PRINTED: 03/07/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		520089	B. WING _			02/19/2018	
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
HINITYPOI	NT HEALTH - MERITER			202 S PARK ST			
UNITEDI	NI HEALIH - MERITER			MADISON, WI 53715			
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A 000	INITIAL COMMENTS		A	000			
	#WI00031795 conduct 2/19/2018 at UnityPoi using Medicare Cond CFR 482 for Hospitals 42 CFR 482.13 Cond Rights NOT MET. 42 CFR 482.21 Cond Assessment and Perf Program NOT MET. An Immediate Jeopar 2/19/18 at 10:35 AM into develop and impler prevent, report, and the suspected abuse related origin of patients in the Unit (NICU). The IJ befacility failed to protect the first report of an interpretation of patients and implements are related to protect the first report of an interpretation of patients. An Immediate Jeopar 2/19/18 at 10:35 AM into develop and implement, report, and the suspected abuse related to protect the first report of an interpretation of patients. An Immediate Jeopar 2/19/18 at 10:35 AM into develop and imprevent B were at 2:44 PM. The IJ was of exit. On 2/28/2018 correction to abate the The IJ was removed at time of exit on 3/01/18 visit confirmed that the revised policies and provestigate and immediate abuse related to injuried ducated all direct call.	dition of Participation: Patient ition of Participation: Quality formance Improvement itidy (IJ) was determined on regarding the facility's failure ment an effective policy to					
	plan to protect patient	ts in areas where infants					
I ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	=	TITLE		(X6) DATE	

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

(X6) DATE

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1, ,	ATE SURVEY DMPLETED
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	ROVIDER OR SUPPLIER NT HEALTH - MERITER			STREET ADDRESS, CITY, STATE, ZIP 202 S PARK ST MADISON, WI 53715	CODE	
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A 000 A 115	Continued From page and children are care Department and the C PATIENT RIGHTS CFR(s): 482.13	d for (NICU, Emergency		115		
	Based on record revifailed to develop and and procedures to preprotect, thoroughly in respond to any allegar related to injuries of upatients (#4, #3, #6, #Intensive Care Unit wreported for Patient #20. Findings include: The facility failed to e protect vulnerable parinvestigate injuries of and report 5 of 6 patient #2.) in the Newborn Indentified with injuries when the first case with 4/12/17 in 6 patients in A-0144) The facility failed to the protect 5 of 6 patients the Newborn Intensivents in the newborn Intensivents in the protect 5 of 6 patients the Newborn Intensivents in the Protect 5 of 6 patients the Newborn Intensivents in the Protect 5 of 6 patients the Newborn Intensivents in the Protect 5 of 6 patients the Newborn Intensivents in the Protect 5 of 6 patients the Newborn Intensivents in the Protect 5 of 6 patients the Newborn Intensivents in th	not met as evidenced by: iew and interview the facility implement effective policy event, screen, identify, train,				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZIP CO 202 S PARK ST MADISON, WI 53715		2/13/2010	
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A 115	The cumulative efferesulted in an Imme affecting all patients Care Unit during this	ge 2 cts of these deficiencies diate Jeopardy potentially in the Newborn Intensive s survey (patient census 6/18 was 17 and 2/19/18 was	A 1	15			
A 144	PATIENT RIGHTS: CFR(s): 482.13(c)(2 The patient has the setting. This STANDARD is Based on record refailed to protect vulr authorities for a thorof unknown origin for #2, and #6) in the N (NICU) identified wir from when the first of #4 on 4/12/17. A tot records reviewed. Findings Include: Review of Policy title 02/2015 revealed 1: 11.2 Standards for I'Leaders are called the organization to be environment in whice encouraged to raise organization's goals Review of policy title Neglect" Policy #57 Statement revealed	right to receive care in a safe s not met as evidenced by: eview and interview the facility herable patients and report to rough investigation of injuries or 5 of 6 patients (#4, #3, #1, hewborn Intensive Care Unit th injuries of unknown origins case was reported for Patient al sample of 20 patient ed "Code of Conduct" dated 1. Responsibilities of Leaders, Patient care revealed upon to create a culture with	A 1-	14			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 144	extent mandated to Review of Bylaws the Medical Staff of by the Medical Ext November 15, 201 Staff at the annual and approved by the Health Services Boundard Section 1 Qualificate Medical Staff spolicies and guide hospital and/or Medical Staff spolicies and guide hospital spolicies are reporting concerns unknown source of Wisconsin Departre - Caregiver Misconunknown source of the injury was not obs source of the injury patient; and, The injury or the numparticular point in the extent of the injury or the numparticular point in the over time 2.0 Inc. Meriter will investig a timely manner."	and Rules and Regulation of lated January 2017, approved ecutive Committee on 6, approved by the Medical meeting on January 17, 2017 he UnityPoint Health-Meriter pard on and effective January embership and Privileges ations C. revealed "Members of shallcomply with the safety lines put in place by the edical Staff". Itled Caregiver Misconduct restigating)" Policy # HR-48 ealed under Policy Statement responsible for immediately are regarding injuries of fits patients Page 4 I. ment of Health Services (DHS) and injury where both of the sare met: The source of the erved by any person or the yeannot be explained by the injury is suspicious because of injury or the location of the laber of injuries observed at one time or the incidence of injuries stident Investigation UnityPoint - gate all claims or concerns in	A	144				
	Neglect" Policy #5	tled "Child at Risk Abuse and 7 dated January 2010 Policy d "Meriter Hospital will take						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 144	actions to protect the possibility of further a shall formally write u immediately All hor responsible for filling documentation in a time at the possibility of further a shall formally write u immediately All hor responsible for filling documentation in a time patient #4 weighing 3# 6 ounce another hospital on 3 with an admitting dia respiratory distress right and the protection of the possible for a shall be provided in the possible for a shall be provided and the possible for a shall be provided and the possible for a shall be possible for	e "abusedfrom the abuse 9. All hospital staff p their observations spital staff involved are out appropriate amely manner." record was reviewed and was born (b)(6), (b)(7)2 AM is and transferred from b)(19/17 at 3:14 to the NICU gnosis of Prematurity, equiring mechanical p) and a sepsis (infection) report for Patient #4 "Skin 15" dated 4/12/17 at 9 AM by N) W, revealed "Severity Needed". Follow-up fied". "Resolutions and inton Needed." Final led "Harm - Temporary, "No interventions were ct or report the injuries of atient #4.	A	144			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		520089	B. WING	-			C 19/2018
	ROVIDER OR SUPPLIER NT HEALTH - MERITER			2	STREET ADDRESS, CITY, STATE, ZIP CODE 202 S PARK ST MADISON, WI 53715	<u> 02/</u>	19/2016
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A 144	Review of plan of card AM revealed "scattered Bruising on left foot and Neonatology Addendid AA's progress note by 7:16 AM revealed "I abruise-like macules on During interview on 2 Nursing Executive Concepts of Physician V recalled the with unexplained bruing medical record, as a prinvestigation, the hose Expert N on 02/12/18 obtained from Patient Abuse Expert N report Police Department or nursing documentation in patient #3's medical was consistent with conterview with NICU N 2/16/2018 at 4:30 PM On 2/16/18 at 1:55 PM (b)(6), (b)(7)c Y confirmer or follow up for origin on patient #3 do 5:36 AM and that the Wisconsin Department Patient #6 Closed medical review Patient #6 revealed PC-Section on (b)(6), (do)(do)(do)(do)(do)(do)(do)(do)(do)(do)	e by RN OO 9/21/17 at 5:36 ed newborn rash noted. Ind scalp as well." Review of turn to Physician Resident If Physician O on 9/22/17 at Igree with resident note, Interested on palms bilaterally." Interested on palms bilaterally. Interested on palms bil		144			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 144	An interview was con Chief Nursing Officer part of the Hospital's #6 was in NICU (New from 1/19/18 to 1/26/identified Patient #6 I lower extremities the #6's Parents EE and plan. Review of the investig Patient #6 informed I uncomfortable with caprimary caregiver on on January 23-24, 20 schedules). The hospiconcerns, Physician Expert N on 02/12/18 survey and a CT (cor The hospital investigamultiple fractures, incomplete Murse Manager D on On 2/16/18 at 1:40 Pl (b)(6), (b)(7)c Y confireport in for injuries on Patient #6 while in the Care Unit) from 1/19/documentation of inte #6 during this hospital report event to Wisco Services. Patient #1 Review of Patient #1' that Patient #1 was a born at 14:55 (2:55 P	ducted 2/15/18 at 9:16 AM, C (CNO C) confirmed, as a investigation, since Patient aborn Intensive Care Unit) 18, and medical record nad scattered bruising on hospital contacted Patient notified them of their safety gation revealed the (EE) of nospital staff they were aregiver RN H, who was the the night shift for Patient #6 18 (confirmed with staff oital decided, due to these Z consulted Child Abuse who recommended skeletal inputerized tomography). Attion revealed Patient #6 had sluding rib and arm fractures, d in an interview with NICU 2/16/2018 at 4:30 PM. M during an interview (b)(6), (b)(7) or med there was no incident f unknown origin found on the NICU (Newborn Intensive 18 to 1/26/18 and no other ervention to protect Patient all stay. The facility failed to insin Department of Health se medical record revealed dmitted on (b)(6), (ah)(7) as M) weighting 3 pounds 6.5 inches and induced		144			

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A 144	vaginal delivery . Pati NICU at 2:55 PM after (respiratory distress is evaluation. On 1/7/18 event, was intubated (patent ductus arterior #1 also had retinopat results in impairment premature birth). Review of Patient #1' Care" "Problem: Skin of" "Outcome" reveal PM "Abrasions noted unchanged. Bruising of L foot." Review of incident re #169891 titled "Currer was not entered until staff identified injuries HH. Date of occurrent time 9 AM, listed the Intervention Needed" Specified" Resolution Event" "Harm - Temp There was no addition investigation of the inprotect Patient #1. On 2/16/18 at 1:40 P (b)(6), (b)(7)c Y, Y compared to the injuries) was entered on 2/08/identified the injuries) Patient #2 Review of Patient #22	tent #1 was admitted to the er birth for prematurity, RDS syndrome) and sepsis at 9:45 PM had a hypoxic and diagnosed with PDA issus) a heart defect. Patient hy (disease of the retina that or loss of vision r/t to the s "Nursing Notes" "Plan of Integrity" - "Impaired, Risk ed on 01/14/2018 at 5:04 on bottom of L foot noted to R hand and bottom port Skin/Tissue Event int Summary" for patient #1 "02-08-2018" (6 days after sof unknown origin) by RN is of unknown origin) by RN is and Outcomes of the orary, Intervention Needed." "Follow-Up Actions:" "Not is and Outcomes of the orary, Intervention Needed." inal documentation of further juries or intervention to M during an interview of the orary intervention to M during an interview of the orary and incident ever in occurred on 2/02/18 and 18 (6 days after staff)		144			

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NAME OF D	ROVIDER OR SUPPLIER	320069	B. WIIVO		STREET ADDRESS, CITY, STATE, ZIP CODE	02/	19/2018
	INT HEALTH - MERITER			2	MADISON, WI 53715		
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A 144	incision in the mother (b)(6), (b)(7)(7)(1:39 AM ounces. Review of the inciden "Current Summary" re 02/03/18 at 8:00 AM, noticed "abrasions/so notified RN P. RN P of and identified "right preddened intact areas bruising on the oppose few scattered areas of forearm and inner writeft palm extending frofirst finger", small red distal fingers, mostly wrist", "scattered linea purple/red bruising ex Further review of the revealed Patient #2's s/he had "done skin of felt very confident all this morning". RN P of the injuries 2/3/18. The recorded into their into 02/09/18 (6 days after to hospital staff). Further review of the revealed additional in hemorrhage" (per reverse of facial/head injuntil on 02/04/2018) if does not include clari	of a baby through a surgical 's abdomen and uterus] on , weighing 1 pound and 8.3 It report #170100 titled evealed on Saturday Patient #2's parent (DD) eratching on left wrist" and completed an assessment alm /heal of hand with s", "scattered purple/red site side of right hand and a of bruising up the right st", purple red bruising on om area between thumb and bruises on second and third located ulnar side of left ar abrasion", scattered etending up left forearm". same incident report parent (CC) told RN P that eare the previous day and these markings were new locumented taking photos of the 2/3/18 incident was not cident reporting system until r the injuries were reported incident report #170100 juries "right subconjunctival iew of patient #2's medical uries were not discovered nowever the incident report fication that these were two uries as no date or time	A	144			

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	ROVIDER OR SUPPLIER NT HEALTH - MERITER			202	EET ADDRESS, CITY, STATE, ZIP CODE S PARK ST DISON, WI 53715	1 02/	19/2016
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A 144	Review of the incider (#170100) "revealed Outcome", final seve Harm-Reached Patie under the "Follow-Up There was no addition investigation of the irprotect Patient #2. The report on this event. Review of Patient #2. The revealed on 2/04/18 Patient #2 had addition bruising on face, perion Review of the incider staff did not documen Patient #2 the injuries by hospital staff 02/00. Review of Patient #2 (L) Addendum" in the dated 02/08/18 at 7:00 swelling noted last even on 2/16/2018 at 4:30. Nurse Manager NICU 2/08/18 (6 days after and 4 days after the Physician L consulter regarding unexplained N recommended additional skeletal survey and from the recommended and skeletal survey and from the recommended and skeletal survey and from the recommended arm fractures. Review of Patient #2 dated 2/9/2018 at 12 dated 2/9/20	nt report for Patient #2 under "Resolution and rity level as "D. No ent Monitoring Required" and o Actions:" "Not Specified" nal documentation of further ujuries or intervention to There is no separate incident "S NICU "Nursing Notes" RN U had documented that conal injuries documented as orbital edema. Int report log revealed the ent on an incident report for s of unknown origin identified	A1	144			

	OF DEFICIENCIES CORRECTION	` IDENTIFICATION NUMBED:		X2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	320003	D. Wille	STREET ADDRESS, CITY, STAT		2/19/2018	
	INT HEALTH - MERITER			202 S PARK ST			
				MADISON, WI 53715			
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A 144	Continued From pag	e 10	A	144			
	fracture of the right p collection overlying the	arietal skull", "Fluid he parieto-occipital skullthis pected fracture suggests a					
	(b)(6), (b)(7)c conf #170100 on Patient # days after the injury of identified by nursing	M during an interview (b)(6), (b)(7) irmed incident event #2 was not entered until 6 of unknown origin was staff. Y confirmed there was cumented on the injury of occurred 2/07/18.	')¢				
	Nurse P on 2/16/18 a past s/he had been a Sexual Assault Nurse worked in the Emerg P stated s/he reported bruising on the wrists 2/03/18 when s/he fir assessment at 8 AM. was aware of the bruich patient #2 during roupictures of Patient #2 the nurse of Patient #2 RN P sent an e-mail Assistant Nurse Man Friday 2/03/18 to not hoping they would be Monday morning. On sure" Assistant Nurse	RN P stated Physician O lising of Patient #1 and linds on 2/03/18. RN P took and stated s/he encouraged to also take pictures of ted s/he was so concerned to Nurse Manager D and lager TT on the evening of ify them of her/his concerns addressed first thing Monday 2/05/18 s/he "made te Manager TT had the her/his concerns. RN P					
		M during an interview Nurse ed that s/he was called by					

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A 144	Assistant Nurse Man and questioned what bruising found on Pa Manger D confirmed During interview with on 2/16/18 at 11:05 A	ger T on Monday, 2/05/18 t s/he should do about the tient #1 and #2. Nurse "I told [T] to ask the staff." Medical Director of NICU K AM, K stated it was not to complete an event report,	A 1	44		
A 145	PM R when asked if report, R stated it was complete an event results of the confirmed the hospital wisconsin Statues 4 mandated reporters at this interview. C confict completed form F-62 Incident Report to results particularly perfectly perfectly as the confirmed the perfectly perfectl	8.981 (2) and that they were and had not reported prior to firmed they had not 447 caregiver misconduct port to the Wisconsin in Services. FREE FROM SINT	A 1	45		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 145	5 of 6 patients (#1, #. Newborn Intensive C with injuries of unknowase was reported for Findings include: Review of Bylaws and the Medical Staff date by the Medical Exect November 15, 2016, Staff at the annual mand approved by the Health Services Boar 25, 2017 under Mem Section 1 Qualification the Medical Staff shapolicies and guideline hospital and/or Medical Review of policy titled Neglect" dated March II. C. Statutory require abuse under Wiscons revealed "Each persons uspected child abuse for either making a rethat the report was at Human Services or la Investigation and doc "when a concern abordentified by a person person immediately of personally determinare at the child is received."	2, #3 #4 and #6) in the lare Unit (NICU) identified own origins when the first or Patient #4 on 4/12/17. Id Rules and Regulation of led January 2017, approved utive Committee on approved by the Medical leeting on January 17, 2017 UnityPoint Health-Merrier and on and effective January bership and Privileges ons C. revealed "Members of lillcomply with the safety less put in place by the local Staff". Id "Child at Risk Abuse and in 2001 revised 8/2016 under lements for reporting child sin Statute 48.981 3. In who has a concern about lese or neglect is responsible leport directly or for verifying citually made to County law enforcement". Under D. cumentation 1. revealed out abuse or neglect is in required to reportthat consults with, by telephone or need by the primary clinical	A	145				

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UNITIFO	INT TILALITI - WILKITE	K		MADISON, WI 53715		
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A 145	section) [the deliver incision in the moth (b)(6), (b)(7)(1:39 A) ounces. Review of Patient # revealed on 2/04/18 Patient #2 had add bruising on face, possible for the patient #2. Review of the incidincident report was of unknown origin for Patient #2. Review of Patient # (L) Addendum" in the dated 02/08/18 at 7 swelling noted last Review of Patient # (L) summary of the revealed "normal in Review of the incidincident summary of the revealed "normal in Review of Patient # (L) summary of the revealed "normal in Review of the incidincided "current Summary" 02/03/18 at 8:00 All noticed "abrasions/ notified RN P. RN Fand identified "right reddened intact are bruising on the opp few scattered areas forearm and inner valeft palm extending first finger", small redistal fingers, most wrist", "scattered lir purple/red bruising	ry of a baby through a surgical her's abdomen and uterus] on hM, weighing 1 pound and 8.3 f2's NICU "Nursing Notes" 8 RN U had documented that itional injuries documented as	A 1	45		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION NG		TE SURVEY
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST. 202 S PARK ST MADISON, WI 53715	•	02/19/2018
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A 145	revealed Patient #2 s/he had "done skin felt very confident a this morning". RN P the injuries 2/3/18. recorded into their in 02/09/18, 6 days affincident report were subconjunctival hen medical record were 02/04/2018) however include clarification incidents/injuries as this notation. No ad completed for secon unknown origin for I revealed Outcome", final sev Harm-Reached Pati under the "Follow-U Specified" On 2/16/2018 at 4: D confirmed on Thu consulted Child Abu unexplained injuries recommended addi skeletal survey and (CT) which revealed arm fractures. Review of Patient # dated 2/9/2018 at 1 Physician AA revea fracture of the right collection overlying	Is parent (CC) told RN P that a care the previous day and all these markings were new a documented taking photos of The 2/3/18 incident was not incident reporting system until ter the event. Included in this additional injuries "right inorrhage" (per review of the not discovered until on the er the incident report does not that these were two separate in no date or time included in ditional incident report was and 02/04/18) injury of	A	145		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		520089	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, C 202 S PARK ST MADISON, WI 537	CITY, STATE, ZIP CODE	02/19/2018
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A 145	traumatic scalp hem Patient #4 Review of Patient #4 revealed that Patient another hospital and hospital on 03/19/1 admitting diagnosis Estimate to be 30+ of that required mechal evaluation. Review of Patient #4 Patient Safety Office a two view x-ray contibia, first view "norm limited evaluation". If was primary care, 2017. "Physician N. AM by Physician N. AM by Physician K, Review of Patient #4 #115245 titled "Currand documented by unknown origin were 4/12/17, as "bilatera and left foot" (photosthe medical record), review of Patient #4 and Outcome" for the Level" revealed "E. Needed" and the "F. "Not Specified". Patient #1 Review of Patient #4 that Patient #1 was born at 14:55 (2:55)	As "Admission Record" It #4 was born on (b)(6), (b)(7)c It was transferred to this It at 3:14 PM with an It at	A	145		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		STRUCTION		OATE SURVEY OMPLETED
		520089	B. WING				C 02/19/2018
	ROVIDER OR SUPPLIER			202 S	TADDRESS, CITY, STATE, ZIP CODE PARK ST SON, WI 53715		02/19/2010
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A 145	vaginal delivery . Patin NICU 14:55 (2:55 PM RDS (respiratory districted evaluation and retinositate the premature birth) a (patent ductus arterio 1/7/18 at 23:45 (9:45 and was intubated. Review of Patient #1' Care" "Problem: Skin of" "Outcome" reveal PM "Abrasions noted unchanged. Bruising of L foot." Review of Patient #1' Care" "Problem: Skin of" "Outcome" reveal "Continues to be rudo bruising/abrasion to bright hand noted." Review of Patient #1 Care" "Problem: Skin of" revealed on 2/2/20 remains on left arm at Review of Patient #1' Friday 02/02/18 "AM RN P identified "bruis of bilateral hands and 8:00 AM cares and no Physician O. Review of Patient #1' Care" "Problem: Skin of Patient #1' Friday 02/02/18 "AM RN P identified "bruis of bilateral hands and 8:00 AM cares and no Physician O.	leent #1 was admitted to the I) after birth for prematurity, ress syndrome) and sepsis pathy (disease of the retinal nent or loss of vision r/t to and diagnosed with PDA asus) a heart defect and on PM) had a hypoxic event s "Nursing Notes" "Plan of Integrity" - "Impaired, Risked on 01/14/2018 at 5:04 on bottom of L foot noted to R hand and bottom s "Nursing Notes" "Plan of Integrity" - "Impaired, Risked on 1/15/2018 6:46 AM dy/jaundice with bottom of left foot. Bruising to "s "Nursing Notes" "Plan of Integrity" - "Impaired, Risked on 1/15/2018 6:46 AM dy/jaundice with bottom of left foot. Bruising to "s "Nursing Notes" "Plan of Integrity" - "Impaired, Risked O18 9:17 PM "Bruising nd hand." s medical record dated Nursing Progress Notes" by sing erythema and abrasions if forearms" of Patient #1, at	A	145			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	TIPLE CONSTE		(X3) DATE	SURVEY
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A 145	Care" "Problem: Skin of" "Outcome" reveal "Back of left hand with Review of Patient #1 Care" "Problem: Skin of" "Outcome" reveal "Bruising to top of Lifextending up from 4th Review of Patient #'s Care" "Problem: Skin of" revealed on 2/13/ have very light bruising almost unable to see Review of incident resummary" dated 02/Patient #1 had injury identified on 2/2/2018 their incident reporting after the event). Interview with (APNF confirmed R notified on 2/02/18 of injuries On 2/16/18 at 11:05 Physician K confirmed 2/02/18 may have be wires or peripheral in used for stabilization. was contacted by a Fidentified on Patient 3	It hand" It's "Nursing Notes" "Plan of Integrity" - "Impaired, Risk ed on 2/9/2018 12:33 PM (the resolving bruise noted" It's "Nursing Notes" "Plan of Integrity" - "Impaired, Risk ed on 2/10/2018 at 2:58 PM (the don 2/10/2018 at 1:40 PM (the don 2/10/2018 at 2/10/2018 and	A	145			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	FIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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A 145	Continued From p	age 18	А	145		
	revealed Patient # (b)(6), (a)(3)§1 AN ounces and was 4 of the medical rec [Patient #3]"is a (b) normal spontaneo NICU for prematu Review for patient Progress Notes" of "non-blanching lin no other rashes of Addendum 09/22/baby, reviewed days of the control of	#3 revealed in "Physician lated 9/22/2017 at 7:16 AM ear macules on bilateral palms, r lesions." Neonatology 17 (not timed) "I examined ata and directed plans on th resident note, Bruise-like				
	Review of nursing by RN H 9/19/17 t	documentation for Patient #3 hrough 9/22/17, failed to g or skin assessments.				
	dated on 2/09/18 recalled Patient #3 The Hospital invest had been a primal hospitalization in the During this hospital bruising of left foo #3's mother had to that time, which we specialist N on 2/10 the photographs of hospitalization and consistent with children was precided to the photographs of	spital's investigation report revelaed that Physician V had 3 had unexplained bruising. stigation report verified RN H ry caregivers during Patient #3's the NICU 9/17/17 thru 10/13/17. falization, Patient #3 had t and scalp bruising. Patient taken pictures of the bruising at tere presented to Child Abuse 109/18. On 2/09/18 N reviewed 10f Patient #3 from the past 10f determined bruising was 11f abuse. RN H was primary 12f for Patient #3 September				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		E SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
A 145	Continued From pag	e 19	A 1	45		
A 145	21-22, 2017. The methe hospital investigathere were no marks documented in medic RN H did not note and documentation. No incident report was 9/22/17 when injury of left foot and scalp brown and the patient #6 Closed medical reviee Patient #6 revealed Patient #6 was in the care of contacted Patient #6 them of safety plan is scattered bruising on hospital stay on 01/2 revealed the Parents hospital staff they we caregiver RN H, who on the night shift for 2018. The hospital deconcerns, Physician Expert N on 02/12/18 survey and a CT. The revealed Patient #6 hincluding rib and arm	ation for Patient #3 revealed, //bruises or injuries cal record prior to 9/21/17. The bruising in any bruising in any as documented for the of unknown origin bruising of uising of Patient #3. The wof the "Birth Record" for Patient #6 was born (20:44 (10:44 PM)) pounds 6 ounces) and was (3). Patient #6 the prior to gation that ever since Patient FRN H, the hospital is parents EE and notified because Patient #6 had allower extremities during the 0/18. The investigation (EE) of Patient #6 informed ere uncomfortable with was the primary caregiver Patient #6 on January 23-24, ecided due to these Z consulted Child Abuse 8 who recommended skeletal er hospital investigation and multiple fractures in fractures which was view with NICU Nurse	A1	45		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		520089	B. WING	_		C 02/19/2018	
	ROVIDER OR SUPPLIER		<u>. I</u>	2	TREET ADDRESS, CITY, STATE, ZIP CODE 02 S PARK ST MADISON, WI 53715	1 02/	13/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 145	No incident report wa related to scattered be during the hospital state of the very several to scattered be during the hospital state of the very several to scattered be during the hospital state of the very several to scatter of the very scatter of the very several to scatter of the very scatte	s documented for Patient #6 ruising on lower extremities ay on 01/20/18. at 9:16 AM with CNO C d not reported the suspected ecause the hospital was stigation and they were tion to report. When asked ected abuse CNO C, retand the need to report aP (as soon as possible). AM during an interview econatal Intensive Care Unit bot his/her expectation of the re incident reports, "they are at 1:26 PM with Registered at 1:26 PM with Registered and Patient #2 had similar to Patient #1 and risician O on 2/03/18 at 11 AM. RN P was a on the evening of 2/03/18 at on the evening of 2/03/18 at on the evening of 12/03/18 at on the evening of 1	A	145			

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		PLE CONSTRUCTION IG	' '	(X3) DATE SURVEY COMPLETED		
		520089	B. WING			C 2/19/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 202 S PARK ST MADISON, WI 53715		2/13/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 145	Interview on 2/16/18 of Performance Imp was no policy or pro their responsibility to train, protect, thorour respond to any alleg related to injuries of On 2/16/2018 at 4:2 Nurse Manager NIC current evidence an suspended suspecter RN Hs badge access hospital electronic on D confirmed that on Assistant Manager Mat to do [staff con #1 and #2], Nurse Massistant Manager QAPI CFR(s): 482.21 The hospital must domaintain an effective data-driven quality a improvement program. The hospital's gover the program reflects hospital department those services furnis arrangement); and for improved health of and reduction of me.	at 2:12 PMwith the Director rovement B confirmed there cess that directed staff on prevent, screen, identify, ghly investigate, report, and lations of suspected abuse unknown origin. 5 PM during an interview U D stated based on the distaffing logs the hospital ed Caregiver RN H, disabled is and RN Hs access to the medical record. Manager NICU Monday 2/05/18 when called Manager D asking locerns and injuries on Patient lanager D stated S/he told to ask staff". Evelop, implement and e, ongoing, hospital-wide, lassessment and performance im. In ing body must ensure that the complexity of the on and services; involves all is and services (including shed under contract or occuses on indicators related outcomes and the prevention	A 1			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	l' /	SURVEY PLETED
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A 263	Continued From page	e 22	A 2	263		
	Based on record rev failed to thoroughly ir respond to any allega related to injuries of the	not met as evidenced by: iew and interview the facility evestigate, report, and ations of suspected abuse unknown origin in 5 of 6 and 6) per policy. In a total				
	Findings include:					
	track incident reports unknown origin to en performance and pat relevant data to impri incident reports were	document, analyze, and for patients with injuries of sure that aspects of staff ient care that would provide ove patient safety or that thoroughly investigated in 3 for 5 of 20 patients (Patient 2). See (A073)				
	officials failed to take of care provided to 5	al staff and administrative responsibility for the quality or 6 patients (Patient #4, #3, otal of 20 Newborn Intensive viewed.				
	affected all patients in Care Unit during this 2/15/18 was 16, 2/16 18) and prevented th	t of these deficiencies in the Newborn Intensive survey (patient census /18 was 17 and 2/19/18 was e hospital from having seessment and performance in.				
A 273	DATA COLLECTION CFR(s): 482.21(a), (b		A 2	773		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		520089	B. WING			C 02/19/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CIT 202 S PARK ST MADISON, WI 537		02/19/2016
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A 273	to, an ongoing progrimprovement in indicevidence that it will is (2) The hospital must track quality indicated performance that as hospital service and (b)Program Data (1) The program musindicator data included other relevant data, submitted to, or recognitive and (i) Monitor the element (i) Monitor the element (ii) The frequence	st include, but not be limited am that shows measurable cators for which there is mprove health outcomes st measure, analyze, and ors and other aspects of sess processes of care, operations. st incorporate quality ing patient care data, and for example, information eived from, the hospital's t Organization. st use the data collected toffectiveness and safety of	A	273		
	Based on record re failed to document, a reports for patients to to ensure that aspec patient care that wo improve patient safe were thoroughly inve	not met as evidenced by: view and interview the facility analyze, and track incident with injuries of unknown origin cts of staff performance and uld provide relevant data to ety or that incident reports estigated in 3 of 9 events patients (Patient #4, #3, #6,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	520089	B. WING _	STREET ADDRESS, CITY, STATE, ZIP C		2/19/2018	
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(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 273	Findings include: Review of policy tit Reporting System' Policy Statement overview of Merite for quality improve patient care and or of an Incident:1. incident involves a assessment of the the incident and ar result of the incide required to be enterporting system of the possible. Supervise expected within 72 Patient #4 Review of Patient Patient #4 had injudocumented in the AM described as be leg bilateral; calf an physician notes 4/lower extremities be due to cords (from swaddle with infant Record review of the report written on 4/linjuries described ankles and left foor monitor cord size. "Temporary Interver" Follow-Up Actions "Final Severity Levi	ded "Incident or Accident at #30 dated 8/31/15 under evealed "The system facilitates interventions and provides an r's exposure pattern as a basis ment activities to improve rganizational safety Definition "perceived" injury D2. If the patient, include an patient's condition following my clinical action taken as a int 5all incidents are ered into the online incident ia MyMeriter as soon as for review and follow-up is a hours of the incident." # 4 medical record revealed, wries of unknown origin in ursing notes on 4/12/17 at 9 pruising, scattered; right leg; left and ankle and documented in 12/17 at 7:19 AM Bruises on bilaterally, linear in shape-likely monitor leads) wrapped in the corresponding Incident (12/2017 at 9 AM revealed as bilateral bruising on calves, the truises consistent with "Severity Level" revealed"	A 2	73			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		520089	B. WING _			C 02/19/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 202 S PARK ST MADISON, WI 53715		2110/2010	
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A 273	was no documentatio up. Patient #3 Record review Patien revealed, Patient #3 rorigin documented in 9/21/17 at 5:36 AM de foot and scalp and in at 7:16 AM described macules on bilateral processes of the process	t #3's medical record had injuries of unknown the nursing notes on escribed as bruising on left physician notes on 9/22/17 as non-blanching linear balms bilaterally. g revealed, the staff did not incident report the injuries t were documented in record on 9/21/17. t #6's medical record had injuries of unknown the nursing notes on were described as wer extremities. g revealed, the staff did not incident report the injuries t were documented in record on 1/20/2018. s medical record revealed, es of unknown origin resing notes on 2/02/18 at s bruising of left forehand, coumented in the physician responsible of the staff did not incident record revealed, es of unknown origin resing notes on 2/02/18 at s bruising of left forehand, coumented in the physician responsible of the staff did not present the injuries therefore a staff did not incident report the injuries therefore a staf	A 2	73			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 S PARK ST MADISON, WI 53715			02/13/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
A 273	Record review of the report written on 02/0 injuries described in r 9:30 AM described as and arm. "Severity Level" revea "Follow-Up Actions" r "Final Severity Level" Temporary, Interventi was no documentatio up. Patient #2 (injury #1) Review of Patient #2' Patient #2 had injurie documented in the nu 9:00 AM described as abrasions on bilateral the physician notes o described as bruising forearm and left inner nature. Review of the incident corresponding Incider (6 days after the injuring medical record) revea on left wrist, bruising and left hands, bruising forearm. "Severity Level" revea Patient Monitoring Reserved Patient Monitoring Reserved Patient Moritoring	corresponding incident 2/18 at 9:00 AM revealed, nurses notes on 02/02/18 at a bruising left hand, palm, aled "Intervention Needed." evealed "Not Specified", revealed "Harm - on Needed." However, there in of intervention or follow s medical record revealed, as of unknown origin ursing notes on 2/03/18 at a bruising, erythema, and I hands and forearms and in in 02/04/18 at 7:37 AM on the right greater than left wrist that were linear in at log identified a int report written on 02/09/18 by was documented in #2's aled abrasions, scratching right forearm, bruising right ing right wrist, and left aled, "No Harm-Reached	AZ	273				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A 273	four days (4 days) aftinjury Patient #2 had unknown origin docur on 2/07/18 at 2:00 PM scalp and in physiciar AM fluid wave over the Review of incident reproduced interview wit (b)(6), (at approximately 1:55 were no incident report document #3 or #6, or or patient #3 or #6, or or patient #2. QAPI EXECUTIVE RICFR(s): 482.21(e)(1). The hospital's govern group or individual what hority and responsible hospital), medical state officials are responsible ensuring the following: 1) That an ongoing primprovement and pate reduction of medical eximplemented, and mate (2) That the hospital-and performance impurpriorities for improved safety and that all imprevaluated.	s medical record revealed, er the first documented sustained a second injury of mented in the nursing notes of as fluid wave in posterior in notes on 2/08/18 at 7:06 the posterior occiput. Foort log confirmed there was cumentation on this event. Foort log confirmed there was cumentation on this event. Foort log confirmed there was cumentation on the event on in the second event on the second event on the second event on in the second event on in the second event on the second event on the second event on the second event on in the second event on the second event o	A 27				

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A 309	Continued From page	age 28	A 3	009			
	Based on record in hospital's medical failed to take responsive failed to 5 of 6 #1, and #2) in 20 records reviewed. Findings include: Review of Policy ti 02/2015 revealed been adopted by "to provide standaremployees, reportivill conduct thems promote organizate Quality of Care an high-quality medic safe and in complicate and in complicate and in complications and processes and in complication should Responsibilities of Patient care reveate a culture with establish a working Covered Persons concerns and contorganization's goal environment."	is not met as evidenced by: review and interview, the staff and administrative officials consibility for the quality of care patients (Patient #4, #3, #6, Newborn Intensive Care Unit tiled "Code of Conduct" dated "This Code of Conduct has the facilities Board of Directors rds by which directors, officers, ing physicians and volunteers elves in order to protect and ion-wide integrity." Page 8 d Clinical Values "to provide al services that are appropriate, ance with all applicable laws, ofessional standards." Page 9 n Abuse revealed "Any itential abuse, neglect or I be immediately." 11. Leaders, 11.2 Standards for led "Leaders are called upon to th the organization of high to respect the importance of gal requirements and to g environment in which all are encouraged to raise ribute ideas to achieve the ls in a safe and healthy work and Rules and Regulation of lated January 2017, approved					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	INT TIEAETT - MEINTEN			N	MADISON, WI 53715		
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A 309	by the Medical Executive November 15, 2016, Staff at the annual meand approved by the Health Services Boar 25, 2017 under Memisection 1 Qualification the Medical Staff shat policies and guideline hospital and/or Medical Review of policy titled Reporting System" #3 Policy Statement reversix management into overview of Meriter's for quality improvement patient care and orgation of an Incident:1. "policy Statement involves a part assessment of the pattern incident and any result of the incident required to be entered reporting system via the possible. Supervisor expected within 72 hours of policy titled Neglect" Policy #57 of Statement revealed actions to protect the possibility of further a shall formally write up	approved by the Medical eeting on January 17, 2017 UnityPoint Health-Meriter d on and effective January bership and Privileges ins C. revealed "Members of IIcomply with the safety is put in place by the cal Staff". Incident or Accident 30 dated 8/31/15 under ealed "The system facilitates erventions and provides an exposure pattern as a basis ent activities to improve inizational safety Definition erceived" injury D2. If the attent, include an intent's condition following clinical action taken as a inspection of the incident MyMeriter as soon as review and follow-up is burs of the incident." In "Child at Risk Abuse and lated January 2010 Policy Meriter Hospital will take "abused" from the buse 9. All hospital staff or their observations inpital staff involved are out appropriate	A:	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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A 309	Continued From p	age 30	A:	309			
	Tissue Event #118 Registered Nurse Level " " Interventi Actions:" "Not Sp Outcomes:" "Inter Severity Level rev Intervention Need documented to pre unknown origin or additional docume of the injuries or ir Review of Patient Patient #4 had injut documented in the AM described as a leg bilateral; calf a Continued Review revealed, Patient a origin documented at 7:19 AM Bruise bilaterally, linear in (from monitor lead infant. During interview w 2/16/18 at 1:25 PM further follow-up or Patient #3 Patient #3's medic revealed in the nu 5:36 AM "Bruising physician note on	of Patient # 4 medical record #4 had injuries of unknown d in the physician notes 4/12/17 s on lower extremities in shape-likely due to cords lts) wrapped in swaddle with					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	320003	B: Wille	STREET	ADDRESS, CITY, STATE, ZIP CODE	02/	/19/2018	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
A 309	and bruise-like macu Interview with (b)(6), at approximately 1:55 no event report for particular for event for particular for event for particular for event for particular for event for particular for event for particular for event for	les on palms bilaterally. (b)(7)c Y on 2/16/18 6 PM, Y confirmed there was atient #3. In #6's medical record had injuries of unknown the nursing notes on ibed as scattered bruising (b)(7)c Y on 2/16/18 6 PM, Y confirmed there was atient #6. Port Skin/Tissue Event ent Summary" for patient #1 "02-08-2018" (6 days after sof unknown origin) by RN ice "02-02-2018" estimated "Severity Level" "Temporary, "Follow-Up Actions:" "Not is and Outcomes of the orary, Intervention Needed." inal documentation of further juries or intervention to s medical record revealed, ites of unknown origin ursing notes on 2/02/18 at its bruising of left forehand, occumented in the physician	A	309				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		B. Willow	STREET ADDRESS, CITY, STATE, ZIP CO 202 S PARK ST MADISON, WI 53715		2/19/2018	
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A 309	hyperpigmentation bruising over dorsa 02/03/18 at 8:52 A bruising noted on I forearm has a linear consistent with post [Patient #1] also had inside of the right of palm We will chear erythema/be consistent with a mentanglement in a During Interview we 2/16/18 at 1:55 PM on Patient #1, white entered on 2/08/18 Patient #2 Incident report revertharm-Reached Patient #2 Incident report revertharm-Reached Patient Monitoring Neonatologist O, Nourse Manager To report events. How documentation of it was no additional of investigation of the protect Patient #2. Review of Patient #2.	a of left lower forearm and al left hand and palm and on M By Physician O, "mild eft hand and forearm Left ar bruise about 1 cm long saible pushing against a lead. as a 3 X 2 mm bruise on the wrist and a linear bruise on her eck growth curves in the a.m. ruise on left arm is most nechanical injury, possibly lead.". (b)(6), (b)(7)c on M, Y confirmed Event #169891 ch took place on 2/02/18, was 3. ealed "Severity Level" as "No attent Monitoring Required" revealed "Not Specified", Final ealed "No Harm - Reached Required" APNP R, Surse Manager D, Assistant were notified of the incident vever, there was no intervention or follow up. There documentation of further enjuries or intervention to	A3	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 02 S PARK ST IADISON, WI 53715	1 02/	13/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
A 309	2/08/18 at 7:06 AM floocciput (back of the houring interview with 2/16/18 at 1:40 PM, 1/2/16/18 at 11:05 Areporting of these inchis/her responsibility "that would be the number of the puring interview with PM R when asked if I report, R stated it was complete an event responsibility and the puring interview with PM R when asked if I report, R stated it was complete an event responsibility and the puring interview with PM R when asked if I report, R stated it was complete an event responsibility.	uid wave over the posterior read). (b)(6), (b)(7)c Y on Y confirmed incident event the second secon	A	309			
A 386	(CNE) C on 2/15/18 a asked if the facility had confirmed they had n Misconduct Incident F Wisconsin Department During interview with 2/15/18 at 1:15 PM, v facility had reported the ORGANIZATION OF CFR(s): 482.23(a) The hospital must hawith a plan of administ delineation of responsi	Chief Medical Officer A on when A was asked if the he incidents, A stated no. NURSING SERVICES we a well-organized service strative authority and sibilities for patient care. Irsing service must be a	A	386			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 202 S PARK ST	IP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
A 386	including determin nursing personnel nursing care for al This STANDARD Based on record of alled to immediate policies and proce administrative resports of 6 patients (#4, #census 2/15/18 was 2/17/18 was 18). Findings include: Review of policy tire (Reporting and Investigation of the injury where both of met: The source of by any person or the explained by the suspicious because the location of the injuries observed at the incidence of in Investigation "will concerns in a tine Review of policy tire Neglect" Policy #5 Statement reveale actions to protect to possibility of further	ing the types and numbers of and staff necessary to provide areas of the hospital. is not met as evidenced by: eview and interview, the facility ely immediately adhere to their dures to delineate their consibilities for patient care in 5 t3, #6, #1 and #2). (Patient as 16, 2/16/18 was 17 and testigating)" Policy # HR-48 ealed Policy Statement Meriter investigation and reporting injuries of unknown source of njury of unknown source" is an of the following conditions are if the injury was not observed the source of the injury cannot be patient; and, The injury is e of the extent of the injury or injury or the number of at one particular point in time or juries over time 2.0 Incident investigate all claims or	A	386			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER INT HEALTH - MERITE	R		STREET ADDRESS, CITY, STATE, ZIP CC 202 S PARK ST MADISON, WI 53715)DE		
	T			MADISON, WI 53715		T	
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A 386	Continued From pa	ge 35	A 3	86			
	immediately All he responsible for fillin documentation in a	-					
	02/2015 revealed 1 11.2 Standards for "Leaders are called the organization to environment in whice encouraged to raise organization's goals Record review of S Patient # 4 event da 9 AM by Registered Level " Intervention	led "Code of Conduct" dated 1. Responsibilities of Leaders, Patient care revealed 1 upon to create a culture with establish a working ch all Covered Persons are e concerns to achieve the s in a safeenvironment." kin Tissue Event #115245 on ate 4/12/17, entered 4/12/17 at d Nurse (RN) W, Severity Needed". Follow-up Actions solutions and Outcomes					
	was documented. Record review of S Patient #1 event da at 9 AM (6 days afte Severity Level "Inte	kin Tissue Event #169891 on the 02/02/18, entered 02/08/18 er event occurred) by RN HH, ervention Needed". Resolutions					
	no additional documinvestigate the injur	ervention Needed." However, nentation was found to ries or the immediate o protect patient #1 or report					
	on Patient #2 event 02/09/18 at 8 AM (6 RN P. No additional investigate the injur taken to protect pat						
	Patient Safety Offic	er Y on 2/16/18 at 1:55 PM, Y					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE 202 S PARK ST MADISON, WI 53715	1 02/	13/2010	
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A 386	other follow-up. (b)(6), (b)(7)c confirmed, Event #16 date 2/02/18, was ent #170100 on Patient # entered 2/09/18 (6 da additional documental events (#169891 and injuries were identified An interview was con Nurse P on 2/16/18 a was so concerned ab injuries s/he sent and and Assistant Nurse I 2/03/18 to notify them Monday 2/05/18 s/he Nurse Manager T had her/his concerns. RN wait and watch position Interview on 2/15/18 a stated the facility was Statues 48.981 (2) ar reporters. Interview on 2/16/18 a (b)(6), (b)(7)c were no other nursing	on 2/16/18 at 1:55 PM, Y 9891 on Patient #1, event tered 2/08/18, and Event tered 2/08/18 and Event tered to the dolor. ducted with Registered to the dolor tered to Nurse Manager Dolor Manager Ton the evening of the of her/his concerns. On "made sure" Assistant to the pictures and voiced Postated physicians "took a tered to the Wisconsin tered that they were mandated that 2:12 PM with (b)(6), (b)(7)c B, B confirmed there to or physician policies to tent events when patients	A	386				

PRINTED: 03/07/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICI AND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		E CONSTRUCTION	(X3) DATE COMP	SURVEY
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		520089	B. WING			02/	19/2018
NAME OF PROVIDER	OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
UNITYPOINT HEAI	LTH - MERITER				202 S PARK ST		
				٨	MADISON, WI 53715		
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A 000 INITIAL This re #W100 2/19/2 using fl CFR 4 42 CFI Rights 42 CFI Assess Progra An Imr 2/19/18 to deve preven suspec origin of Unit (N facility the firs Patient for seri Nursin Improv at 2:44 of exit. correct The IJ time of visit co revised investi, abuse educat to the s	L COMMENTS eport is the res 031795 conduc 018 at UnityPo Medicare Cond 82 for Hospital R 482.13 Conc NOT MET. R 482.21 Cond sment and Perl Im NOT MET mediate Jeopar 8 at 10:35 AM le elop and imple int, report, and the cted abuse rela of patients in the IICU). The IJ b failed to protect for the protect of an ir t #4, placing all ious harm or in g Officer C and rement B were I PM. The IJ wa On 2/28/2018 tion on 3/01/13 onfirmed that th was removed of f exit on 3/01/13 onfirmed that th d policies and p gate and imme related to injur ted all direct ca start of their ne	ult of complaint investigation cted on 2/15/2018 through int Health Meriter Hospital itions of Participation 42				n is not ealth- n does hat the are ency, or y of the of CMS a Plan ne first 28, on an of March rom orrection e third the isms to gal ting nts. In ith defined inual), plement ment sures nd all lise and y ernally) inisms	

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

TITLE

(X6) DATE

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		520089	B. WING		02/19/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
UNITYPO	INT HEALTH - MERITER			202 S PARK ST	
	Т			MADISON, WI 53715	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
A 000	Continued From page	e 1	A 00	00	
A 115	and children are care Department and the (PATIENT RIGHTS CFR(s): 482.13 A hospital must prote patient's rights. This CONDITION is Based on record revi failed to develop and and procedures to pro protect, thoroughly in respond to any allega related to injuries of u patients (#4, #3, #6, # Intensive Care Unit w	d for (NICU, Emergency Dbstetric Unit). ct and promote each not met as evidenced by: lew and interview the facility implement effective policy event, screen, identify, train,		 Corrective Action Measures: See responses to A-0144 and A-0145 below. How Plan/ Action Will Prevent Recurrence: See responses to A-0144 A-0145 below. How Compliance Will Be Monitore responses to A-0144 and A-0145 below. Task Owners: See responses to A-0 and A-0145 below. 	to A-0144 and A-0144 below. d: See v.
	Findings include:				
	protect vulnerable pa investigate injuries of and report 5 of 6 pati #2.) in the Newborn In identified with injuries when the first case w 4/12/17 in 6 patients A-0144) The facility failed to the protect 5 of 6 patients the Newborn Intensiv	nsure a safe environment to tients by failing to thoroughly unknown origin to protect ients (#4, #3, #6, #1, and ntensive Care Unit (NICU) of unknown origins from as reported for Patient #4 on records reviewed . (See Tag noroughly investigate and s (#4, #3, #6, #1, and #2) in e Care Unit when the first r Patient #4 on 4/12/17. (See			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY PLETED
			A. BOILDING	·		С
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NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
LIMITYDOL	NT HEALTH - MERITER			202 S PARK ST		
UNITEDI	NI HEALIH - MERITER			MADISON, WI 53715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 115	resulted in an Immediaffecting all patients in Care Unit during this 2/15/18 was 16, 2/16/18). PATIENT RIGHTS: C. CFR(s): 482.13(c)(2) The patient has the risetting. This STANDARD is r Based on record revifailed to protect vulne authorities for a thoro of unknown origin for #2, and #6) in the Net (NICU) identified with from when the first ca #4 on 4/12/17. A total records reviewed. Findings Include: Review of Policy titled 02/2015 revealed 11. 11.2 Standards for Pa "Leaders are called u the organization to es environment in which encouraged to raise organization's goals in Review of policy titled Neglect" Policy #57 d Statement revealed "	is of these deficiencies iate Jeopardy potentially in the Newborn Intensive survey (patient census /18 was 17 and 2/19/18 was ARE IN SAFE SETTING ght to receive care in a safe intensive and interview the facility enable patients and report to ugh investigation of injuries 5 of 6 patients (#4, #3, #1, wborn Intensive Care Unit injuries of unknown origins is was reported for Patient is sample of 20 patient d "Code of Conduct" dated Responsibilities of Leaders, atient care revealed pon to create a culture with	A 11		asures d to on of the ed r's ment of a provision of plan for risk on of a mission. d t l evised blicy was abuse, corting ablishing nsure that ored, and internal	February 28, 2018 February 26, 2018
	environment in which encouraged to raise of organization's goals in Review of policy titled Neglect" Policy #57 d Statement revealed "I	all Covered Persons are concerns to achieve the n a safeenvironment." I "Child at Risk Abuse and lated January 2010 Policy Meriter Hospital will take		suspected caregiver misconduct, esta internal communication protocols to e Meriter leadership is aware and involv to add clarity regarding the hospital's incident/ accident reporting system. Task Owner: Chief Nursing Executive	ablishing nsure that ved, and internal	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	(X3) DATE COMP	SURVEY
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NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
UNITYPOI	NT HEALTH - MERITER				202 S PARK ST		
				N	MADISON, WI 53715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 144	extent mandated by late Review of Bylaws and the Medical Staff date by the Medical Execu November 15, 2016, a Staff at the annual me and approved by the Health Services Board 25, 2017 under Memic Section 1 Qualification the Medical Staff shall policies and guideline hospital and/or Medical Review of policy titled (Reporting and Invest dated 8/05/16 reveale "Employees are responsive to the Medical Staff shall policies and guideline hospital and/or Medical Review of policy titled (Reporting and Invest dated 8/05/16 reveale "Employees are responsive to the Employees are responsive to the Staff shall policies and guideline hospital and/or Medical Review of the injury staff at the staff of the injury was not observe source of the injury was not observe source of the injury the extent of the injury the extent of the injury injury or the number particular point in time over time 2.0 Incide Meriter will investigate a timely manner."	buse and neglect to the aw." d Rules and Regulation of ed January 2017, approved tive Committee on approved by the Medical eeting on January 17, 2017 UnityPoint Health-Meriter d on and effective January pership and Privileges on C. revealed "Members of IIcomply with the safety is put in place by the eal Staff". I Caregiver Misconduct digating)" Policy # HR-48 and under Policy Statement onsible for immediately garding injuries of	A	144	b. Child-At-Risk Abuse And Neglect Powas revised to clarify and expand the dof abuse (including injuries of unknown source), protocols for determining abus versus accidental injuries, task owners implementing the policy, consultation of appropriate resources including but not to child abuse experts, and internal and external reporting and documentation obligations. The policy was also revise more clearly reference the incident reports always made when indicated, and that caregiver noting the incident immediate contacts his or her manager and where appropriate, law enforcement. Task Owner: Chief Nursing Executive/ Medical Officer c. The Incident or Accident Reporting Spolicy was revised to include reporting of suspected or observed abusinglect, or injuries of unknown source not present on admission, so the reports can be reviewed and followed-up on as part of hospital's qual improvement process. Task Owner: Chief Nursing Executive/ Medical Officer 3. Meriter required all employed staff wip patient contact, volunteers, credentialed providers, fellows and residents who wo areas of the hospital where infants (or bichildren) are primarily treated to attend one" of mandatory education. These are the hospital include, without limitation, and holicy, as well as the birth suites/ lat delivery staff. This education focused of detection of child abuse including but not to injuries of unknown source, internal a external mandatory reporting obligations caregiver misconduct definitions and obligations, and policy content including content specified above. Task Owner: Chief Nursing Executive/ Medical Officer	efinition le effor f limited l d to orting are the elly Chief System se or at litty Chief ith rk in abies or 'phase eas of ne ED oor and n to limited nd s, revised	February 26, 2018 February 26, 2018
FORM CMS-256	7(02-99) Previous Versions Obs	olete Event ID: U61D11		Fa	icility ID: HSPLACU66 If contin	uation she	et Page 4 of 37

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		ECONSTRUCTION		SURVEY PLETED
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A 144	shall formally write up immediately All hos responsible for filling documentation in a time Patient #4 Patient #4's medical revealed Patient #4 weighing 3# 6 ounces another hospital on 3 with an admitting diagrespiratory distress reventilation (breathing evaluation. Review of incident represent the Tissue Event #11524. Registered Nurse (RN Level " " Intervention Actions:" "Not Specif Outcomes:" "Intervention Actions:" "Not Specif Outcomes:" "Intervention Actions:" "Intervention Needed." documented to protect unknown origin on Patient #3 Patient #3's medical revealed Patient #3 was:31 AM by normal variations in a time protect with the patient #3 and the patient #4 an	"abusedfrom the ibuse 9. All hospital staff of their observations upital staff involved are out appropriate mely manner." "record was reviewed and was bor (b)(6), (b)(2)RM is and transferred from 19/17 at 3:14 to the NICU gnosis of Prematurity, equiring mechanical equiring mechanical of and a sepsis (infection) "port for Patient #4 "Skin 5" dated 4/12/17 at 9 AM by N) W, revealed "Severity Needed". Follow-up fied". "Resolutions and nation Needed." Final ed "Harm - Temporary, "No interventions were cot or report the injuries of attent #4. (b)(6), (b)(7)c	A	1144		e son to ct ne to the uant to me to the uant to me so both er e so made." It heir their the colicable. DQA yets For	March 9, 2018
	Patient #3's medical r revealed Patient #3 w 3:31 AM by normal va 12.2 ounces, 43 centi	vas delivered o (b)(6), (a)(7)c			Caregiver Misconduct And Injuries Of U		

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A 144	AM revealed "scattered Bruising on left foot at Neonatology Addended AA's progress note by 7:16 AM revealed "I a bruise-like macules not be 1.16 AM revealed "I a bruise-like macules not be 1.16 AM revealed "I a bruise-like macules not bruise-like macules not bruise-like macules not bruise Expert N recalled the with unexplained bruise medical record, as a privestigation, the hose Expert N on 02/12/18 obtained from Patient Abuse Expert N repor Police Department on nursing documentation in patient #3's medical was consistent with control of the patient with NICU N 2/16/2018 at 4:30 PM Con 2/16/18 at 1:55 PM (b)(6), (b)(7) & confir report or follow up for origin on patient #3 do 5:36 AM and that the Wisconsin Department Patient #6 Closed medical review Patient #6 revealed P C-Section on (b)(6),	e by RN OO 9/21/17 at 5:36 ed newborn rash noted. Ind scalp as well." Review of um to Physician Resident of Physician O on 9/22/17 at gree with resident note, oted on palms bilaterally." 1/15/18 at 9:16 AM, Chief (CNE C) confirmed, hat there was a patient [#3] sing documented in the part of the hospital pital consulted Child Abuse who viewed photographs #3's parent PP. Child ted this case to Madison 1/2/12/18 (144 days after of injury of unknown original record) as the bruising hild abuse, confirmed in an alurse Manager D on M during an interview (b)(6), (b)(7) rmed there was no incident the injuries of unknown ocumented on 9/21/17 at incident was not reported to not of Health Services. W of the "Birth Record" for latient #6 was born (40)(37)(24)(10:44 PM) bounds 6 ounces) and was		144	d. Accommodate differences in procedula between inpatient and outpatient depart of the hospital. e. Streamline and clarify the investigation process. f. Streamline and clarify the internal and external reporting process, including but limited to required use of the electronic in reporting portal on Meriter's intranet, and clarifying mandatory versus permissive reporting. Task Owner: Manager of Social Work: Spiritual Care/ Director Employee & Lab Relations. 2. The Elder Adult-at-Risk Policy was furevised. The following is an overview of revisions to the Elder Adult-at-Risk Policy pursuant to Plan # 2: a. Clarify the process for screening all expatients and all adults at risk for signs of neglect or misappropriation of property, including distinctions in process as neces between inpatient and outpatient popular b. Clarify the obligations to identify and suspected abuse or neglect of elderly particularly at risk in accordance with appliarw. c. Clarify that, where appropriate, allegated abuse or neglect of adults at risk (incleders) are investigated and reported in accordance with the Caregiver Miscondi Reporting Policy. Task Owner: Manager of Social Work is Spiritual Care	ments on detention detention description d	March 9, 2018

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A 144	Chief Nursing Officer part of the Hospital's i #6 was in NICU (New from 1/19/18 to 1/26/′ identified Patient #6 h lower extremities the #6's Parents EE and in plan. Review of the investig Patient #6 informed h uncomfortable with caprimary caregiver on an January 23-24, 20 schedules). The hospiconcerns, Physician Expert N on 02/12/18 survey and a CT (con The hospital investiga multiple fractures, incident were confirmed Nurse Manager D on On 2/16/18 at 1:40 Pt (b)(6), (b)(7)% confir report in for injuries of Patient #6 while in the Care Unit) from 1/19/documentation of inde #6 during this hospital report event to Wisco Services.	ducted 2/15/18 at 9:16 AM, C (CNO C) confirmed, as a investigation, since Patient aborn Intensive Care Unit) 18, and medical record and scattered bruising on hospital contacted Patient notified them of their safety pation revealed the (EE) of ospital staff they were aregiver RN H, who was the the night shift for Patient #6 18 (confirmed with staff ital decided, due to these Z consulted Child Abuse who recommended skeletal inputerized tomography). In the confirming an interview with NICU 2/16/2018 at 4:30 PM. M during an interview (b)(6), (b)(7) and there was no incident funknown origin found on the NICU (Newborn Intensive 18 to 1/26/18 and no other revention to protect Patient I stay. The facility failed to insin Department of Health se medical record revealed dmitted on (b)(6) a(ta)(Va) CM) weighting 3 pounds 6.5		144	3. The Child-At- Risk Abuse And Neglet Policy was further revised. The following overview of the revisions to the Child At Abuse And Neglect Policy made pursual Plan # 2: a. More clearly define "injury of unknow source" to mean unexplained suspicious injuries, and to more clearly identify that injuries of unknown source (defined conwith the Caregiver Manual) and "caregiver misconduct" are "incidents" that must be internally investigated and evaluated for external reporting. b. Accommodate procedural differences hospital inpatient versus outpatient departments. Task Owner: Manager of Social Work a Spiritual Care 4. The Domestic Abuse - Adults Policy further revised. The following is an over the revisions to the Domestic Abuse - Act Policy made pursuant to Plan # 2: a. Clarify indicators of domestic abuse. b. Clarify the procedural screening procinpatients and outpatients. c. Clarify when external reporting is mate.g. wounds and burns. d. Clarify the process for reporting and of or patient support when reporting is not mandated. Task Owner: Manager of Social Work a Spiritual Care	g is an Risk and to no short t	March 9, 2018 March 9, 2018
		M) weighting 3 pounds 6.5					

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A 144	NICU at 2:55 PM after (respiratory distress sevaluation. On 1/7/18 event, was intubated at (patent ductus arterior). #1 also had retinopatit results in impairment premature birth). Review of Patient #1's Care" "Problem: Skin of" "Outcome" revealed PM "Abrasions noted unchanged. Bruising of L foot." Review of incident rep #169891 titled "Currer was not entered until staff identified injuries HH. Date of occurrent time 9 AM, listed the Intervention Needed" Specified" Resolution: Event" "Harm - Tempor There was no addition investigation of the inj protect Patient #1. On 2/16/18 at 1:40 PN (b)(6), (b)(7)¢; y co #169891 on Patient # was entered on 2/08/identified the injuries) Patient #2	ent #1 was admitted to the r birth for prematurity, RDS yndrome) and sepsis at 9:45 PM had a hypoxic and diagnosed with PDA sus) a heart defect. Patient hy (disease of the retina that or loss of vision r/t to the s"Nursing Notes" "Plan of Integrity" - "Impaired, Risk ed on 01/14/2018 at 5:04 on bottom of L foot noted to R hand and bottom or Skin/Tissue Event hat Summary" for patient #1 "02-08-2018" (6 days after of unknown origin) by RN or "02-02-2018" estimated "Severity Level" "Temporary, "Follow-Up Actions:" "Not s and Outcomes of the orary, Intervention Needed." hald documentation of further intries or intervention to to during an interview (b)(6), (b)(7) of firmed incident event 1 occurred on 2/02/18 and 18 (6 days after staff)		144	5. An enhancement to the electronic me record functionality for the NICU was implemented to provide a field (flowshee for documenting unsuccessful attempts insertion, heel sticks, lab draws or other piercing techniques that could explain a or bruise on the baby's skin. Up until thi only successful attempts were documen This enhancement is intended to assist caregivers in determining whether or not bruise or mark is suspicious. Task Owner: Clinical Informatics Nurse Specialist 6. A team of NICU leadership (consistin one or more of the following: Director, N Manager, Assistant Nurse Manager, Far Nurse Liaison, Clinical Nurse Specialist, other leadership) will make unannounce rounds on NICU patients and their famili Each patient will have unannounced rou least once per week. The purpose of the rounds will be to facilitate family communand to identify any concerns family may and to provide a forum through which far may voice concerns about the care their is receiving. Task Owner: Director of Perinatal Servi and reporting of injuries of unknown sou caregiver misconduct) will be included ir training and a version adapted to incider reporting in Perinatal Services will be dis and easily accessible to staff and provid direct patient contact in the NICU. Task Owner: Chief Nursing Executive	et rows) at IV skin mark spoint, ted. t a g of urse mily or d es. nds at e nication have, milles baby ces gation rce and n t splayed	March 9, 2018 March 9, 2018 and ongoing April 4, 2018
		via C-section (caesarean					

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conducted daily Monday, Friday excluding	(X5) DMPLETION DATE
section) [the delivery of a baby through a surgical incision in the mother's abdomen and uterus] on (b)(6), (a)(7)(99 AM, weighing 1 pound and 8.3 ounces. Review of the incident report #170100 titled "Current Summary" revealed on Saturday 20/203/18 at 8:00 AM, Patient #2's parent (DD) noticed "abrasions/scratching on left wrist" and notified RN P. RN P completed an assessment and identified "right palm /heal of hand with reddened intact areas", "scattered purple/red bruising on the opposite side of right hand and a few scattered areas of bruising up the right forearm and inner wrist", purple red bruising on left wrist", "scattered bruising on the opposite side of right hand and a few scattered areas of bruising up the right forearm and inner wrist", purple red bruising on left wrist", "scattered linear abrasion", scattered purple/red bruising extending up left forearm". Further review of the same incident report revealed Patient #2's parent (CC) told RN P that s/he had "done skin care the previous day and felt very confident all these markings were new this morning". RN P documented taking photos of the injuries 20/318. The 20/318 incident was not recorded into their incident report #170100 revealed additional injuries "right subconjunctival hemorrhage" (per review of patient #2's medical record facial/head injuries were not discovered until on 02/04/2018) however the incident report does not include clarification that these were two separate incidents/injuries as no date or time included in this notation.	18 oril 4,

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(#170100) "revealed Outcome", final sever Harm-Reached Patie under the "Follow-Up There was no additio investigation of the in protect Patient #2. Treport on this event. Review of Patient #2' revealed on 2/04/18 if Patient #2 had additio bruising on face, perion Review of the incider staff did not documer Patient #2 the injuries by hospital staff 02/04/18 if Patient #2 the injuries by hospital staff 02/04/18 if Patient #2 the injuries by hospital staff 02/04/18 at 7:05 swelling noted last even On 2/16/2018 at 4:30 Nurse Manager NICU 2/08/18 (6 days after and 4 days after the sephysician L consulted regarding unexplaine N recommended add skeletal survey and he (CT) which revealed farm fractures. Review of Patient #2' dated 2/9/2018 at 12:	at report for Patient #2 under "Resolution and rity level as "D. No nt Monitoring Required" and Actions:" "Not Specified" nal documentation of further juries or intervention to There is no separate incident Is NICU "Nursing Notes" RN U had documented that onal injuries documented as orbital edema. Int report log revealed the at on an incident report for as of unknown origin identified 4/2018. Is "Attending Neonatologist "Physicians Progress Note"	A	1144	11. The electronic incident reporting po Meriter's intranet includes a setting to tri reporter to indicate injuries of unknown (unexplained injuries that are suspicious nature). However, that selection from the down box currently states "Accidental In Unknown Origin." Meriter will submit a result to the UnityPoint Health IT Dept. to remeterm "Accidental" from this selection. Task Owner: Patient Safety Officer 12. Video monitoring cameras will be in in NICU rooms and the newborn nurser monitors will be continuously observed and any concerning issues will be immereported to NICU staff to immediately act the concern. Task Owner: Director of Perinatal Servi Date of Completion:	gger the source in the discource in the discource is the discource of the source of the discource of the discource of the source of the discource of the discource of the source of the discource of the source of the source of the discource of the source of the sour	April 4, 2018 April 4, 2018

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A 144	collection to the susp traumatic scalp hema on 2/16/18 at 1:40 Pl (b)(6), (b)(7)c confi #170100 on Patient # days after the injury of identified by nursing sour incident report door unknown origin that on the collection of the c	arietal skull", "Fluid he parieto-occipital skullthis he parieto-occipi		144	13. Meriter is currently conducting a ser round of mandatory training ("phase two education") which will be completed by 19, 2018 (subject to individual schedulin conflicts, with all staff education being completed no later than April 4, 2018). purpose of phase two is to promote awa of and compliance with the corrective acitems identified above, including the poli revisions discussed herein which addres obligation to immediately report identifie abuse, and to timely and appropriately rincidents of caregiver misconduct or injunknown source. Caregivers will be eduspecifically on indicators of abuse and s and symptoms that indicate a reasonabl suspicion of abuse. The education will an online or paper module relating to ab detection and requiring patient safety. Teducation will cover child abuse, and caregiver misconduct. The training will conducted for all staff and providers who patient contact in either the inpatient or setting, all new staff and providers who patient contact, and Meriter will also impannual refresher education Improvement, N Education, Patient Care Services Suppospiritual Care	o March g The Irreness stion icy ss the d child eport Irries of Ir	March 19, 2018 or April 4, 2018, as explained herein.

NAME OF PROVIDER OR SUPPLIER UNITYPOINT HEALTH - MERITER DISTRET ADDRESS, CITY, STATE, ZIP CODE 202 S PARK ST MADISON, WI 53715 MADISON, WI 53715 A 144 Continued From page 11 Assistant Nurse Manger T on Monday, 2/05/18 and questioned what s/he should do about the bruising found on Patient #1 and #2. Nurse Manger D confirmed "I told [T] to ask the staff." During interview with Medical Director of NICU K on 2/16/18 at 11:05 AM, K stated it was not his/her responsibility to complete an event report, "that would be the nurse's job." During interview with APNP R on 2/16/18 at 1:40 PM R when asked if R had submitted an incident report, R stated it was "out of [fils/her] repail" to complete an event report,." it is the nurses job". On 2/15/18 at 9:16 AM during an interview CNE C confirmed the hospital was aware of the Wisconsin Statues 48.981 (2) and that they were mandated reporters and had not reported prior to this interview. C confirmed they had not completed form F-62447 caregiver misconduct Incident Report to report to the Wisconsin		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		CONSTRUCTION	(X3) DATE COMF	SURVEY
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Assistant Nurse Manger T on Monday, 2/05/18 and questioned what s/he should do about the bruising found on Patient #1 and #2. Nurse Manger D confirmed "I told [T] to ask the staff." During interview with Medical Director of NICU K on 2/16/18 at 11:05 AM, K stated it was not his/her responsibility to complete an event report, "that would be the nurse's job." During interview with APNP R on 2/16/18 at 1:40 PM R when asked if R had submitted an incident report, R stated it was "out of [his/her] realm" to complete an event report, "it is the nurses job". On 2/15/18 at 9:16 AM during an interview CNE C confirmed the hospital was aware of the Wisconsin Statues 48.981 (2) and that they were mandated reporters and had not reported prior to this interview. C confirmed they had not completed form F-62447 caregiver misconduct Incident Report to report to the Wisconsin	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	<	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
Department of Health Services. A 145 A 146 A 146 A 147 A 147 A 148 A 149 A 149		Assistant Nurse Many and questioned what bruising found on Pat Manger D confirmed During interview with on 2/16/18 at 11:05 A his/her responsibility "that would be the nurber of the part	ger T on Monday, 2/05/18 s/he should do about the ient #1 and #2. Nurse "I told [T] to ask the staff." Medical Director of NICU K M, K stated it was not to complete an event report, rse's job." APNP R on 2/16/18 at 1:40 R had submitted an incident s "out of [his/her] realm" to port, "it is the nurses job". M during an interview CNE C Il was aware of the 8.981 (2) and that they were and had not reported prior to rmed they had not 447 caregiver misconduct bort to the Wisconsin a Services. REE FROM NT ght to be free from all forms ent. not met as evidenced by: lew and interview the facility implement an effective een, identify, train, protect, e, report,and respond to any ted abuse related to injuries defailed to thoroughly			Action Measures Will Prevent Recurred The corrective actions identified above a designed to ensure that abuse is detected quickly and that immediate steps are take ensure patient safety. The corrective actintended to improve the processes for understanding, identifying and reporting or caregiver misconduct where such consuspected or where there is an injury of unknown source and caregiver miscondicannot be ruled out. Because not all mabruises or other signs necessarily indications of other signs necessarily indications of other medical processes the explain the signs/ symptoms. Staff will be educated to understand that in the even abuse cannot be ruled out, reporting to lenforcement (and internally) must occur immediately. These actions will also ensure leadership is appropriately and immediation of indicational commensus of the explaint of the expla	ence: are ed ed en to tions are abuse duct is uct arkings, te child ill uishing ersus nat be t child aw sure that tely igating egiver onts. ont44	See A-0144

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI		NSTRUCTION	(X3) DATE SURVEY COMPLETED		
		520089	B. WING				C / 19/2018
NAME OF PROVIDER OR SUPPLIER UNITYPOINT HEALTH - MERITER				202 S	ET ADDRESS, CITY, STATE, ZIP CODE PARK ST ISON, WI 53715	1 02/	19/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 145	5 of 6 patients (#1, #. Newborn Intensive C with injuries of unknot case was reported for Findings include: Review of Bylaws and the Medical Staff date by the Medical Exect November 15, 2016, Staff at the annual mand approved by the Health Services Board 25, 2017 under Mem Section 1 Qualification the Medical Staff shat policies and guideline hospital and/or Medical Review of policy titled Neglect" dated March II. C. Statutory requirabuse under Wiscons revealed "Each person suspected child abus for either making a rethat the report was are Human Services or all Investigation and dod "when a concern about identified by a person person immediately of personally determinare a the child is received."	2, #3 #4 and #6) in the are Unit (NICU) identified with origins when the first in Patient #4 on 4/12/17. Id Rules and Regulation of ed January 2017, approved titive Committee on approved by the Medical eeting on January 17, 2017 UnityPoint Health-Merrier ind on and effective January bership and Privileges ons C. revealed "Members of Ilcomply with the safety es put in place by the cal Staff". Id "Child at Risk Abuse and in 2001 revised 8/2016 under ements for reporting child sin Statute 48,981 3. In who has a concern about the or neglect is responsible export directly or for verifying citually made to County aw enforcement". Under D. Extraction 1. revealed out abuse or neglect is in required to reportthat consults with, by telephone or need by the primary clinical	A	145			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDI		STRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			202 S F	T ADDRESS, CITY, STATE, ZIP CODE PARK ST SON, WI 53715		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 145	section) [the delivery incision in the mother (b)(6), (b)(7)(39 AM ounces. Review of Patient #2's revealed on 2/04/18 F Patient #2 had addition bruising on face, perioder incident report was confuncted to the incident was a confuncted of the incident was a confuncted of the incident was a confuncted with the incident of the	of a baby through a surgical 's abdomen and uterus] on weighing 1 pound and 8.3 Is NICU "Nursing Notes" RN U had documented that boal injuries documented as orbital edema. It report log revealed no completed for the new injuries and on 02/04/2018 for Is "Attending Neonatologist "Physicians Progress Note" AM revealed scalp ening unknown etiology. Attending Neonatologist ltrasound dated 02/08/18 rcranial ultrasound". It report #170100 titled evealed on Saturday Patient #2s parent (DD) ratching on left wrist" and completed an assessment alm /heal of hand with st", "scattered purple/red ite side of right hand and a of bruising up the right st", purple red bruising on om area between thumb and bruises on second and third located ulnar side of left ar abrasion", scattered tending up left forearm".	A	145			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			202	REET ADDRESS, CITY, STATE, ZIP CODE S PARK ST DISON, WI 53715	1 02	119/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 145	revealed Patient #2s s/he had "done skin of felt very confident all this morning". RN P of the injuries 2/3/18. The recorded into their ind 02/09/18, 6 days after incident report were a subconjunctival hemomedical record were 02/04/2018) however include clarification the incidents/injuries as rethis notation. No addit completed for second unknown origin for Patients of the incider (#170100) "revealed Outcome", final seven Harm-Reached Patien under the "Follow-Up Specified" On 2/16/2018 at 4:30 D confirmed on Thurs consulted Child Abus unexplained injuries or recommended addition skeletal survey and he (CT) which revealed arm fractures. Review of Patient #2' dated 2/9/2018 at 12. Physician AA reveale fracture of the right pcollection overlying the strength in the single process of the right pcollection overlying the single process of the right pcollection overlying the strength in the single process of the right pcollection overlying the single proces	parent (CC) told RN P that care the previous day and these markings were new documented taking photos of the 2/3/18 incident was not cident reporting system until or the event. Included in this additional injuries "right prhage" (per review of not discovered until on the incident report does not not the incident report does not not date or time included in itional incident report was to 02/04/18) injury of atteint #2 Interport for Patient #2 Interport fo	A	145			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI		(X3) DATE SURVEY COMPLETED				
		520089	B. WING			C 02/19/2018		
	NAME OF PROVIDER OR SUPPLIER UNITYPOINT HEALTH - MERITER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 S PARK ST MADISON, WI 53715			02/19/2018	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
A 145	revealed that Patient another hospital and hospital on 03/19/17 admitting diagnosis of Estimate to be 30+ with the required mechane valuation. Review of Patient #4 Patient Safety Office a two view x-ray contibia, first view "norm limited evaluation". RH was primary careg 2017. "Physician No AM by Physician K, review of Patient #4 #115245 titled "Curre and documented by lunknown origin were 4/12/17, as "bilateral and left foot" (photos the medical record), review of Patient #4 and Outcome" for the Level" revealed "E. Hind Not Specified". Patient #1 Review of Patient #1 that Patient #1 was a born at 14:55 (2:55 F	s "Admission Record" #4 was born on (b)(6), (b)(7)c was transferred to this at 3:14 PM with an of "Prematurity in Newborn weeks", respiratory distress nical ventilation, and sepsis 's medical record with and the prevention of	A	145				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		520089	B. WING	NG			C 1 9/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY 202 S PARK ST MADISON, WI 5371		1 021	13/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH COI	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
A 145	vaginal delivery . Pati NICU 14:55 (2:55 PM RDS (respiratory dist evaluation and retino that results in impair the premature birth) a (patent ductus arterio 1/7/18 at 23:45 (9:45 and was intubated. Review of Patient #1' Care" "Problem: Skin of" "Outcome" reveal PM "Abrasions noted unchanged. Bruising of L foot." Review of Patient #1' Care" "Problem: Skin of" "Outcome" reveal "Continues to be rudo bruising/abrasion to bright hand noted." Review of Patient # 1 Care" "Problem: Skin of" revealed on 2/2/2 (remains on left arm a Review of Patient #1' Friday 02/02/18 "AM RN P identified "bruis of bilateral hands and 8:00 AM cares and ne Physician O. Review of Patient #1' Care" "Problem: Skin OF Patient #1' Friday 02/02/18 "AM RN P identified "bruis of bilateral hands and 8:00 AM cares and ne Physician O.	lent #1 was admitted to the (1) after birth for prematurity, ress syndrome) and sepsis pathy (disease of the retinal ment or loss of vision r/t to and diagnosed with PDA issus) a heart defect and on PM) had a hypoxic event (1) s "Nursing Notes" "Plan of Integrity" - "Impaired, Risked on 01/14/2018 at 5:04 on bottom of L foot noted to R hand and bottom (1) s "Nursing Notes" "Plan of Integrity" - "Impaired, Risked on 1/15/2018 6:46 AM dy/jaundice with bottom of left foot. Bruising to (2) s "Nursing Notes" "Plan of Integrity" - "Impaired, Risked on 1/15/2018 6:46 AM dy/jaundice with bottom of left foot. Bruising to (2) s "Nursing Notes" "Plan of Integrity" - "Impaired, Risked (3) 8:17 PM "Bruising nd hand." (2) s medical record dated (3) Nursing Progress Notes" by sing erythema and abrasions of forearms" of Patient #1, at	A	145				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL [*] A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER UNITYPOINT HEALTH - MERITER			20	REET ADDRESS, CITY, STATE, ZIP CODE 12 S PARK ST ADISON, WI 53715	1 02	13/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 145	"Bruising noted on let Review of Patient #1' Care" "Problem: Skin of" "Outcome" reveals "Back of left hand wit Review of Patient #1' Care" "Problem: Skin of" "Outcome" reveals "Bruising to top of L hextending up from 4th Review of Patient #'s Care" "Problem: Skin of" revealed on 2/13// have very light bruisin almost unable to see Review of incident re Summary" dated 02/0 Patient #1 had injury identified on 2/2/2018 their incident reportin after the event). Interview with (APNP confirmed R notified I on 2/02/18 of injuries On 2/16/18 at 11:05 / Physician K confirme 2/02/18 may have be wires or peripheral in used for stabilization. was contacted by a Fidentified on Patient #1	s "Nursing Notes" "Plan of Integrity" - "Impaired, Risk ed on 2/9/2018 12:33 PM h resolving bruise noted" s "Nursing Notes" "Plan of Integrity" - "Impaired, Risk ed on 2/10/2018 at 2:58 PM land noted, primarily n and 5th fingers" "Nursing Notes" "Plan of Integrity" - "Impaired, Risk 2018 8:24 PM "Continues to ng to her left arm/hand - today" port titled "Current 28/18 for Patient #1 revealed on unknown origin that was 8 but was not recorded in g system by RN CC (6 days) R on 2/16/18 at 1:40 PM Physician O and Physician K on Patient #1. AM during an interview d Patient #1's injuries on en from patient clutching travenous device arm board Physician K stated S/he RN about the injuries #1 Friday 02/02/18 and and called Physician O to	A	145			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	520089	B. WING				C / 19/2018	
NAME OF PROVIDER OR SUPPLIER UNITYPOINT HEALTH - MERITER			202	EET ADDRESS, CITY, STATE, ZIP CODE S PARK ST DISON, WI 53715	1 02	110/2010	
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revealed Patient #3 w. (b)(6), (a)(3)CAM we ounces and was 43 cr of the medical record [Patient #3]"is a (b)(6) normal spontaneous w NICU for prematurity. Review for patient #3 Progress Notes" dated "non-blanching linear no other rashes or les Addendum 09/22/17 (baby, reviewed data a rounds. I agree with remacules noted on palm Review of nursing doc by RN H 9/19/17 throudocument bruising or Review of the Hospital dated on 2/09/18 reverecalled Patient #3 ha The Hospital investigal had been a primary can hospitalization in the Nouring this hospitalization in the Nouring of left foot and #3's mother had taken that time, which were Specialist N on 2/09/1 the photographs of Pahospitalization and deconsistent with child a	ent #3's "Birth Record" as born vaginal delivery on eighting 4 pounds 12.2 m (16.9 inches) long Review "Birth History" reveal: ii) f(b) (70) to at 34w5d via vaginal delivery, admitted to revealed in "Physician d 9/22/2017 at 7:16 AM macules on bilateral palms, iions." Neonatology not timed) "I examined and directed plans on esident note, Bruise-like ms bilaterally. Sumentation for Patient #3 ugh 9/22/17, failed to skin assessments. It's investigation report elaed that Physician V had d unexplained bruising. Stion report verified RN H aregivers during Patient #3's NICU 9/17/17 thru 10/13/17. Intion, Patient #3 had d scalp bruising. Patient n pictures of the bruising at presented to Child Abuse 8. On 2/09/18 N reviewed	A	145				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL [*] A. BUILDI		(X3) DATE SURVEY COMPLETED			
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NAME OF P	ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		FREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	19/2016		
UNITYPO	INT HEALTH - MERITER				02 S PARK ST		
	T			М	ADISON, WI 53715		
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A 145	21-22, 2017. The me the hospital investiga there were no marks/ documented in medic RN H did not note an documentation. No incident report wa 9/22/17 when injury cleft foot and scalp bruleft foot foot foot foot foot foot foot f	dical record review during tion for Patient #3 revealed, bruises or injuries cal record prior to 9/21/17. The prior of the of unknown origin bruising or	A	145	DEFICIENCY)		
	on the night shift for I 2018. The hospital de concerns, Physician i Expert N on 02/12/18 survey and a CT. The revealed Patient #6 h ,including rib and arm	Patient #6 on January 23-24, ecided due to these Z consulted Child Abuse Is who recommended skeletal echospital investigation and multiple fractures in fractures which was view with NICU Nurse					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL [*] A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		520089	B. WING				C
	ROVIDER OR SUPPLIER	02000		20	TREET ADDRESS, CITY, STATE, ZIP CODE 12 S PARK ST ADISON, WI 53715	1 02	/19/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 145	No incident report ware related to scattered be during the hospital state of the tree of the during the hospital state of the tree of the	as documented for Patient #6 iruising on lower extremities ay on 01/20/18. at 9:16 AM with CNO C d not reported the suspected ecause the hospital was stigation and they were ution to report. When asked ected abuse CNO C, restand the need to report AP (as soon as possible). AM during an interview eonatal Intensive Care Unit of his/her expectation of the te incident reports, "they are at 1:26 PM with Registered ned Patient #2 had similar to Patient #1 and visician O on 2/03/18	A	145			

	DF DEFICIENCIES CORRECTION					
		520089	B. WING			C
NAME OF PI	ROVIDER OR SUPPLIER	02000	1	STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	19/2018
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UNITYPO	NT HEALTH - MERITER			MADISON, WI 53715		
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A 145	Continued From page Interview on 2/16/18 and Performance Improveman no policy or proceed their responsibility to train, protect, thorough respond to any allegarelated to injuries of use of their responsibility to train, protect, thorough respond to any allegarelated to injuries of use of use of the continuation of the contin	at 2:12 PMwith the Director overment B confirmed there less that directed staff on prevent, screen, identify, ihly investigate, report, and attions of suspected abuse anknown origin. PM during an interview D stated based on the staffing logs the hospital dearet Caregiver RN H, disabled and RN Hs access to the edical record. Manager NICU Monday 2/05/18 when called Manager D asking erns and injuries on Patient anager D stated S/he told "to ask staff". Ivelop, implement and ongoing, hospital-wide, is essessment and performance in. ing body must ensure that the complexity of the in and services; involves all and services (including	A 1	DEFICIENCY)	response urrence: elow. d: See	See response to A-0273 and A-0309 below.
	to improved health ou and reduction of med The hospital must ma	cuses on indicators related utcomes and the prevention ical errors. unintain and demonstrate program for review by CMS.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
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UNITEDI	NI HEALIH - WERIIER			MADISON, WI 53715			
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A 263	Continued From page	e 22	A 2	63			
	Based on record revi failed to thoroughly in respond to any allega related to injuries of u	ations of suspected abuse unknown origin in 5 of 6 nd 6) per policy. In a total					
	Findings include:						
	track incident reports unknown origin to ens performance and pati relevant data to impro incident reports were	document, analyze, and for patients with injuries of sure that aspects of staff ient care that would provide ove patient safety or that thoroughly investigated in 3 for 5 of 20 patients (Patient 2). See (A073)					
	officials failed to take of care provided to 5	al staff and administrative responsibility for the quality or 6 patients (Patient #4, #3, otal of 20 Newborn Intensive riewed.					
	affected all patients ir Care Unit during this 2/15/18 was 16, 2/16, 18) and prevented the	t of these deficiencies the Newborn Intensive survey (patient census /18 was 17 and 2/19/18 was the hospital from having tesessment and performance in.					
A 273	DATA COLLECTION CFR(s): 482.21(a), (b		A 2	• Corrective Action Measures:			

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ID PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED				
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		520069	B. WING			02/	19/2018
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
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				ı	MADISON, WI 53715		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD B		COMPLETION DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA	AIE	DATE
	1						
A 273	Continued From page	e 23	A:	273	1. All corrective action measures articul		
					Plan # 1 and Plan # 2 or elsewhere with Plan # 3 are incorporated herein to the		
	(a) Program Scope				relevant.	exterit	
	(1) The program mus	t include, but not be limited			Tolovanii		
	to, an ongoing progra	am that shows measurable			2. The Quality of Healthcare Committee		April 4,
	improvement in indica	ators for which there is			standing committee of the Meriter Board	l of	2018
	evidence that it will in	nprove health outcomes			Directors. This committee establishes	-4!	
	(2) The hospital must	measure, analyze, and			organization-wide clinical quality expects and oversees clinical quality across the	ations	
		s and other aspects of			continuum of care offered in the hospital	I.	
	•	ess processes of care,			Going forward, a specific written plan wi		
	hospital service and of	operations.			developed for creating a conduit so that		
					incident reporting data and opportunities		
	(b)Program Data				improvement drawn therefrom will be co to the Quality of Healthcare Committee		
	(1) The program mus				purpose of setting quality indicators for i		
		ng patient care data, and			reporting of injuries of unknown source.		
	,	or example, information			goal of this corrective action step is to ha	ave the	
	,	ved from, the hospital's			Quality of Healthcare Committee explicit		
	Quality Improvement	· ·			consider this data in providing direction		
	` '	use the data collected to			clinical care settings. The written plan winclude the following elements: (1) The 0		
	` '	ectiveness and safety of			of Healthcare Committee will issue guide		
	services and quality of				for the Patient Safety Committee to prov		
	()	and detail of data collection			data evidencing that staff in all clinical se	ettings	
		the hospital's governing			are aware of and comply with system		
	body.				expectations to submit and follow up on		
					incident reports; (2) At its next meeting of 10, 2018, the Patient Safety Officer and	on iviay	
					Director of Performance Improvement w	rill	
					present incident reporting data and the		
					strategies for quality improvement; and	(3) For	
	This STANDADD is	not mot as avidenced by:			each meeting thereafter for the subsequ		
		not met as evidenced by: iew and interview the facility			months, the Quality of Healthcare Commwill explicitly include this item (incident	nittee	
		,			reporting data review) as a standing item	n on	
	· ·	nalyze, and track incident			meeting agenda.	0	
	•	ith injuries of unknown origin s of staff performance and			33		
	•	Id provide relevant data to			Task Owner: Director of Performance		
	•	y or that incident reports			Improvement, Patient Safety Officer		
		stigated in 3 of 9 events					
	• ,	stigated in 3 of 9 events patients (Patient #4, #3, #6,					
	#1 and # 2).	Jauchies (Fauchi #4, #3, #0,					
	# 1 allu # 4 j.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		E CONSTRUCTION		3) DATE SURVEY COMPLETED	
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	520089	B. WING _			02/	19/2018	
NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
UNITYPOINT HEALTH - MERITER				02 S PARK ST			
			N	MADISON, WI 53715			
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risk management intervoverview of Meriter's exfor quality improvement patient care and organiof an Incident:1. "percincident involves a patie assessment of the patie the incident and any cliresult of the incident	"Incident or Accident "Indident or Accident "Index 8/31/15 under sided "The system facilitates ventions and provides an exposure pattern as a basis t activities to improve izational safety Definition ceived" injury D2. If the ent, include an ent's condition following inical action taken as a 5all incidents are into the online incident tyMeriter as soon as view and follow-up is urs of the incident." Indident and follow-up is urs of the incident." Indident and follow-up is urs of the incident and incident and follow-up is urs of the incident." Indident and follow-up is urs of the incident and in rat 1:19 AM Bruises on rally, linear in shape-likely nitor leads) wrapped in Indirect at 9 AM revealed Indiateral bruising on calves, uises consistent with verity Level" revealed In Needed" Vealed "Not Specified".	A2	273	3. The Quality of Healthcare Committee annually publishes a Patient Safety Plan establish areas of focus for achievement quality and safety objectives hospital-wic Committee will include on its agenda for meeting on May 10, 2018 a discussion a including incident reporting, follow-up / investigation and audit as areas of focus 2019 Patient Safety Plan. Thereafter, the Director of Performance Improvement at Patient Safety Officer will initiate the professing the Patient Safety Plan according establishing this issue as a safety priority areas of the hospital including but not lind the Board of Directors, the Medical Staff Administration, the Patient Safety Committee Hospital Clinical Council, the Depart Directors and Managers, the Nursing Shafer Governance Quality/ Practice Counsel, a Meriter employees and volunteers, the Department of Performance Improvement Legal Counsel and Risk Management. Task Owner: Director of Performance Improvement, Patient Safety Officer	to to finder. The its next is bout for the end the cess for ingly, y for all inited to to the finder of the finder	April 4, 2018	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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A 273	Continued From page	25		272	4. The Patient Safety Officer will propos	e a	April 4,
71270			A 4	213	process to allocate Patient Safety Progra		2018
		n of intervention or follow			resources to respond to, own and track a		
	up.				incident reports submitted that indicate a	l	
	Patient #3				potential injury of unknown source or an allegation of caregiver misconduct. Curr	ently	
	Record review Patien	t #3's medical record			upon submission of an incident report th		
		nad injuries of unknown			the portal on Meriter's intranet where the		
	origin documented in	•			person submitting the report has indicate		
	•	escribed as bruising on left			Level E or "Harm," the Patient Safety Pro		
		physician notes on 9/22/17			staff is automatically notified by email ale This will stay in place, but going forward		
	at 7:16 AM described	as non-blanching linear			same email alert will occur whenever an	(1) 1110	
	macules on bilateral p	palms bilaterally.			incident report is submitted categorized	as	
					"injury of unknown source" or caregiver		
	Review of incident log	g revealed, the staff did not			misconduct and (2) for reports indicating "Harm" or injury of unknown source, the		
		incident report the injuries			Safety Program staff will be the owners		
	•	t were documented in			process, and will be directing and coordi		
	Patient #3's medical r	ecord on 9/21/17.			appropriate follow-up during regular bus		
	D // / //0				hours (see below for after hours, weeker		
	Patient #6				holidays). The Patient Safety Program s receiving the report will promptly follow u		
	Record review Patien				coordinate investigation of whether the in		
	origin documented in	nad injuries of unknown			requires further investigation and/or repo		
	1/20/18 at 11 AM that	•			external agencies in accordance with ap		
	scattered bruising low				policy. The Patient Safety Program staff inform the attending physician of the inci		
	coattored braiding levi	or oxionniace.			he/ she is not already aware.	don't ii	
	Review of incident loc	revealed, the staff did not					
		incident report the injuries			Task Owner: Patient Safety Officer		
		t were documented in					
	Patient #6's medical r	ecord on 1/20/2018.					
	Patient #1						
		s medical record revealed,					
	Patient #1's had injuri	•					
		irsing notes on 2/02/18 at					
		s bruising of left forehand,					
	•	ocumented in the physician					
	notes on 2/02/18 at 7						
	bruising over dorsal le	left lower forearm and					
	bruising over dorsal it	and paint.					
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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
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A 273	Continued From page	26		272	P. Th	4	A! 4
1 71270			_ ^·	215	 The manager of the location where the occurred will be automatically notified an 		April 4, 2018
		corresponding incident			typically the person tasked with timely	u is	2010
	· •	02/18 at 9:00 AM revealed,			investigation to determine next steps. For	or	
	,	nurses notes on 02/02/18 at			injuries of unknown source, the staff mer		
		s bruising left hand, palm,			submitting the report will also directly cor		
	and arm.	aled "Intervention Needed."			the manager (by phone or in person) for concerns of abuse or injury of unknown s		
	,	evealed "Not Specified",			or caregiver misconduct. If the manager		
	"Final Severity Level"	• • •			available, the staff member submitting th		
		ion Needed." However, there			report will contact the assistant manager	. If	
		on of intervention or follow			neither are available, the staff member	l 1	
	up.				submitting the report will contact one of t resource personnel which may include the		
	up.				Nurse Administrative Coordinator (NAC)		
	Patient #2 (injury #1)				Administrator on Call depending on the o		
		s medical record revealed,			area. All progress involving the investiga		
	Patient #2 had injurie	•			reporting of an incident will be communic		
	documented in the nu	ursing notes on 2/03/18 at			the Patient Safety Program staff respons tracking and documentation. For incider		
	9:00 AM described as	s bruising, erythema, and			reports submitted by NICU staff, the Dire		
	abrasions on bilatera	I hands and forearms and in			Perinatal Services will also be notified. V		
	the physician notes o	n 02/04/18 at 7:37 AM			the patient at issue is a minor and there		
	described as bruising	on the right greater than left			concern of abuse, caregiver misconduct		
	forearm and left inner	r wrist that were linear in			injury of unknown source, the notification provisions of the Child Abuse-At-Risk Po		
	nature.				be followed.	noy wiii	
	Davidson - 6 11 - 1 - 1 1						
	Review of the incider	•			Task Owner: Patient Safety Officer		
		nt report written on 02/09/18					
	` ,	y was documented in #2's			See Attachment 3 for additional commer	ıts.	
	·	aled abrasions, scratching					
		right forearm, bruising right ng right wrist, and left					
	forearm.	ng ngiri wilsi, and leli					
		aled, "No Harm-Reached					
	Patient Monitoring Re						
		revealed, "Not Specified"					
		revealed, "No Harm -					
		nitoring Required". However,					
		entation of intervention or					
	follow up.						
	Patient #2 (injury #2)						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		520089	B. WING			02/	/19/2018	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
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				M	MADISON, WI 53715			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
A 273	Review of Patient #2' four days (4 days) aft injury Patient #2 had unknown origin docur on 2/07/18 at 2:00 Ph scalp and in physicial AM fluid wave over the Review of incident report docured incident #3 or #6, or opatient #3 or #6, or opatient #3. QAPI EXECUTIVE R CFR(s): 482.21(e)(1) The hospital's govern group or individual what hority and responsible in the following improvement and pate reduction of medical implemented, and material incident in the following improvement in the priorities for improves safety and that all impevaluated. (5) That the determination in the control of the following in the following improvement and patereduction of medical implemented, and material imperiorities for improves safety and that all impevaluated. (5) That the determination in the following improvement and pateriorities for improves safety and that all impevaluated. (5) That the determination in the following improvement and pateriorities for imp	s medical record revealed, er the first documented sustained a second injury of mented in the nursing notes of as fluid wave in posterior in notes on 2/08/18 at 7:06 the posterior occiput. port log confirmed there was cumentation on this event. (b)(7)c Y on 2/16/18 to PM, Y confirmed there outs of patient event on in the second event on assumes full legal sibility for operations of the ff, and administrative ole and accountable for grogram for quality ient safety, including the errors, is defined,		273	• Corrective Action Measures: 1. All corrective action measures articula Plan # 1 and Plan # 2 or elsewhere withi Plan # 3 are incorporated herein to the erelevant. 2. All employed direct care staff membe volunteers, credentialed providers, fellow residents who work in areas of the hospi where infants, babies, and children are ptreated (including, without limitation, the NICU units, and OB staff) have been requarticipate in phase one and all medical members are being required to participate phase two education modules identified # 1 and Plan # 2 and incorporated herein reference. This education is focused on identification, investigation and reporting (internal and external) of injuries of unknource and caregiver misconduct. Task Owner: Director, Care Coordinatio Clinical Documentation Improvement, Nueducation, Patient Care Services Suppo	n this xtent rs, ys, and tal rrimarily ED and uired to staff te in in Plan n by the own n, ursing	March 19, 2018	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 309	Based on record revi hospital's medical star failed to take respons provided to 5 of 6 patis #1, and #2) in 20 New records reviewed. Findings include: Review of Policy titled 02/2015 revealed "The been adopted by" the "to provide standards employees, reporting will conduct themselve promote organization—Quality of Care and Chigh-quality medical safe and in compliance regulations and profest 3.4 Protection from Alternation should be Responsibilities of Leader a culture with the tethical standards, to recompliance with legal establish a working ereconcerns and contributions and contributions and contributions are concerns and contributions are concerns and contributions and contributions are concerns and contributions and professions are concerns and contributions are concerns and contributions.	and the tas evidenced by: ew and interview, the ff and administrative officials ibility for the quality of care ients (Patient #4, #3, #6, wborn Intensive Care Unit d "Code of Conduct" dated is Code of Conduct has facilities Board of Directors by which directors, officers, physicians and volunteers es in order to protect and ewide integrity." Page 8 clinical Values "to provide iervices that are appropriate, es with all applicable laws, assional standards." Page 9 buse revealed "Any intial abuse, neglect or immediately." 11. aders, 11.2 Standards for "Leaders are called upon to the organization of high respect the importance of requirements and to navironment in which all	A 3		3. The Root Cause Analysis team (consphysicians, administrators and other stafwill include nursing going forward) will mweekly (as indicated) for the specific pur (a) reviewing all incident reports indicating of unknown source; and (b) developing a necessary action items to address syste opportunities for improvement in the profidentifying, investigating and reporting in unknown source. Task Owner: Patient Safety Officer 4. All members of administration who have responsibility for units or areas of the hoproviding patient care will complete the education module. Task Owner: President/ CEO 5. The manager (or other key personned respond to any incident report indicating unknown source within time limitations sepatient Safety Program staff who are trathat particular incident reporting. Task Owner: Patient Safety Officer 6. In the event that audit / monitoring rethat any medical staff member did not reincident or follow up on an incident base assumption that someone else (e.g. nurs staff) is responsible, the decision not to reshall be submitted to the Chief Medical Officer Task Owner: Chief Medical Officer	f, which eet pose of: neg injury any mic cess for juries of ave spital) will injury of et by the cking veals port and the sing eport	April 4, 2018
	,	d Rules and Regulation of d January 2017, approved					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 309	by the Medical Execu November 15, 2016, a Staff at the annual me and approved by the Health Services Boan 25, 2017 under Memb Section 1 Qualification the Medical Staff shal policies and guideline hospital and/or Medic Review of policy titled Reporting System" #3 Policy Statement reversive of Meriter's for quality improveme patient care and orga of an Incident1. "poincident involves a pa assessment of the pa the incident and any or result of the incident required to be entered reporting system via N possible. Supervisor r expected within 72 ho Review of policy titled Neglect" Policy #57 Statement revealed "I actions to protect the possibility of further a shall formally write up	tive Committee on approved by the Medical setting on January 17, 2017 UnityPoint Health-Meriter d on and effective January pership and Privileges ins C. revealed "Members of IIcomply with the safety is put in place by the ial Staff". I "Incident or Accident in Bo dated 8/31/15 under ealed "The system facilitates exventions and provides an exposure pattern as a basis and activities to improve inizational safety Definition exceived" injury D2. If the intent, include an itent's condition following clinical action taken as a . 5all incidents are in the online incident in MyMeriter as soon as exeview and follow-up is purs of the incident." I "Child at Risk Abuse and ated January 2010 Policy Meriter Hospital will take "abused" from the buse 9. All hospital staff involved are out appropriate	A3	309	7. The President/CEO of Meriter highligi importance of policy compliance (related incident reporting) in her "Top 5" prioritie the Manager/ Director Forum on March 2018. The Patient Safety Officer will deverseentation for the next Manager / Dire Forum (to be held on April 19, 2018) cor targeted information on the incident reposystem and the obligation to inform the caregivers in their department or unit of content of the policies as revised and discussed above. Medical directors of clunits attending the Forum will receive information about communicating the escontent of the policies to medical staff. Task Owner: President/CEO; Patient S Officer • How Plan/ Action Will Prevent Recurrence: The corrective action step above establish a system of ensuring the medical staff are trained and periodically reminded of the specific duty to identify, investigate and report abuse. This plan designed to ensure that medical staff are complacent and are not assuming that identifying and reporting abuse is in the exclusive jurisdiction of the nursing staff Medical staff will play a key role in active evaluating injuries of unknown source allows crutinized by the peer review proces event that they fail to meet this expectat Similarly, administration will be educated reminded that they are ultimately resport for ensuring that systems are available for ensuring that systems are available for ensuring that systems are available for ensuring that these system continually evaluated and changes mad address identified deficiencies. The goa administration to actively lead and be accountable for ensuring that this syster working.	It to se at 15, relop a ctor ntaining orting the inical sential sentia	March 15, 2018 and April 4, 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 309	Tissue Event #11524. Registered Nurse (RI Level " " Intervention Actions:" "Not Specif Outcomes:" "Interver Severity Level reveal Intervention Needed." documented to protec unknown origin on Pa additional documenta of the injuries or inter Review of Patient #4 Patient #4 had injurie documented in the nu AM described as brui leg bilateral; calf and Continued Review of revealed, Patient #4 I origin documented in at 7:19 AM Bruises of bilaterally, linear in sh (from monitor leads) v infant. During interview with 2/16/18 at 1:25 PM, N further follow-up on E Patient #3 Patient #3's medical revealed in the nursin 5:36 AM "Bruising on physician note on 9/2	port for Patient #4 "Skin 5" dated 4/12/17 at 9 AM by N) W, revealed "Severity Needed". Follow-up fied". "Resolutions and nation Needed." Final fied "Harm - Temporary," No interventions were ct or report the injuries of stient #4. There was no option of further investigation vention to protect Patient #4. Immedical record revealed, so of unknown origin fursing notes on 4/12/17 at 9 sing, scattered; right leg; left ankle. Patient # 4 medical record final injuries of unknown the physician notes 4/12/17 in lower extremities hape-likely due to cords wrapped in swaddle with (b)(6), (b)(7)C	AS	309	How Compliance Will Be Monitored Quality of Healthcare Committee is ultir responsible for reviewing and auditing compliance with this set of corrective as steps. The data that the Patient Safety Committee provides to the Quality of Healthcare Committee (pursuant to the guidelines contemplated elsewhere in the Plan) will include data allowing audit of medical staff and administration are act taking responsibility for the identification investigation and reporting of potential alludividual task owners as identified about held fully accountable for compliance each stated corrective action step.	written his whether ively h, abuse. ve will		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			202	REET ADDRESS, CITY, STATE, ZIP CODE 2 S PARK ST ADISON, WI 53715	1 02	13/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A 309	Interview with (b)(6) at approximately 1:55 no event report for particular pa	les on palms bilaterally. (a), (b)(7)c Y on 2/16/18 (b) PM, Y confirmed there was attent #3. (a) #6's medical record and injuries of unknown the nursing notes on bed as scattered bruising (b)(7)c Y on 2/16/18 (c) PM, Y confirmed there was attent #6. (c) PM, Y confirmed there was attent #6. (d) PM, Y confirmed there was attent #6. (e) PM, Y confirmed there was attent #1 "02-08-2018" (6 days after sof unknown origin) by RN ce "02-02-2018" estimated "Severity Level" "Temporary, "Follow-Up Actions:" "Not as and Outcomes of the orary, Intervention Needed." and documentation of further juries or intervention to (e) s medical record revealed, ites of unknown origin ursing notes on 2/02/18 at as bruising of left forehand, ocumented in the physician	A	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A 309	bruising over dorsal I 02/03/18 at 8:52 AM bruising noted on left forearm has a linear I consistent with possil [Patient #1] also has inside of the right wripalmWe will check Linear erythema/bruis consistent with a medentanglement in a least consistent with 2/16/18 at 1:55 PM, on Patient #1, which entered on 2/08/18. Patient #2 Incident report reveal Harm-Reached Patient Follow-Up Actions reserved Patient Monitoring Reserved Neonatologist O, Nur Nurse Manager T we report events. Howeved documentation of the inprotect Patient #2. Review of Patient #2. Review of Patient #2. Review of Patient #2. Review of Patient #2.	left lower forearm and eft hand and palm and on By Physician O, "mild hand and forearm Left bruise about 1 cm long ble pushing against a lead. a 3 X 2 mm bruise on the st and a linear bruise on her growth curves in the a.m. se on left arm is most chanical injury, possibly ad.". (b)(6), (b)(7)c	A	309				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER UNITYPOINT HEALTH - MERITER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 S PARK ST		
ONLY ON THEATTH MENTER			MADISON, WI 53715		
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occiput (back of the hee During interview wit (12/16/18 at 1:40 PM, Y #170100 on Patient #2 approximately 9 AM ar stating "the investigation on 2/16/18 at 11:05 AM reporting of these incide his/her responsibility to "that would be the nurse During interview with A PM R when asked if R report, R stated it was complete an event reporting interview with the (CNE) C on 2/15/18 at asked if the facility had confirmed they had not Misconduct Incident Reference Wisconsin Department During interview with C 2/15/18 at 1:15 PM, who facility had reported the ORGANIZATION OF N CFR(s): 482.23(a) The hospital must have with a plan of administration on Patient PM	d wave over the posterior rad). (b) (6), (b) (7) C	A3		n this xtent cribed	

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				IN	MADISON, WI 53715			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
A 386	including determining nursing personnel and nursing care for all and policies and procedur administrative respond of 6 patients (#4, #3, sensus 2/15/18 was 12/17/18 was 18). Findings include: Review of policy titled (Reporting and Invest dated 8/05/16 revealed will comply with all inveguirements of injuits patients 4.0 "Injuingury where both of the met: The source of the band particular band by the puspicious because of the location of the injuinguries observed at of the incidence of injurice concerns in a timely Review of policy titled Neglect" Policy #57 distatement revealed "I actions to protect the	the types and numbers of d staff necessary to provide eas of the hospital. Into the met as evidenced by: ew and interview, the facility immediately adhere to their es to delineate their sibilities for patient care in 5 #6, #1 and #2). (Patient 16, 2/16/18 was 17 and 16, 2/16/18 was 17 and 17 and 18 an	A	386	2. The Patient Safety Officer will develor presentation to Nursing Managers and Directors for the April 19, 2018 Manager Director forum that will contain targeted information on the incident reporting proand system, and their accountability for educating caregivers in their departmen to understand and comply with the revis policies as described herein. The Presic CEO of Meriter also highlighted the import policy compliance (related to incident reporting) in her "Top 5" priorities present March 15, 2018 Manager/ Director for Task Owner: Patient Safety Officer, Preced 3. The job descriptions for nurse managend Chief Nursing Executive will be reviex policies, and specifically policies relating identifying and reporting injuries of unknource. Task Owner: Chief Nursing Executive 4. The Chief Nursing Executive in conjunith the Patient Safety Officer will develoreminders for incident reporting that will distributed quarterly to all nursing staff to This messaging will ensure that all nursing understand that incident reporting of any of unknown source is mandatory and if uncomfortable submitting a report for an reason, they must promptly notify their manager. Task Owner: Chief Nursing Executive Task Owner: Chief Nursing Executive	Unit cr/ ccess t or unit ed dent / ortance nted at orum. esident/ gers sed to oility for low g to own unction op be y email. ng staff y injury hey are	March 15, 2018 and April 4, 2018 April 4, 2018 April 4, 2018	
	shall formally write up	•						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			71. BOILDI			(С	
		520089	B. WING			02/	19/2018	
NAME OF PROVIDER OR SUPPLIER				5	STREET ADDRESS, CITY, STATE, ZIP CODE			
LINITYPOI	NT HEALTH - MERITER			2	202 S PARK ST			
	INT TILALITI - MILITIEN			ľ	MADISON, WI 53715			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION			
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION DATE	
IAG			17.0		DEFICIENCY)			
A 386	Continued From page 35			386	How Plan/ Action Will Prevent Recu	rrence:		
	immediately All hospital staff involved are				The Chief Nursing Executive will be ultimately			
	responsible for filling	out appropriate			responsible for ensuring top-down compliand with all nursing responsibilities including the			
	documentation in a ti	mely manner."			identification, investigation and reporting	of		
					potential abuse. The Chief Nursing Exe	cutive		
	Review of Policy titled "Code of Conduct" dated				(or designee) will regularly review data t	nat is		
	02/2015 revealed 11. Responsibilities of Leaders, 11.2 Standards for Patient care revealed				generated in accordance with this plan (including but not limited to Patient Safe)	tv		
		ipon to create a culture with			Committee data on incident reporting,			
	the organization to es				performance improvement staff statistics			
	•	all Covered Persons are			regarding the follow-through on incident of injury of unknown source, chart review			
	encouraged to raise concerns to achieve the				identifying reports that should have been	n made		
	organization's goals in a safeenvironment." Record review of Skin Tissue Event #115245 on				based on injuries identified in the medical record, etc.) and will take active steps as necessary with nursing staff to address any			
		n Tissue Event #115245 on e 4/12/17, entered 4/12/17 at			identified deficiencies. Such steps may	include		
		Nurse (RN) W, Severity			discipline for failure to follow policies, ad			
		leeded". Follow-up Actions			education for nursing staff, or other strat designed to address any systemic or ind			
		olutions and Outcomes			concerns.	iividadi		
	"Intervention Needed	." No further intervention						
	was documented.				How Compliance Will Be Monitored Quality of Healthcare Committee will mo			
		T. F			the performance of the nursing staff in	TINCOL		
		n Tissue Event #169891 on 202/02/18, entered 02/08/18			complying with incident reporting protoco			
		event occurred) by RN HH,			including the performance of the Chief N Executive in being accountable for nursi			
	` ,	rention Needed". Resolutions			performance. Human Resources will as			
	•	vention Needed." However,			Chief Nursing Executive in evaluating ar			
	no additional docume	o additional documentation was found to vestigate the injuries or the immediate			addressing the individual performance o employed nursing staff.	f		
	,				employed fluising stail.			
	intervention taken to protect patient #1 or report							
	to authorities							
	Record review of Safe	ety Security Event #170100						
	on Patient #2 event d	•						
	02/09/18 at 8 AM (6 d	days after event occurred) by						
		documentation was found to						
		es or the immediate action						
	taken to protect patie	nt #∠.						
	Patient Safety Officer	Y on 2/16/18 at 1:55 PM, Y						
FORM CMS-256	7(02-99) Previous Versions Obs	· · · · · · · · · · · · · · · · · · ·	1	Fa	acility ID: HSPLACU66 If continu	uation shee	t Page 36 of 37	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
						C 02/19/2018	
	ROVIDER OR SUPPLIER			20	REET ADDRESS, CITY, STATE, ZIP CODE 12 S PARK ST ADISON, WI 53715	,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	EFIX (EACH CORRECTIVE ACTION SHOULD B			(X5) COMPLETION DATE
A 386	other follow-up. (b)(6), (b)(7)c confirmed, Event #16 date 2/02/18, was en #170100 on Patient # entered 2/09/18 (6 da additional documenta events (#169891 and injuries were identifie An interview was con Nurse P on 2/16/18 a was so concerned ab injuries s/he sent an and Assistant Nurse I 2/03/18 to notify them Monday 2/05/18 s/he Nurse Manager T had her/his concerns. RN wait and watch positic Interview on 2/15/18 stated the facility was Statues 48.981 (2) ar reporters. Interview on 2/16/18 (b)(6), (b)(7)c were no other nursing	Y on 2/16/18 at 1:55 PM, Y 9891 on Patient #1, event tered 2/08/18, and Event tered 2/08/18 and Event tered 2/08/18, and Event tered 2/08/18, and Event tered 2/08/18, and Event tered 2/03/18 and Event tered to available on these #170100) (6 days after the d). ducted with Registered to 1:26 PM, RN P stated s/he out patient #1 and #2 e-mail to Nurse Manager D Manager T on the evening of a for her/his concerns. On "made sure" Assistant to the pictures and voiced P stated physicians "took a on." at 9:16 AM with CNE C, C is aware of the Wisconsin and that they were mandated at 2:12 PM with (b)(6), (b)(7)c is B, B confirmed there is or physician policies to ient events when patients	A	386			

ATTACHMENT 1

<u>A 000</u>

In designing this Plan # 3, Meriter's strategy is to implement systems that will reliably identify suspicious injuries. Staff may identify an injury as "suspicious" (according to the Wisconsin Caregiver Program Manual) due to: (1) the extent of the injury; (2) the location of the injury - e.g., the injury is located in an area not generally vulnerable to trauma; (3) the number of injuries observed at one point in time; or (4) the incidence of injuries over time. Staff will use hospital resources to distinguish suspicious injuries from injuries (such as bruises/ markings) that might have other explanations such as heel sticks, bruises caused by the birth process or by other disease processes. It would be problematic to assume that every single bruise or mark is an indication of abuse because, for example, it would subject patients to follow-up testing that would often be unnecessary or potentially harmful (e.g., repeated exposure to radiation, especially in children). However, in striking this balance, Meriter has erred on the side of overidentifying abuse.

To this end, Meriter has implemented and will further implement processes for identifying, investigating, reporting and signs of abuse and monitoring/ tracking systems for those processes. Meriter is committed to taking all steps necessary to ensure a culture of safety.

Please note that Plan # 1 and Plan # 2 are incorporated herein by reference, as some of the aspects of that plan are relevant to the deficiencies cited, as further explained below.

ATTACHMENT 2

A-0144

- How Compliance Will Be Monitored:
 - 1. Meriter's Patient Safety Committee will examine aggregate data compiled from the incident reporting system to identify trends and patterns, including but not limited to staff management of injuries of unknown source. The Patient Safety Committee will work with others as necessary to review and report internally on whether policies were followed, and will identify instances where policy was not followed, and flag the appropriate managers for followup.
 - 2. All incidents submitted through the portal will automatically notify the appropriate supervisors and managers, and will also automatically notify the performance improvement department. Performance improvement staff will ensure that every incident receives appropriate and timely attention, which may include referral for a root cause analysis or referral to the appropriate peer review body, which will conduct chart review and other analysis as appropriate, and will report any concerns to the appropriate managers. Any concerns relating to a member of the medical staff will be referred to Chief Medical Officer (or designee) for follow-up.
 - **3.** All staff will receive a quiz on content of the phase two education after training.
 - 4. The Patient Care Regulatory Compliance Committee (PCRCC) implements quarterly mock surveys for various hospital staff. The focus/ content of each quarter's survey varies. There is a time limit for completing each survey and the results are communicated back to the PCRCC, which then coordinates a presentation on the issue to patient care leadership from hospital departments. While the issues triggering the survey will not be covered every quarter, they will be the subject of mock surveys from time to time including the second quarter of 2018.
 - 5. The Performance Improvement Department will conduct quarterly chart reviews of a randomly selected sample of NICU patients using key word search functionality. The focus of the chart review will be to identify notes that indicate injury of unknown source and cross-check whether an incident report was submitted in connection with those events. Results will be reported to the Patient Safety Committee and in turn communicated to the Quality of Healthcare Committee.
 - **6.** A log will be maintained of all unannounced rounds and NICU leadership will follow up on any items of concern documented in the log.

ATTACHMENT 3

A-0273

6. The Patient Safety Committee will develop a process to provide for careful and reliable tracking of incident reporting containing injuries of unknown source. The tracking will allow the Patient Safety Program to determine compliance with the quality indicators established by the Quality of Healthcare Committee. The Patient Safety Committee will issue reports at least quarterly of incident reporting data and whether the reports are meeting established requirements. The reports will be reviewed by the Patient Safety Committee, the Quality of Healthcare Committee and the Director of Performance Improvement to specifically identify any action items or systemic changes needed to evaluate whether quality indicators are being met. Specifically, this process is designed to provide a systematic process for proper (internal and external) investigation and reporting of injuries of unknown source.

Task Owner: Patient Safety Officer Date of Completion: April 4, 2018

7. The Patient Safety Officer will develop a protocol accomplishing the following process: Where an incident report alleges caregiver misconduct related to a physician, the Patient Safety Program staff will ensure that the matter is routed to the Chief Medical Officer (or designee) for appropriate follow-up, potentially including referral to peer review. For non-physicians, the matter will be referred to the appropriate director or manager of the department. If the individual caregiver is an employee of Meriter, the Patient Safety Program will also alert the Director of Employee and Labor Relations. Incident reports that are sentinel events will be routed to the Root Cause Analysis team.

Task Owner: Patient Safety Officer **Date of Completion:** April 4, 2018

8. The Incident and Accident Reporting Policy and related flowchart will be revised to trigger consideration of submission of an incident report as soon as a potential incident is identified rather than after initial investigation has been completed.

Task Owner: Patient Safety Officer **Date of Completion:** April 4, 2018

9. A mock survey will be developed to ensure compliance with all policies cited above, specifically relating to detection, investigation and reporting of injuries of unknown source, specifically including the appropriate use of the incident reporting system. This survey will be developed by the PCRCC as part of the quarterly survey process, and will be implemented for the second quarter of 2018. Survey results will be reported to the PCRCC, the Patient Safety Committee, and the monthly meeting of patient care leaders across the hospital. Ultimately, the recommendations will be reported to the Quality of Healthcare Committee for incorporation into the specific expectations for safety standards/ indicators of quality.

Task Owner: Chief Nursing Executive **Date of Completion:** April 4, 2018

- How Plan/ Action Will Prevent Recurrence: The corrective actions constitute significant process changes which will increase accountability for ensuring that injuries of unknown source are properly and consistently identified, investigated and reported. The plan is designed to create a culture of top-down enforcement of quality and compliance by tasking the quality subcommittee of the Board of Directors with data collection and review to identify systemic opportunities for improvement, particularly with respect to in. The plan tasks the Patient Safety Committee with analysis and development of systems to track and address identified deficiencies in accordance with the indicators set by the Board's quality subcommittee. The plan creates a new process where each incident of suspected misconduct or an unexplained suspicious injury will have a process owner (from the performance improvement staff) who will track the incident from the time that the internal report is submitted to the actions by leadership to investigate and externally report (if applicable) as well as to ensure immediate protection of the patient who is the subject of the incident.
- How Compliance Will Be Monitored: The Director of Performance Improvement will assess the success of the Patient Safety Program initiatives described herein by reviewing incident reports identifying injuries of unknown source, as well as the documented follow-up, on a regular basis. The Patient Safety Committee will regularly review incident reporting data as identified elsewhere in this Plan and will develop specific plans for addressing any identified deficiencies. The Quality of Healthcare Committee will be ultimately responsible for reviewing all relevant data and adjusting quality/ safety indicators as necessary.

PRINTED: 03/07/2018 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED		
		520089	B. WING			C /19/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 S PARK ST MADISON, WI 53715	02	11312016
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(XS) COMPLETA DATE
RATORTOR	#WI00031795 condu 2/19/2018 at UnityPo using Medicare Cond CFR 482 for Hospital 42 CFR 482.13 Cond Rights NOT MET. 42 CFR 482.21 Cond Assessment and Perf Program NOT MET An Immediate Jeopan 2/19/18 at 10:35 AM r to develop and impler prevent, report, and the suspected abuse relationing of patients in the Unit (NiCU). The IJ be facility failed to protect the first report of an inpatient #4, placing all for serious harm or injuly Nursing Officer C and Improvement B were rat 2:44 PM. The IJ was of exit. On 2/28/2018 a correction to abate the office of exit on 3/01/18 visit confirmed that the revised policies and provestigate and immediabuse related to injurie of the start of their next of the start	cult of complaint investigation cted on 2/15/2018 through int Health Meriter Hospital litions of Participation 42 s. dition of Participation: Patient lition of Participation: Patient lition of Participation: Quality ormance Improvement dy (IJ) was determined on egarding the facility's failure ment an effective policy to oroughly investigate led to injuries of unknown a Newborn Intensive Care ligan on 4/12/17 when the litand thoroughly investigate jury of unknown origin for patients in the NICU at risk lary. The facility's Chief Director of Performance lottified of the IJ on 2/19/18 s not removed at the time at 8:38 AM the plan of immediacy was approved. In 3/01/18 at 1 PM at the lafter an onsite verification facility reviewed and occedures to thoroughly liately report suspected		The submission of this Plan of Correction admission of liability by UnityPoint Meriter (Meriter). The submission of this Plan of Correctinot constitute an agreement by Meriter surveyor's facts, findings or conclusion accurate, the findings constitute a deficit that the scope and severity regarding a deficiencies are cited correctly. Meriter received an initial statement of deficiencies (SOD) from DQA on behall on February 23, 2018, Meriter submitte of Correction (Plan # 1) in response to it SOD, which was approved on February 2018. Meriter received a second SOD March 5, 2015 from DQA. A second P Correction (Plan # 2) was submitted on 15, 2018. Meriter received a thrif SOD CMS on March 7, 2018. This Plan of C (Plan # 3) is submitted in response to the SOD. As detailed in Plan # 1 and Plan # 2 (body summarized below). Meriter has and is committed to further developing mechan promptly identify abuse and follow all legrequirements for investigating and report such abuse including protection of patie designing and implementing Plan # 3, we regard to injuries of unknown source (as by the Wisconsin Caregiver Program Marchael in the Wisconsin Caregiver	dealth- on does that the stare iency, or ny of the for CMS da Plan he first 28, on lan of March forrection th hisms to pal ting nts. In ith defined inual), lement ures nd ll se and remally) hisms ts.	DATE

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