p> <p>Review on September 11, 2018, of the facility policy, "Assignments," dated effective November 2017, revealed "Purpose: To establish guidelines for making assignments of patients to nursing personnel. Policy: 1. All patient assignments are made by the Clinical Director, Clinical Leader, or RN designee. ...7. Graduate Nurses and Licensed Practical Nurses are sub-assigned to Registered Nurses. ..."</p> <p>Review on September 11, 2018, of the facility policy, "Intershift/Bedside Report," dated effective December 2017, revealed "Policy: To define the</p>	A 0393		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0393	Continued from page 71 guidelines for intershift/bedside report for the telemetry unit. Procedure: . . .H. The assignment sheet will be completed and posted on the unit in the same designated area. It will be the responsibility of the charge nurse to assure the completion of all of the checks listed on the assignment sheet. It will include the following information: . . .7. RN to LPN coverage. . ." Review on September 12, 2018, of the facility, "Registered Nurse/Graduate Nurse Telemetry Clinical Services Position Description," dated revised September 2014, revealed "The Telemetry Registered Nurse/Graduate Nurse consistently performs his/her duties demonstrating an understanding of the essential job functions as reflected in the Telemetry Registered Nurse/Graduate Nurse job description, department and hospital policies, and regulatory guidelines. Provide direct professional nursing care for assigned patients while maintaining a safe patient care environment. Responsible for directing and	A 0393		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0393	Continued from page 72 coordinating all nursing care based on established clinical nursing practices. ...General Duties. ...21 Demonstrate leadership skills/charge responsibilities-covers LPN's and NA's, assigns patient care appropriately, assigns patient beds appropriately. ... " Review on September 12, 2018, of the facility, "Licensed Practical Nurse/Graduate Practical Nurse Telemetry Clinical Services Position Description," dated revised May 2013, revealed "The Telemetry Licensed Practical /Graduate Practical Nurse consistently performs his/her duties demonstrating an understanding of the essential job functions as reflected in the Telemetry Licensed Practical Nurse/Graduate Practical Nurse job description, department and hospital policies, and regulatory guidelines. Utilize the nursing process to provide quality patient care under the supervision of the registered nurse. ..." Review on September 11, 2018, of the facility's Six	A 0393		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0393	Continued from page 73 center/south/north nursing unit patient staffing assignment sheets revealed seven out of seven assignment sheets revealed a licensed practical nurse was working and registered nurse coverage was not assigned. Interview on September 11, 2018, with EMP6 confirmed seven out of seven patient assignment sheets on Six center/south/north revealed a licensed practical nurse was working and a registered nurse was not assigned to supervise.	A 0393		
A 0405		A 0405		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0405	<p>Continued from page 74</p> <p>482.23(c)(1), (c)(1)(i) & (c)(2) ADMINISTRATION OF DRUGS</p> <p>(1) Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.</p> <p>(i) Drugs and biologicals may be prepared and administered on the orders of other practitioners not specified under §482.12(c) only if such practitioners are acting in accordance with State law, including scope of practice laws, hospital policies, and medical staff bylaws, rules, and regulations.</p> <p>(2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 0405	<p>The CNO/ACNO and / or their designee will provide re-education to the nursing staff on the "13-09-H Administration of Drugs Policy - Medication Administration Times," and the "Medication Administration General Rules," policies. Education will also include the need to complete a ERS report when medications are administered late. Policy includes directions to the nursing staff "General Rules For Medication Administration: ...12. Medications should be given on time; however, they may be administered one (1) hour before or one (1) hour after the scheduled medication time. Note: If deemed appropriate to hold or stagger a medication to adjust for dosing intervals, or to accommodate a clinical reason, the nurse will enter a comment to explain the reason for the adjustment...."</p> <p>Quality Monitoring: The CNO/ACNO and / or their designees will perform a random audit of 15 patient medical records per month</p>	<p>Completion Date: 10/29/2018 Status: APPROVED Date: 10/15/2018</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0405	Continued from page 75	A 0405	for compliance with medication administration times and / or documentation of reasons why medication was administered late. The audits will be aggregated and analyzed for trends to identify opportunities for improvement. The audit will continue for 3 months and/or until 100 % compliance is achieved for 3 consecutive months. The ERS system will also be used to analyze data related to medication administration times being late in order to assist with identifying opportunities for improvement and efficiencies. Results will be reported to the Clinical Operations Committee monthly and to the Quality Department quarterly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0405	<p>Continued from page 76</p> <p>Based on review of facility documents, medical records (MR), and staff interviews (EMP), it was determined the facility failed to administer medications on time for two of three medical records reviewed (MR12 and MR13).</p> <p>Review on September 14, 2018, of the facility's "13-09-H Administration of Drugs Policy - Medication Administration Times," last reviewed July 27, 2018, revealed "... 2. Procedure 2.1 When transcribing or entering new or recopied medication orders, the exact corresponding schedule time is to be entered in the scheduled time as follows: Daily 0800 BID 0900 2100 ...Every 8H 0800 1600 2400 Every 12H 0900 2100 ..."</p> <p>Review on September 14, 2018, of the facility policy, "Medication Administration General Rules," last reviewed July 2018, revealed "... Purpose: The purpose of this policy is to establish general guidelines for the administration of medications. ... General Rules For Medication Administration: ... 12. Medications should be given on time; however,</p>	A 0405		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0405	<p>Continued from page 77</p> <p>they may be administered one (1) hour before or one (1) hour after the scheduled medication time. Note: If deemed appropriate to hold or stagger a medication to adjust for dosing intervals, or to accommodate a clinical reason, the nurse will enter a comment to explain the reason for the adjustment. ..."</p> <p>Review on September 14, 2018, of MR12 revealed MR12 was admitted to the facility on April 6, 2018, for treatment of left lower quadrant pain, an abdominal abscess, and a fall at home. There was documentation of an order for Zosyn (an antibiotic) 3.375 gm (grams) IV (intravenous) Piggyback every 8 hours (0800 1600 2400). There was nursing documentation the medication was administered late at 1712 instead of 1600 on April 10, 2018. There was no documentation of an explanation.</p> <p>Interview on September 14, 2018, at approximately 10:30 AM with EMP1 confirmed there was documentation in MR12 the medication Zosyn was</p>	A 0405		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 0405	<p>Continued from page 78</p> <p>administered late on April 10, 2018. EMP1 confirmed there was no documentation to explain the late administration.</p> <p>Review on September 14, 2018, of MR13 revealed MR13 was admitted to the facility on April 6, 2018, for treatment of chronic kidney disease and ambulatory dysfunction. There was documentation of an order for Allopurinol (a medication to treat elevated uric acid levels) 100 mg (milligrams) 1 tablet by mouth daily (0800). There was nursing documentation the 0800 dose of medication was administered at 1040 on April 11, 2018. There was no documentation of an explanation.</p> <p>Interview on September 14, 2018, at approximately 10:40 AM with EMP1 confirmed there was documentation in MR13 the medication Allopurinol was administered late on April 11, 2018. EMP1 confirmed there was no documentation to explain the late administration.</p>	A 0405		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501	STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
--------------------	--	---------------	--	--------------------

A 1100		A 1100		
--------	--	--------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	Continued from page 80 482.55 EMERGENCY SERVICES The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by:	A 1100	The ACNO reviewed the "Trauma Alert Activation" policy and revised the Emergency Department Daily Staffing worksheet to clearly identify the "Designated emergency Department trauma nurse". The ACNO and / or his designee will provide education to the Emergency Room Staff on the revised daily staffing worksheet. Sign in sheets will be kept on file in the Nursing Services Office. The ACNO also reviewed the "Staffing the Emergency Department" policy. Quality Monitoring: The ACNO and / or his designee will perform a random audit of 15 Emergency Department Daily staffing worksheet per month for completeness and appropriateness of staffing levels. Audit will continue for 3 months and / or until there are 3 consecutive months of 100 % compliance. The CNO and ACNO will review and revise all documents utilized for	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	Continued from page 81	A 1100	<p>staffing related activities in the organization inclusive of policies, Staffing Guidelines policy, staffing grids and assignment sheets. The CNO/ACNO will provide education to the clinical services leadership team on all documents utilized for staffing the organization. Sign in logs will be kept within the nursing administrative offices.</p> <p>The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following: use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	Continued from page 82	A 1100	<p>needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will continue to work with the Human Resources Department in recruitment/retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	Continued from page 83	A 1100	<p>nursing career</p> <p>5. Reduce turnover by working with management to select candidates that are a better match for positions</p> <p>6. Reaching out to local colleges for Nursing Leadership to be guest speakers</p> <p>Quality Monitoring:</p> <p>The CNO/ACNO will also perform a random audit of 15 assignment sheets per month focusing on areas of opportunity related to staffing levels. The CNO / ACNO will report the results to the Senior Leadership Team monthly for a period of 3 months and / or until the assignment sheets coincide with the staffing grids.</p> <p>The Chief of Security reviewed the "Crisis Room: Security Metal Detector Use" policy, and found that this policy was obsolete and was</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	Continued from page 84	A 1100	<p>archived. The Chief of Security created a new Security Handheld metal detector policy; which reflects the correct process for wandng of patients utilizing a hand held metal detector device. The Chief of Security and/or his designee will provide education to all of the security staff. A sign in sheet will be kept on file within the Security office. The education on the policies will continue to be a part of the security officer orientation program.</p> <p>The Chief of Security also reviewed the Manual for the Metal Detector Wand and provided re-education to all security staff on the manufacturer's recommendations for the appropriate method of wandng a patient. A sign in sheet will be kept within the Security office.</p> <p>Quality Monitoring: The Chief of Security and / or his designee will perform 10 direct observations of security guards performing wandng technique on patients per month. There will be immediate re-education</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	Continued from page 85	A 1100	<p>of any security guard who fails to perform the wand technique correctly as per the manufacturer's recommendations. The Chief of Security will report results of the observations to the Quality Department monthly for 3 months and / or until 100 % compliance is achieved.</p> <p>The CNO/ACNO reviewed and revised the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" policy. "The Patient Monitor Resource Allocation Algorithm" contained within the policy was revised to clearly delineate the process for obtaining a patient monitor for level 1 and level 2 patients; which require 1:1 supervision. The CNO/ACO will provide education to nursing staff on the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" policy along with the "Suicide Precautions" policy. Emphasis will be placed on the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	Continued from page 86	A 1100	<p>revised "The Patient Monitor Resource Allocation Algorithm" contained within the policy. Sign in sheets will be kept on file in the Nursing Administrative office. The education on the policies will continue to be a part of the nursing orientation program.</p> <p>The ACNO developed and implemented a "Sitter Log" to track every patient requiring 1:1 observation based on a suicide lethality scale of 1 or 2. The "Sitter Log" is completed every shift by the supervisors and is scanned and emailed to the CNO/ACNO daily.</p> <p>Quality Monitoring: The CNO/ACNO and / or their designee will audit the medical records of 15 patients requiring 1:1 monitoring, a month for appropriate completion of the "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" form. The audit will continue for 3 months and/or until 100% compliance is achieved for 3 consecutive months.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	Continued from page 87	A 1100	<p>The CNO/ACNO will also audit the "Sitter Log" on a daily basis to assure all patients requiring a 1:1 patient monitor has / had the appropriate staff monitoring them.</p> <p>The Chief Operating Officer and the Chief of Security will provide education to the security staff on their role in patient monitoring. To include the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" this includes the revised "The Patient Monitor Resource Allocation Algorithm". Staff sign in sheets will be obtained and will be kept on file with the Chief of Security.</p> <p>Quality Monitoring: The COO / Chief of Security will audit security's participation in patient monitoring as per "The Patient Monitoring Allocation Algorithm." The results of the audit will be reported to the Quality Department monthly for 3 months and / or until 100% compliance is achieved for 3 months.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	<p>Continued from page 88</p> <p>This condition is not met as evidenced by: Based on the systemic nature of the standard-level deficiencies related to emergency services, the facility staff failed to substantially comply with this condition.</p> <p>The findings were:</p> <p>These following standards were cited and show a systemic nature of non-compliance with regards to emergency services as follows:</p> <p>(482.55 Tag-1103)</p> <p>The information reviewed during the survey provided evidence that the facility failed to coordinate and communicate with other hospital departments by failing to have adequate numbers of Security staff to check closely and remove all potentially harmful items from suicidal patient's belongings and by failing to have adequate numbers</p>	A 1100		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1100	<p>Continued from page 89</p> <p>of registered nurses trained to respond to Trauma Alert Activation in the ED without pulling nurses from other units.</p> <p>(482.55 Tag-1104)</p> <p>The information reviewed during the survey provided evidence that the facility failed to ensure a patient presenting to the Emergency Department (ED) was assessed for concealed metal items for one of one medical record reviewed (MR1).</p> <p>(482.55 Tag-1112)</p> <p>The information reviewed during the survey provided evidence that the facility failed to provide qualified staff in adequate numbers to prevent suicidal patients from self-harm for two of two medical records reviewed (MR1 and MR2).</p> <p>Cross Reference: 482.13 Patient Rights 482.23 Nursing Services</p>	A 1100		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501	STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
--------------------	--	---------------	--	--------------------

A 1103		A 1103		
--------	--	--------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	Continued from page 91 482.55(a)(2) INTEGRATION OF EMERGENCY SERVICES [If emergency services are provided at the hospital --] (2) The services must be integrated with other departments of the hospital. This REQUIREMENT is not met as evidenced by:	A 1103	The ACNO reviewed the "Trauma Alert Activation" policy and revised the Emergency Department Daily Staffing worksheet to clearly identify the "Designated emergency Department trauma nurse". The ACNO and / or his designee will provide education to the Emergency Room Staff on the revised daily staffing worksheet. Sign in sheets will be kept on file in the Nursing Services Office. The ACNO also reviewed the "Staffing the Emergency Department" policy. Quality Monitoring: The ACNO and / or his designee will perform a random audit of 15 Emergency Department Daily staffing worksheet per month for completeness and appropriateness of staffing levels. Audit will continue for 3 months and / or until there are 3 consecutive months of 100 % compliance. The CNO and ACNO will review and revise all documents utilized for	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	Continued from page 92	A 1103	<p>staffing related activities in the organization inclusive of policies, Staffing Guidelines policy, staffing grids and assignment sheets. The CNO/ACNO will provide education to the clinical services leadership team on all documents utilized for staffing the organization. Sign in logs will be kept within the nursing administrative offices.</p> <p>The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following: use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	Continued from page 93	A 1103	<p>Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will continue to work with the Human Resources Department in recruitment/retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	Continued from page 94	A 1103	<p>5. Reduce turnover by working with management to select candidates that are a better match for positions</p> <p>6. Reaching out to local colleges for Nursing Leadership to be guest speakers</p> <p>Quality Monitoring:</p> <p>The CNO/ACNO will also perform a random audit of 15 assignment sheets per month focusing on areas of opportunity related to staffing levels. The CNO / ACNO will report the results to the Senior Leadership Team monthly for a period of 3 months and / or until the assignment sheets coincide with the staffing grids.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	<p>Continued from page 95</p> <p>Based on review of facility documents and staff interview (EMP), it was determined the facility to coordinate and communicate with other hospital departments by failing to have adequate numbers of Security staff to provide safety checks on suicidal patients and by failing to have adequate numbers of registered nurses trained to respond to Trauma Alert Activation in the ED without pulling nurses from other units.</p> <p>Findings include:</p> <p>Review on September 10, 2018, of the facility's "Trauma Alert Activation" policy, last reviewed January 2018, revealed "Purpose: The purpose of this policy is to activate a prescribed group of trained personnel to respond within the hospital and standardize the activation of the trauma team when a trauma patient, who meets the criteria described in this policy, arrives at Wilkes-Bare General Hospital. Scope: This policy applies to any member of the trauma team but is most likely to be initiated by the</p>	A 1103		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	Continued from page 96 Emergency Department (ED) attending physician or nurse. Definitions: Trauma Alert (Level I, II, and III): For all patients greater than fourteen (14) years of age. ... Pediatric Trauma Alert: For all patients fourteen (14) years of age or less Trauma Alert - OB: For all patients greater than or equal to 20 weeks gestation Resuscitation: This intense period of patient assessment and medical care to save life or limb Trauma Team: A group of health care professionals organized to provide care and monitor the trauma patient in coordinated and timely fashion Trauma Resuscitation Area: A space used for trauma resuscitation. It must be of adequate size to accommodate for full trauma resuscitation, and equipment. Trauma Resuscitation Team: Major trauma resuscitations require a multidisciplinary team of health care providers who work in synergy to rapidly assess and treat the patient. The trauma attending or appropriate designee must lead the team. ... Procedure: The Trauma Alert response will be determined prior, if at all possible, to the patient's arrival by the Emergency Department physician and /or ED RN or Trauma surgeon. All	A 1103		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	Continued from page 97 level I and II trauma alerts will be taken to the trauma resuscitation rooms upon pre-hospital arrival. The Emergency Department physician and /or ED RN or the Trauma Surgeon will initiate a Trauma Alert prior to the arrival of the patient if prior information is available. If no prior notification is obtained, then the Trauma Alert will be called on the patient's arrival in the Emergency Department. The ED physician will give medical commend to ALS/BLS units. The designated Trauma Nurse will notify the switchboard of the classification of Trauma Alert and the estimated time of arrival. ... The ED nurse at the direction of the ED physician activates Trauma Alert Level II. The switchboard will notify the response team to be present upon patient arrival. Trauma Team that will respond will include the following: ... 3. Designated emergency Department trauma nurse ... The ED nurse at the direction of the ED physician activates Trauma Alert Level III. The Trauma surgeon will be paged by the ED physician or Nurse. 1. Emergency Department physician 2. Trauma Surgeon 3. Designated emergency Department trauma nurse. ..."	A 1103		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	<p>Continued from page 98</p> <p>Review on September 11, 2018, of the facility's "Staffing the Emergency Department" policy, effective June 2015, revealed "Purpose: The purpose of this policy is to explain the methodology for properly staffing the Emergency Department. Policy: Patients presenting to the emergency department are seen as quickly as possible. Staffing must be appropriate for this to occur. ... Procedure: ... 2. Scheduling a. In accordance with the CBA [Collective Bargaining Agreement] and Hospital Policy, emergency Department Leadership issues a six-week schedule in the electronic scheduling program with the maximum number of staff members in each title that would be required at a given hour of the day. ..."</p> <p>Interview with EMP29, EMP30 and EMP31 on September 10, 2018, revealed there is not always a Flow/Trauma Nurse always assigned to cover this position. These employees revealed when a trauma patient presents to the ED, and there is no Flow/Trauma Nurse coverage, a RN is pulled from</p>	A 1103		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	Continued from page 99 their patient assignment to cover the trauma. Review on September 11, 2018, of the ED staffing sheets for August 1, 4, 8, 12, 13, 14, 17, 19, 20, 21, 22, 25, 26, 27 and 28, 2018, revealed no designated Flow/Trauma Nurse coverage. Review on September 11, 2018, of the ED trauma list for August 2018, revealed the following trauma patients presented to the ED: August 8, 2018: 2 - Level II trauma patients August 13, 2018: 1 - Level 2 trauma patients August 20, 2018: 1 - Level I trauma patient August 21, 2018: 1 - Level I trauma patients August 25, 2018: 1 - Level I trauma patient; 3 - Level II trauma patients and 1 - Level III trauma patient August 26, 2018: 1 - Level I trauma patient and 1 - Level III trauma patient August 29, 2018: 1 - Level I trauma patient Interview with EMP3 and EMP7 on September 11, 2018, at approximately 10:45 AM confirmed there	A 1103		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	<p>Continued from page 100</p> <p>was no designated Flow/Trauma Nurse coverage on August 1, 4, 8, 12, 13, 14, 17, 19, 20, 21, 22, 25, 26, 27 and 28, 2018. EMP7 confirmed when trauma patients present to the ED and there is no designated Flow/Trauma Nurse coverage, a RN is pulled from their assignment to cover the trauma.</p> <p>Review on September 11, 2018, of the ED staffing sheets for September 4, 5, 6, 7 and 9, 2018, revealed no designated Flow/Trauma Nurse coverage.</p> <p>Review on September 11, 2018, of the ED trauma list for September 2018, revealed the following trauma patients presented to the ED: September 4, 2018: 3 - Level I trauma patients and 1 - Level II trauma patient September 5, 2018: 1 - Level 2 trauma patients September 6, 2018: 1 - Level I trauma patients; 2 - Level II trauma patients and 1 - Level III trauma patient September 7, 2018: 2 - Level II trauma patients</p>	A 1103		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	Continued from page 101 Interview with EMP3 and EMP7 on September 11, 2018, at approximately 12:00 PM confirmed there was no designated Flow/Trauma Nurse coverage on September 4, 5, 6, 7 and 9, 2018. EMP7 confirmed when trauma patients present to the ED and there is no designated Flow/Trauma Nurse coverage, a RN is pulled from their assignment to cover the trauma. Review on September 10, 2018, of the facility provided the "Emergency Department Staffing Grid " dated June 16, 2018, revealed the required staffing at 7 AM is 10 Registered Nurses (RN's), 1 RN for Crisis, 2 Techs; 1 Nurse Assistant (NA) and 1 Unit Secretary (US); at 9 AM the required staffing is 12 RN's, 1 RN for Crisis, 2 Techs; 2 NA's and 1 US; at 11 AM the required staffing is 16 RN's, 1 RN for Crisis, 2 Techs; 4 NA's and 2 US's; at 3 PM the required staffing is 16 RN's, 1 RN for Crisis, 2 Techs; 4 NA's and 2 US's; at 7 PM the required staffing is 16 RN's, 1 RN for Crisis, 2 Techs; 4 NA's and 2 US's; at 11 PM the required staffing is 14 RN's, 1 RN for Crisis, 2 Techs; 2 NA's and 1 US; and at 3 AM the required staffing is	A 1103		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	<p>Continued from page 102</p> <p>8 RN's, 1 RN for Crisis, 2 Techs; 1 NA and 1 US."</p> <p>Interview with EMP3 on September 10, 2018, at approximately 8:00 PM revealed the time from 11:00 AM to 7:00 PM are the busiest times with more patient visits in the ED. EMP3 revealed staffing numbers are increased during this time due to the increase in patient visits.</p> <p>Interview with EMP29, EMP30, EMP31, EMP32, EMP33, EMP34, EMP35, EMP36, EMP37 and EMP38 on September 10, 2018, revealed there is inadequate staffing of Registered Nurses (RN), Techs, Nursing Assistants (NA's) and Unit Secretary's (US) in the ED.</p> <p>On September 10, 2018, a random sample of the ED staffing sheets for August 2018 and September 2018 were selected for review.</p> <p>Review on September 11, 2018, of the staffing sheets for August 1, 3, 4, 5, 6, 10, 11, 12, 20, 21, 25, 27, and 31, 2018, revealed the facility did not</p>	A 1103		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1103	Continued from page 103 meet the required staffing per the staffing grid for the ED. Interview with EMP3 on September 11, 2018, at approximately 10:15 AM confirmed the facility did not meet the required staffing for RN's, Techs, NA's and Unit Secretary's per the established staffing grid in the ED for August 1, 3, 4, 5, 6, 10, 11, 12, 20, 21, 25, 27, and 31, 2018. Review on September 11, 2018, of the staffing sheets for September 2, 4, 5, 6, and 9, 2018, revealed the facility did not meet the required staffing per the staffing grid for the ED. Interview with EMP3 on September 11, 2018, at approximately 12:00 PM confirmed the facility did not meet the required staffing for RN's, Techs, NA's and Unit Secretary's per the established staffing grid in the ED for September 2, 4, 5, 6, and 9, 2018.	A 1103		
A 1104		A 1104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1104	Continued from page 104 482.55(a)(3) EMERGENCY SERVICES POLICIES [If emergency services are provided at the hospital --] (3) The policies and procedures governing medical care provided in the emergency service or department are established by and are a continuing responsibility of the medical staff. This REQUIREMENT is not met as evidenced by:	A 1104	The Chief of Security reviewed the "Crisis Room: Security Metal Detector Use" policy, and found that this policy was obsolete and was archived. The Chief of Security created a new Security Handheld metal detector policy; which reflects the correct process for wand of patients utilizing a hand held metal detector device. The Chief of Security and/or his designee will provide education to all of the security staff. A sign in sheet will be kept on file within the Security office. The education on the policies will continue to be a part of the security officer orientation program. The Chief of Security also reviewed the Manual for the Metal Detector Wand and provided re-education to all security staff on the manufacturer's recommendations for the appropriate method of wand of a patient. A sign in sheet will be kept within the Security office. Quality Monitoring: The Chief of Security and / or his designee will	Completion Date: 10/29/2018 Status: APPROVED Date: 10/15/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1104	Continued from page 105	A 1104	perform 10 direct observations of security guards performing wandng technique on patients per month. There will be immediate re-education of any security guard who fails to perform the wandng technique correctly as per the manufacturer's recommendations. The Chief of Security will report results of the observations to the Quality Department monthly for 3 months and / or until 100 % compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1104	<p>Continued from page 106</p> <p>Based on review of facility documents, medical record (MR) and staff interview (EMP), it was determined the facility failed to follow their policy related to metal detector use for patients presenting to the Emergency Department Crisis (ED) for one of one medical record reviewed (MR1).</p> <p>Findings include:</p> <p>Review on September 12, 2018, of the facility provided Metal Detector user manual revealed "... The [name of metal detector] with both audible and silent vibrating alarms offers outstanding performance as well as operating features not found in any other hand-held detector, with state of the art circuitry that allows instant operation, which provides the optimum setting with no operator adjustment. With full 360 (degree) plus detection coverage - even at its tip - the [name of metal detector] is very effective in easily detecting even the smallest of metallic objects. ... Recommended Body Scanning Procedure The illustrations indicate scanning beginning at the head then going to one arm</p>	A 1104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1104	Continued from page 107 and leg, then the other arms and leg and finally down the trunk on the front and back of the body. ..." Review on September 12, 2018, of the facility's "Crisis Room: Security Metal Detector Use" policy, effective February 21, 2015, revealed "1.0 Purpose: The purpose of this policy is to provide the approved plan to be followed when patients are admitted to the Crisis Room for evaluation. 2.0 Policy: When any patient is admitted to the Crisis Room for the purpose of having an evaluation by the Crisis Caseworker, it will be the responsibility of the Security Officers assigned to the areas to: ... 2.3 All clients/visitors who enter the Crisis Room will be asked by the Mental Health worker Or the Security Office if they have pacemakers, implantable cardioverter/defibrillators or spinal cord stimulators prior to being screened through the [name of metal detector] or with the hand held metal detector. If so, those clients/visitors will not be allowed to pass through the [name of metal detector] but will undergo the hand-held scanner after Security personnel consult with Emergency Room Personnel	A 1104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1104	<p>Continued from page 108</p> <p>as to their ability to do so in a safe manner. The "hand held scanner" should not be held near the medical device no longer then is absolutely necessary. If clients/visitors do not have medical devices on or within their person, the following procedure (2.3) will be followed. 2.4 All clients and/or visitors who enter the Crisis Room will be required to pass through the [name of metal detector], if physically able, or be screened. ..."</p> <p>Interview with EMP60 and EMP61 on September 12, 2018, at approximately 9:45 AM revealed the facility purchased a [name of metal detector] approximately seven years ago and this metal detector was put into storage and never utilized in the Emergency Department due to not having enough staff in the security department to use and man this piece of equipment.</p> <p>Interview with EMP60 and EMP61 on September 12, 2018, at approximately 9:50 AM revealed this [name of metal detector] scans the persons entire body from the head to the feet.</p>	A 1104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1104	<p>Continued from page 109</p> <p>Review of MR1 on September 12, 2018, revealed this patient was admitted to the ED on August 11, 2018, for evaluation and treatment of suicidal ideations and major depression with a history of cutting self.</p> <p>Review of MR1 on September 12, 2018, revealed nursing documentation dated August 11, 2018, at 3:00 PM that MR1 was wanded (hand held metal detector) by security. There was no documentation security identified any concealed metal items or safety hazards.</p> <p>Review of MR1 on September 12, 2018, at 4:45 PM revealed nursing documentation this patient had multiple open lacerations on the arms and front of the neck. MRI's incision/wound charting revealed there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds.</p>	A 1104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1104	<p>Continued from page 110</p> <p>Review of MR1 on September 12, 2018, revealed nursing documentation dated August 11, 2018, at 8:30 PM a call was received from a friend of MR1's indicating MR1 had a razor blade in the mouth.</p> <p>Review of MR1 on September 12, 2018, revealed nursing documentation this patient was cooperative with a mouth search; handed ED staff a razor blade from the mouth and that MR1 indicated this patient keeps it there all the time.</p> <p>Interview with EMP1, EMP3 and EMP7 September 12, 2018, at approximately 10:15 AM confirmed MR1 was wanded by security and no concealed metal items or safety hazards were found. EMP1, EMP3 and EMP7 confirmed that MR1 produced a razor blade they had in their mouth.</p> <p>Interview with EMP60 and EMP61 on September 12, 2018, at approximately 10:20 AM confirmed security wanded MR1 and that no concealed metal items or safety hazards were found. EMP60 and EMP61 revealed security does not wand the head</p>	A 1104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1104	Continued from page 111 or mouth area of a patient for concealed metal items.	A 1104		
A 1112		A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 112 482.55(b)(2) QUALIFIED EMERGENCY SERVICES PERSONNEL There must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility. This REQUIREMENT is not met as evidenced by:	A 1112	The CNO/ACNO reviewed and revised the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" policy. "The Patient Monitor Resource Allocation Algorithm" contained within the policy was revised to clearly delineate the process for obtaining a patient monitor for level 1 and level 2 patients; which require 1:1 supervision. The CNO/ACO will provide education to nursing staff on the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" policy along with the "Suicide Precautions" policy. Emphasis will be placed on the revised "The Patient Monitor Resource Allocation Algorithm" contained within the policy. Sign in sheets will be kept on file in the Nursing Administrative office. The education on the policies will continue to be a part of the nursing orientation program. The ACNO developed and implemented a "Sitter Log" to track	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 113	A 1112	<p>every patient requiring 1:1 observation based on a suicide lethality scale of 1 or 2. The "Sitter Log" is completed every shift by the supervisors and is scanned and emailed to the CNO/ACNO daily.</p> <p>The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following: use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 114	A 1112	<p>accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will continue to work with the Human Resources Department in recruitment/retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 5. Reduce turnover by working with management to select candidates that are a better match for positions 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 115	A 1112	<p>6. Reaching out to local colleges for Nursing Leadership to be guest speakers</p> <p>Quality Monitoring: The CNO/ACNO and / or their designee will audit the medical records of 15 patients requiring 1:1 monitoring, a month for appropriate completion of the "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" form. The audit will continue for 3 months and/or until 100% compliance is achieved for 3 consecutive months.</p> <p>The CNO/ACNO will also audit the "Sitter Log" on a daily basis to assure all patients requiring a 1:1 patient monitor has / had the appropriate staff monitoring them.</p> <p>The Chief Operating Officer and the Chief of Security will provide education to the security staff on their role in patient monitoring. To include the "Suicide Risk Assessment and Interventions in a</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 116	A 1112	<p>Non-Behavior Health Setting" this includes the revised "The Patient Monitor Resource Allocation Algorithm". Staff sign in sheets will be obtained and will be kept on file with the Chief of Security.</p> <p>Quality Monitoring: The COO / Chief of Security will audit security's participation in patient monitoring as per "The Patient Monitoring Allocation Algorithm." The results of the audit will be reported to the Quality Department monthly for 3 months and / or until 100% compliance is achieved for 3 months.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 117</p> <p>Based on review of facility documents, medical records (MR) and staff interview (EMP), it was determined the facility failed to ensure patients presenting to the Emergency Department (ED) with suicidal thoughts were provided adequate monitoring to prevent self-harm for two of two medical records reviewed (MR1 and MR2); the facility failed to provide physician ordered 1:1 observation monitoring for patients presenting with suicidal thoughts for four of four medical records reviewed (MR3, MR4, MR5 and MR6); and failed to follow the established staffing policy to ensure consistent categories of nursing personnel based on the facility's staffing grid and schedules in the Emergency Department.</p> <p>Findings include:</p> <p>Review on September 12, 2018, of the facility's "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" policy, last revised August 2017, revealed "Policy: All patients who are admitted for care and services will be assessed for</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 118 suicide ideation and /or suicide risk factors during initial intake/admission assessment process. In addition, patients who present for evaluation and treatment with a primary diagnosis or complaint of an emotional or behavioral disorder or substance abuse; or display the symptoms of an emotional or behavioral disorder, will be assessed for suicide risk. Based on the level of suicide risk, interventions will be implemented as a means to keep patients from inflicting harm to self or others. Purpose: To identify patients at risk for suicide and provide safety interventions. ... Definitions: ... Suicidal Ideation: Thoughts of harming or killing oneself. Intensity determined by assessing the frequency, duration and intensity of these thoughts; in addition to the presence of a plan. Suicide Attempt: A non-fatal, self-inflicted destructive act with explicit or inferred intent to die. ... Level of Supervision A. Continuous visual surveillance (Level 1) - one patient to one observer (1:1). Observer must maintain 1:1 direct observation and be able to respond to the patient immediately. De-escalation techniques will be used as appropriate. B. Continuous visual surveillance	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 119 (Level 2). Patient is under direct observation at all times and observer must be able to respond to the patient rapidly. Ratio may be more than 1:1 as long as observer is able to attend to the immediate needs of one patient without sacrificing surveillance and attendance to the immediate needs of another patient(s). Observer must have direct line of sight of patient. If de-escalation techniques are ineffective, patient will be escalated to Activity Level 1. C. Close observation (Level 3): Patient may not be left alone without support person (may be reliable family/friend). Observation is required by hospital staff at intervals at a maximum of 15-minute intervals. Supportive family/friend must receive education from staff on expected responsibilities and be willing to sign a contract to stay with the patient at all times or know and agree to communicate with/seek staff assistance if chooses to leave for any concerns. In absence of reliable support person, patient will be escalated to Activity Level 2. D. Intermittent observation (Level 4): Observation at a maximum of 30-minute intervals by clinical staff. E. General observation (Level 5): Routine check by	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 120 clinical staff at a maximum of one-hour intervals. ..." Review on September 12, 2018, of the facility's "Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting" form, last reviewed April 12, 2018, revealed "Level 1 Definition Requires immediate life-saving intervention. Immediate danger to self or others. Observed Violent Behavior Possession of weapon Self-Destructive act that resulted in physical harm Reported Verbal commands to do harm to self or others (command hallucinations) violent/self-destructive behavior Behavior that has resulted in harm to self or others, including actual suicide attempt Interventions Continuous visual surveillance 1:1 ratio: direct observation by staff at all times. must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation. Level 2 High-risk situation Risk of danger to self or others and/or Severe behavioral disturbance Observed Extreme agitation	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 121 Physically/verbally/aggressive Uncooperative hallucinations/delusions/paranoia distorted perception of reality May or has require(d) restraint/seclusion Words or behavior reflect high risk of elopement (pacing, hovering near doorway) signs of severe depression (Activities of Daily Living impacted) Reported threat to harm self or others Suicidal ideation (thoughts of suicide) with or without a plan acute drug or alcohol intoxication with history of suicide attempt or ideation Psychotic symptoms: Hallucinations, delusions, paranoid ideas, thought disorder, unusual or agitated behavior Overwhelming symptoms of depression Interventions Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. ..." Review on September 12, 2018, of the facility's "Suicide Precautions" policy, last revised November	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 122 2017, revealed "Purpose: To outline a mechanism for observation and protection of patients who are assessed to be at for suicide, or have expressed suicidal ideations. Policy: 1. A physician's order must be obtained for suicide precautions and psychiatric consult obtained. 2. Suicide precautions must be re-ordered daily. 3. A patient monitor is assigned until the patient is either transferred to an appropriate facility or is determined to be no longer at risk and discontinued. 4. The nurse will inform the patient that he/she is being placed on suicide precautions and explain the rational. 5. The patient on suicide precautions should be assigned the bed near the door in a semi-private room. 6. An environmental safety check of the patient's room will be performed. 7. Patient belongings will be checked closely and all potentially harmful items will be removed, labeled and secured in the designated area on each department. ... 13. The patient monitor is to be seated at the foot of the patient's bed (beyond arms length but in direct proximity of the patient). 10. (sic) The patient monitor will report any potentially unsafe behaviors to the assigned nurse.	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 123</p> <p>..."</p> <p>Review on September 12, 2018, of the facility's "Prevention/Alternatives and Use of Restraints/Protective Devices" policy, last revised December 2016, revealed "Philosophy: The patient has the right to be free from restraints of any form that are not absolutely medically or behaviorally necessary. Our approach to restrain will protect the patient's health and safety and maintain the patient's dignity. ... Policy: ... 5. The use of restraint must be implemented in accordance with safe and appropriate restraint techniques as determined by hospital policy in accordance with State law. ..."</p> <p>Review on September 10, 2018, of the facility's "Trauma Alert Activation" policy, last reviewed January 2018, revealed "Purpose: The purpose of this policy is to activate a prescribed group of trained personnel to respond within the hospital and standardize the activation of the trauma team when a trauma patient, who meets the criteria described in this policy, arrives at Wilkes-Bare General Hospital.</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 124 Scope: This policy applies to any member of the trauma team but is most likely to be initiated by the Emergency Department (ED) attending physician or nurse. Definitions: Trauma Alert (Level I, II, and III): For all patients greater than fourteen (14) years of age. ... Pediatric Trauma Alert: For all patients fourteen (14) years of age or less Trauma Alert - OB: For all patients greater than or equal to 20 weeks gestation Resuscitation: This intense period of patient assessment and medical care to save life or limb Trauma Team: A group of health care professionals organized to provide care and monitor the trauma patient in coordinated and timely fashion Trauma Resuscitation Area: A space used for trauma resuscitation. It must be of adequate size to accommodate for full trauma resuscitation, and equipment. Trauma Resuscitation Team: Major trauma resuscitations require a multidisciplinary team of health care providers who work in synergy to rapidly assess and treat the patient. The trauma attending or appropriate designee must lead the team. ... Procedure: The Trauma Alert response will be determined prior, if at all possible, to the	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 125 patient's arrival by the Emergency Department physician and /or ED RN or Trauma surgeon. All level I and II trauma alerts will be taken to the trauma resuscitation rooms upon pre-hospital arrival. The Emergency Department physician and /or ED RN or the Trauma Surgeon will initiate a Trauma Alert prior to the arrival of the patient if prior information is available. If no prior notification is obtained, then the Trauma Alert will be called on the patient's arrival in the Emergency Department. The ED physician will give medical commend to ALS/BLS units. The designated Trauma Nurse will notify the switchboard of the classification of Trauma Alert and the estimated time of arrival. ... The ED nurse at the direction of the ED physician activates Trauma Alert Level II. The switchboard will notify the response team to be present upon patient arrival. Trauma Team that will respond will include the following: ... 3. Designated emergency Department trauma nurse ... The ED nurse at the direction of the ED physician activates Trauma Alert Level III. The Trauma surgeon will be paged by the ED physician or Nurse. 1. Emergency Department	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 126</p> <p>physician 2. Trauma Surgeon 3. Designated emergency Department trauma nurse. ..."</p> <p>Review on September 11, 2018, of the facility's "Staffing the Emergency Department" policy, effective June 2015, revealed "Purpose: The purpose of this policy is to explain the methodology for properly staffing the Emergency Department. Policy: Patients presenting to the emergency department are seen as quickly as possible. Staffing must be appropriate for this to occur. ... Procedure: ... 2. Scheduling a. In accordance with the CBA [Collective Bargaining Agreement] and Hospital Policy, emergency Department Leadership issues a six-week schedule in the electronic scheduling program with the maximum number of staff members in each title that would be required at a given hour of the day. ..."</p> <p>Review of MR1 on September 11, 2018, revealed this patient was admitted to the ED on August 11, 2018, for evaluation and treatment of suicidal ideations and major depression with a history of</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 127 cutting self. The ED physician ordered 1:1 sitter at the bedside for constant observation at all times on August 11, 2018, on admission to the ED. Review on September 11, 2018, of MR1's Suicide Risk/Behavioral Disorder Assessment dated August 11, 2018, at 2:15 PM revealed the facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio: Direct observation by staff at all times. Must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation. Review of MR1 on September 11, 2018, revealed nursing documentation dated August 11, 2018, at 3:00 PM that MR1 was wanded (hand held metal detector) by security. There was no documentation security identified any concealed metal items or safety hazards. Review of MR1 on September 11, 2018, revealed	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 128 nursing documentation dated August 11, 2018, at 3:20 PM there was no sitter at the bedside because no sitter was available. Review of MR1 on September 11, 2018, at 4:45 PM revealed nursing documentation this patient had multiple open lacerations on the arms and front of the neck. MR1's incision/wound charting revealed there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds. Interview with EMP1, EMP3 and EMP7 September 11, 2018, at approximately 9:15 AM confirmed MR1 was admitted to the ED for evaluation and treatment of suicidal ideations and major depression; the ED physician ordered 1:1 sitter at the bedside for constant observation at all times; MR1 was wanded by security; that no concealed metal items or safety hazards were found and MR1's nursing documentation revealed there was no sitter at the bedside because no sitter	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 129 available. EMP1, EMP3 and EMP7 confirmed MR1's nursing documentation this patient had multiple open lacerations on the arms and front of the neck and this patient's incision/wound charting revealed there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds. Review of MR2 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, at 1:18 AM for evaluation and treatment of a suicidal attempt. Review on September 13, 2018, of MR2's admission Suicide Risk/Behavioral Disorder Assessment dated July 29, 2018, revealed the facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio: Direct observation by staff at all times. must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy.	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 130</p> <p>Obtain Mental Health Professional evaluation. The ED physician ordered Continuous visual surveillance 1:1 direct observation on this patient.</p> <p>Review on September 13, 2018, of MR2's Physician's Restraint/Seclusion Orders Violent - Self Destructive order sheet dated July 29, 2018, at 1:10 AM revealed a physician order instructing nursing staff to apply four-point leather restraints. ED nursing staff applied leather restraints to MR2's both wrists and both ankles.</p> <p>Review of MR2 on September 13, 2018, revealed nursing documentation dated July 29, 2018, at 1:30 AM this patient was being obstructive to self and others by kicking and screaming to staff, thrushing (sic) around in bed, and trying to bite staff. At 1:35 AM on July 29, 2108, nursing documented this patient was able to strangle self with the gown strings. Oxygen was applied to the patient; the patient was hypoxic (inadequate oxygenation of the blood related to suffocation) and the doctor was made aware.</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 131 Review of MR2 on September 13, 2018, revealed physician documentation that MR2 was cyanotic (blue discoloration of the skin due to having low oxygen in the blood) and initially not responsive. MR2 was bagged for a few seconds and became awake. Review of MR2 on September 13, 2018, revealed no documentation this patient was provided a sitter for 1:1 direct observation. Review of MR2 on September 13, 2018, revealed nursing documentation dated July 29, 2018, at 9:52 AM, 11:03 AM and 3:00 PM that this patient was ordered Level 1 (Continuous visual surveillance). Nursing documentation revealed there was no sitter at the bedside due to the lack of staffing. Interview with EMP1, EMP3 and EMP7 September 13, 2018, at approximately 9:20 AM confirmed MR2 was admitted to the ED for evaluation and treatment of a suicidal attempt: the	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 132</p> <p>facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio and that MR2 was placed in four-point leather restraints. EMP1, EMP3 and EMP7 confirmed nursing documented this patient was able to strangle self with the gown strings and MR2 became hypoxic requiring oxygen administration. EMP1 and EMP3 confirmed there was no documentation this patient was provided a sitter for 1:1 direct observation and that nursing documented there was no sitter at the bedside due to the lack of staffing.</p> <p>Review of MR3 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self.</p> <p>Review on September 13, 2018, of MR3's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 29, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 133</p> <p>with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation.</p> <p>There was no documentation in MR3 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight.</p> <p>Review of MR4 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self.</p> <p>Review on September 13, 2018, of MR4's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 29, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 134</p> <p>patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation.</p> <p>There was no documentation in MR4 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight.</p> <p>Review of MR5 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self.</p> <p>Review on September 13, 2018, of MR5's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 29, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 135</p> <p>restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation.</p> <p>There was no documentation in MR5 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight.</p> <p>Review of MR6 on September 13, 2018, revealed this patient was admitted to the ED on July 28, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self.</p> <p>Review on September 13, 2018, of MR4's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 28, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	Continued from page 136 techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. There was no documentation in MR6 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight. Interview with EMP3 on September 13, 2018, at approximately 2:45 PM confirmed MR3, MR4, MR5 and MR6 were admitted to the ED for evaluation and treatment of suicidal thoughts with a plan to injure self and the ED physician ordered these patients on Level 2 Continuous visual surveillance 1:1 ratio for observation at all times by designated staff with direct line of sight. EMP3 confirmed there was no documentation in MR3, MR4, MR5 and MR6 indicating these patients were on a Level 2 Continuous visual surveillance 1:1 ratio with observation at all times by designated staff with direct line of sight. Interview with EMP29, EMP30 and EMP31 on	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 137</p> <p>September 10, 2018, revealed there is not always a Flow/Trauma Nurse always assigned to cover this position. These employees revealed when a trauma patient presents to the ED, and there is no Flow/Trauma Nurse coverage, a RN is pulled from their patient assignment to cover the trauma.</p> <p>Review on September 11, 2018, of the ED staffing sheets for August 1, 4, 8, 12, 13, 14, 17, 19, 20, 21, 22, 25, 26, 27 and 28, 2018, revealed no designated Flow/Trauma Nurse coverage.</p> <p>Review on September 11, 2018, of the ED trauma list for August 2018, revealed the following trauma patients presented to the ED: August 8, 2018: 2 - Level II trauma patients August 13, 2018: 1 - Level 2 trauma patients August 20, 2018: 1 - Level I trauma patient August 21, 2018: 1 - Level I trauma patients August 25, 2018: 1 - Level I trauma patient; 3 - Level II trauma patients and 1 - Level III trauma patient August 26, 2018: 1 - Level I trauma patient and 1 -</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 138</p> <p>Level III trauma patient August 29, 2018: 1 - Level I trauma patient</p> <p>Interview with EMP3 and EMP7 on September 11, 2018, at approximately 10:45 AM confirmed there was no designated Flow/Trauma Nurse coverage on August 1, 4, 8, 12, 13, 14, 17, 19, 20, 21, 22, 25, 26, 27 and 28, 2018. EMP7 confirmed when trauma patients present to the ED and there is no designated Flow/Trauma Nurse coverage, a RN is pulled from their assignment to cover the trauma.</p> <p>Review on September 11, 2018, of the ED staffing sheets for September 4, 5, 6, 7 and 9, 2018, revealed no designated Flow/Trauma Nurse coverage.</p> <p>Review on September 11, 2018, of the ED trauma list for September 2018, revealed the following trauma patients presented to the ED: September 4, 2018: 3 - Level I trauma patients and 1 - Level II trauma patient September 5, 2018: 1 - Level 2 trauma patients</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 139</p> <p>September 6, 2018: 1 - Level I trauma patients; 2 - Level II trauma patients and 1 - Level III trauma patient</p> <p>September 7, 2018: 2 - Level II trauma patients</p> <p>Interview with EMP3 and EMP7 on September 11, 2018, at approximately 12:00 PM confirmed there was no designated Flow/Trauma Nurse coverage on September 4, 5, 6, 7 and 9, 2018. EMP7 confirmed when trauma patients present to the ED and there is no designated Flow/Trauma Nurse coverage, a RN is pulled from their assignment to cover the trauma.</p> <p>Review on September 10, 2018, of the facility provided the "Emergency Department Staffing Grid " dated June 16, 2018, revealed the required staffing at 7 AM is 10 Registered Nurses (RN's), 1 RN for Crisis, 2 Techs; 1 Nurse Assistant (NA) and 1 Unit Secretary (US); at 9 AM the required staffing is 12 RN's, 1 RN for Crisis, 2 Techs; 2 NA's and 1 US; at 11 AM the required staffing is 16 RN's, 1 RN for Crisis, 2 Techs; 4 NA's and 2 US's; at 3 PM the required staffing is 16 RN's, 1 RN for</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 140</p> <p>Crisis, 2 Techs; 4 NA's and 2 US's; at 7 PM the required staffing is 16 RN's, 1 RN for Crisis, 2 Techs; 4 NA's and 2 US's; at 11 PM the required staffing is 14 RN's, 1 RN for Crisis, 2 Techs; 2 NA's and 1 US; and at 3 AM the required staffing is 8 RN's, 1 RN for Crisis, 2 Techs; 1 NA and 1 US."</p> <p>Interview with EMP3 on September 10, 2018, at approximately 8:00 PM revealed the time from 11:00 AM to 7:00 PM are the busiest times with more patient visits in the ED. EMP3 revealed staffing numbers are increased during this time due to the increase in patient visits.</p> <p>Interview with EMP29, EMP30, EMP31, EMP32, EMP33, EMP34, EMP35, EMP36, EMP37 and EMP38 on September 10, 2018, revealed there is inadequate staffing of Registered Nurses (RN), Techs, Nursing Assistants (NA's) and Unit Secretary's (US) in the ED.</p> <p>On September 10, 2018, a random sample of the ED staffing sheets for August 2018 and September</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
A 1112	<p>Continued from page 141</p> <p>2018 were selected for review.</p> <p>Review on September 11, 2018, of the staffing sheets for August 1, 3, 4, 5, 6, 10, 11, 12, 20, 21, 25, 27, and 31, 2018, revealed the facility did not meet the required staffing per the staffing grid for the ED.</p> <p>Interview with EMP3 on September 11, 2018, at approximately 10:15 AM confirmed the facility did not meet the required staffing for RN's, Techs, NA's and Unit Secretary's per the established staffing grid in the ED for August 1, 3, 4, 5, 6, 10, 11, 12, 20, 21, 25, 27, and 31, 2018.</p> <p>Review on September 11, 2018, of the staffing sheets for September 2, 4, 5, 6, and 9, 2018, revealed the facility did not meet the required staffing per the staffing grid for the ED.</p> <p>Interview with EMP3 on September 11, 2018, at approximately 12:00 PM confirmed the facility did not meet the required staffing for RN's, Techs, NA's</p>	A 1112		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501			STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE	
A 1112	Continued from page 142 and Unit Secretary's per the established staffing grid in the ED for September 2, 4, 5, 6, and 9, 2018.	A 1112			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0000	INITIAL COMMENT	P 0000		
	This report is the result of an unannounced onsite complaint investigation (CHL18C424S) initiated on September 10, 2018, and concluded September 14, 2018, at Wilkes-Barre General Hospital. 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.			
P 0317		P 0317		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 1 103.4 (3) FUNCTIONS (3) Take all reasonable steps to conform to all applicable Federal, State, and local laws and regulations. This REGULATION is not met as evidenced by:	P 0317	The Chief Nursing Officer and/or his designee will provide the nursing staff re-education on the facility's "Prevention/Alternatives and Use of Restraints/Protective Devices" policy. With emphasis on the necessity of completion of documentation on the "Restraint Flow Sheet". Emphasis will also be on the removal of restraints at the earliest opportunity based on patient reassessments. In-service sign in sheets will be kept in the nursing administrative offices. All nursing staff will complete the Advanced Learning Center Module on the computerized education tool and will continue to be part of the nursing orientation program. Human resources will keep the electronic log of staff completion. Quality Monitoring: A random audit of 30 restraint patient charts per month will be performed by the Chief Nursing Officer and / or his designees. Audits will continue for 3 months and / or until 100% compliance is achieved for 3	Completion Date: 10/29/2018 Status: APPROVED Date: 10/15/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 2	P 0317	<p>consecutive months. Results will be reported to the Clinical Operations meeting monthly and to the Quality Department quarterly until goal has been achieved.</p> <p>The Chief Nursing Officer and/or his designee will provide nursing staff re-education on the facility's "Prevention/Alternatives and Use of Restraints/Protective Devices" policy. With emphasis on the "Restraint Flow Sheet" and "Visual check of patient including circulation, sensation and movement, patient state, and skin integrity, and psychological distress are checked every 15 minutes and PRN (as needed). Nutritional, hydration, repositioning, elimination needs, and range of motion with release and message (sic) as needed are provided every 2 hours and PRN. Continued need for restraints is reevaluated every 2 hours. Nurses initials every hour and then checks</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 3	P 0317	<p>every 15 minutes in the appropriate box"</p> <p>In-service sign in sheets will be kept in the nursing administrative offices. In addition All nursing staff will complete the Advanced Learning Center Module on the computerized education tool. The module will continue to be part of the nursing orientation program. Human resources will keep the electronic log of staff completion .</p> <p>Quality Monitoring: A random audit of 30 restraint patient charts per month will be performed by the Chief Nursing Officer and / or his designees. Audits will continue for 3 months and / or until 100% compliance is achieved. Results will be reported to the Clinical Operations Committee monthly and to the Quality Department Quarterly until goal has been achieved.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 4 Based on review of facility documents, medical records (MR) and staff interview (EMP), it was determined the facility failed to conform to all applicable Federal regulations. Wilkes-Barre General Hospital was not in compliance with the following Federal regulation: 482.13 (e)(9) PATIENT RIGHTS: RESTRAINT OR SECLUSION Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. This is not met as evidenced by: Based on review of facility documents, medical record (MR) and staff interview (EMP), it was determined the facility failed to ensure four-point leather restraints were removed at the soonest possible time in the Emergency Department (ED) for one of one medical record reviewed (MR2).	P 0317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 5 Findings include: Review on September 12, 2018, of the facility's "Prevention/Alternatives and Use of Restraints/Protective Devices" policy, last revised December 21, 2016, revealed "Philosophy: The patient has the right to be free from restraints of any form that are not absolutely medically or behaviorally necessary. Our approach to restraint will protect the patient's health and safety and maintain the patient's dignity. ... definitions: Restraint: Includes wither a physical restraint or a drug that is being used as a restraint. 1. A physical restraint is any manual method or physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his or her arms, legs, body, or head. Policy: 1. Restraints must never be used as a means of coercion, discipline, convenience or retaliation by the staff. 2. A restraint may be used to ensure the patient's immediate physical safety even if the patient is not violent or self-destructive. ... 6. A restraint must be discontinued at the earliest possible time.	P 0317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 6 ..." Review on September 12, 2018, of the facility's "Restraint Flow Sheet," dated December 2015, revealed "... Patient State: 1. Resting 2. Restless/Agitated 3. Spitting/biting 4. Verbally abusive 5. Fighting 6. Trying to leave. ... Violent/Self-Destructive Behavior Restraints or Seclusion: ... Nurses initials every hour and then checks every 15 minutes in the appropriate box. ..." Review of MR2 on September 12, 2018, revealed a physician order dated July 29,2017, at 1:10 AM instructing nursing staff to apply four-point leather restraints to MR2's wrists and ankles. Nursing staff applied MR2's four-point restraints on July 29, 2018, at 1:10 AM. Review on September 12, 2018, of MR2's Restraint Flow Sheet dated July 29, 2018, revealed nursing documented this patient's behavior resting at 3:00 AM, at 4:00 AM and at 5:00 AM.	P 0317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 7 There was no documentation in MR2 indicating nursing staff begun removing MR2's four-point restraint at the earliest possible time. Interview with EMP1 and EMP3 on September 12, 2018, at approximately 1:00 PM confirmed MR2's physician order for four-point leather restraints and nursing staff applied MR2's four-point restraints on July 29, 2018, at 1:10 AM. EMP1 and EMP3 confirmed nursing documented MR2's behavior as resting at 3:00 AM, at 4:00 AM and at 5:00 AM. EMP3 confirmed there was no documentation in MR2 indicating nursing staff begun removing MR2's four-point restraints at the earliest possible time. Based on review of facility documents, medical records (MR) and staff interview (EMP), it was determined the facility failed to conform to all applicable Federal regulations. Wilkes-Barre General Hospital was not in compliance with the following Federal regulation:	P 0317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 8 482.13 (e)(10) PATIENT RIGHTS: RESTRAINT OR SECLUSION The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified I paragraph (f) of this section at an interval determined by hospital policy. This is not met as evidenced by: Based on review of facility documents, medical record review (MR) and staff interview (EMP), it was determined the facility failed to monitor a patient in four-point leather restraints in the Emergency Department (ED) for one of one medical record reviewed (MR2). Findings include: Review on September 12, 2018, of the facility's "Restraint Flow Sheet," dated December 2015,	P 0317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 9 revealed "... Patient State: 1. Resting 2. Restless/Agitated 3. Spitting/biting 4. Verbally abusive 5. Fighting 6. Trying to leave. ... Violent/self-Destructive Behavior Restraints or Seclusion: Visual check of patient including circulation, sensation and movement, patient state, and skin integrity, and psychological distress are checked every 15 minutes and PRN (as needed). Nutritional, hydration, repositioning, elimination needs, and range of motion with release and message (sic) as needed are provided every 2 hours and PRN. Continued need for restraints is reevaluated every 2 hours. Nurses initials every hour and then checks every 15 minutes in the appropriate box. ..." Review of MR2 on September 12, 2018, revealed a physician order dated July 29,2017, at 1:10 AM instructing nursing staff to apply four-point leather restraints to MR2's wrists and ankles. Nursing staff applied MR2's four-point restraints on July 29, 2018, at 1:10 AM.	P 0317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0317	Continued from page 10 Review on September 12, 2018, of MR2's Restraint Flow Sheet dated July 29, 2018, revealed no documentation nursing staff visually checked this patient's circulation, sensation and movement, skin integrity and psychological distress at 2:15 AM, 2:30 AM, 2:45 AM, 3:15 AM, 3:30 AM, 3:45 AM, 4:15 AM, 4:30 AM and at 4:45 AM. Interview with EMP1 and EMP3 on September 12, 2018, at approximately 1:30 PM confirmed the physician order instructing nursing staff to apply MR2's four-point restraints on July 29, 2018, at 1:10 AM. EMP1 and EMP3 confirmed there was no documentation on MR2's Restraint Flow Sheet indicating nursing staff visually check this patient's circulation, sensation and movement, skin integrity and psychological distress at 2:15 AM, 2:30 AM, 2:45 AM, 3:15 AM, 3:30 AM, 3:45 AM, 4:15 AM, 4:30 AM and at 4:45 AM.	P 0317		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902		P 0902		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902	Continued from page 12 109.2 (a) DIRECTOR OF NURSING SERVICES 109.2 Director of Nursing (a) The nursing service shall be under the direction of a registered professional nurse who should be qualified in the field of administration and who has the ability to organize, coordinate, and evaluate the service. This REGULATION is not met as evidenced by:	P 0902	The Chief Nursing Officer and the Assistant Chief Nursing officer will review and re-sign their respective job descriptions. In addition the CNO and ACNO will review and revise all documents utilized for staffing related activities in the organization inclusive of policies, staffing grids and assignment sheets. The CNO/ACNO will provide education to the clinical services leadership team on all documents utilized for staffing the organization. The clinical services leadership team. Sign in logs will be kept within the nursing administrative offices. The Nursing Supervisor prior to the start of each shift will reconcile assignments by phone with each unit to assure that there is adequate LPN coverage by RNs. A validation tool is being developed to ensure compliance with process. The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following:	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902	Continued from page 13	P 0902	<p>use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902	Continued from page 14	P 0902	<p>continue to work with the Human Resources Department in recruitment/retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 5. Reduce turnover by working with management to select candidates that are a better match for positions 6. Reaching out to local colleges for Nursing Leadership to be guest speakers <p>Quality Monitoring: The CNO/ACNO and or their designee will conduct random audits of the staffing assignment sheets over a period of a minimum of 90 days and /</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902	Continued from page 15	P 0902	or until 100% compliance with the completion of the assignment sheets is achieved for 10 consecutive audits. The results of the audits will be aggregated and analyzed for trends and reported monthly to the Clinical Operations Committee and Quarterly to the Quality Department until the goal has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902	Continued from page 16 Based on a review of facility documents and staff interview (EMP), it was determined the Chief Nursing Officer and the Assistant Chief Nursing Officer failed to provide oversight of the Wilkes-Barre General Hospital overall clinical care functions including staffing and supervision of staff. Findings include: 1) Review on September 12, 2018, of the facility's "Chief Nursing Officer Administration Wilkes-Barre General Hospital," last revised May 2013, revealed "...Position Purpose A senior administrative member of [name of health care system], Hospital Division, who plans, organizes, directs and controls the overall clinical care functions. Communicate, support and implement, organizational strategic plan and vision to members of the clinical departments. ... General Duties 1 All applicable duties as assigned 2 Participate in Senior Management decision making and strategic planning, including setting financial and organizational goals 3 Responsible for coordination of operations of Patient Care/Clinical Care service	P 0902		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902	Continued from page 17 functions, specifically in the areas of personnel assignments, staffing requirements and staff development programs 4 Responsible for the selections, training, evaluation and development of Clinical Services personnel, including Administrative Directors 5 Provide strategic planning leadership for all Clinical Services Departments 6 Collaborate with other Senior Managers in the development of the hospital budget 7 Plan and supervise the preparation and administration of department budgets ...13 Participate in the development of hospital wide patient care programs, policies and procedures that describe how the needs of patient or patient [sic] populations are assessed, evaluated and met ... 16 Formulate objectives for the Division, and establishes budgetary guidelines by which goals can be achieved 17 Develop goals for the Division and establish budgetary guidelines by which goals can be achieved ..." Review on September 12, 2018, of the facility's "Assistant Chief Nursing Officer Clinical Services Wilkes-Barre General Hospital," last revised May	P 0902		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902	Continued from page 18 2013, revealed "... Position Purpose This senior Clinical Services leadership position is responsible for planning, directing, and coordinating Clinical Services. Major responsibilities include ensuring the quality of services provided. ...General Duties 1 All applicable duties as assigned 2 Develop operational and capital budgets; monitor for budget variances; ensure compliance with fiscal goals ... 5 Develop work methods to reduce costs/manpower and increase productivity 6 Develop strategic plans around human resource needs and management; analyze pertinent factors effecting recruitment and retention; provide recommendations and implement solutions as needed ... 15 Coordinate recruitment and retention efforts ... 18 Ensure that directors/managers maintain compliance with budget ... 20 Provide oversight for service operations including staff, equipment and supplies, staff education and training ... 22 Promote culture of safety for patients and staff ..." Review on September 11, 2018, of the facility's Six center/south/north nursing unit patient staffing	P 0902		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902	Continued from page 19 assignment sheets revealed seven out of seven assignment sheets revealed a licensed practical nurse was working and registered nurse coverage was not assigned. Review on September 11, 2018, of approximately 148 shift increments which included assignment sheets and staffing grids for the nursing units, it was noted that 81 of the 148 shifts did not meet their adopted staffing grid for RN's and/or nurse's aides or unit secretaries. Interview on September 12, 2018, at approximately 1:00 PM with EMP1 confirmed the Chief Nursing Officer has overall responsibilities for the facility's clinical care functions. Cross reference: Professional Nursing Staff 109.4 Staffing Schedules 109.6(b)(1) Drug Administration Procedures 109.61 Staffing And Organization 117.21	P 0902		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0902	Continued from page 20 Emergency Service Facilities 117.31 Emergency Patient Care 117.41(b)(10)	P 0902		
P 0906		P 0906		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0906	Continued from page 21 109.4 PROFESSIONAL NURSING STAFF 109.4 Professional nursing staff A sufficient number of registered professional nurses shall be on duty at all times to plan, assign, supervise, and evaluate nursing care as well as to give patients such nursing care as requires the judgement and specialized skills of a registered nurse. A graduate nurse, or graduate practical nurse, providing care shall be under the supervision of a registered nurse. This REGULATION is not met as evidenced by:	P 0906	The CNO/ACNO and / or their designees will provide re-education on the "Assignments" policy and the "Intershift/Bedside Report" policy and the RN's responsibilities to cover LPN's, GN's and NA/s. Education will be provided to all of those responsible for completing the assignment sheets to include the Clinical Directors, Clinical Leaders, and RN's taking Charge Nurse positions. The re-education will place emphasis on assuring the assignment sheets are completed in their entirety and sub-assigning a Registered Nurse to all Graduate Nurses and Licensed Practical Nurses. Education on the "Intershift/Bedside Report" policy has been added to the new staff orientation program. In-service sign in sheets will be kept within the nursing administrative office. Quality Monitoring: The CNO/ACNO and or their designee will conduct random audits of 15	Completion Date: 10/29/2018 Status: APPROVED Date: 10/15/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0906	Continued from page 22	P 0906	staffing assignment sheets per month over a period of a minimum of 90 days and / or until 100% compliance with the completion of the assignment sheets is achieved for 10 consecutive audits. The results of the audits will be reported monthly to the Clinical Operations Committee and Quarterly to the Quality Department until the goal has been achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0906	Continued from page 23 Based on review of facility documents and staff interview (EMP), it was determined the facility failed to provide registered nurse supervision for licensed practical nurses scheduled on the Six center/south/north nursing unit for seven out of seven assignment sheets reviewed. Findings include: Review on September 11, 2018, of the facility policy, "Assignments," dated effective November 2017, revealed "Purpose: To establish guidelines for making assignments of patients to nursing personnel. Policy: 1. All patient assignments are made by the Clinical Director, Clinical Leader, or RN designee. ...7. Graduate Nurses and Licensed Practical Nurses are sub-assigned to Registered Nurses. ..." Review on September 11, 2018, of the facility policy, "Intershift/Bedside Report," dated effective December 2017, revealed "Policy: To define the	P 0906		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0906	Continued from page 24 guidelines for intershift/bedside report for the telemetry unit. Procedure: . . .H. The assignment sheet will be completed and posted on the unit in the same designated area. It will be the responsibility of the charge nurse to assure the completion of all of the checks listed on the assignment sheet. It will include the following information: . . .7. RN to LPN coverage. . ." Review on September 12, 2018, of the facility, "Registered Nurse/Graduate Nurse Telemetry Clinical Services Position Description," dated revised September 2014, revealed "The Telemetry Registered Nurse/Graduate Nurse consistently performs his/her duties demonstrating an understanding of the essential job functions as reflected in the Telemetry Registered Nurse/Graduate Nurse job description, department and hospital policies, and regulatory guidelines. Provide direct professional nursing care for assigned patients while maintaining a safe patient care environment. Responsible for directing and	P 0906		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0906	Continued from page 25 coordinating all nursing care based on established clinical nursing practices. ...General Duties. ...21 Demonstrate leadership skills/charge responsibilities-covers LPN's and NA's, assigns patient care appropriately, assigns patient beds appropriately. ... " Review on September 12, 2018, of the facility, "Licensed Practical Nurse/Graduate Practical Nurse Telemetry Clinical Services Position Description," dated revised May 2013, revealed "The Telemetry Licensed Practical /Graduate Practical Nurse consistently performs his/her duties demonstrating an understanding of the essential job functions as reflected in the Telemetry Licensed Practical Nurse/Graduate Practical Nurse job description, department and hospital policies, and regulatory guidelines. Utilize the nursing process to provide quality patient care under the supervision of the registered nurse. ..." Review on September 11, 2018, of the facility's Six	P 0906		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0906	Continued from page 26 center/south/north nursing unit patient staffing assignment sheets revealed seven out of seven assignment sheets revealed a licensed practical nurse was working and registered nurse coverage was not assigned. Interview on September 11, 2018, with EMP6 confirmed seven out of seven patient assignment sheets on Six center/south/north revealed a licensed practical nurse was working and a registered nurse was not assigned to supervise.	P 0906		
P 0909		P 0909		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 27 109.6 (b)(1) STAFFING SCHEDULES 109.6 (b) Staffing schedules shall accomplish the following: (1) Staffing patterns which reflect the quality and quantity of various categories of nursing personnel necessary to carry out the nursing care program. This REGULATION is not met as evidenced by:	P 0909	The CNO and ACNO will review and revise all documents utilized for staffing related activities in the organization inclusive of policies, Staffing Guidelines policy, staffing grids and assignment sheets. The Department specific notations at the bottom of the grids will be removed as they are no longer applicable. In addition the Emergency Room Daily assignment sheet will be revised to coincide with the staffing policy for the department. The CNO/ACNO will provide education to the clinical services leadership team on all documents utilized for staffing the organization. Sign in logs will be kept within the nursing administrative offices. The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following: use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 28	P 0909	<p>patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will continue to work with the Human Resources Department in recruitment/ retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 29	P 0909	<p>career fairs</p> <ol style="list-style-type: none"> 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 5. Reduce turnover by working with management to select candidates that are a better match for positions 6. Reaching out to local colleges for Nursing Leadership to be guest speakers <p>In addition the Chief Operating Officer will source for a third party contracted agency to augment our ability to provide 1:1 coverage during high demand periods.</p> <p>Quality Monitoring: The CNO/ACNO and or their designee will conduct random audits of 15</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 30	P 0909	<p>staffing assignment sheets per month over a period of a minimum of 90 days and / or until 100% compliance with the completion of the assignment sheets is achieved for 10 consecutive audits. The results of the audits will be aggregated and analyzed for any trends. The results of the analysis will be reported monthly to the Clinical Operations Committee and Quarterly to the Quality Department until the goal has been achieved.</p> <p>Quality Monitoring:</p> <p>The CNO/ACNO will also perform a random audit of 15 assignment sheets per month focusing on areas of opportunity related to staffing levels. The results will be aggregated and analyzed for trends. The CNO / ACNO will report the results to the Senior Leadership Team monthly for a period of 3 months and / or until the assignment sheets coincide with the staffing grids.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 31 Based on review of facility documents, patient (PT) interviews and staff (EMP) interviews, it was determined the facility failed to schedule sufficient number of Registered Nurses and/or ancillary staff on the nursing units for 81 of 148 shifts. Findings include: Review on September 11, 2018, of the facility document, "Staffing Guidelines," no date listed, revealed "The following pages contain the guidelines used for determining the recommended number of staff needed for patient coverage for the individual patient care units. ...If the numbers of staff available does not meet the minimum level required, measures are taken to address the situation and ensure that patient care is not compromised. ..." A request was made on September 10-11, 2018 for a policy and procedure related to nursing unit staffing. None was provided.	P 0909		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	<p>Continued from page 32</p> <p>Interview on September 11, 2018, at approximately 2:00 PM with EMP1 revealed the facility did not have a policy related to nursing unit staffing.</p> <p>Following review of 148 shift increments which included assignment sheets and staffing grids for the nursing units, it was noted that 81 of the 148 shifts did not meet their adopted staffing grid for RNs and/or nurse's aides or unit secretaries.</p> <p>Interviews were conducted with EMP1, EMP3, EMP4, EMP6, EMP40 confirmed assignment sheets and staffing grids for 81 of the 148 shifts did not meet their adopted staffing grid for RNs and/or nurse's aides or unit secretaries.</p> <p>Review of the overtime by position for June, July, August 2018 revealed RN 15434.88 hours; Agency RN 3025.75 hours; RN Weekender/Alternate RN Rate 286.3 hours; Nursing Assistant 4781.97 hours; Unit Secretary 2171.9 hours.</p>	P 0909		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 33 Interview on September 10, 2018, with EMP9 revealed they feel the patients are sicker now when admitted to the hospital than they were years ago therefore, the acuity of these patients is higher ...Facility doesn't follow staffing grids. They stated there aren't enough aides or secretaries to go around. The aide may start the shift on telemetry, but get pulled to the ED to help out. Interview on September 10, 2018, at approximately 5:30 PM, with EMP43 revealed EMP43 stated the staff does not have enough help. EMP43 stated an Medical Surgical Intensive Care Unity (MSICU) RN is pulled from their patient assignment for any trauma level one's called in the emergency department. EMP43 explained a nurse could be gone for up to two hours for a trauma and it is possible for multiple traumas to occur at once, which leaves the remaining MSICU nurses to cover 3-4 total patients. EMP43 explained the nurses never get breaks, there is a delay in care/treatments/medications for patients due to the	P 0909		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 34 staffing. EMP43 explained there is not enough staff to turn patients or care for patients properly. EMP43 stated the staffing was unsafe for patients and staff. EMP43 explained the MSICU does not have an aide on second shift and they do not always have a secretary. EMP43 explained when a patient needs to be transferred to a tertiary facility and is highly unstable nurses are often pulled away from the patient to complete the administrative paperwork to prepare for the transfer. EMP43 stated the lack of ancillary staff leaves patients at risk. EMP43 further explained nurses are also taken away from their patient assignment when aides or sitters are necessary for suicidal patients. EMP43 explained the nurses have been told by nursing supervisors to relieve the sitters for breaks and lunches. EMP43 stated the patients on our unit are very sick and this is not fair to them. Interview on September 10, 2018, at approximately 7:25 PM with EMP51 revealed EMP51 had also been asked to take three patients	P 0909		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 35 but refused. EMP51 explained they felt three CVICU patients was not a safe assignment and would not accept that assignment. EMP51 stated there are no aides or secretaries in the evenings and that makes it difficult to take care of the patients especially during an emergency. EMP51 explained often when they need emergent blood for a patient there is no staff to retrieve the blood. EMP51 explained on multiple occasions they had to call the nursing supervisor to retrieve the blood. EMP51 explained it is frustrating and they do their best to take care of the patients. Interview on September 10, 2018, with EMP17 revealed they are per diem, but work enough hours to be full time because there is so much overtime. They felt every shift is short staffed with aides. Weekends are worse. They revealed they may start their shift on telemetry, but end up working as a monitor tech in the ED in crisis. They spent the last week in the ED working crisis because there were not enough monitor techs.	P 0909		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 36 Interview on September 10, 2018, at approximately 7:35 PM with PT2 and PT2's family revealed they had been in the hospital for about one week. PT2 stated they were admitted to a medical/surgical floor before they was transferred to the Cardiovascular Intensive Care Unit (CVICU). They felt the nurses were too busy to take care of them on that floor. PT2's husband stated it took the staff along time to answer the call bell and the patient had an accident because of that. Interview on September 10, 2018, with EMP21 stated weekends are worse. Everyone calls off. They stated it's difficult to get your work done on time when there isn't enough ancillary help. This is the worst they have ever seen it. Morale is down. EMP21 stated they might discharge two patients in a shift and then admit two more and admissions are a lot of work. A request was made for data related to open RN	P 0909		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 37 positions and ancillary clinical staff on September 10 and 12, 2018. No data was provided for open ancillary clinical staff positions. Interview on September 12, 2018, at approximately 10:30 AM with EMP58 revealed the facility currently has 91 Registered Nurse positions open. EMP58 revealed the facility currently has 29 Passport nurses on staff and 12 travel or agency nurses on staff. A request was made on September 10 and 14, 2018, for the Staffing Benchmarks utilized by the facility. None were provided. Interview on September 14, 2018, with EMP1 and EMP3 revealed there were no Staffing Benchmarks to provide.	P 0909		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0909	Continued from page 38	P 0909		
P 0940		P 0940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0940	Continued from page 39 109.61 DRUG ADMINISTRATION PROCEDURES 109.61 Medication or treatment Medication or treatment shall be administered only upon written and signed orders of a practitioner and in accordance with the provisions of 107.61-107.65 of this title. This REGULATION is not met as evidenced by:	P 0940	The CNO/ACNO and / or their designee will provide re-education to the nursing staff on the "13-09-H Administration of Drugs Policy - Medication Administration Times," and the "Medication Administration General Rules," policies. Education will also include the need to complete a ERS report when medications are administered late. Policy includes directions to the nursing staff "General Rules For Medication Administration: ...12. Medications should be given on time; however, they may be administered one (1) hour before or one (1) hour after the scheduled medication time. Note: If deemed appropriate to hold or stagger a medication to adjust for dosing intervals, or to accommodate a clinical reason, the nurse will enter a comment to explain the reason for the adjustment...." Quality Monitoring: The CNO/ACNO and / or their designees will perform a random audit of 15 patient medical records per month	Completion Date: 10/29/2018 Status: APPROVED Date: 10/15/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0940	Continued from page 40	P 0940	for compliance with medication administration times and / or documentation of reasons why medication was administered late. The audits will be aggregated and analyzed for trends to identify opportunities for improvement. The audit will continue for 3 months and/or until 100 % compliance is achieved for 3 consecutive months. The ERS system will also be used to analyze data related to medication administration times being late in order to assist with identifying opportunities for improvement and efficiencies. Results will be reported to the Clinical Operations Committee monthly and to the Quality Department quarterly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0940	<p>Continued from page 41</p> <p>Based on review of facility documents, medical records (MR), and staff interviews (EMP), it was determined the facility failed to administer medications on time for two of three medical records reviewed (MR12 and MR13).</p> <p>Review on September 14, 2018, of the facility's "13-09-H Administration of Drugs Policy - Medication Administration Times," last reviewed July 27, 2018, revealed "... 2. Procedure 2.1 When transcribing or entering new or recopied medication orders, the exact corresponding schedule time is to be entered in the scheduled time as follows: Daily 0800 BID 0900 2100 ...Every 8H 0800 1600 2400 Every 12H 0900 2100 ..."</p> <p>Review on September 14, 2018, of the facility policy, "Medication Administration General Rules," last reviewed July 2018, revealed "... Purpose: The purpose of this policy is to establish general guidelines for the administration of medications. ... General Rules For Medication Administration: ... 12. Medications should be given on time; however,</p>	P 0940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0940	Continued from page 42 they may be administered one (1) hour before or one (1) hour after the scheduled medication time. Note: If deemed appropriate to hold or stagger a medication to adjust for dosing intervals, or to accommodate a clinical reason, the nurse will enter a comment to explain the reason for the adjustment. ..." Review on September 14, 2018, of MR12 revealed MR12 was admitted to the facility on April 6, 2018, for treatment of left lower quadrant pain, an abdominal abscess, and a fall at home. There was documentation of an order for Zosyn (an antibiotic) 3.375 gm (grams) IV (intravenous) Piggyback every 8 hours (0800 1600 2400). There was nursing documentation the medication was administered late at 1712 instead of 1600 on April 10, 2018. There was no documentation of an explanation. Interview on September 14, 2018, at approximately 10:30 AM with EMP1 confirmed there was documentation in MR12 the medication Zosyn was	P 0940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 0940	Continued from page 43 administered late on April 10, 2018. EMP1 confirmed there was no documentation to explain the late administration. Review on September 14, 2018, of MR13 revealed MR13 was admitted to the facility on April 6, 2018, for treatment of chronic kidney disease and ambulatory dysfunction. There was documentation of an order for Allopurinol (a medication to treat elevated uric acid levels) 100 mg (milligrams) 1 tablet by mouth daily (0800). There was nursing documentation the 0800 dose of medication was administered at 1040 on April 11, 2018. There was no documentation of an explanation. Interview on September 14, 2018, at approximately 10:40 AM with EMP1 confirmed there was documentation in MR13 the medication Allopurinol was administered late on April 11, 2018. EMP1 confirmed there was no documentation to explain the late administration.	P 0940		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501			STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE	
P 1724		P 1724			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 45 117.21 STAFFING AND ORGANIZATION 117.21 Staffing and organization Where there is an emergency service, regardless of its scope, it shall be well organized, properly directed, and integrated with other departments of the hospital. Staffing shall be related to the scope and nature of the needs anticipated and the services offered. This REGULATION is not met as evidenced by:	P 1724	The CNO/ACNO reviewed and revised the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" policy. "The Patient Monitor Resource Allocation Algorithm" contained within the policy was revised to clearly delineate the process for obtaining a patient monitor for level 1 and level 2 patients; which require 1:1 supervision. The CNO/ACO and / or their designees will provide education to nursing staff on the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" policy. Emphasis will be placed on the revised "The Patient Monitor Resource Allocation Algorithm" contained within the policy. The CNO/ACNO and / or their designees will also provide education to the nursing staff on the "Prevention/ Alternatives and Use of Restraint Policy" and the "Suicide Precautions Policy". Sign in sheets will be kept on file in the Nursing Administrative office. Education on the policies will	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 46	P 1724	<p>continue to be part of the nursing orientation.</p> <p>The ACNO developed and implemented a "Sitter Log" to track every patient requiring 1:1 observation based on a suicide lethality scale of 1 or 2. The "Sitter Log" is completed every shift by the supervisors and is scanned and emailed to the CNO/ACNO daily.</p> <p>The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following: use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 47	P 1724	<p>needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will continue to work with the Human Resources Department in recruitment/ retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 48	P 1724	<p>nursing career</p> <p>5. Reduce turnover by working with management to select candidates that are a better match for positions</p> <p>6. Reaching out to local colleges for Nursing Leadership to be guest speakers</p> <p>Quality Monitoring: The CNO/ACNO and / or their designee will audit the medical records of 15 patients requiring 1:1 monitoring, a month for appropriate completion of the "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" form. The audit will continue for 3 months and/or until 100% compliance is achieved for 3 consecutive months.</p> <p>The CNO/ACNO will also audit the "Sitter Log" on a daily basis to assure all patients requiring a 1:1 patient monitor has / had the appropriate staff monitoring them.</p> <p>The Chief Operating Officer and the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 49	P 1724	<p>Chief of Security will provide education to the security staff on their role in patient monitoring. To include the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" this includes the revised "The Patient Monitor Resource Allocation Algorithm". Staff sign in sheets will be obtained and will be kept on file with the Chief of Security. The education will continue to be a part of the nursing orientation program.</p> <p>Quality Monitoring: The COO / Chief of Security will audit security's participation in patient monitoring as per "The Patient Monitoring Allocation Algorithm." The results of the audit will be reported to the Quality Department monthly for 3 months and / or until 100% compliance is achieved for 3 months</p> <p>The ACNO reviewed the "Trauma Alert Activation" policy and revised the Emergency Department Daily Staffing worksheet to clearly identify the "Designated emergency</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 50	P 1724	<p>Department trauma nurse". The ACNO and / or his designee will provide education to the Emergency Room Staff on the revised daily staffing worksheet. Sign in sheets will be kept on file in the Nursing Services Office. The ACNO also reviewed the "Staffing the Emergency Department" policy.</p> <p>Quality Monitoring: The ACNO and / or his designee will perform a random audit of 15 Emergency Department Daily staffing worksheet per month for completeness and appropriateness of staffing levels. Audit will continue for 3 months and / or until there are 3 consecutive months of 100 % compliance.</p> <p>The CNO and ACNO will review and revise all documents utilized for staffing related activities in the organization inclusive of policies, Staffing Guidelines policy, staffing grids and assignment sheets. The CNO/ACNO will provide education</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 51	P 1724	<p>to the clinical services leadership team on all documents utilized for staffing the organization. Sign in logs will be kept within the nursing administrative offices.</p> <p>Quality Monitoring:</p> <p>The CNO/ACNO will also perform a random audit of 15 assignment sheets per month focusing on areas of opportunity related to staffing levels. The CNO / ACNO will report the results to the Senior Leadership Team monthly for a period of 3 months and / or until the assignment sheets coincide with the staffing grids.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	<p>Continued from page 52</p> <p>Based on review of facility documents, medical records (MR) and staff interview (EMP), it was determined the facility failed to ensure patients presenting to the Emergency Department (ED) with suicidal thoughts were provided adequate monitoring to prevent self-harm for two of two medical records reviewed (MR1 and MR2); the facility failed to provide physician ordered 1:1 observation monitoring for patients presenting with suicidal thoughts for four of four medical records reviewed (MR3, MR4, MR5 and MR6); and failed to follow the established staffing policy to ensure consistent categories of nursing personnel based on the facility's staffing grid and schedules in the Emergency Department.</p> <p>Findings include:</p> <p>Review on September 12, 2018, of the facility's "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" policy, last revised August 2017, revealed "Policy: All patients who are admitted for care and services will be assessed for</p>	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 53 suicide ideation and /or suicide risk factors during initial intake/admission assessment process. In addition, patients who present for evaluation and treatment with a primary diagnosis or complaint of an emotional or behavioral disorder or substance abuse; or display the symptoms of an emotional or behavioral disorder, will be assessed for suicide risk. Based on the level of suicide risk, interventions will be implemented as a means to keep patients from inflicting harm to self or others. Purpose: To identify patients at risk for suicide and provide safety interventions. ... Definitions: ... Suicidal Ideation: Thoughts of harming or killing oneself. Intensity determined by assessing the frequency, duration and intensity of these thoughts; in addition to the presence of a plan. Suicide Attempt: A non-fatal, self-inflicted destructive act with explicit or inferred intent to die. ... Level of Supervision A. Continuous visual surveillance (Level 1) - one patient to one observer (1:1). Observer must maintain 1:1 direct observation and be able to respond to the patient immediately. De-escalation techniques will be used as appropriate. B. Continuous visual surveillance	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 54 (Level 2). Patient is under direct observation at all times and observer must be able to respond to the patient rapidly. Ratio may be more than 1:1 as long as observer is able to attend to the immediate needs of one patient without sacrificing surveillance and attendance to the immediate needs of another patient(s). Observer must have direct line of sight of patient. If de-escalation techniques are ineffective, patient will be escalated to Activity Level 1. C. Close observation (Level 3): Patient may not be left alone without support person (may be reliable family/friend). Observation is required by hospital staff at intervals at a maximum of 15-minute intervals. Supportive family/friend must receive education from staff on expected responsibilities and be willing to sign a contract to stay with the patient at all times or know and agree to communicate with/seek staff assistance if chooses to leave for any concerns. In absence of reliable support person, patient will be escalated to Activity Level 2. D. Intermittent observation (Level 4): Observation at a maximum of 30-minute intervals by clinical staff. E. General observation (Level 5): Routine check by	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 55 clinical staff at a maximum of one-hour intervals. ..." Review on September 12, 2018, of the facility's "Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting" form, last reviewed April 12, 2018, revealed "Level 1 Definition Requires immediate life-saving intervention. Immediate danger to self or others. Observed Violent Behavior Possession of weapon Self-Destructive act that resulted in physical harm Reported Verbal commands to do harm to self or others (command hallucinations) violent/self-destructive behavior Behavior that has resulted in harm to self or others, including actual suicide attempt Interventions Continuous visual surveillance 1:1 ratio: direct observation by staff at all times. must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation. Level 2 High-risk situation Risk of danger to self or others and/or Severe behavioral disturbance Observed Extreme agitation	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 56 Physically/verbally/aggressive Uncooperative hallucinations/delusions/paranoia distorted perception of reality May or has require(d) restraint/seclusion Words or behavior reflect high risk of elopement (pacing, hovering near doorway) signs of severe depression (Activities of Daily Living impacted) Reported threat to harm self or others Suicidal ideation (thoughts of suicide) with or without a plan acute drug or alcohol intoxication with history of suicide attempt or ideation Psychotic symptoms: Hallucinations, delusions, paranoid ideas, thought disorder, unusual or agitated behavior Overwhelming symptoms of depression Interventions Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. ..." Review on September 12, 2018, of the facility's "Suicide Precautions" policy, last revised November	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 57 2017, revealed "Purpose: To outline a mechanism for observation and protection of patients who are assessed to be at for suicide, or have expressed suicidal ideations. Policy: 1. A physician's order must be obtained for suicide precautions and psychiatric consult obtained. 2. Suicide precautions must be re-ordered daily. 3. A patient monitor is assigned until the patient is either transferred to an appropriate facility or is determined to be no longer at risk and discontinued. 4. The nurse will inform the patient that he/she is being placed on suicide precautions and explain the rational. 5. The patient on suicide precautions should be assigned the bed near the door in a semi-private room. 6. An environmental safety check of the patient's room will be performed. 7. Patient belongings will be checked closely and all potentially harmful items will be removed, labeled and secured in the designated area on each department. ... 13. The patient monitor is to be seated at the foot of the patient's bed (beyond arms length but in direct proximity of the patient). 10. (sic) The patient monitor will report any potentially unsafe behaviors to the assigned nurse.	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 58 ..." Review on September 12, 2018, of the facility's "Prevention/Alternatives and Use of Restraints/Protective Devices" policy, last revised December 2016, revealed "Philosophy: The patient has the right to be free from restraints of any form that are not absolutely medically or behaviorally necessary. Our approach to restrain will protect the patient's health and safety and maintain the patient's dignity. ... Policy: ... 5. The use of restraint must be implemented in accordance with safe and appropriate restraint techniques as determined by hospital policy in accordance with State law. ..." Review on September 10, 2018, of the facility's "Trauma Alert Activation" policy, last reviewed January 2018, revealed "Purpose: The purpose of this policy is to activate a prescribed group of trained personnel to respond within the hospital and standardize the activation of the trauma team when a trauma patient, who meets the criteria described in this policy, arrives at Wilkes-Bare General Hospital.	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 59 Scope: This policy applies to any member of the trauma team but is most likely to be initiated by the Emergency Department (ED) attending physician or nurse. Definitions: Trauma Alert (Level I, II, and III): For all patients greater than fourteen (14) years of age. ... Pediatric Trauma Alert: For all patients fourteen (14) years of age or less Trauma Alert - OB: For all patients greater than or equal to 20 weeks gestation Resuscitation: This intense period of patient assessment and medical care to save life or limb Trauma Team: A group of health care professionals organized to provide care and monitor the trauma patient in coordinated and timely fashion Trauma Resuscitation Area: A space used for trauma resuscitation. It must be of adequate size to accommodate for full trauma resuscitation, and equipment. Trauma Resuscitation Team: Major trauma resuscitations require a multidisciplinary team of health care providers who work in synergy to rapidly assess and treat the patient. The trauma attending or appropriate designee must lead the team. ... Procedure: The Trauma Alert response will be determined prior, if at all possible, to the	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 60 patient's arrival by the Emergency Department physician and /or ED RN or Trauma surgeon. All level I and II trauma alerts will be taken to the trauma resuscitation rooms upon pre-hospital arrival. The Emergency Department physician and /or ED RN or the Trauma Surgeon will initiate a Trauma Alert prior to the arrival of the patient if prior information is available. If no prior notification is obtained, then the Trauma Alert will be called on the patient's arrival in the Emergency Department. The ED physician will give medical commend to ALS/BLS units. The designated Trauma Nurse will notify the switchboard of the classification of Trauma Alert and the estimated time of arrival. ... The ED nurse at the direction of the ED physician activates Trauma Alert Level II. The switchboard will notify the response team to be present upon patient arrival. Trauma Team that will respond will include the following: ... 3. Designated emergency Department trauma nurse ... The ED nurse at the direction of the ED physician activates Trauma Alert Level III. The Trauma surgeon will be paged by the ED physician or Nurse. 1. Emergency Department	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 61 physician 2. Trauma Surgeon 3. Designated emergency Department trauma nurse. ..." Review on September 11, 2018, of the facility's "Staffing the Emergency Department" policy, effective June 2015, revealed "Purpose: The purpose of this policy is to explain the methodology for properly staffing the Emergency Department. Policy: Patients presenting to the emergency department are seen as quickly as possible. Staffing must be appropriate for this to occur. ... Procedure: ... 2. Scheduling a. In accordance with the CBA [Collective Bargaining Agreement] and Hospital Policy, emergency Department Leadership issues a six-week schedule in the electronic scheduling program with the maximum number of staff members in each title that would be required at a given hour of the day. ..." Review of MR1 on September 11, 2018, revealed this patient was admitted to the ED on August 11, 2018, for evaluation and treatment of suicidal ideations and major depression with a history of	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	<p>Continued from page 62</p> <p>cutting self. The ED physician ordered 1:1 sitter at the bedside for constant observation at all times on August 11, 2018, on admission to the ED.</p> <p>Review on September 11, 2018, of MR1's Suicide Risk/Behavioral Disorder Assessment dated August 11, 2018, at 2:15 PM revealed the facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio: Direct observation by staff at all times. Must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation.</p> <p>Review of MR1 on September 11, 2018, revealed nursing documentation dated August 11, 2018, at 3:00 PM that MR1 was wanded (hand held metal detector) by security. There was no documentation security identified any concealed metal items or safety hazards.</p> <p>Review of MR1 on September 11, 2018, revealed</p>	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 63 nursing documentation dated August 11, 2018, at 3:20 PM there was no sitter at the bedside because no sitter was available. Review of MR1 on September 11, 2018, at 4:45 PM revealed nursing documentation this patient had multiple open lacerations on the arms and front of the neck. MR1's incision/wound charting revealed there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds. Interview with EMP1, EMP3 and EMP7 September 11, 2018, at approximately 9:15 AM confirmed MR1 was admitted to the ED for evaluation and treatment of suicidal ideations and major depression; the ED physician ordered 1:1 sitter at the bedside for constant observation at all times; MR1 was wanded by security; that no concealed metal items or safety hazards were found and MR1's nursing documentation revealed there was no sitter at the bedside because no sitter	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 64 available. EMP1, EMP3 and EMP7 confirmed MR1's nursing documentation this patient had multiple open lacerations on the arms and front of the neck and this patient's incision/wound charting revealed there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds. Review of MR2 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, at 1:18 AM for evaluation and treatment of a suicidal attempt. Review on September 13, 2018, of MR2's admission Suicide Risk/Behavioral Disorder Assessment dated July 29, 2018, revealed the facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio: Direct observation by staff at all times. must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy.	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 65 Obtain Mental Health Professional evaluation. The ED physician ordered Continuous visual surveillance 1:1 direct observation on this patient. Review on September 13, 2018, of MR2's Physician's Restraint/Seclusion Orders Violent - Self Destructive order sheet dated July 29, 2018, at 1:10 AM revealed a physician order instructing nursing staff to apply four-point leather restraints. ED nursing staff applied leather restraints to MR2's both wrists and both ankles. Review of MR2 on September 13, 2018, revealed nursing documentation dated July 29, 2018, at 1:30 AM this patient was being obstructive to self and others by kicking and screaming to staff, thrushing (sic) around in bed, and trying to bite staff. At 1:35 AM on July 29, 2108, nursing documented this patient was able to strangle self with the gown strings. Oxygen was applied to the patient; the patient was hypoxic (inadequate oxygenation of the blood related to suffocation) and the doctor was made aware.	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 66 Review of MR2 on September 13, 2018, revealed physician documentation that MR2 was cyanotic (blue discoloration of the skin due to having low oxygen in the blood) and initially not responsive. MR2 was bagged for a few seconds and became awake. Review of MR2 on September 13, 2018, revealed no documentation this patient was provided a sitter for 1:1 direct observation. Review of MR2 on September 13, 2018, revealed nursing documentation dated July 29, 2018, at 9:52 AM, 11:03 AM and 3:00 PM that this patient was ordered Level 1 (Continuous visual surveillance). Nursing documentation revealed there was no sitter at the bedside due to the lack of staffing. Interview with EMP1, EMP3 and EMP7 September 13, 2018, at approximately 9:20 AM confirmed MR2 was admitted to the ED for evaluation and treatment of a suicidal attempt: the	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 67 facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio and that MR2 was placed in four-point leather restraints. EMP1, EMP3 and EMP7 confirmed nursing documented this patient was able to strangle self with the gown strings and MR2 became hypoxic requiring oxygen administration. EMP1 and EMP3 confirmed there was no documentation this patient was provided a sitter for 1:1 direct observation and that nursing documented there was no sitter at the bedside due to the lack of staffing. Review of MR3 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self. Review on September 13, 2018, of MR3's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 29, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 68 with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. There was no documentation in MR3 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight. Review of MR4 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self. Review on September 13, 2018, of MR4's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 29, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	<p>Continued from page 69</p> <p>patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation.</p> <p>There was no documentation in MR4 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight.</p> <p>Review of MR5 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self.</p> <p>Review on September 13, 2018, of MR5's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 29, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for</p>	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 70 restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. There was no documentation in MR5 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight. Review of MR6 on September 13, 2018, revealed this patient was admitted to the ED on July 28, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self. Review on September 13, 2018, of MR4's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 28, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 71 techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. There was no documentation in MR6 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight. Interview with EMP3 on September 13, 2018, at approximately 2:45 PM confirmed MR3, MR4, MR5 and MR6 were admitted to the ED for evaluation and treatment of suicidal thoughts with a plan to injure self and the ED physician ordered these patients on Level 2 Continuous visual surveillance 1:1 ratio for observation at all times by designated staff with direct line of sight. EMP3 confirmed there was no documentation in MR3, MR4, MR5 and MR6 indicating these patients were on a Level 2 Continuous visual surveillance 1:1 ratio with observation at all times by designated staff with direct line of sight. Interview with EMP29, EMP30 and EMP31 on	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 72 September 10, 2018, revealed there is not always a Flow/Trauma Nurse always assigned to cover this position. These employees revealed when a trauma patient presents to the ED, and there is no Flow/Trauma Nurse coverage, a RN is pulled from their patient assignment to cover the trauma. Review on September 11, 2018, of the ED staffing sheets for August 1, 4, 8, 12, 13, 14, 17, 19, 20, 21, 22, 25, 26, 27 and 28, 2018, revealed no designated Flow/Trauma Nurse coverage. Review on September 11, 2018, of the ED trauma list for August 2018, revealed the following trauma patients presented to the ED: August 8, 2018: 2 - Level II trauma patients August 13, 2018: 1 - Level 2 trauma patients August 20, 2018: 1 - Level I trauma patient August 21, 2018: 1 - Level I trauma patients August 25, 2018: 1 - Level I trauma patient; 3 - Level II trauma patients and 1 - Level III trauma patient August 26, 2018: 1 - Level I trauma patient and 1 -	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 73 Level III trauma patient August 29, 2018: 1 - Level I trauma patient Interview with EMP3 and EMP7 on September 11, 2018, at approximately 10:45 AM confirmed there was no designated Flow/Trauma Nurse coverage on August 1, 4, 8, 12, 13, 14, 17, 19, 20, 21, 22, 25, 26, 27 and 28, 2018. EMP7 confirmed when trauma patients present to the ED and there is no designated Flow/Trauma Nurse coverage, a RN is pulled from their assignment to cover the trauma. Review on September 11, 2018, of the ED staffing sheets for September 4, 5, 6, 7 and 9, 2018, revealed no designated Flow/Trauma Nurse coverage. Review on September 11, 2018, of the ED trauma list for September 2018, revealed the following trauma patients presented to the ED: September 4, 2018: 3 - Level I trauma patients and 1 - Level II trauma patient September 5, 2018: 1 - Level 2 trauma patients	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 74 September 6, 2018: 1 - Level I trauma patients; 2 - Level II trauma patients and 1 - Level III trauma patient September 7, 2018: 2 - Level II trauma patients Interview with EMP3 and EMP7 on September 11, 2018, at approximately 12:00 PM confirmed there was no designated Flow/Trauma Nurse coverage on September 4, 5, 6, 7 and 9, 2018. EMP7 confirmed when trauma patients present to the ED and there is no designated Flow/Trauma Nurse coverage, a RN is pulled from their assignment to cover the trauma. Review on September 10, 2018, of the facility provided the "Emergency Department Staffing Grid " dated June 16, 2018, revealed the required staffing at 7 AM is 10 Registered Nurses (RN's), 1 RN for Crisis, 2 Techs; 1 Nurse Assistant (NA) and 1 Unit Secretary (US); at 9 AM the required staffing is 12 RN's, 1 RN for Crisis, 2 Techs; 2 NA's and 1 US; at 11 AM the required staffing is 16 RN's, 1 RN for Crisis, 2 Techs; 4 NA's and 2 US's; at 3 PM the required staffing is 16 RN's, 1 RN for	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 75 Crisis, 2 Techs; 4 NA's and 2 US's; at 7 PM the required staffing is 16 RN's, 1 RN for Crisis, 2 Techs; 4 NA's and 2 US's; at 11 PM the required staffing is 14 RN's, 1 RN for Crisis, 2 Techs; 2 NA's and 1 US; and at 3 AM the required staffing is 8 RN's, 1 RN for Crisis, 2 Techs; 1 NA and 1 US." Interview with EMP3 on September 10, 2018, at approximately 8:00 PM revealed the time from 11:00 AM to 7:00 PM are the busiest times with more patient visits in the ED. EMP3 revealed staffing numbers are increased during this time due to the increase in patient visits. Interview with EMP29, EMP30, EMP31, EMP32, EMP33, EMP34, EMP35, EMP36, EMP37 and EMP38 on September 10, 2018, revealed there is inadequate staffing of Registered Nurses (RN), Techs, Nursing Assistants (NA's) and Unit Secretary's (US) in the ED. On September 10, 2018, a random sample of the ED staffing sheets for August 2018 and September	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	<p>Continued from page 76</p> <p>2018 were selected for review.</p> <p>Review on September 11, 2018, of the staffing sheets for August 1, 3, 4, 5, 6, 10, 11, 12, 20, 21, 25, 27, and 31, 2018, revealed the facility did not meet the required staffing per the staffing grid for the ED.</p> <p>Interview with EMP3 on September 11, 2018, at approximately 10:15 AM confirmed the facility did not meet the required staffing for RN's, Techs, NA's and Unit Secretary's per the established staffing grid in the ED for August 1, 3, 4, 5, 6, 10, 11, 12, 20, 21, 25, 27, and 31, 2018.</p> <p>Review on September 11, 2018, of the staffing sheets for September 2, 4, 5, 6, and 9, 2018, revealed the facility did not meet the required staffing per the staffing grid for the ED.</p> <p>Interview with EMP3 on September 11, 2018, at approximately 12:00 PM confirmed the facility did not meet the required staffing for RN's, Techs, NA's</p>	P 1724		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1724	Continued from page 77 and Unit Secretary's per the established staffing grid in the ED for September 2, 4, 5, 6, and 9, 2018.	P 1724		
P 1741		P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 78 117.31 EMERGENCY SERVICE FACILITIES 117.31 Principle Facilities for the emergency service shall be such as to ensure effective patient care. This REGULATION is not met as evidenced by:	P 1741	The CNO/ACNO reviewed and revised the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" policy. "The Patient Monitor Resource Allocation Algorithm" contained within the policy was revised to clearly delineate the process for obtaining a patient monitor for level 1 and level 2 patients; which require 1:1 supervision. The CNO/ACO will provide education to nursing staff on the "Suicide Risk Assessment and Interventions in a Non-Behavior Health Setting" policy along with the "Suicide Precautions" policy. Emphasis will be placed on the revised "The Patient Monitor Resource Allocation Algorithm" contained within the policy. Sign in sheets will be kept on file in the Nursing Administrative office. The education on the policies will continue to be a part of the nursing orientation program. The ACNO developed and implemented a "Sitter Log" to track	Completion Date: 10/29/2018 Status: APPROVED Date: 10/18/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 79	P 1741	<p>every patient requiring 1:1 observation based on a suicide lethality scale of 1 or 2. The "Sitter Log" is completed every shift by the supervisors and is scanned and emailed to the CNO/ACNO daily.</p> <p>The plan of action to be taken if the facility is unable to provide nursing staff to the level of the facility guidelines include the following: use of overtime in accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based upon the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The nursing staff will be re-educated on contacting the nursing supervisor if they feel their staffing for the unit is inadequate to meet the needs of their patients. The Nursing Supervisors will assess the staffing levels based on the patients on the respective unit and will adjust as per the above; use of overtime in</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 80	P 1741	<p>accordance with the labor contract, management staff assuming patient assignments, use of contract labor, transfer of patients to other units within the facility based on the needs of the patients, limitation of admissions to that particular nursing unit.</p> <p>The Chief Nursing Officer and the Assistant Chief Nursing Officer will continue to work with the Human Resources Department in recruitment/ retention efforts with filling of nursing department and ancillary department positions by:</p> <ol style="list-style-type: none"> 1. Participating in local college career fairs 2. Increasing social media recruitment advertisement 3. Developing an intern/externship program 4. Developing an apprenticeship to promote current employees to the nursing career 5. Reduce turnover by working with management to select candidates that are a better match for positions 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 81	P 1741	<p>6. Reaching out to local colleges for Nursing Leadership to be guest speakers</p> <p>Quality Monitoring: The CNO/ACNO and / or their designee will audit the medical records of 15 patients requiring 1:1 monitoring, a month for appropriate completion of the "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" form. The audit will continue for 3 months and/or until 100% compliance is achieved for 3 consecutive months.</p> <p>The CNO/ACNO will also audit the "Sitter Log" on a daily basis to assure all patients requiring a 1:1 patient monitor has / had the appropriate staff monitoring them.</p> <p>The Chief Operating Officer and the Chief of Security will provide education to the security staff on their role in patient monitoring. To include the "Suicide Risk Assessment and Interventions in a</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 82	P 1741	<p>Non-Behavior Health Setting" this includes the revised "The Patient Monitor Resource Allocation Algorithm". Staff sign in sheets will be obtained and will be kept on file with the Chief of Security.</p> <p>Quality Monitoring: The COO / Chief of Security will audit security's participation in patient monitoring as per "The Patient Monitoring Allocation Algorithm." The results of the audit will be reported to the Quality Department monthly for 3 months and / or until 100% compliance is achieved for 3 months.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 83 Based on review of facility documents, medical records (MR) and staff interview (EMP), it was determined the facility failed to ensure patients presenting to the Emergency Department (ED) with suicidal thoughts were provided adequate monitoring to prevent self-harm for two of two medical records reviewed (MR1 and MR2) and the facility failed to provide physician ordered 1:1 observation monitoring for patients presenting with suicidal thoughts for four of four medical records reviewed (MR3, MR4, MR5 and MR6). Findings include: 1. Review on September 12, 2018, of the facility's "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" policy, last revised August 2017, revealed "Policy: All patients who are admitted for care and services will be assessed for suicide ideation and /or suicide risk factors during initial intake/admission assessment process. In addition, patients who present for evaluation and treatment with a primary diagnosis or complaint of	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 84 an emotional or behavioral disorder or substance abuse; or display the symptoms of an emotional or behavioral disorder, will be assessed for suicide risk. Based on the level of suicide risk, interventions will be implemented as a means to keep patients from inflicting harm to self or others. Purpose: To identify patients at risk for suicide and provide safety interventions. ... Definitions: ... Suicidal Ideation: Thoughts of harming or killing oneself. Intensity determined by assessing the frequency, duration and intensity of these thoughts; in addition to the presence of a plan. Suicide Attempt: A non-fatal, self-inflicted destructive act with explicit or inferred intent to die. ... Level of Supervision A. Continuous visual surveillance (Level 1) - one patient to one observer (1:1). Observer must maintain 1:1 direct observation and be able to respond to the patient immediately. De-escalation techniques will be used as appropriate. B. Continuous visual surveillance (Level 2). Patient is under direct observation at all times and observer must be able to respond to the patient rapidly. Ratio may be more than 1:1 as long as observer is able to attend to the immediate needs	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 85 of one patient without sacrificing surveillance and attendance to the immediate needs of another patient(s). Observer must have direct line of sight of patient. If de-escalation techniques are ineffective, patient will be escalated to Activity Level 1. C. Close observation (Level 3): Patient may not be left alone without support person (may be reliable family/friend). Observation is required by hospital staff at intervals at a maximum of 15 minute intervals. Supportive family/friend must receive education from staff on expected responsibilities and be willing to sign a contract to stay with the patient at all times, or know and agree to communicate with/seek staff assistance if chooses to leave for any concerns. In absence of reliable support person, patient will be escalated to Activity Level 2. D. Intermittent observation (Level 4): Observation at a maximum of 30-minute intervals by clinical staff. E. General observation (Level 5): Routine check by clinical staff at a maximum of one-hour intervals. ..." Review on September 12, 2018, of the facility's "Suicide Risk/Behavioral Disorder Assessment for	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 86 the Non-Behavioral Health Setting" form, last reviewed April 12, 2018, revealed "Level 1 Definition Requires immediate life-saving intervention. Immediate danger to self or others. Observed Violent Behavior Possession of weapon Self-Destructive act that resulted in physical harm Reported Verbal commands to do harm to self or others (command hallucinations) violent/self-destructive behavior Behavior that has resulted in harm to self or others, including actual suicide attempt Interventions Continuous visual surveillance 1:1 ratio: direct observation by staff at all times. must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation. Level 2 High-risk situation Risk of danger to self or others and/or Severe behavioral disturbance Observed Extreme agitation Physically/verbally/aggressive Uncooperative hallucinations/delusions/paranoia distorted perception of reality May or has require(d) restraint/seclusion Words or behavior reflect high	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 87 risk of elopement (pacing, hovering near doorway) signs of severe depression (Activities of Daily Living impacted) Reported threat to harm self or others Suicidal ideation (thoughts of suicide) with or without a plan acute drug or alcohol intoxication with history of suicide attempt or ideation Psychotic symptoms: Hallucinations, delusions, paranoid ideas, thought disorder, unusual or agitated behavior Overwhelming symptoms of depression Interventions Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. ..." Review on September 12, 2018, of the facility's "Suicide Precautions" policy, last revised November 2017, revealed "Purpose: To outline a mechanism for observation and protection of patients who are assessed to be at for suicide, or have expressed suicidal ideations. Policy: 1. A physician's order	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 88 must be obtained for suicide precautions and psychiatric consult obtained. 2. Suicide precautions must be re-ordered daily. 3. A patient monitor is assigned until the patient is either transferred to an appropriate facility or is determined to be no longer at risk and discontinued. 4. The nurse will inform the patient that he/she is being placed on suicide precautions and explain the rational. 5. The patient on suicide precautions should be assigned the bed near the door in a semi-private room. 6. An environmental safety check of the patient's room will be performed. 7. Patient belongings will be checked closely and all potentially harmful items will be removed, labeled and secured in the designated area on each department. ... 13. The patient monitor is to be seated at the foot of the patient's bed (beyond arms length but in direct proximity of the patient). 10. (sic) The patient monitor will report any potentially unsafe behaviors to the assigned nurse. ..." Review on September 12, 2018, of the facility's "Prevention/Alternatives and Use of	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 89 Restraints/Protective Devices" policy, last revised December 2016, revealed "Philosophy: The patient has the right to be free from restraints of any form that are not absolutely medically or behaviorally necessary. Our approach to restrain will protect the patient's health and safety and maintain the patient's dignity. ... Policy: ... 5. The use of restraint must be implemented in accordance with safe and appropriate restraint techniques as determined by hospital policy in accordance with State law. ..." 1) Review of MR1 on September 11, 2018, revealed this patient was admitted to the ED on August 11, 2018, for evaluation and treatment of suicidal ideations and major depression with a history of cutting self. The ED physician ordered 1:1 sitter at the bedside for constant observation at all times on August 11, 2018, on admission to the ED. Review on September 11, 2018, of MR1's Suicide Risk/Behavioral Disorder Assessment dated August 11, 2018, at 2:15 PM revealed the facility assessed this patient as a Level 1 suicide risk requiring	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	<p>Continued from page 90</p> <p>continuous visual surveillance 1:1 ratio: Direct observation by staff at all times. Must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation.</p> <p>Review of MR1 on September 11, 2018, revealed nursing documentation dated August 11, 2018, at 3:00 PM that MR1 was wanded (hand held metal detector) by security. There was no documentation security identified any concealed metal items or safety hazards.</p> <p>Review of MR1 on September 11, 2018, revealed nursing documentation dated August 11, 2018, at 3:20 PM there was no sitter at the bedside because no sitter available.</p> <p>Review of MR1 on September 11, 2018, at 4:45 PM revealed nursing documentation this patient had multiple open lacerations on the arms and front of the neck. MR1's incision/wound charting revealed</p>	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 91 there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds. Interview with EMP1, EMP3 and EMP7 September 11, 2018, at approximately 9:15 AM confirmed MR1 was admitted to the ED for evaluation and treatment of suicidal ideations and major depression; the ED physician ordered 1:1 sitter at the bedside for constant observation at all times; MR1 was wanded by security; that no concealed metal items or safety hazards were found and MR1's nursing documentation revealed there was no sitter at the bedside because no sitter available. EMP1, EMP3 and EMP7 confirmed MR1's nursing documentation this patient had multiple open lacerations on the arms and front of the neck and this patient's incision/wound charting revealed there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds.	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 92 2) Review of MR2 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, at 1:18 AM for evaluation and treatment of a suicidal attempt. Review on September 13, 2018, of MR2's admission Suicide Risk/Behavioral Disorder Assessment dated July 29, 2018, revealed the facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio: Direct observation by staff at all times. must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation. The ED physician ordered Continuous visual surveillance 1:1 direct observation on this patient. Review on September 13, 2018, of MR2's Physician's Restraint/Seclusion Orders Violent - Self Destructive order sheet dated July 29, 2018, at 1:10 AM revealed a physician order instructing nursing	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 93 staff to apply four-point leather restraints. ED nursing staff applied leather restraints to MR2's both wrists and both ankles. Review of MR2 on September 13, 2018, revealed nursing documentation dated July 29, 2018, at 1:30 AM this patient was being obstructive to self and others by kicking and screaming to staff, thrushing (sic) around in bed, and trying to bite staff. At 1:35 AM on July 29, 2108, nursing documented this patient was able to strangle self with the gown strings. Oxygen was applied to the patient; the patient was hypoxic (inadequate oxygenation of the blood related to suffocation) and the doctor was made aware. Review of MR2 on September 13, 2018, revealed physician documentation that MR2 was cyanotic (blue discoloration of the skin due to having low oxygen in the blood) and initially not responsive. MR2 was bagged for a few seconds and became awake.	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	<p>Continued from page 94</p> <p>Review of MR2 on September 13, 2018, revealed no documentation this patient was provided a sitter for 1:1 direct observation.</p> <p>Review of MR2 on September 13, 2018, revealed nursing documentation dated July 29, 2018, at 9:52 AM, 11:03 AM and 3:00 PM that this patient was ordered Level 1 (Continuous visual surveillance). Nursing documentation revealed there was no sitter at the bedside due to the lack of staffing.</p> <p>Interview with EMP1, EMP3 and EMP7 September 13, 2018, at approximately 9:20 AM confirmed MR2 was admitted to the ED for evaluation and treatment of a suicidal attempt: the facility assessed this patient as a Level 1 suicide risk requiring continuous visual surveillance 1:1 ratio and that MR2 was placed in four-point leather restraints. EMP1, EMP3 and EMP7 confirmed nursing documented this patient was able to strangle self with the gown strings and MR2 became hypoxic requiring oxygen administration. EMP1 and EMP3 confirmed there was no documentation this patient</p>	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 95 was provided a sitter for 1:1 direct observation and that nursing documented there was no sitter at the bedside due to the lack of staffing. 2. Review on September 12, 2018, of the facility's "Suicide Risk Assessment and Interventions in a Non-Behavioral Health Setting" policy, last revised August 2017, revealed "Policy: All patients who are admitted for care and services will be assessed for suicide ideation and /or suicide risk factors during initial intake/admission assessment process. In addition, patients who present for evaluation and treatment with a primary diagnosis or complaint of an emotional or behavioral disorder or substance abuse; or display the symptoms of an emotional or behavioral disorder, will be assessed for suicide risk. Based on the level of suicide risk, interventions will be implemented as a means to keep patients form inflicting harm to self or others. Purpose: To identify patients at risk for suicide and provide safety interventions. ... Definitions: ... Suicidal Ideation: Thoughts of harming or killing oneself. Intensity determined by assessing the frequency, duration and	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 96 intensity of these thoughts; in addition to the presence of a plan. Suicide Attempt: A non-fatal, self-inflicted destructive act with explicit or inferred intent to die. ... Level of Supervision A. Continuous visual surveillance (Level 1) - one patient to one observer (1:1). Observer must maintain 1:1 direct observation and be able to respond to the patient immediately. De-escalation techniques will be used as appropriate. B. Continuous visual surveillance (Level 2). Patient is under direct observation at all times and observer must be able to respond to the patient rapidly. Ratio may be more than 1:1 as long as observer is able to attend to the immediate needs of one patient without sacrificing surveillance and attendance to the immediate needs of another patient(s). Observer must have direct line of sight of patient. If de-escalation techniques are ineffective, patient will be escalated to Activity Level 1. ..." Review on September 12, 2018, of the facility's "Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting" form, last reviewed April 12, 2018, revealed "Level 1	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 97 Definition Requires immediate life-saving intervention. Immediate danger to self or others. Observed Violent Behavior Possession of weapon Self-Destructive act that resulted in physical harm Reported Verbal commands to do harm to self or others (command hallucinations) violent/self-destructive behavior Behavior that has resulted in harm to self or others, including actual suicide attempt Interventions Continuous visual surveillance 1:1 ratio: direct observation by staff at all times. must be able to respond to patient immediately. Use de-escalation techniques. Assess for appropriateness for restraint or seclusion per policy. Obtain Mental Health Professional evaluation. Level 2 High-risk situation Risk of danger to self or others and/or Severe behavioral disturbance Observed Extreme agitation Physically/verbally/aggressive Uncooperative hallucinations/delusions/paranoia distorted perception of reality May or has require(d) restraint/seclusion Words or behavior reflect high risk of elopement (pacing, hovering near doorway) signs of severe depression (Activities of Daily Living	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 98 impacted) Reported threat to harm self or oth4rs Suicidal ideation (thoughts of suicide) with or without a plan acute drug or alcohol intoxication with history of suicide attempt or ideation Psychotic symptoms: Hallucinations, delusions, paranoid ideas, thought disorder, unusual or agitated behavior Overwhelming symptoms of depression Interventions Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. ... " 1) Review of MR3 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self. Review on September 13, 2018, of MR3's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 29,	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 99 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. There was no documentation in MR3 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight. 2) Review of MR4 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self. Review on September 13, 2018, of MR4's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 29, 2018, revealed the ED physician ordered this	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 100 patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. There was no documentation in MR4 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight. 3) Review of MR5 on September 13, 2018, revealed this patient was admitted to the ED on July 29, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self. Review on September 13, 2018, of MR5's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 29, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 101 ratio: Observation at all times by designated staff with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. There was no documentation in MR5 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight. 4) Review of MR6 on September 13, 2018, revealed this patient was admitted to the ED on July 28, 2018, for evaluation and treatment of suicidal thoughts with a plan to injure self. Review on September 13, 2018, of MR4's Suicide Risk/Behavioral Disorder Assessment for the Non-Behavioral Health Setting form dated July 28, 2018, revealed the ED physician ordered this patient on Level 2 Continuous visual surveillance 1:1 ratio: Observation at all times by designated staff	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 102 with direct line of sight. Must be able to respond to patient rapidly. Assess for appropriateness for restraint or seclusion per policy. If de-escalation techniques not effective, escalate to Acuity 1. Obtain Mental Health Professional evaluation. There was no documentation in MR6 indicating this patient was on Level 2 Continuous visual surveillance 1:1 ratio with Observation at all times by designated staff with direct line of sight. Interview with EMP3 on September 13, 2018, at approximately 2:45 PM confirmed MR3, MR4, MR5 and MR6 were admitted to the ED for evaluation and treatment of suicidal thoughts with a plan to injure self and the ED physician ordered these patients on Level 2 Continuous visual surveillance 1:1 ratio for observation at all times by designated staff with direct line of sight. EMP3 confirmed there was no documentation in MR3, MR4, MR5 and MR6 indicating these patients were on a Level 2 Continuous visual surveillance 1:1 ratio with observation at all times by designated staff with	P 1741		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1741	Continued from page 103 direct line of sight.	P 1741		
P 1758		P 1758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1758	Continued from page 104 117.41 (b)(10) EMERGENCY PATIENT CARE 117.41 Emergency patient care (b) Policies and procedures for emergency patient care should, at a minimum, do the following: (10) Instruct personnel in special procedures for handling persons who are mentally ill, under the influence of drugs or alcohol, victims of suspected criminal acts, or contaminated by radioactive material or who otherwise require special care or have other conditions requiring special instructions. This REGULATION is not met as evidenced by:	P 1758	The Chief of Security reviewed the "Crisis Room: Security Metal Detector Use" policy, and found that this policy was obsolete and was archived. The Chief of Security created a new Security Handheld metal detector policy; which reflects the correct process for wandng of patients utilizing a hand held metal detector device. The Chief of Security and/or his designee will provide education to all of the security staff. A sign in sheet will be kept on file within the Security office. The education on the policies will continue to be a part of the security officer orientation program. The Chief of Security also reviewed the Manual for the Metal Detector Wand and provided re-education to all security staff on the manufacturer's recommendations for the appropriate method of wandng a patient. A sign in sheet will be kept within the Security office. Quality Monitoring: The Chief of Security and / or his designee will	Completion Date: 10/29/2018 Status: APPROVED Date: 10/15/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1758	Continued from page 105	P 1758	perform 10 direct observations of security guards performing wandng technique on patients per month. There will be immediate re-education of any security guard who fails to perform the wandng technique correctly as per the manufacturer's recommendations. The Chief of Security will report results of the observations to the Quality Department monthly for 3 months and / or until 100 % compliance is achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1758	Continued from page 106 Based on review of facility documents, medical record (MR) and staff interview (EMP), it was determined the facility failed to follow their policy related to metal detector use for patients presenting to the Emergency Department Crisis (ED) for one of one medical record reviewed (MR1). Findings include: Review on September 12, 2018, of the facility provided Metal Detector user manual revealed "... The [name of metal detector] with both audible and silent vibrating alarms offers outstanding performance as well as operating features not found in any other hand-held detector, with state of the art circuitry that allows instant operation, which provides the optimum setting with no operator adjustment. With full 360 (degree) plus detection coverage - even at its tip - the [name of metal detector] is very effective in easily detecting even the smallest of metallic objects. ... Recommended Body Scanning Procedure The illustrations indicate scanning beginning at the head then going to one arm	P 1758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018	
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1758	Continued from page 107 and leg, then the other arms and leg and finally down the trunk on the front and back of the body. ..." Review on September 12, 2 018, of the facility's "Crisis Room: Security Metal Detector Use" policy, effective February 21, 2015, revealed "1.0 Purpose: The purpose of this policy is to provide the approved plan to be followed when patients are admitted to the Crisis Room for evaluation. 2.0 Policy: When any patient is admitted to the Crisis Room for the purpose of having an evaluation by the Crisis Caseworker, it will be the responsibility of the Security Officers assigned to the areas to: ... 2.3 All clients/visitors who enter the Crisis Room will be asked by the Mental Health worker Or the Security Office if they have pacemakers, implantable cardioverter/defibrillators or spinal cord stimulators prior to being screened through the [name of metal detector] or with the hand held metal detector. If so, those clients/visitors will not be allowed to pass through the [name of metal detector] but will undergo the hand-held scanner after Security personnel consult with Emergency Room Personnel	P 1758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1758	Continued from page 108 as to their ability to do so in a safe manner. The "hand held scanner" should not be held near the medical device no longer then is absolutely necessary. If clients/visitors do not have medical devices on or within their person, the following procedure (2.3) will be followed. 2.4 All clients and/or visitors who enter the Crisis Room will be required to pass through the [name of metal detector], if physically able, or be screened. ..." Interview with EMP60 and EMP61 on September 12, 2018, at approximately 9:45 AM revealed the facility purchased a [name of metal detector] approximately seven years ago and this metal detector was put into storage and never utilized in the Emergency Department due to not having enough staff in the security department to use and man this piece of equipment. Interview with EMP60 and EMP61 on September 12, 2018, at approximately 9:50 AM revealed this [name of metal detector] scans the persons entire body from the head to the feet.	P 1758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1758	Continued from page 109 Review of MR1 on September 12, 2018, revealed this patient was admitted to the ED on August 11, 2018, for evaluation and treatment of suicidal ideations and major depression with a history of cutting self. Review of MR1 on September 12, 2018, revealed nursing documentation dated August 11, 2018, at 3:00 PM that MR1 was wanded (hand held metal detector) by security. There was no documentation security identified any concealed metal items or safety hazards. Review of MR1 on September 12, 2018, at 4:45 PM revealed nursing documentation this patient had multiple open lacerations on the arms and front of the neck. MRI's incision/wound charting revealed there were six open lacerations on the arms and front of the neck requiring sutures and 11 lacerations on the arms and front of the neck requiring steri-strips to close the wounds.	P 1758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
STATE LICENSE NUMBER: 234501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE
P 1758	Continued from page 110 Review of MR1 on September 12, 2018, revealed nursing documentation dated August 11, 2018, at 8:30 PM a call was received from a friend of MR1's indicating MR1 had a razor blade in the mouth. Review of MR1 on September 12, 2018, revealed nursing documentation this patient was cooperative with a mouth search; handed ED staff a razor blade from the mouth and that MR1 indicated this patient keeps it there all the time. Interview with EMP1, EMP3 and EMP7 September 12, 2018, at approximately 10:15 AM confirmed MR1 was wanded by security and no concealed metal items or safety hazards were found. EMP1, EMP3 and EMP7 confirmed that MR1 produced a razor blade they had in their mouth. Interview with EMP60 and EMP61 on September 12, 2018, at approximately 10:20 AM confirmed security wanded MR1 and that no concealed metal items or safety hazards were found. EMP60 and EMP61 revealed security does not wand the head	P 1758		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390137	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 09/14/2018
NAME OF PROVIDER OR SUPPLIER: WILKES-BARRE GENERAL HOSPITAL STATE LICENSE NUMBER: 234501			STREET ADDRESS, CITY, STATE, ZIP CODE: 575 NORTH RIVER STREET WILKES-BARRE, PA 18764		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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)	(X5) COMPLETE DATE	
P 1758	Continued from page 111 or mouth area of a patient for concealed metal items.	P 1758			



Certified End Page

WILKES-BARRE GENERAL HOSPITAL

STATE LICENSE NUMBER: 234501

SURVEY EXIT DATE: 09/14/2018

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

Handwritten signature of Nancy J. Lescavage in black ink on a light gray background.

Nancy J. Lescavage
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in black ink on a light gray background.

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY