DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES					MAPPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES				OMB NO	D. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	l` '	E SURVEY PLETED
		280119	B. WING			05	/14/2015
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				IWY 77-75 NINNEBAGO, NE 68071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS		A	000			
	management staff of t 2015. The members were introduced inclu responsibility for each purpose of the visit (for	n team members. The bllow-up survey of all ing the November 6, 2014,					
		following surveys completed from CMS Region VII that :					
	and cited non-complia of Participation: Gove Quality Assessment a Improvement, Medica Radiological Services	al Staff, Nursing Services,					
	25, 2014, which resul	y was conducted on April ted in an Immediate he Condition of Participation					
	2014, which resulted	was completed on May 15, in a continuing Immediate he Condition of Participation					
	July 17, 2014, which i	survey was conducted on resulted in a continuing citation on the Condition of ing Services.					

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

TITLE

(X6) DATE

PRINTED: 07/06/2015

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.

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 07/06/2015 APPROVED . 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION		(X3) DATE COMPI	SURVEY
		280119	B. WING			05/ [,]	14/2015
NAME OF PI	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STAT	TE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
A 000	0 Continued From page 1		A 000				
	-						
	Survey jurisdiction of to Region VI in Septe	this hospital was transferred mber 2014.					
	November 6, 2014, w non-compliance findir	ngs of four (4) Conditions of ing Body, Nursing Services,					
	2015. In attendance of staff of the hospital in some Great Plains IH telephone conference	as conducted on May 14, onsite were the leadership cluding Laboratory staff and S Area staff, and via e line were staff from the a office and IHS HQ in					
	were presented and 2 discussed. The atten finalization of the surv dependent on when a	the preliminary findings specific examples were dees were informed that the vey findings will be an advisory opinion from the Organization is recieved on					
	Based on the survey Conditions of Particip						

Facility ID: 280119

If continuation sheet Page 2 of 72

ATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY		
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CON	IPLETED	
		280119	B. WING		0	5/14/2015	
NAME OF PF	ROVIDER OR SUPPLIER	•		REET ADDRESS, CITY, STATE, ZIP CODE	E		
WINNEBA	GO IHS HOSPITAL			VY 77-75 INNEBAGO, NE 68071			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
A 000	Continued From page 2 requirements were found out of compliance:		A 000				
	42 CFR 482.12 Gove 42 CFR 482.23 Nursi 42 CFR 482.54 Outp 42 CFR 482.55 Emer 42 CFR 489.24(a) an Screening Examinatio 42 CFR 489.24(d) St 42 CFR 489.24(e) Ap	ng Services atient Services gency Services d (c) Appropriate Medical on abilizing Treatment					
A 043	discharge its oversigh services provided to p the hospital staff to pr assessment of patien appropriate stabilizing IMMEDIATE JEOPAR all patients of this hos serious harm, injury, 482.12 GOVERNING There must be an effe legally responsible fo If a hospital does not governing body, the p	ts' condition and/or provide g treatments was deemed an RDY situation that exposed spital with the likelihood of or death. BODY ective governing body that is r the conduct of the hospital. have an organized persons legally responsible	A 043				
	for the conduct of the functions specified in governing body This CONDITION is The Governing Body oversight responsibili	hospital must carry out the this part that pertain to the not met as evidenced by: failed to discharge its ties effectively to ensure that is hospital were provided					

If continuation sheet Page 3 of 72

		ND HUMAN SERVICES MEDICAID SERVICES				PRINTED: 07 FORM APF OMB NO: 093	PROVED
STATEMENT (OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	-	(X3) DATE SURVEY COMPLETED	
		280119	B. WING		_	05/14/20	015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
WINNEBA	AGO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 6807	71		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)	-	(X5) MPLETION DATE
A 043	safety of all patients w medical care. Review of the inciden hospital staff showed medical errors were r ineffective Governing practices were allowe the likelihood of serio death Findings: 1. The Director of Nu nursing staff have the care of obstetric patie	who come to this hospital for Int reporting system with I deficient practices and reported but, because of the g Body oversight, such ed to continue that resulted in bus harm, injury and even urses failed to ensure the requisite competency in the the nursing staff did	A 04	13			
	 interpret fetal monitor nursing staff failed to Cross refer to Tag A-3 2. The hospital staff examinations and treat capabilities of this host addressed the preser 30 randomly selected some patients had mu Emergency Departmet condition was identified transferred out for de Tag A-1100 for details 3. The hospital staff for 	spital that adequately nting symptoms of 10 out of d patients. Consequently, ultiple presentations in the ent before the emergent ed, treated, or patient finitive care. Cross refer to					

If continuation sheet Page 4 of 72

		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		280119	B. WING			05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	-	
WINNEBA	GO IHS HOSPITAL				INNEBAGO, NE 68071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 043	 back pain. The patier Outpatient Department pain (rated as 10 on a the worst pain). The saw the patient found been discharged hom done showed critical for midlevel practitioner as patient to return to the the patient died at hon A-1076 for details of the A-1076 for details of the Patients that presente Department: a. were not provided screening examination the patients' presenting b. were not provided at the capabilities of this c. were not transferred appropriately. 	 a the Emergency Dutpatient Department for nt who presented to the nt with a complaint of severe a 0 - 10 pain scale, 10 being midlevel practitioner who out after the patient had he, that the laboratory tests lab values. However, the simply left a message for the e hospital in 2 days. Sadly, me. Cross refer to Tag the findings. ailed to provide services in EMTALA requirements. ed to the Emergency appropriate medical n that adequately addressed ng symptoms; stabilizing treatment within a hospital; and ed to another hospital aings, see Tags A-2406, AL STAFF - 	AC				
	medical staff is accou	ntable to the governing f care provided to patients.					

Facility ID: 280119

If continuation sheet Page 5 of 72

PRINTED: 07/06/2015

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE	SURVEY PLETED
		280119	B. WING			05	/14/2015
NAME OF PI	ROVIDER OR SUPPLIER		-		STREET ADDRESS, CITY, STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				WINNEBAGO, NE 68071		
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
A 049	Continued From page	9 5	A	049	9		
	Based on medical re of available and willin failed to ensure that h services to patients in acceptable standards	accordance with of care in 10 out of 30 tients. Citing Patient # 2, 3,					
	Findings:						
	brought by the parent 23:00, with complaint uncomfortable, fever, treatment." The RN saturation level, at 00 breath sounds; nebul	5-month old child, who was as on January 20, 2015, at s of "breathing rapidly, might need breathing noted that the oxygen 10, was 95% with coarse izer treatment was given. orded as 101.2F, was given pension					
	noted that Patient #2 accessory muscles of further assessments provided to ensure th	f respiration in use." No were done and/or treatment at the respiratory condition n stabilized. Patient #2 was					
	on January 22, 2015, that Patient #2 had " breathing." The oxyge recorded as 95% with minute. Patient #2 w pediatrician who note "respiratory distress."	en saturation level was a pulse rate of 138 per					

Facility ID: 280119

If continuation sheet Page 6 of 72

PRINTED: 07/06/2015

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SU COMPLE	
	4/2015
280119 B. WING 05/14	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
WINNEBAGO IHS HOSPITAL HWY 77-75 WINNEBAGO, NE 68071	
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTIONPREFIX(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVE ACTION SHOULD BETAGREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 049 Continued From page 6 A 049 Pediatrician decided to transfer patient to a hospital in Sioux City, IA for definitive care. A 049 The failure of the staff to provide care and services to meet the needs of Patient #2 during the first presentation placed the health and welfare of this patient in serious jeopardy. A 2. Patient #3 was 60-year old patient, who had multiple presentations to the Emergency Department with the same complaint of acute chest pain but the medical management was not provided in accordance with acceptable standards to address a likely cardiac emergency. Patient #3 presented to the Emergency Department on June 14, 2014, at 02:04, complaining of chest pain on inspiration and rated it as 6 on a 0 - 10 pain scale (10 being the worst pain). Patient #3 stated that he had a cough for the past 3 days prior to presentation. Patient #3 was seen by a physician at 02:30. The physician noted that Patient #3 has a history of COPD (chronic obstructive pulmonary disease) and was "SOB (short of breath) mostly in recumbent position." The physician at 02:30. The physician oted that Patient #3 was treated with Albuterol nebulizer at 03:08. Patient #3 was dischared home at 04:15. No further examination or diagnostic work-up was done to evaluate the acute chest pain. Acute chest pain is an emergency medical condition that may represent ischemia or infarct.	

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 07/06/2015 APPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		E CONSTRUCTION		(X3) DATE	
		280119	B. WING			_	05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER			\$	STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				HWY 77-75 WINNEBAGO, NE 6807 ⁻	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 049	similar complaints. P. Registered Nurse (RM was completed by a p discharged home. The interview. Patient #3 presented Department again on complaints of "chest The RN noted that "F difficulty breathing wh experiences a burning chest" A Physic Patient #3 and noted tach (tachycardia)," auscultation bilaterally and diagnosed the patient exacerbation." No ph patient during this pre- discharged home at 0 unavailable for intervity No further examination done to evaluate the a chest pain is an emer- that may represent iso Patient #3 presented Department again on similar complaints. The car outside ambulance per family members." Patient #3 was "SOB, chest." Patient #3 was 03:00. No physician e- unavailable for intervity	July 3, 2014, at 12:12, with atient #3 was assessed by a A) but no medical evaluation obysician. Patient #3 was be RN was unavailable for to the Emergency July 3, 2014, at 12:49, with pains/breathing problems." Pt (patient) c/o (complaint of) be ne tries to lay down, then g pain across his upper cian Assistant (PA) examined that Patient #3 had "sinus lung fields were "clear to y, normal respiratory effort" tient with "COPD hysician examined the ssentation. Patient #3 was b2:05. The PA was ew. on or diagnostic work-up was acute chest pain. Acute gency medical condition chemia or infarct. to the Emergency July 3, 2014, at 02:58, with he RN noted that "Pt is in e entrance unable to walk The RN further noted that , tearful and grabbing his as examined by a PA at examined the patient. PA ew.	A	049				
	Diagnostic laboratory	tests for cardiac enzymes						

If continuation sheet Page 8 of 72

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	
		280119	B. WING			05/	14/2015
	Rovider or supplier Go ihs hospital			н	STREET ADDRESS, CITY, STATE, ZIP CODE HWY 77-75 WINNEBAGO, NE 68071		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
A 049	 3), Troponin I - 0.500 151.0 (normal 30 - 90) Peptide - 193.0 (100 - present). Patient #3 was events in Sioux City, IA for full stabilizing treatment of emergency. Patient I ambulance. The failure of the host appropriate examinatit tests to evaluate a like condition on previous placed the patient in a situation with the likel and death. 3. Patient #6 was a 60 brought to the Emergy February 13, 2015, at mother informed the F congestion, phlemy (s breathing." Patient # noted that there was throughout lung fields additional work of bre breathing." No further and/or any diagnostic for interview. 	els: CKMB - 5.6 (normal 0 - (normal <0.35), Myoglobin - I), B-Type Natriuretic - 300 suggest heart failure is was seen by a PA and no he patient. Ually transferred to a hospital of a likely cardiac eff the hospital at 13:00 by pital staff to conduct an ion and conduct diagnostic ely cardiac emergency multiple presentations an Immediate Jeopardy ihood of serious harm, injury B-month old child, who was ency Department on to 10:00, by the mother. The RN that the child had "bad sic) nose, shallow 6 was seen by a PA who "no wheezing appreciated s, no retractions, no athing, no see-saw er examination was done twork-up. PA unavailable	A	049			
	Outpatient Department	r were escorted to the ht of the hospital at 10:30. A d Patient #6 who noted that HEARD WITHOUT					

Facility ID: 280119

If continuation sheet Page 9 of 72

PRINTED: 07/06/2015

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 07/06/2015 APPROVED). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ° <i>î</i>	E CONSTRUCTION		(X3) DATE	
		280119	B. WING		_	05/	14/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 6807	'1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 049	STETHOSCOPE." T noted that there were fields, SUBCOSTAL r Diagnostic work-up w Department and treat Patient #6. ED physician on reco 12, 2015, at approxim physician essentially not have to do anythin Emergency Department The hospital staff faile resources in the hosp condition of the patier Emergency Department staff to provide approp including diagnostic w stabilizing treatment w hospital placed this pa- serious injury, harm of 4. Patient #7 was a 30 the Emergency Depart 12:29, after reportedly Patient #7 stated that 9am." Further, Patie he was "having frequ whic (sic) is clear phile reading was recorded of 124 beats per minu Patient #7 was seen the noted the blood press a pulse rate of 144 be pressure was recheck	 The pediatrician further "wheezes all over lung etractions present." ere done at the Outpatient ment was provided to rd was interviewed on May lately 13:00. The ED told the surveyor that he did og for the patient in the ent. ed to utilize all available ital to address the medical at that presented in the ent. The failure of the ED priate medical examination vork-up, and necessary vithin the capability of the atient with the likelihood of r death. D-year old, who presented to rtment on May 4, 2015, at y drinking for 3 weeks. "his last drink was around nt #7 informed the RN that ent episodes of emesis egm." Blood pressure as 144/91 with a pulse rate 	A 04				

If continuation sheet Page 10 of 72

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 07/06/2015 APPROVED 0: 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		280119	B. WING		_	05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, ST	TATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807	'1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 049	Continued From page beats per minute. Intravenous (IV) fluid	e 10 of Sodium Chloride with 20	A 049				
	14:30. The IV was di Patient #7 was discha further assessment w provided to ensure the	250 ml/hour was started at scontinued at 19:25 and arged home at 19:30. No ras done and/or treatment at the patient alcohol s resolved prior to discharge.					
	Room by the family of after at least 2 seizure RN noted that the fam Patient #7 was "just s Patient #7 has fever (ht back to the Emergency n May 5, 2015, at 15:21, e activities at home. The nily members stated that shaky." The RN noted that (101.2F), irregular heart rate e), and high blood pressure					
	fibrillation with RVR (I Laboratory tests were Patient #7 was in "hig	as done and showed "atrial Rapid Ventricular Rate)." e done and showed that gh anion-gap metabolic hypochloremic dehydration,					
	second presentation a Department, a day aff presented with sympt withdrawal, Patient #7 tremens and autonom critical care services. avoided if appropriate treatment was provide this hospital rather that						

If continuation sheet Page 11 of 72

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 07/06/2015 1 APPROVED 2: 0938-0391	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE		
		280119	B. WING		_	05/14/2015		
NAME OF PF	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, S	TATE, ZIP CODE			
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807	1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
A 049	Continued From page	: 11	A 049					
	who was a Gravida 4	28-year old pregnant woman, and para 3 (Pregnancy 4, ational age of 36 weeks.						
	patient indicated that to 5 minutes apart. S	5, 2015, at 03:38, ctions since 23:00. The the contractions are about 4 he described the pain as 8 c (10 being the worst pain).						
	#8 was placed on the according to the ED s heart rate were at 140 variability with no dec Patient #8 was assess	ted that at 03:45 , Patient uterine fetal monitor and staff documentation, the fetal O's to 150's with "Good elerations noted." At 03:55, sed by the provider and nt #8 was 2 centimeter cement.						
		fetal monitor strip (monitor erine activity for contraction)						
		in the monitor strip was was monitored on 05/05/15.						
	-	documented the fetal heart bility" but there was no he monitor strip.						
	contractions." However revealed several wave	documented, "no ver, the external tocometer es with no reassurance of I uterine contraction monitor						

If continuation sheet Page 12 of 72

	-	D HUMAN SERVICES					FORM	D: 07/06/2015
STATEMENT C	S FOR MEDICARE & I DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>		CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		280119	B. WING			_	05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				IWY 77-75 VINNEBAGO, NE 6807′	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 049	size and location of the monitoring the patient a contraction and mari indicate that a contract staff should always do the contraction. 4. The external uter reads on the 70's that indication of abruptio evaluation was done. when the placenta set uterus prior to birth of severe, uncontrolable monitor readings can positioning of the patient the abdomen to ensur- staff should document with palpation of the a Results of the review strip above showed the adequately assess the either due to inadequa all. Lack of competer patient places the heat obstetric patients that immediate jeopardy. The medical record in a high risk obstetric par rupture of membranes pre-eclampsia. Record review of the patient	tient movements, patient ie monitor. The staff in needs to be present during it the monitor strip to ction started and ended. The boument the frequency of ine contraction monitor is can be interpreted as an placenta. No further Abruptio placenta occurs parates from the wall of the the baby which can result in bleeding. These external often be affected by ent, patient size, placement the uterus. The staff is should manually palpate re uterine relaxation. The t intensity of the contraction abdomen. of the patient fetal monitor nat the staff were unable to e condition of Patient #8 ate training or no training at ney in the care of obstetric alth and welfare of all come to this hospital in	A	049				

If continuation sheet Page 13 of 72

		ID HUMAN SERVICES MEDICAID SERVICES				RINTED: 07/06/201 FORM APPROVE MB NO. 0938-039	D
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
		280119	B. WING			05/14/2015	
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE	E, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			VY 77-75 INNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIAT FICIENCY)	(X5) COMPLETION DATE	_
A 049	entry in the monitor st "Good variability-no d contractions." On May 13, 2015, at interviewed concernin- patients. During the of fetal monitor strip for The DON stated there accelerations recorde DON also verified that needed to be reposition palpate the uterus to 6. Patient #14 was 32 the Emergency Depart at 13:44, with complation pointer finger and hyp that the blood pressur 216/120. Labetalol (anti-hyperte given intravenously at at 14:30 and recorded was 210/105. Labetal intravenously at 15:11 Furosemide (diuretic) (IV) at 16:02, BP was was recorded as 180/ "Nitroglycerin IV 25 m solution to infuse at 6 was started at 17:14. www.dailymed.nlm.nii <http: www.dailymed.<br="">"Nitroglycerin in 5% E</http:>	e external fetal monitor. The trip by the provider reads eccelerations, no 14:20, the hospital DON was ing the care for obstetric course of the interview, the this patient was presented. It was no fetal heart d on the monitor strip. The t the uterine tocometer oned or the nurse needed to verify contractions. P-year old, who presented to rtment on March 16, 2015, ints of laceration of left bertension. The RN noted re (BP) reading was t 14:22. BP was rechecked d as 194/118; at 15:00, BP lol 40 mg was given 1. 40 mg given intravenously rechecked at 16:15 which 102. ng in 250 mls (milliliter) D5W mls/hour = 10 mcg/min" According to h.gov,	A 049				

If continuation sheet Page 14 of 72

		ID HUMAN SERVICES MEDICAID SERVICES					FORM	: 07/06/2015 APPROVED . 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>`</i>				(3) DATE COMPI	SURVEY
		280119	B. WING				05/ [,]	14/2015
NAME OF PF	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
WINNEBA	GO IHS HOSPITAL				IWY 77-75 VINNEBAGO, NE 68071			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	Ē	(X5) COMPLETION DATE
A 049	acute myocardial infan angina pectoris in pat responded to sublingu ß-blockers; and for ind hypotension." Furthe hypotension and shoc small doses of nitrogly Medical record showe discontinued at 19:31 home.	heart failure in the setting of rction; for treatment of tients who have not ual nitroglycerin and duction of intraoperative er, it stated that "severe ck may occur with even ycerin." ed that the IV was and patient was discharged	A	049				
	emergency was resolv assess the patient for to ensure that the pati hypotension from the the health and welfare jeopardy.	observation and/or ensure that the hypertensive ved. Failure to observe and a reasonable period of time ient did not have severe drugs administered placed e of the patient in immediate 4-year old, who presented to						
	the Emergency Depar 08:58, with complaint since yesterday, bleed	4-year old, who presented to rtment on April 25, 2015, at ts of "unable to urinate ding." The RN noted, on 16 had a blood pressure						
	"hypertensive disorde collected via catheteri "trace" blood in urine elevated level, 210.2	ed Patient #16 and noted er." Urine specimen was ization which showed a Blood glucose showed an (normal range: 65 - 100). narged home at 11:27. The						

Facility ID: 280119

If continuation sheet Page 15 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	2: 07/06/2015 1 APPROVED 2: 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE	
		280119	B. WING		_	05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFEREI	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 049	elevated high blood p elevated blood glucos discharge. No further treatment given to add There are emergent of including infections, m compression, and rem 8. Patient #18 was a woman, who presente Department on April 1 complaining of "bleed Patient 18 was "14 w "several attempts were tones, but were unsue further attempts made further assessments of status of the fetus. Blo presentation was 129 that patient's urine was appearance." The RN noted, at 00:4 "bathroom and voids At 02:10, "Patient voi urine with no clots at unavailable for intervi No further examinatio done. Patient #18 was mother who was instr	longer available for assessment done on the ressure nor was the se addressed prior to assessment done and/or dress the urine retention. auses of urinary retention eurological spinal cord al failure. 28-year old pregnant ed to the Emergency 2, 2015 at 00:18, ding." The RN noted that reeks gestation" and re made to find fetal heart ccessful." There were no e to find fetal heart tones or done to determine the health cod pressure reading on /91. The RN further noted as "turbid, light blood tinged." 45, that Patient #18 went to 100ml light blood tinged." ds 200 ml bright red bloody this time." Physician	A 049				

Facility ID: 280119

If continuation sheet Page 16 of 72

	-					FORM): 07/06/2015 1 APPROVED
STATEMENT C	DF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		280119	B. WING		_	05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	TATE, ZIP CODE	•	
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807	'1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 049	She was a G (gravida 0, with a history of pre 25-weeks. Patient #22 presented 2015, at 14:20. The F complained of crampi Patient due date is Au to medical record, the premature labor with of pregnancy was numb At 14:55, the patient we monitor (Toco) to mor and fetal heart rate. No the doctor conducted 15:10. The medical record fa- with variability, or the The patient fetal moni- Emergency Department tone, not reassuring recording between 60 minute, the fetal hear external toco were no of 60 is considered al obstetric emergency. done to ensure that the not in jeopardy. Fetal between 120-160's. was not recording any the patient said she we	30-year old pregnant 25 weeks gestational age. a) 7, P (para) 6, A (abortions) emature delivery at d to the hospital on May 10, RN noted that Patient #22 ing and vaginal discharge. ugust 20, 2015. According e patient had a history of other pregnancies. This er 7. was placed on external hitor uterine contractions Medical record indicated that a vaginal examination at ailed to show fetal heart rate uterine contraction patterns. harged home at 15:30. itor strip done in the ent showed the fetal heart because the heart rate was 0's to 120's. For over one t tones recorded on the ot reassuring. A heart rate arming in most cases of No further evaluation was he health of the fetus was heart tone should be The uterine contraction toco y contractions even when	A 049				

		ID HUMAN SERVICES MEDICAID SERVICES			F	NTED: 07/06/2015 ORM APPROVED 3 NO. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		280119	B. WING			05/14/2015
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, Z	IP CODE	
WINNEBA	GO IHS HOSPITAL			NY 77-75 INNEBAGO, NE 68071		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICII	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
A 049	uterine contractions. completed in the Eme dated 04/04/44. On May 13, 2015, at conducted with the En nurse. During the inter- he did not realize that were wrong. He also years since the hospit training to staff. On May 13, 2015, at Outpatient Nurse man concerning the nurses manager stated that read a fetal monitor s may know but she do monitor strips from he providers may know. not here then nobody sent the patient home assessment." The m has been requesting training for her staff a DON has not provider On May 13, 2015, at hospital DON was con monitor training for the Outpatient Department contract family praction once a week and they including reading the The DON stated that monitored, the nurses how to read a monitor	elated to the fetal activity or The fetal monitor strip ergency Department was 14:00, an interview was mergency Department erview, the nurse stated that it the monitor strip dates stated that it has been tal provided a fetal monitor 14:00, an interview with the hager was conducted is fetal monitor training. The "nobody here knows how to trip. The Director of Nurses n't come and assess the ere or the ED. One or two When those providers are read the monitor strips, we e without an accurate hanager also stated that she the DON for a fetal monitor nd the ED staff, but the	A 049			

If continuation sheet Page 18 of 72

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	07/06/2015 APPROVED
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		280119	B. WING			05/	14/2015
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, S	TATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807	'1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 049	the monitor strip of the presented. The DON should have been mo fetal heart tones and of contractions. The DC doctor should have we examination. The DC had the wrong date. The how to change the mo she will call biomed. Review of the Fetal M provided by the DON that the last training we 2011. Patient #22 was disch inadequate medical e were unable to recogn rate recorded on the t inadequate or no train obstetric care. The m were likely not function batteries and poor bio suggested by the wro 10. Patient #28 was to to the Emergency Dep 01:01, with swollen rig examined by an ED p Patient #28 had "right weight bearing." The of the right ankle whice fracture of the right di- approximately 2 - 3 m displacement of the d little distraction. In action	uring the same interview, e patient in question was stated that the patient initored closely to verify the ensure there were no DN also stated that the ritten the cervical DN verified that the monitor She said, she didn't know ponitor to the correct date but Nonitor Training record on May 14, 2015, revealed vas completed on October harged home after an xamination in that the staff nize the alarming fetal heart to because of either ning in that aspect of nonitoring machines used ning well due to dead omedical maintenance as ng date recorded. 38-year old, who presented partment on May 4, 2015, at ght ankle. Patient was hysician who noted that t ankle swelling, painful e ED physician ordered x-ray ch showed "a long oblique	A 049				

Facility ID: 280119

If continuation sheet Page 19 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 07/06/2015 APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l`´´		CONSTRUCTION	(X3) DATE	
		280119	B. WING			05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER		•		TREET ADDRESS, CITY, STATE, ZIP CODE	-	
WINNEBA	GO IHS HOSPITAL				WY 77-75 /INNEBAGO, NE 68071		
(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 APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
A 049	Continued From page underlying instability." home at 02:14.	e 19 Patient was discharged	A	049			
A 092 A 385	was not adequate beer findings did not includ result showed a wider represents a potential may require surgical r providers typically car fractures but these we prior to discharge. 482.12(f)(1) EMERGE If emergency services hospital, the hospital r requirements of §482 This STANDARD is r Based on medical re- of available and willing failed to provide servi- the Emergency Depara addressed the preservi- within the capability of accordance with acce Out of 30 randomly se Patient # 2, 3, 6, 7, 8, Cross refer to Tag -11 482.23 NURSING SE The hospital must hav	The diagnostic examination cause the initial x-ray le stress views. The x-ray ned mortise which Ily unstable fracture that repair. Emergency in reduce and splint such ere not attempted or done ENCY SERVICES is are provided at the must comply with the 2.55. Not met as evidenced by: cords review, and interview g staff, the hospital staff ces to patients that came to rtment that adequately thing symptomatologies f this hospital and in pted standards of care in 10 elected patients. Citing 14, 16, 18, 22 and 28. 00 for details of findings. RVICES <i>ve</i> an organized nursing 24-hour nursing services. must be furnished or		385			

Facility ID: 280119

If continuation sheet Page 20 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM): 07/06/2015 APPROVED). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION		(X3) DATE	
		280119	B. WING				05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIF	P CODE		
WINNEBA	GO IHS HOSPITAL				IWY 77-75 VINNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIA		(X5) COMPLETION DATE
A 385	This CONDITION is r Based on medical rec of available and willing Nurses failed to ensur requisite competency patients. Obstetric panursing staff who were that meets the needs 3 out of 30 randomly se Patient # 8, 18 and 22 Cross refer to Tag A-3 482.23(b)(5) PATIENT A registered nurse mu of each patient to othe accordance with the p specialized qualification nursing staff available This STANDARD is m Based on medical rec of available and willing Nurses failed to ensur assigned to nursing sta qualification and comp nursing care needs ar out of 30 randomly se Patient # 8, 18 and 22 Findings: 1. Patient #8 was a 2 who was a Gravida 4	not met as evidenced by: cords review, and interview g staff, the Director of re that nursing staff had the in the care of obstetric atients were assigned to e unable to provide care and condition of patients in selected patients. Citing 2. B97 for details of findings. T CARE ASSIGNMENTS ust assign the nursing care er nursing personnel in batient's needs and the ons and competence of the set. Not met as evidenced by: cords review, and interview g staff, the Director of re that patients were taff according to the staff petency that meets the nd condition of patients in 3 dected patients. Citing 2. B8-year old pregnant woman, and para 3 (Pregnancy 4, ational age of 36 weeks.		385				

If continuation sheet Page 21 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	: 07/06/2015 APPROVED . 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		(X3) DATE COMP	SURVEY
		280119	B. WING		_	05/ [,]	14/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 6807'	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 397	Department on May 5 complaining of contra patient indicated that to 5 minutes apart. S on a 0 - 10 pain scale Also, stated that the c minutes each. Medical record indicat was placed on the ute according to the ED s heart rate were at 140 variability with no dec Patient #8 was assess determined she was 2 50% effacement. Review of the patient fetal heart rate and ut revealed: 1. The date printed 05/12/44. The patient 2. The nursing staff rate had "good variat variability present in th 3. The nursing staff contractions." However revealed several wave the location. External can be affected by pa size and location of the monitoring the patient a contraction and a mindicate that a contract	 a, 2015, at 03:38, ctions since 23:00. The the contractions are about 4 he described the pain as 8 (10 being the worst pain). contraction lasted about 2 be the described the pain as 8 (10 being the worst pain). contraction lasted about 2 be the dat at 03:45, Patient #8 erine fetal monitor and taff documentation, the fetal 0's to 150's with "Good elerations noted." At 03:55, sed by the provider and 2 centimeter dilated with fetal monitor strip (monitor erine activity for contraction) in the monitor strip was was monitored on 05/05/15. documented the fetal heart bility" but there was no he monitor strip. documented, "no rer, the external tocometer es with no reassurance of 1 uterine contraction monitor tient movements, patient 	A 39	7			

If continuation sheet Page 22 of 72

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 07/06/2015 APPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION		(X3) DATE	
		280119	B. WING		_	05/	14/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 6807	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 397	Continued From page	22	A 397	7			
	on the 70's that can b indication of abruptio evaluation was done. when the placenta se uterus prior to the birt result in severe, unco external monitor read by positioning of the p placement of the toco staff monitoring the pa palpate the abdomen The staff should docu contraction with palpa Results of the review strip above showed the adequately assess the either due to inadequa all. Lack of competer patient places the heat obstetric patients in in The medical record in high risk obstetric patter rupture of membranes pre-eclampsia. Record review of the showed that on May 5 patient was removed monitor. The entry in provider read "Good no contractions." The that statement.	placenta. No further Abruptio placenta occurs parates from the wall of the h of the baby which can ntrollable bleeding. These ings can often be affected batient, patient size, meter in the uterus. The atient should manually to ensure uterine relaxation. ment intensity of the ation of the abdomen. of the patient fetal monitor nat the staff were unable to e condition of Patient #8 ate training or no training at ney in the care of obstetric alth and welfare of all nmeidtae jeopardy. dicated that Pt. #8 was a ient with possible pre-term is and possible					

If continuation sheet Page 23 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM): 07/06/2015 APPROVED). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,				(X3) DATE	
		280119	B. WING			_	05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER		·		TREET ADDRESS, CITY, S1	TATE, ZIP CODE	-	
WINNEBA	GO IHS HOSPITAL				WY 77-75 VINNEBAGO, NE 6807	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 397	 patients. During the offetal monitor strip for the DON stated there accelerations recorde DON also verified that needed to be reposition palpate the uterus to be when asked, when we nursing staff and provide the uterus to be stated to be reposition of the number of the acceleration of the acceler	course of the interview, the this patient was presented. a was no fetal heart d on the monitor strip. The t the uterine tocometer oned or the nurse needed to verify contractions. as the last time the ED iders got training on fetal , the DON stated, "in 2011." 28-year old pregnant ed to the Emergency 2, 2015 at 00:18, ding." The RN noted that eeks gestation" and e made to find fetal heart ccessful." No further to ensure the health of the and that patient's urine od tinged appearance." 45, that Patient #18 went to 100ml light blood tinged." ds 200 ml bright red bloody this time." Physician	A	397				

Facility ID: 280119

If continuation sheet Page 24 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 07/06/2015 APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE	
		280119	B. WING		_	05/	14/2015
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	TATE, ZIP CODE		
	GO IHS HOSPITAL		н	IWY 77-75			
WINNEDA	SO INSTICUTIAL		v	VINNEBAGO, NE 6807	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 397	Continued From page	24	A 397				
	 Patient #22 was a woman, at 25 weeks of G (gravida) 7, P (parahistory of premature of Patient #22 presented 2015 at 14:20. The RI complained of crampi Patient due date is 08 medical record, the papermature labor with of pregnancy is number. At 14:55, the patient womonitor (Toco) to mor and fetal heart rate. Not the doctor conducted 15:10. The medical record fawith variability, or the The Emergency Deparahome at 15:30. Review of the patient the Emergency Deparahome at 15:30. 	30-year old pregnant gestational age. She was a b) 6, A (abortions) 0, with a lelivery at 25-weeks. A to the hospital on May 10, N noted that Patient #22 ng and vaginal discharge. //20/2015. According to atient had a history of other pregnancies. This 7. vas placed on external hitor uterine contractions ledical record indicated that a vaginal examination at iled to show fetal heart rate uterine contraction patterns. artment sent the patient s fetal monitor strip done in tment showed the fetal eassuring because the heart tween 60's to 120's. No s done. For over one					
	external toco was not 60 is considered alarr obstetric emergency. between 120-160's. T was not recording any the patient said she w	tones recorded on the reassuring. A heart rate of ning in most cases of an Fetal heart tone should be The uterine contraction toco contractions even when ras cramping. The ent nurse or doctor did not					

Facility ID: 280119

If continuation sheet Page 25 of 72

TATEMENT				CONSTRUCTION		O. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		· · · ·	E SURVEY PLETED
		280119	B. WING		05	5/14/2015
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 VINNEBAGO, NE 68071		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIOI DATE
A 397	document anything re uterine contractions. completed on the Em dated 04/04/44. On May 13, 2015, at conducted with the E nurse. During the inter- he did not realize that were wrong. He also years since the hospitraining to staff. On May 13, 2015, at Outpatient Nurse mat concerning the nurse manager stated that, read a fetal monitor s may know but she do monitor strips from he providers may know. not here then nobody sent the patient home assessment." The m has been requesting training for her staff a DON has not provide On May 13, 2015, at hospital DON was co monitor training for th Outpatient Departme contract family practic once a week and they including reading the The DON stated that	elated to the fetus activity or The fetal monitor strip ergency Department was 14:00, an interview was mergency Department erview, the nurse stated that the monitor strip dates stated that it has been tal provided a fetal monitor 14:00, an interview with the nager was conducted s fetal monitor training. The "nobody here knows how to trip. The Director of Nurses n't come and assess the ere or the ED. One or two When those providers are read the monitor strips, we e without an accurate anager also stated that she the DON for a fetal monitor nd the ED staff, but the	A 397			

If continuation sheet Page 26 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		280119	B. WING			05/	14/2015
					TREET ADDRESS, CITY, STATE, ZIP CODE WY 77-75	<u> </u>	
WINNEBA	GO IHS HOSPITAL			W	VINNEBAGO, NE 68071		
(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 APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
A 397	the monitor strip of th presented. The DON should have been mo fetal heart tones and contractions. The DO doctor should have w examination. The DO had the wrong date. how to change the mo she will call biomed. On May 13, 2015, at the two batteries in th ED were dead and th batteries. On May 14, 2015, at ED to ensure that the batteries were changed day before. The visit were still not changed strip paper was still 0. On May 15, 2015, at DON was conducted. batteries will be changed strip visit were still be changed strip conducted. batteries will be changed that the last training w 2011. The nursing staff were alarming fetal heart ra because of either inace aspect of obstetric ca	uring the same interview, e patient in question was stated that the patient initored closely to verify the ensure there were no DN also stated that the ritten the cervical DN verified that the monitor She said, she didn't know onitor to the correct date but 16:00, the DON stated that e fetal monitor located in the at biomed will change the 9:00, the surveyor visited the Fetal Monitor machine ed as the DON stated the revealed that the batteries I and the date in the monitor 4/04/44. 10:00, an interview with the The DON stated the ged today (05/14/2015). Ionitor Training record on May 14, 2015, revealed vas completed on October	A :	397			

Facility ID: 280119

If continuation sheet Page 27 of 72

PRINTED: 07/06/2015

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 07/06/2015 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION		(X3) DATE	
		280119	B. WING				05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STA	TE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				IWY 77-75 VINNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
A 397	recorded. Lack of cor obstetric patients plac come to this hospital i likelihood of serious h 482.54 OUTPATIENT If the hospital provide services must meet th accordance with acce practice. This CONDITION is in Based on medical re- available and willing s provide services that accordance with acce of 30 randomly select Patient #29 was 59-ye presentations to the E the Outpatient Depart pain. Patient #29 pre Department on Decer with complaint of hip a was examined by a p pain was rated by the pain scale (10 being the Patient #29 had a hist due to what appears the The RN noted that Pat Emergency Department and was "given a sho helped his pain. He w pills which he feels we	ested by the wrong date mpetency in the care of ced all obstetric patients that in immediate jeopardy with narm, injury or death. "SERVICES s outpatient services, the ne needs of the patients in eptable standards of not met as evidenced by: cord review, and interview of staff, the hospital failed to meet the needs of patient in epted standards of care in 1 red patients. Citing Pt. #29. ear old, who had numerous Emergency Department and timent due to chronic back sented to the Outpatient mber 17, 2014, at 13:40, and back pain. Patient #29 hysician who noted that the patient as an 8 on a 0 - 10 the worst pain). tory of "vertebral fractures to be marked osteoporosis." atient #29 was seen at the eart on December 16, 2014, ot of Toradol which truly was also given some Toradol orked better than his		397				
	maintenance as sugg recorded. Lack of cor- obstetric patients place come to this hospital likelihood of serious he 482.54 OUTPATIENT If the hospital provide services must meet the accordance with accer practice. This CONDITION is a Based on medical re- available and willing se provide services that accordance with accer of 30 randomly select Patient #29 was 59-ye presentations to the E the Outpatient Depart pain. Patient #29 pre Department on Decer with complaint of hip a was examined by a p pain was rated by the pain scale (10 being the Patient #29 had a hist due to what appears the The RN noted that Pate Emergency Department and was "given a sho helped his pain. He w pills which he feels we Hydrocodone tabs given	ested by the wrong date mpetency in the care of ced all obstetric patients that in immediate jeopardy with narm, injury or death. "SERVICES s outpatient services, the ne needs of the patients in eptable standards of not met as evidenced by: cord review, and interview of staff, the hospital failed to meet the needs of patient in epted standards of care in 1 red patients. Citing Pt. #29. ear old, who had numerous Emergency Department and tment due to chronic back sented to the Outpatient mber 17, 2014, at 13:40, and back pain. Patient #29 hysician who noted that the patient as an 8 on a 0 - 10 the worst pain). tory of "vertebral fractures to be marked osteoporosis." atient #29 was seen at the eant on December 16, 2014, ot of Toradol which truly was also given some Toradol orked better than his ven his last visit."						

If continuation sheet Page 28 of 72

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE &				FOR	D: 07/06/2015 M APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) DATE	E SURVEY PLETED
	280119	B. WING		05	/14/2015
NAME OF PROVIDER OR SUPPLIER	·	STF	REET ADDRESS, CITY, STATE, ZIP (CODE	
WINNEBAGO IHS HOSPITAL			₩ 77-75 NNEBAGO, NE 68071		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
 kypoplasty/bone wed also referred for DEX lack of resources, the Patient #29 presente Department on Dece with complaints of bat the pain as a 10 on a the worst pain). The saw Patient #29 note was grey" and "patien movement, and using ambulate." Patient was a reaction indices a 10 on a 0 - 10 pe worst. The medical of this presentation indices the midlevel pract a physician or asked patient. Absent of a lintervention placed the #29 in immediate jeo serious harm, injury, The midlevel practitice December 30, 2014, phone message for performing the same provide the midlevel practitice the midlevel practitice December 30, 2014, phone message for performing the same provide the midlevel practition performing the practition performed and the practition performance the same performance the performance the performance the same performance	consultation and possible lge placement; and he was (A-Scan; unfortunately due to ese were never completed." d again to the Outpatient mber 20, 2014, at 09:34, ick pain. Patient #29 rated 0 - 10 pain scale (10 being midlevel practitioner who ed the Patient #29's "color ent is very guarded with any g crutches to get up and was discharged home. ent provided or assessment ich was rated by the patient ain scale, where 10 is the condition of the patient during cated an emergent condition titioner failed to consult with a physician to examine the medical attention and/or he health and life of Patient pardy with the likelihood of or death. oner wrote a note on at 13:45 that reads "Left a vatient to not take any TUMS) products as his nd his kidneys are shutting ic in 2 days (Jan 2nd) to d. Take in extra PO fluids. not available for interview. t #29 died on January 1,	A1076			

If continuation sheet Page 29 of 72

	MENT OF HEALTH AN S FOR MEDICARE &							FORM	: 07/06/2015 APPROVED . 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		. ,	PLE CONSTRUCT			(X3) DATE S COMPL	
		28012	19	B. WING				05/1	4/2015
NAME OF PI	ROVIDER OR SUPPLIER				STREETADDRE	SS, CITY, STATE, ZIP (CODE		
WINNEBA	GO IHS HOSPITAL				HWY 77-75 WINNEBAGO	, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENO Y MUST BE PRECEDED I LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF ACH CORRECTIVE ACT SS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
A1076	Continued From page 13, 2015 at 9:00. Acc member, she felt that by the medical staff in the Out Patient Clinic interviewed said that in the Emergency De- sent him to the outpat Patient #29 was too s In the outpatient clinic Practitioner who orde said that he was in te looked real sick. Was hardly talk. His skin c had a dead look to he that Patient #29 was Instead, he was sent family member the de because he was in se used a walker to amb surprised to see him in The family member si the Nurse Practitioner the results of the bloc and the Nurse Practit needed an appointme The family said if the "critical," why Patient hospital. The family member si so sick that he took th 40 minutes away, the repeatedly saying "th two days later, why he	cording to the famil the patient was min in the Emergency R . The family memb she tried to have h partment but the El tient clinic. She the sick for the clinic. c, he was seen by a red blood work. The rrible pain, 10/10, a not able to walk, s olor was like ashes er. She was very su not admitted to the home. According the ceision was very poly evere pain. "My bro- pulate but this time in a wheel chair." tated that after a fear r called her and tolor of work were "pani- ioner told her that h ent to be seen in two laboratory results w t #29 was not admit tated that Patient # he van to his sister family started cryin hey killed him here, e did not get the cal	streated oom and oer im seen D staff bught that a Nurse he family and he wallow or s; his eyes hospital. to the for bther I was w hours, d her that c value," he to days. vere tted to the 29 was house, ng he dies	A10					
A1100	482.55 EMERGENCY	Y SERVICES		A11	00				
FORM CMS-256	7(02-99) Previous Versions Obs	olete	Event ID: Y0Q611		Facility ID: 280119	1	If continua	ation sheet	Page 30 of 72

		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 07/06/2015 APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		(X3) DATE	
		280119	B. WING		_	05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 /INNEBAGO, NE 6807′	I		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A1100	Continued From page	e 30	A1100				
	-	et the emergency needs of e with acceptable standards					
	Based on medical re- of available and willin failed to provide appro- treatments within the in order to meet the e	not met as evidenced by: cords review, and interview g staff, the hospital staff opriate examinations and capabilities of this hospital mergency needs of 10 0ut red patients. Citing Patient # 8, 22 and 28.					
	Findings:						
	brought by the parent 23:00 with complaints uncomfortable, fever, treatment." The RN saturation level, at 00 breath sounds; nebuli	:10, was 95% with coarse izer treatment was given. orded as 101.2F, was given					
	noted that Patient #2 accessory muscles of further assessments provided to ensure the	f respiration in use." No were done and/or treatment at the respiratory condition n stabilized. Patient #2 was					
	on January 22, 2015, that Patient #2 had " breathing. "The oxyge	ht back to the ED by parents at 09:37. The RN noted grunting and difficulty en saturation level was a pulse rate of 138 per					

Facility ID: 280119

If continuation sheet Page 31 of 72

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM): 07/06/2015 APPROVED). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			-	(X3) DATE	
		280119	B. WING			05/	14/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 6807	71		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A1100	 "respiratory distress." Nebulizer treatments Pediatrician decided the hospital in Sioux City, The failure of the staff resources in the mana Patient #2 during the health and welfare of jeopardy. 2. Patient #3 was 60- multiple presentations Department with the sechest pain but the me provided in accordance standards of care to a emergency. Patient #3 presented Department on June 7 complaining of chest p it as 6 on a 0 - 10 pain pain). Patient #3 state the past 3 days prior the physician noted that F COPD (chronic obstru- and was "SOB (short recumbent position." that the lung fields of auscultation bilaterally 	as examined by a d that the patient was in Diagnostic work-up done. ordered and administered. o transfer patient to a IA for definitive care. To use all available agement of the condition of first presentation placed the this patient in immediate year old patient, who had to the Emergency ame complaint of acute dical management was not e with acceptable ddress a likely cardiac to the Emergency 14, 2014, at 02:04, bain on inspiration and rated in scale (10 being the worst ed that he had a cough for o presentation. by a physician at 02:30. The Patient #3 has a history of inctive pulmonary disease) of breath) mostly in The physician further noted Patient #3 were "clear to v." However, Patient #3 was nebulizer at 03:08. Patient	A110	D			

Facility ID: 280119

If continuation sheet Page 32 of 72

		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		280119	B. WING			05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
WINNEBA	GO IHS HOSPITAL				WY 77-75 VINNEBAGO, NE 68071		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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
A1100	No further examination done to evaluate the a chest pain is an emer that may represent iso Patient #3 presented Department again on similar complaints. P Registered Nurse (RN examination was com Medical Practitioner. home. The RN was u Patient #3 presented Department again on complaints of "chest The RN noted that "F difficulty breathing wh experiences a burning chest" A Physi examined Patient #3 had "sinus tach (tach "clear to auscultation respiratory effort" and "COPD exacerbation. the patient during this was discharged home unavailable for intervi No further examination done to evaluate the a chest pain is an emer that may represent iso Patient #3 presented Department again on similar complaints. Th car outside ambulance	n or diagnostic work-up was acute chest pain. Acute gency medical condition chemia or infarct. to the Emergency July 3, 2014, at 12:12, with atient #3 was assessed by a N) but no medical screening upleted by a Qualified Patient #3 was discharged inavailable for interview. to the Emergency July 3, 2014, at 12:49, with pains/breathing problems." Pt (patient) c/o (complaint of) ien he tries to lay down, then g pain across his upper cian Assistant (PA) and noted that Patient #3 vycardia)," lung fields were bilaterally, normal d diagnosed the patient with " No physician examined presentation. Patient #3 e at 02:05. The PA was ew. n or diagnostic work-up was acute chest pain. Acute gency medical condition chemia or infarct.	A1	100			

Facility ID: 280119

If continuation sheet Page 33 of 72

PRINTED: 07/06/2015

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 07/06/2015 MAPPROVED O. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING		(X3) DATE	E SURVEY PLETED
		280119	B. WING		05	6/14/2015
NAME OF PI	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CC		
WINNEBA	GO IHS HOSPITAL			Y 77-75 INEBAGO, NE 68071		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
A1100	Patient #3 was "SOB, chest." Patient #3 was 03:00. No physician of unavailable for intervi Diagnostic laboratory showed elevated leve 3), Troponin I - 0.500 151.0 (normal 30 - 90 Peptide - 193.0 (100 - present). Patient #3 was physician examined th Patient #3 was events in Sioux City, IA for st cardiac emergency. If 13:00 by ambulance. The failure of the hos appropriate examinati tests to evaluate a like condition on previous placed the patient in a situation with the likel and death. 3. Patient #6 was a 60 brought to the Emergy February 13, 2015, at mother informed the F congestion, phlemy (s breathing." Patient # noted that there was throughout lung fields additional work of bre breathing." No further	tearful and grabbing his as examined by a PA at examined the patient. PA ew. tests for cardiac enzymes els: CKMB - 5.6 (normal 0 - (normal <0.35), Myoglobin -), B-Type Natriuretic - 300 suggest heart failure is was seen by a PA and no he patient. ually transferred to a hospital abilizing treatment of the Patient left the hospital at pital staff to conduct an ion and conduct diagnostic ely cardiac emergency multiple presentation an Immediate Jeopardy ihood of serious harm, injury formonth old child, who was ency Department on : 10:00, by the mother. The RN that the child had "bad sic) nose, shallow 6 was seen by a PA who "no wheezing appreciated o, no retractions, no	A1100			

Facility ID: 280119

If continuation sheet Page 34 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	07/06/2015 APPROVED 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		X3) DATE S COMPLE	URVEY
		280119	B. WING			05/14	4/2015
NAME OF PI	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STAT	E, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 INNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENC	LAN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIAT FICIENCY)	E	(X5) COMPLETION DATE
A1100	Continued From page	e 34	A1100				
	Outpatient Departmen pediatrician examined there was "wheezing STETHOSCOPE." T noted that there were fields, SUBCOSTAL r Diagnostic work-up w provided to Patient #6 Department. ED physician on reco 12, 2015, at approxim physician was asked and/or conducted diag determine whether ar condition existed. Th the PA examined the indication that he sho himself. The ED physic the discrepancy betwo regarding the patient's pediatrician's finding of the patient's arrival at The ED physician sta required of me by law anything else. I unde me tell you about the The hospital staff failer essources in the hosp condition of the patient staff to provide approp including diagnostic w stabilizing treatment w	The pediatrician further "wheezes all over lung etractions present." as done and treatment was a the Outpatient as done and treatment was a the Outpatient bit he examined Patient #6 gnostic work-up to a emergency medical e ED physician stated that patient and there was no uld have to see the patient sician was asked to explain een the PA's finding a respiratory status and the of respiratory distress upon the Outpatient Department. ted that he "did what was . I didn't have to do rstand EMTALA well, and let law					

If continuation sheet Page 35 of 72

		ID HUMAN SERVICES MEDICAID SERVICES				FORM APPROVED MB NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(3) DATE SURVEY COMPLETED
		280119	B. WING _			05/14/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI	Ē	
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 68071		
(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 COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A1100	Continued From page	35	A11	00		
	the Emergency Depa 12:29, after reportedly Patient #7 stated that 9am." Further, Patie he was "having frequ whic (sic) is clear phile reading was recorded of 124 beats per minu Patient #7 was seen I noted the blood press a pulse rate of 144 be pressure was recheck the reading was 185/ beats per minute. Intravenous (IV) fluid mEq of potassium at 14:30. The IV was di Patient #7 was discha further assessment w provided to ensure th withdrawal was resolv Patient #7 was broug Room by the family o after at least 2 seizuro RN noted that the fam Patient #7 has fever ((144 beats per minute (179/100). The ED physician exa Electrocardiogram was	by the ED physician and sure reading as 179/100 with eats per minute. The blood (ed (time not indicated) and 104 with a pulse rate of 131 of Sodium Chloride with 20 250 ml/hour was started at scontinued at 19:25 and arged home at 19:30. No ras done and/or treatment at the patient's alcohol yed. ht back to the Emergency in May 5, 2015, at 15:21, e activities at home. The hily members stated that shaky." The RN noted that 101.2F), irregular heart rate e), and high blood pressure				

If continuation sheet Page 36 of 72

PRINTED: 07/06/2015

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 07/06/2015 MAPPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>i</i>		E CONSTRUCTION	(X3) DATE	
		280119	B. WING			05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				HWY 77-75 WINNEBAGO, NE 68071		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
A1100	Patient #7 was in "hig acidosis, hyponatric/h and alcoholic hepatitis Based on the diagnos second presentation a Department, a day aff presented with sympt withdrawal, Patient #7 tremens and autonom critical care services. avoidable if appropria and treatment was pro of this hospital rather home when he was in state. Patient #7 was transfe City, IA via ambulance services that Patient # 5. Patient #8 was a 2 who was a Gravida 4 delivered 3) with gest Patient #8 presented Department on May 5 complaining of contra patient indicated that to 5 minutes apart. S on a scale of 0 - 10 pa pain). Also, stated the minutes each. Medical record indica was placed on the ute	e done and showed that gh anion-gap metabolic hypochloremic dehydration, s." stic work-up done during the at the Emergency ter Patient #7 initially omatologies of alcohol 7 was in a state of delirium nic instability that required This could have been te examination was done ovided within the capabilities than discharging the patient in an alcohol withdrawal erred to a hospital in Sioux e to obtain the critical care #7 required. 28-year old pregnant woman, and para 3 (Pregnancy 4, ational age of 36 weeks. to the Emergency	A1	1100			

If continuation sheet Page 37 of 72

	-	ID HUMAN SERVICES				RINTED: 07/06/2015 FORM APPROVED
STATEMENT (S FOR MEDICARE & DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			MB NO. 0938-0391 X3) DATE SURVEY COMPLETED
		280119	B. WING			05/14/2015
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP	CODE	
WINNEBA	GO IHS HOSPITAL			WY 77-75 /INNEBAGO, NE 68071		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION E DATE
A1100	 variability with no dec Patient #8 was asses determined that Patie dilated with 50% effact Review of the patient fetal heart rate and ut revealed: The date printed 05/12/44. The patient The nursing staff rate had "good variat variability present in t The nursing staff contractions." However revealed several wave the location. Externation can be affected by patient a contraction and a mindicate that a contract staff should always do the contraction. The external uter on the 70's that can be indication of abruptio evalulation was dones when the placebta se uterus prior to the birt result in severe. unco external monitor read by positioning of the p 	O's to 150's with "Good elerations noted." At 03:55, sed by the provider and nt #8 was 2 centimeter cement. fetal monitor strip (monitor rerine activity for contraction) in the monitor strip was was monitored on 05/05/15. documented the fetal heart pility but there was no he monitor strip. documented, "no ver, the external tocometer es with no reassurance of I uterine contraction monitor tient movements, patient ne monitor. The staff t needs to be present during mark the monitor strip to ction started and ended. The pocument the frequency of the contraction monitor read e interpreted as an placenta. No further . Abruptio placenta occurs parates from the wall of the h of the baby which can ntrollable bleeding. These ings can often be affected	A1100			

Facility ID: 280119

If continuation sheet Page 38 of 72

	-	ID HUMAN SERVICES				FORM	APPROVED 0. 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE		
		280119	B. WING			05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER	L		S	STREET ADDRESS, CITY, STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				IWY 77-75 NINNEBAGO, NE 68071		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A1100	staff monitoring the pi palpate the abdomen The staff should docu contraction with palpa Results of the review strip above showed the adequately assess the either due to inadequall. Lack of competer patient places the heat obstetric patients that immediate jeopardy. The medical record in a high risk obstetric p rupture of membrane pre-eclampsia. Record review of the showed that on May 8 was removed from the entry in the monitor s "Good variability-no d contractions." On May 13, 2015, at interviewed concerning patients. During the of fetal monitor strip for The DON stated there accelerations recorded DON also verified that needed to be repositi palpate the uterus to When asked, when we nursing staff and provi-	atient should manually to ensure uterine relaxation. Imment intensity of the ation of the abdomen. of the patient fetal monitor nat the staff were unable to e condition of Patient #8 ate training or no training at ney in the care of obstetric alth and welfare of all come to this hospital in addicated that Patient #8 was atient with possible pre-term s and possible patient fetal monitor strip 5, 2015, at 04:45, patient e external fetal monitor. The trip by the provider reads lecelerations, no 14:20, the hospital DON was ng the care for obstetric course of the interview, the this patient was presented. e was no fetal heart ed on the monitor strip. The t the uterine tocometer oned or the nurse needed to	A1	100			

Facility ID: 280119

If continuation sheet Page 39 of 72

PRINTED: 07/06/2015

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	: 07/06/2015 APPROVED . 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE	SURVEY
		280119	B. WING		_	05/ [,]	14/2015
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 6807 [,]	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	B PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A1100	Continued From page	9 39	A1100				
	the Emergency Depar at 13:44, with complain pointer finger and hyp that the blood pressur 216/120. Labetalol (anti-hyperter given intravenously at at 14:30 and recorded was 210/105. Labeta intravenously at 15:11 Furosemide (diuretic) (IV) at 16:02, BP was was recorded as 180/ "Nitroglycerin IV 25 m solution to infuse at 6 was started at 17:14. www.dailymed.nlm.nil <http: www.dailymed<br="">"Nitroglycerin in 5% D treatment of peri-oper control of congestive f acute myocardial infan angina pectoris in pat responded to sublingu ß-blockers; and for ind hypotension." Further hypotension and shood small doses of nitrogly Blood pressure readin</http:>	ensive drug) 20 mg was t 14:22. BP was rechecked d as 194/118; at 15:00, BP lol 40 mg was given l. 40 mg given intravenously rechecked at 16:15 which 102. g in 250 mls (milliliter) D5W mls/hour = 10 mcg/min" According to h.gov, .nlm.nih.gov,>, bextrose is indicated for rative hypertension; for heart failure in the setting of rction; for treatment of ients who have not ual nitroglycerin and duction of intraoperative er, it stated that "severe ck may occur with even ycerin."					
	17:45 - 155/99 18:00 - 152/87 18:11 - 191/108						

Facility ID: 280119

If continuation sheet Page 40 of 72

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				FORM	D: 07/06/2015 M APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING		(X3) DATE	
	280119	B. WING		05/	/14/2015
NAME OF PROVIDER OR SUPPLIER	l	STRI	EET ADDRESS, CITY, STATE, ZIP CO		
WINNEBAGO IHS HOSPITAL			(77-75 INEBAGO, NE 68071		
PREFIX (EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
 discontinued at 19 home. There was no furth assessment done emergency was reassess the patient to ensure that the hypotension from the health and well jeopardy. 7. Patient #16 was the Emergency De 08:58, with complisince yesterday, be arrival, that Patien reading of 190/95. ED physician exar "hypertensive diso collected via cather "trace" blood in ur elevated level, 210 Patient #16 was interview. There was no furth the elevated high I elevated blood glu discharge. No furthe set of the set	owed that the IV was b:31 and patient was discharged her observation and/or to ensure that the hypertensive esolved. Failure to observe and to a reasonable period of time patient did not have severe the drugs administered placed lfare of the patient in immediate s 74-year old, who presented to epartment on April 25, 2015, at laints of "unable to urinate leeding." The RN noted, on t #16 had a blood pressure	A1100			

Facility ID: 280119

If continuation sheet Page 41 of 72

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	07/06/2015 APPROVED 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE S COMPL	SURVEY
		280119	B. WING			05/1	4/2015
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE	E, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 VINNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA" "ICIENCY)		(X5) COMPLETION DATE
A1100	retention including inf cord compression, an 8. Patient #18 was a woman, who presente Department on April 1 complaining of "bleed Patient 18 was "14 w "several attempts wer tones, but were unsud assessments were do status of the fetus. Bl presentation was 129 that patient's urine wa appearance. " The RN noted, at 00:4 "bathroom and voids At 02:10, "Patient voi urine with no clots at a unavailable for intervi No further examinatio done. Patient #18 wa mother who was instr a hospital in Sioux Cit vehicle. 9. Patient #22 was a woman, who was at 2	emergent causes of urinary fections, neurological spinal ad renal failure. 28-year old pregnant ed to the Emergency 12, 2015 at 00:18, ding." The RN noted that veeks gestation" and re made to find fetal heart ccessful." No further one to determine the health lood pressure reading on /91. The RN further noted as "turbid, light blood tinged 45, that Patient #18 went to 100ml light blood tinged." ids 200 ml bright red bloody this time." Physician ew. on and/or diagnostic work-up as discharged in care of the ucted to drive Patient #18 to ty, IA via the mother's private 30-year old pregnant 25 weeks gestational age. b) 7, P (para) 6, A (abortions)	A1100				
	2015 at 14:20. The R	d to the hospital on May 10, N noted that Patient #22 ng and vaginal discharge.					

Facility ID: 280119

If continuation sheet Page 42 of 72

	-	D HUMAN SERVICES				FORM): 07/06/2015 APPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		280119	B. WING		_	05/1	14/2015
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, S	TATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 VINNEBAGO, NE 6807	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A1100	Patient due date is 08 medical record, the pa premature labor with o pregnancy was numb At 14:55, the patient w monitor (Toco) to mor and fetal heart rate. M the doctor conducted 15:10. The medical record fa with variability, or the The patient getal moni Emergency Department tone, was not reassur was recording between evaluation was done. fetal heart tones record was not reassuring. A considered alarming obstetric emergency. between 120-160's. was not recording any the patient said she w Emergency Department document anything re uterine contractions. completed on the Emi dated 04/04/44. On May 13, 2015, at 1 conducted with the Emi nurse. During the inter he did not realize that	8/20/2015. According to atient had a history of other pregnancies. This er 7. was placed on external hitor uterine contractions Medical record indicated that a vaginal examination at hiled to show fetal heart rate uterine contraction patterns. harged home at 15:30. htor strip done in the ent showed the fetal heart ring because the heart rate en 60's to 120's. No further For over one minute, the rded on the external toco A heart rate of 60 is in most cases of an Fetal heart tone should be The uterine contraction toco y contractions even when vas cramping. The ent nurse or doctor did not elated to the fetal activity or	A1100				

Facility ID: 280119

If continuation sheet Page 43 of 72

DEPARTMENT OF HEA						FORM	07/06/2015 APPROVED
CENTERS FOR MEDIC STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	ARE a	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE COMP	
		280119	B. WING		_	05/	14/2015
NAME OF PROVIDER OR SUPP	LIER		s	STREET ADDRESS, CITY, ST	TATE, ZIP CODE	-	
WINNEBAGO IHS HOSPIT	AL			IWY 77-75 WINNEBAGO, NE 6807	'1		
PREFIX (EACH D	EFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
training to star On May 13, 22 Outpatient Nu concerning the manager state read a fetal m may know but monitor strips providers may not here then sent the patie assessment." has been requ training for he DON has not On May 13, 22 hospital DON monitor trainin Outpatient De contract family once a week a including read The DON state how to read a staff had requ DON stated, the monitor st presented. Th should have b fetal heart ton contractions. doctor should examination. had the wrong	the hospi ff. 015, at irse man e nurses ed that onitor s t she do from he / know. nobody nt home The muse staff a provide 015, at was con ng for the partmen y practic and they ting the ted that e nurses monitor est trair "no." D rip of th he DON been mo les and The DC pate.	14:00, an interview with the nager was conducted s fetal monitor training. The "nobody here knows how to trip. The Director of Nurses n't come and assess the ere or the ED. One or two When those providers are read the monitor strips, we without an accurate anager also stated that she the DON for a fetal monitor nd the ED staff, but the	A1100				

If continuation sheet Page 44 of 72

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	APPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTIO			(X3) DATE	
		280119	B. WING				05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER	L			SS, CITY, STATE, ZIP CODE	'		
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO,	, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	EA (EA	PROVIDER'S PLAN OF COR ACH CORRECTIVE ACTION S SS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
A1100	she will call biomed. On May 13, 2015, at the two batteries in th ED were dead and th batteries. On May 14, 2015, at ED to ensure that the batteries were chang day before. The visit were still not changed strip paper was 04/04 On May 15, 2015, at DON was conducted. batteries will be chan Review of the Fetal M provided by the DON that the last training v 2011. Patient #22 was disclinadequate medical e were unable to recog	 16:00, the DON stated that is fetal monitor located in the at biomed will change the 9:00, the surveyor visited the Fetal Monitor machine ed as the DON stated the revealed that the batteries d and the date in the monitor 4/44. 10:00, an interview with the The DON stated the ged today (05/14/2015). Monitor Training record on May 14, 2015, revealed vas completed on October 	A11	00				
	obstetric care. The n were likely not function batteries and poor bio suggested by the wro 10. Patient #28 was to the Emergency De 01:01, with swollen right	nonitoring machines used oning well due to dead omedical maintenance as						

If continuation sheet Page 45 of 72

PRINTED: 07/06/2015

	-	ID HUMAN SERVICES			FOR	D: 07/06/2015 M APPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			OMB NO	D. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		E SURVEY PLETED
		280119	B. WING		05	/14/2015
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 VINNEBAGO, NE 68071		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A1100	Patient #28 had "righ weight bearing." The of the right ankle which fracture of the right dis approximately 2 - 3 m displacement of the d little distraction. In ad seems widened espec- underlying instability." home at 02:14. No further assessmen provided. The diagno adequate because the include stress views. widened mortise whice unstable fracture that Emergency providers splint such fractures to attempted or done pri 489.24(a) & 489.24(c) EXAM Applicability of provisi (1) In the case of a ho emergency department or not eligible for Med regardless of ability to emergency department (b) of this section, the an appropriate medica within the capability of department, including available to the emerge determine whether or condition exists. The	tankle swelling, painful e ED physician ordered x-ray ch showed "a long oblique stal fibula. There is im posterior and lateral istal fracture fragment with dition, the ankle mortise cially medially, suspect ' Patient was discharged th done and/or treatment ostic examination was not e initial x-ray findings did not The x-ray result showed a ch represents a potentially may require surgical repair. typically can reduce and but these were not for to discharge.) MEDICAL SCREENING ions of this section. ospital that has an nt, if an individual (whether licare benefits and o pay) "comes to the nt", as defined in paragraph e hospital must (i) provide al screening examination f the hospital's emergency ancillary services routinely gency department, to not an emergency medical examination must be <i>v</i> idual(s) who is determined	A1100			

If continuation sheet Page 46 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	2: 07/06/2015 1 APPROVED 2: 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE COMP	SURVEY
		280119	B. WING		_	05/	14/2015
NAME OF PI	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807′	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2406	 §482.55 of this chapter services personnel are determined to exist, p stabilizing treatment, a of this section, or an a defined in paragraph thospital admits the ind further treatment, the this section ends, as so of this section. (2) Nonapplicability of Sanctions under this set transfer during a nation direction or relocation medical screening at a apply to a hospital with department located in specified in section 11 waiver of these sanctip period beginning upor hospital disaster protochealth emergency invidisease (such as panwill continue in effect applicable declaration emergency, as provid (B) of the Act. (c) Use of Dedicated I Nonemergency Service If an individual comes emergency department his or her behalf for extended and the section of the	neets the requirements of er concerning emergency ad direction; and nedical condition is rovide any necessary as defined in paragraph (d) appropriate transfer as (e) of this section. If the dividual as an inpatient for hospital's obligation under specified in paragraph (d)(2) f provisions of this section. section for inappropriate on al emergency or for the of an individual to receive an alternate location do not h a dedicated emergency an emergency area, as 135(g)(1) of the Act. A ons is limited to a 72-hour in the implementation of a bool, except that, if a public olves a pandemic infectious demic influenza), the waiver until the termination of the of a public health ed for by section 1135(e)(1)	A2406				

If continuation sheet Page 47 of 72

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	: 07/06/2015 APPROVED . 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE S COMPL	SURVEY
		280119	B. WING			05/1	4/2015
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STA	TE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 /INNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
A2406	makes it clear that the an emergency nature to perform such scree appropriate for any in manner, to determine have an emergency n This STANDARD is r Based on medical re- of available and willing failed to provide medi that were within the ca and appropriate to the out of 30 randomly se Patient # 2, 3, 6, 7, 8, Findings: 1. Patient #2 was a 1 brought by the parent 23:00, with complaints uncomfortable, fever, treatment." The RN saturation level at 00: breath sounds; nebuli Temperature was reco Ibuprofen 100mg sus Patient #2 was seen the noted that Patient #2 accessory muscles of further assessments of provided. Patient #2 00:45. Patient #2 was broug on January 22, 2015, that Patient #2 had "g	 a medical condition is not of the hospital is required only aning as would be dividual presenting in that that the individual does not nedical condition. anot met as evidenced by: cords review, and interview g staff, the hospital staff cal screening examination apabilities of this hospital e presenting symptoms of 8 elected patients. Citing 16, 22 and 28. 5-month old child, who was s on January 20, 2015, at s of "breathing rapidly, might need breathing noted that the oxygen 10 was 95% with coarse zer treatment was given. orded as 101.2F, was given pension by a physician, at 23:25, who had "tachypnea with respiration in use." No done and/or treatment was discharged home at at 09:37. The RN noted 	A2406				

Facility ID: 280119

If continuation sheet Page 48 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		280119	B. WING			05/	14/2015
	Rovider or supplier		·	н	TREET ADDRESS, CITY, STATE, ZIP CODE WY 77-75 VINNEBAGO, NE 68071		
(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
A2406	 minute. Patient #2 way pediatrician who note "respiratory distress." at this time. Nebulizer administered. Pediati patient to a hospital in stabilizing treatment. The failure of the staff resources in the mana during the first present welfare of this patient to a presentations to the E the same complaint of appropriate medical s not provided. Patient #3 presented Department on June complaining of chest it as 6 on a 0 -10 pain pain). He stated that 3 days prior to present 3 days prior to present #3 has a obstructive pulmonary (short of breath) most The physician further Patient #3 was "clean However, Patient #3 was "c	a pulse rate of 138 per as examined by a d that the patient was in Diagnostic work-up done treatments ordered and rician decided to transfer a Sioux City, IA for for f to use all available agement of this patient tation placed the health and in serious jeopardy. -year old, who had multiple Emergency Department with f acute chest pain but creening examination was to the Emergency 14, 2014, at 02:04, pain on inspiration and rated a scale (10 being the worst he had a cough for the past tation. Patient #3 was seen 30 AM. The physician noted history of COPD (chronic y disease) and was "SOB dy in recumbent position." noted that the lung fields of to auscultation bilaterally." was treated with Albuterol 1. Patient #3 was	A2	406			

If continuation sheet Page 49 of 72

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	ED: 07/06/2015 MAPPROVED O. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) DAT	E SURVEY IPLETED
		280119	B. WING		05	5/14/2015
NAME OF PI	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP CO		
WINNEBA	GO IHS HOSPITAL			Y 77-75 NNEBAGO, NE 68071		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
A2406	that may represent is Patient #3 presented Department again on similar complaints. P Registered Nurse (RN examination complete Practitioner. Patient # The RN was unavaila Patient #3 presented Department again on complaints of "chest The RN noted that "F difficulty breathing wh experiences a burning chest" A Physi examined Patient #3 had "sinus tach (tach "clear to auscultation respiratory effort" and "COPD exacerbation. the patient during this was discharged home unavailable for intervi No further examination done to evaluate the a chest pain is an emer that may represent is Patient #3 presented Department again on similar complaints. T car outside ambulanc per family members." Patient #3 was "SOB,	gency medical condition chemia or infarct. to the Emergency July 3, 2014, at 12:12, with atient #3 was assessed by a V) but no medical screening ed by a Qualified Medical #3 was discharged home. ble for interview. to the Emergency July 3, 2014, at 12:49, with pains/breathing problems." Pt (patient) c/o (complaint of) ten he tries to lay down, then g pain across his upper cian Assistant (PA) and noted that Patient #3 tycardia)," lung fields were bilaterally, normal d diagnosed the patient with " No physician examined to presentation. Patient #3 to at 02:05 AM. The PA was ew. In or diagnostic work-up was acute chest pain. Acute gency medical condition chemia or infarct.	A2406			

If continuation sheet Page 50 of 72

						FORM): 07/06/2015 1 APPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		280119	B. WING		_	05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807 ⁴	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2406	 03:00. No physician of unavailable for intervi Diagnostic laboratory done at this visit show 5.6 (normal 0 - 3), Tro <0.35), Myoglobin - 1 B-Type Natriuretic Pe suggest heart failure if seen by a PA and no patient. Patient #3 was eventure in Sioux City, IA for the treatment of the cardi condition. Patient left ambulance. The failure of the host appropriate examinative tests to evaluate a like condition during the p placed the patient in a situation with the likel and death. 3. Patient #6 was a 6 brought to the Emergy February 13, 2015, at mother informed the F congestion, phlemy (s breathing." Patient # noted that there was throughout lung fields additional work of bre breathing." No further breathing. 	examined the patient. PA ew. tests for cardiac enzymes ved elevated levels: CKMB - oponin I - 0.500 (normal 51.0 (normal 30 - 90), ptide - 193.0 (100 - 300 is present). Patient #3 was physician examined the ually transferred to a hospital re required stabilizing ac emergency medical the hospital at 13:00 by pital staff to conduct an ion and conduct diagnostic ely cardiac emergency revious presentations an Immediate Jeopardy ihood of serious harm, injury comonth old child, who was ency Department on t 10:00, by the mother. The RN that the child had "bad sic) nose, shallow 6 was seen by a PA who "no wheezing appreciated s, no retractions, no	A2406				

If continuation sheet Page 51 of 72

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 07/06/2015 APPROVED). 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION		(X3) DATE	
		280119	B. WING		_	05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, ST	TATE, ZIP CODE	-	
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2406	Continued From page	÷ 51	A2406				
	Outpatient Departmen pediatrician examined there was "wheezing STETHOSCOPE." T noted that there were fields, SUBCOSTAL r Diagnostic work-up w Department and treat ED physician on reco 2015, at approximate was asked if he exam conducted diagnostic whether an emergend The ED physician sta the patient and there should have to see th physician was asked between the PA's find respiratory status and respiratory distress up Department. The ED "did what was require have to do anything e well, and let me tell yo The ED hospital staff resources in the hosp condition of the patier staff to provide appro- including diagnostic w stabilizing treatment w hospital placed this pa- serious injury, harm of	The pediatrician further "wheezes all over lung retractions present." rere done at the Outpatient ment provided to Patient #6. rd interviewed on May 12, ly 13:00. The ED physician nined Patient #6 and/or work-up to determine cy medical condition existed. ted that the PA examined was no indication that he is patient himself. The ED to explain the discrepancy ling regarding the patient's d the pediatrician's finding of pon arrival at the Outpatient physician stated that he de of me by law. I didn't else. I understand EMTALA ou about the law" failed to utilize all available pital to address the medical nt. The failure of the ED priate medical examination vork-up, and necessary within the capability of the atient with the likelihood of					

If continuation sheet Page 52 of 72

		D HUMAN SERVICES				FORM	APPROVED 0. 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE		
		280119	B. WING			05/	14/2015
	Rovider or Supplier			ŀ	STREET ADDRESS, CITY, STATE, ZIP CODE HWY 77-75 WINNEBAGO, NE 68071		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A2406	the Emergency Depa 12:29, after reportedly Patient #7 stated that 9am." Further, Patie he was "having freque whic (sic) is clear phle reading was recorded of 124 beats per minue Patient #7 was seen In noted the blood press a pulse rate of 144 be pressure was rechect the reading was 1857 beats per minute. Intravenous (IV) fluid mEq of potassium at 14:30. The IV was di Patient #7 was dischar further assessment w provided prior to disch patient alcohol withdr Patient #7 was broug Room by the family o after at least 2 seizure RN noted that the fam Patient #7 has fever ((144 beats per minute (179/100). The ED physician exa Electrocardiogram wa fibrillation with RVR (Laboratory tests were Patient #7 was in "hig	rtment on May 4, 2015, at y drinking for 3 weeks. "his last drink was around nt #7 informed the RN that yent episodes of emesis egm." Blood pressure as 144/91 with a pulse rate ite. by the ED physician and sure reading as 179/100 with eats per minute. The blood ked (time not indicated) and 104 with a pulse rate of 131 of Sodium Chloride with 20 250 ml/hour was started at scontinued at 19:25, and arged home at 19:30. No as done and/or treatment harge to ensure that the awal status was resolved. ht back to the Emergency n May 5, 2015, at 15:21, e activities at home. The hilly members stated that shaky." The RN noted that 101.2F), irregular heart rate e), and high blood pressure	A2-	406			

PRINTED: 07/06/2015

	-	ID HUMAN SERVICES				FORM	APPROVED 0. 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					LE CONSTRUCTION	(X3) DATE	
		280119	B. WING			05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				HWY 77-75 WINNEBAGO, NE 68071		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
A2406	 presentation, a day ar with symptomatologie Patient #7 was in a st autonomic instability if services. This could appropriate examinat initial presentation an within the capability of discharging the patien alcohol withdrawal state Patient #7 was transfe City, IA via ambulance services required. 5. Patient #8 was a 2 who was a Gravida 4 delivered 3) with gest Patient #8 presented Department on May 5 complaining of contrapatient indicated that to 5 minutes apart. S on a 0 - 10 pain scale Also, stated that the cominutes each. 	s." stic work-up on this second fter Patient #7 presented as of alcohol withdrawal, tate of delirium tremens and that required critical care have been avoided if ion was done during the d treatment was provided f this hospital rather than th home when he was in an ate. erred to a hospital in Sioux to obtain the critical care 28-year old pregnant woman, and para 3 (Pregnancy 4, ational age of 36 weeks. to the Emergency 5, 2015, at 03:38, ctions since 23:00. The the contractions are about 4 he described the pain as 8 e (10 being the worst pain). contraction lasted about 2 ted that at 03:45, Patient #8	A2	406			
	was placed on the ute according to the ED s heart rate were at 140 variability with no dec Patient #8 was asses	erine fetal monitor and staff documentation, the fetal D's to 150's with "Good selerations noted." At 03:55, sed by the provider and 2 centimeter dilated with					

If continuation sheet Page 54 of 72

PRINTED: 07/06/2015

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	07/06/2015 APPROVED
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE S COMPLE	
		280119	B. WING			05/1/	4/2015
NAME OF PF	ROVIDER OR SUPPLIER		ST	FREET ADDRESS, CITY, STATE	E, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 /INNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA ⁻ FICIENCY)		(X5) COMPLETION DATE
A2406	50% effacement.	e 54 fetal monitor strip (monitor	A2406				
		erine activity for contraction)					
		in the monitor strip was was monitored on 05/05/15.					
	-	documented the fetal heart bility" but there was no he monitor strip.					
	contractions." However revealed several wave the location. External can be affected by par- size and location of the monitoring the patient a contraction and man- indicate that a contraction	t needs to be present during					
	on the 70's that can b indication of abruptio assessment done. All when the placenta se uterus before the birth in severe, uncontrolla monitor readings can positioning of the pati of the tocometer in the monitoring the patient the abdomen to ensu	placenta. No further bruptio placenta occurs parates from the wall of the n of a baby which can result ble bleeding. These external often be affected by ent, patient size, placement e uterus. The staff t should manually palpate re uterine relaxation. The t intensity of the contraction					

Facility ID: 280119

If continuation sheet Page 55 of 72

DEPARTMENT OF HEALTH AND I CENTERS FOR MEDICARE & ME	DICAID SERVICES				FORM	07/06/2015 APPROVED 0.0938-0391
	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>`</i>	PLE CONSTRUCTION		(X3) DATE COMP	SURVEY
	280119	B. WING		_	05/ [,]	14/2015
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
WINNEBAGO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 6807	'1		
PREFIX (EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2406 Continued From page 55	5	A240	06			
 all. Lack of competency patient places the health obstetric patients that commediate jeopardy. The medical record indica high risk obstetric patients rupture of membranes at pre-eclampsia. Record review of the path showed that on May 5, 2 was removed from the entry in the monitor strip "Good variability-no decorractions." On May 13, 2015, at 14: interviewed concerning the patients. During the cour fetal monitor strip for this The DON stated there we accelerations recorded to be repositioned palpate the uterus to ver When asked, when was nursing staff and provide heart monitor reading, the state of t	the staff were unable to condition of Patient #8 e training or no training at in the care of obstetric and welfare of all ome to this hospital in cated that Patient #8 was ent with possible pre-term nd possible tient fetal monitor strip 2015, at 04:45, the patient elerations, no 20, the hospital DON was the care for obstetric urse of the interview, the s patient was presented. as no fetal heart on the monitor strip. The ne uterine tocometer ed or the nurse needed to ify contractions. the last time the ED ers got training on fetal ne DON stated, "in 2011".					

If continuation sheet Page 56 of 72

		D HUMAN SERVICES				FORM): 07/06/2015 1 APPROVED
STATEMENT (DF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		280119	B. WING		_	05/	14/2015
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	TATE, ZIP CODE	-	
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807	'1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2406	since yesterday, bleed arrival that Patient #10 reading of 190/95. Eff Patient #16 and noted Urine specimen was of which showed a "trad glucose showed an eff 100). Patient #16 was The ED physician was interview. There was no further elevated high blood p elevated blood glucos discharge. No further treatment given to add There are emergent of including infections, n compression, and ren 7. Patient #22 was a woman, who was at 2 She was a G (gravida 0, with a history of pre 25-weeks. Patient #22 presented 2015, at 14:20. The R complained of crampi Patient due date is 08 medical record the pa premature labor with of pregnancy was numb At 14:55, the patient w monitor (Toco) to mor and fetal heart rate. M	ding." The RN noted on 6 had a blood pressure D physician examined d "hypertensive disorder." collected via catheterization ce" blood in urine. Blood levated level, 210.2 (65 - 6 discharged home at 11:27. Is no longer available for assessment done on the ressure nor was the se addressed prior to assessment done and/or dress the urine retention. causes of urinary retention eurological spinal cord tal failure. 30-year old pregnant 5 weeks gestational age. 1) 7, P (para) 6, A (abortions) emature delivery at d to the hospital on May 10, 2N noted that Patient #22 ng and vaginal discharge. b/20/2015. According to titent had a history of other pregnancies. This	A2406				

If continuation sheet Page 57 of 72

CENTER: STATEMENT C	S FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		FORM OMB NC (X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMP	LETED
		280119	B. WING		_	05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			IWY 77-75 VINNEBAGO, NE 6807	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFEREI	B PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2406	Continued From page	57	A2406				
		iled to show fetal heart rate uterine contraction patterns.					
	The Emergency Depa home at 15:30.	rtment sent the patient					
	tone, not reassuring l recording between 60 minute, the fetal heart external toco was not assessment or evalua 60 is considered alarr obstetric emergency a evaluation. Fetal hear 120 -160's. The uterin recording any contract said she was crampin Department nurse or anything related to the contractions. The feta the Emergency Depart	ent showed the fetal heart because the heart rate was 's to 120's. For over one it tones recorded on the reassuring. No further ation done. A heart rate of ning in most cases of an and requires further t tone should be between he contraction toco was not tions even when the patient g. The Emergency doctor did not document e fetus activity or uterine I monitor strip completed on the timent was dated 04/04/44.					
	conducted with the Er nurse. During the inte he did not realize that were wrong. He also	14:00, an interview was nergency Department rview, the nurse stated that the monitor strip dates stated that it has been al provided a fetal monitor					
	Out Patient Nurse ma concerning the nurses manager stated that, read a fetal monitor st	14:00, an interview with the nager was conducted s fetal monitor training. The "nobody here knows how to trip. The Director of Nurses n't come and assess the					

If continuation sheet Page 58 of 72

							FORM): 07/06/2015 MAPPROVED
STATEMENT (S FOR MEDICARE & I	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		280119	B. WING			05/14/2015		
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIF	P CODE		
WINNEBA	GO IHS HOSPITAL				IWY 77-75 VINNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIA		(X5) COMPLETION DATE
A2406	not here then nobody sent the patient home assessment." The mathem has been requesting training for her staff a DON has not provided On May 13, 2015, at a hospital DON was con- monitor training for the Outpatient Department contract family practic once a week and they including reading the The DON stated that monitored, the nurses how to read a monitor staff had request train DON stated, "no". Di- the monitor strip of the presented. The DON should have been mo- fetal heart tones and a contractions. The DC doctor should have we examination. The DC had the wrong date. The bow to change the mathem she will call biomed. On May 13, 2015, at a the two batteries in th ED were dead and that batteries. On May 14, 2015, at a	 the ED. One or two When those providers are read the monitor strips, we without an accurate anager also stated that she the DON for a fetal monitor nd the ED staff, but the d the training. 14:20, an interview with the nducted concerning the fetal e nurses in the ED and th. The DON stated that a e group comes to the clinic v see all obstetric patient monitor strips for that day. if a patient needs to be or doctors should know tstrip. When asked if any ing on fetal monitor strip the uring the same interview, e patient in question was stated that the patient nitored closely to verify the ensure there were no N also stated that the 	A2	406				

If continuation sheet Page 59 of 72

		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 07/06/2015 APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING		(X3) DATE SURVEY COMPLETED		
		280119	B. WING		_	05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER		Ş	STREET ADDRESS, CITY, S	TATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 6807	'1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2406	day before. The visit were still not change a strip paper was 04/04 On May 15, 2015, at DON was conducted. batteries will be chang Review of the Fetal M provided by the DON that the last training w 2011. Patient #22 was discr inadequate medical s the staff were unable fetal heart rate record either inadequate or r obstetric care. The m were likely not function batteries and poor bid suggested by the wro 8. Patient #28 was 38 the Emergency Depat 01:01, with swollen rig examined by an ED p Patient #28 had "righ weight bearing." The of the right ankle which fracture of the right di approximately 2 - 3 m displacement of the d little distraction. In ad seems widened espect	ed as the DON stated the revealed that the batteries and the date in the monitor /44. 10:00, an interview with the The DON stated the ged today (05/14/2015). Ionitor Training record on May 14, 2015, revealed vas completed on October harged home after an creening examination in that to recognize the alarming ed on the toco because of no training in that aspect of nonitoring machines used medical maintenance as ng date recorded. B-year old, who presented to rtment on May 4, 2015, at ght ankle. Patient was hysician who noted that t ankle swelling, painful e ED physician ordered x-ray ch showed "a long oblique	A2406				

If continuation sheet Page 60 of 72

		D HUMAN SERVICES MEDICAID SERVICES			FORI	M APPROVED D. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		280119	B. WING		05	/14/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 68071			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	D BE	(X5) COMPLETION DATE	
A2406	Continued From page	9 60	A240	06			
A2407	provided. The diagno adequate because the include stress views. widened mortise whice unstable fracture that Emergency providers splint such fractures to attempted or done pri 489.24(d)(1-3) STABI (1) General. Subject to paragraph (d)(2) of th (whether or not eligible comes to a hospital a that the individual has condition, the hospita (i) within the capabiliti available at the hospit examination and treat the medical condition (ii) For for transfer of medical facility in acco of this section. (2) Exception: Applic (i) If a hospital has sc paragraph (a) of this se individual to have an condition, and admits inpatient in good faith emergency medical c satisfied its special re section with respect to (ii) This section is not	or to discharge. LIZING TREATMENT o the provisions of is section, if any individual le for Medicare benefits) nd the hospital determines a nemergency medical I must provide either- tes of the staff and facilities tal, for further medical tment as required to stabilize the individual to another ordance with paragraph (e) ation to inpatients. reened an individual under section and found the emergency medical that individual as an in order to stabilize the ondition, the hospital has sponsibilities under this to that individual applicable to an inpatient elective (nonemergency)	A24()7			

Facility ID: 280119

If continuation sheet Page 61 of 72

PRINTED: 07/06/2015

		ID HUMAN SERVICES				FORM	M APPROVED
							D. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	PLETED
		280119	B. WING			05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				IWY 77-75 MINNEBAGO, NE 68071		_
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2407	participation for hospi chapter to provide can accordance with those (3) Refusal to conser A hospital meets the (d)(1)(i) of this section individual if the hospit further medical exami described in that para individual (or a person behalf) of the risks an of the examination an individual (or a person behalf) does not cons treatment. The medic description of the exa if applicable, that was the individual. The ho reasonable steps to s informed refusal (or th his or her behalf). Th indicate that the person risks and benefits of t treatment, or both. This STANDARD is r Based on medical re- of available and willin failed to provide stabi	tired by the conditions of itals under Part 482 of this re to its inpatients in e conditions of participation. In to treatment. requirements of paragraph in with respect to an tal offers the individual the ination and treatment agraph and informs the in acting on the individual's ad benefits to the individual's sent to the examination or cal record must contain a amination, treatment, or both is refused by or on behalf of ospital must take all secure the individual's written that of the person acting on ne written document should on has been informed of the the examination or	A2	407			

Facility ID: 280119

If continuation sheet Page 62 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM): 07/06/2015 APPROVED). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```		CONSTRUCTION		(X3) DATE	
		280119	B. WING				05/	14/2015
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP COD	E		
WINNEBA	GO IHS HOSPITAL				WY 77-75 INNEBAGO, NE 68071			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
A2407	brought by the parent 23:00, with complaints uncomfortable, fever, treatment." The RN saturation level at 00: breath sounds; nebuli Temperature was reco lbuprofen 100mg susp Patient #2 was seen the noted that Patient #2 accessory muscles of further assessments of provided. No diagnoss Patient #2 was brough on January 22, 2015, that Patient #2 was dischar Patient #2 was brough on January 22, 2015, that Patient #2 had "g breathing." The oxyg recorded as 95% with minute. Patient #2 was pediatrician who note "respiratory distress." at this time. Nebulizer administered. Pediati patient to a hospital in stabilizing treatment. The failure of the staff resources in the mana during the first present welfare of this patient 2. Patient #14 was 32 to the Emergency Dep	5-month old child, who was s on January 20, 2015, at s of "breathing rapidly, might need breathing noted that the oxygen 10 was 95% with coarse zer treatment was given. orded as 101.2F, was given pension. by a physician, at 23:25, who had "tachypnea with respiration in use." No done and/or treatment stic work-up was done. arged home at 00:45. ht back to the ED by parents at 09:37. The RN noted grunting and difficulty gen saturation level was a pulse rate of 138 per as examined by a d that the patient was in Diagnostic work-up done treatments ordered and rician decided to transfer a Sioux City, IA for further	A24)7				

If continuation sheet Page 63 of 72

CENTERS FOR MEDICARE &	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI			0. 0938-0391
		· · ·	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
	280119	B. WING		05/	14/2015
NAME OF PROVIDER OR SUPPLIER WINNEBAGO IHS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 77-75 WINNEBAGO, NE 68071		
PREFIX (EACH DEFICIENCY MU	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHC CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A2407 Continued From page 63 left pointer finger and hyp noted that the blood press 216/120. Labetalol (anti-hypertensi given intravenously at 14: at 14:30 and recorded as was 210/105. Labetalol 4 intravenously at 15:11. Furosemide (diuretic) 40 f (IV) at 16:02, BP was recl was recorded as 180/102 "Nitroglycerin IV 25 mg in solution to infuse at 6 mls was started at 17:14. Acc www.dailymed.nlm.nih.go <http: www.dailymed.nlm<br="">"Nitroglycerin in 5% Dextr treatment of peri-operativ control of congestive hear acute myocardial infarctio angina pectoris in patients responded to sublingual r ß-blockers; and for induct hypotension." Further, it hypotension and shock m small doses of nitroglycer Blood pressure readings a Nitroglycerine IV were rec 17:45 - 155/99 18:00 - 152/87 18:11 - 191/108 19:00 - 155/90 19:10 - 167/99 Medical record showed th</http:>	sure (BP) reading was ve drug) 20 mg was :22. BP was rechecked 194/118; at 15:00, BP 10 mg was given mg given intravenously hecked at 16:15 which 250 mls (milliliter) D5W whour = 10 mcg/min" ording to w, n.nih.gov,>, rose is indicated for e hypertension; for rt failure in the setting of on; for treatment of s who have not hitroglycerin and tion of intraoperative stated that "severe hay occur with even rin." after the initiation of the corded as:	A24(07		

Facility ID: 280119

If continuation sheet Page 64 of 72

PRINTED: 07/06/2015 FORM APPROVED

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 07/06/2015 1 APPROVED 2: 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE	
		280119	B. WING		_	05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER		S	FREET ADDRESS, CITY, ST	TATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 /INNEBAGO, NE 6807	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2407	Continued From page discontinued at 19:31 home.	e 64 and patient was discharged	A2407				
	emergency was resol assess the patient for to ensure that the pat hypotension from the	observation and/or ensure that the hypertensive ved. Failure to observe and r a reasonable period of time ient did not have severe drugs administered placed e of the patient in immediate					
	to the Emergency De 01:01, with swollen rig examined by an ED p Patient #28 had "righ weight bearing." The of the right ankle whic fracture of the right di approximately 2 - 3 m displacement of the d little distraction. In ac seems widened esper underlying instability.' home at 02:14.	8-years old, who presented partment on May 4, 2015, at ght ankle. Patient was hysician who noted that it ankle swelling, painful e ED physician ordered x-ray ch showed "a long oblique stal fibula. There is im posterior and lateral istal fracture fragment with ddition, the ankle mortise cially medially, suspect ' Patient was discharged ht done and/or treatment ostic examination was not e initial x-ray findings did not					
	include stress views. widened mortise whic unstable fracture that	The x-ray result showed a th represents a potentially may require surgical repair. typically can reduce and but these were not					

If continuation sheet Page 65 of 72

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		280119	B. WING			05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				NY 77-75 INNEBAGO, NE 68071		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2409	489.24(e)(1)-(2) APP	ROPRIATE TRANSFER	A24	109			
	medical condition that defined in paragraph hospital may not trans (i) The transfer is an at the meaning of paragraph and (ii)(A) The individual (person acting on the intert obligations under this transfer. The request must be reasons for the requer or she is aware of the transfer. (B) A physician (within 1861(r)(1) of the Act) that, based upon the time of transfer, the me expected from the pro- medical treatment at a outweigh the increase in the case of a womat the unborn child, from certification must com and benefits upon wh (C) If a physician is me emergency departme transferred, a qualifie determined by the ho and regulations) has described in paragrap	another medical facility ed risks to the individual or, an in labor, to the woman or being transferred. The tain a summary of the risks ich it is based; or of physically present in the nt at the time an individual is d medical person (as spital in its bylaws or rules signed a certification oh (e)(1)(ii)(B) of this section defined in section 1861(r)(1)					

If continuation sheet Page 66 of 72

PRINTED: 07/06/2015

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 07/06/2015 1 APPROVED 2: 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		-	(X3) DATE COMP	SURVEY
		280119	B. WING			05/*	14/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			HWY 77-75 WINNEBAGO, NE 680	71		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD B ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2409	subsequently counter certification must cont and benefits upon wh (2) A transfer to anoth appropriate only in the (i) The transferring ho treatment within its car risks to the individual' a woman in labor, the (ii) The receiving facil (A) Has available spa for the treatment of th (B) Has agreed to acc and to provide approp (iii) The transferring h receiving facility all m thereof) related to the the individual has pre- the time of the transfer history, records relate emergency medical c signs or symptoms, p of diagnostic studies of studies, treatment pro- and the informed writt (or copy thereof) requi- (ii) of this section, and any on-call physician of this section) who has appear within a reaso necessary stabilizing (e.g., test results not y records not readily av	es with the certification and signs the certification. The tain a summary of the risks ich it is based. The medical facility will be ose cases in which - spital provides medical apacity that minimizes the shealth and, in the case of thealth of the unborn child; ity ce and qualified personnel e individual; and cept transfer of the individual oriate medical treatment. The edical records (or copies the emergency condition which sented that are available at er, including available ed to the individual's ondition, observations of reliminary diagnosis, results or telephone reports of the povided, results of any tests ten consent or certification tired under paragraph (e)(1) d the name and address of (described in paragraph (g) as refused or failed to	A240	9			

If continuation sheet Page 67 of 72

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 07/06/2015 1 APPROVED 2: 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE COMP	SURVEY
		280119	B. WING		_	05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL			WY 77-75 /INNEBAGO, NE 6807	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2409	Continued From page	: 67	A2409				
	personnel and transport required, including the medically appropriate during the transfer. This STANDARD is r Based on medical re- of available and willin failed to effect an app 30 randomly selected	ected through qualified ortation equipment, as e use of necessary and life support measures not met as evidenced by: cords review, and interview g staff, the hospital staff ropriate transfer of 3 out of patients with emergency ting Patient # 7, 14 and 18.					
	the Emergency Depar 12:29, after reportedly Patient #7 stated that 9am." Further, Patie he was "having freque whic (sic) is clear phle reading was recorded of 124 beats per minue Patient #7 was seen to noted the blood press a pulse rate of 144 be pressure was recheck the reading was 185/ beats per minute. Intravenous (IV) fluid mEq of potassium at 14:30. The IV was dischard	-years old, who presented to rtment on May 4, 2015, at y drinking for 3 weeks. "his last drink was around nt #7 informed the RN that ient episodes of emesis egm." Blood pressure I as 144/91 with a pulse rate ite. by the ED physician and sure reading as 179/100 with eats per minute. The blood ked (time not indicated) and 104 with a pulse rate of 131 of Sodium Chloride with 20 250 ml/hour was started at scontinued at 19:25, and arged home at 19:30. No ras done and/or treatment					

Facility ID: 280119

If continuation sheet Page 68 of 72

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SL COMPLE NAME OF PROVIDER OR SUPPLIER WINNEBAGO IHS HOSPITAL 280119 B. WING 05/14 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION ID	07/06/2015 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WINNEBAGO IHS HOSPITAL HWY 77-75 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG ID PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	URVEY
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WINNEBAGO IHS HOSPITAL HWY 77-75 WINNEBAGO, NE 68071 WINNEBAGO, NE 68071 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	4/2015
WINNEBAGO IHS HOSPITAL WINNEBAGO, NE 68071 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG	
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 DEFICIENCY)	
A2409 Continued From page 68 A2409	(X5) COMPLETION DATE
provided to ensure that the patient alcohol withdrawal status was resolved. A transfer is defined under 42 CFR 489 as the movement (including the discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital. Patient #7 was brought back to the Emergency Room by the family on May 5, 2015, at 15:21, after at least 2 selzure activities at home. RN noted that the family members stated that Patient #7 was "just shaky." The RN noted that Patient #7 was a fever (101:27), irregular heart rate (144 beats per minute), and high blood pressure (179/100). The ED physician examined Patient #7. Electrocardiogram was done and showed "atrial fibrillation with RVR (Rapid Ventricular Rate)." Laboratory tests were done and showed that Patient #7 was in "high anion-gap metabolic acidosis, hyponatric/hypochloremic dehydration, and alcoholic hepatitis." Based on the diagnostic work-up on this second presentation, a day after Patient #7 presented with symptomatologies of alcohol withdrawal, Patient #7 was in a state of delinu	

If continuation sheet Page 69 of 72

		ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 07/06/2015 MAPPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>		E CONSTRUCTION		(X3) DATE	
		280119	B. WING				05/	14/2015
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE,	ZIP CODE		
WINNEBA	GO IHS HOSPITAL				1WY 77-75 WINNEBAGO, NE 68071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	(EACH CORRECTIVI CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD BI D TO THE APPROPRIA CIENCY)		(X5) COMPLETION DATE
A2409	critical care services r condition of Patient # 2. Patient #14 was 32 the Emergency Depar at 13:44, with compla pointer finger and hyp that the blood pressur 216/120. Labetalol (anti-hyperte given intravenously at at 14:30 and recorded was 210/105. Labeta intravenously at 15:11 Furosemide (diuretic) (IV) at 16:02, BP was was recorded as 180/ "Nitroglycerin IV 25 m solution to infuse at 6 was started at 17:14. www.dailymed.nlm.nil <http: www.dailymed<br="">"Nitroglycerin in 5% D treatment of peri-oper</http:>	e at this time to obtain the required to stabilize the 47. 2-year old, who presented to rtment on March 16, 2015, ints of laceration of left bertension. The RN noted re (BP) reading was ensive drug) 20 mg was t 14:22. BP was rechecked d as 194/118; at 15:00, BP lol 40 mg was given 1. 40 mg given intravenously rechecked at 16:15 which '102. ng in 250 mls (milliliter) D5W mls/hour = 10 mcg/min" According to h.gov,	A2	2409		DIENCY)		
	acute myocardial infa angina pectoris in pat responded to sublingu ß-blockers; and for ind hypotension. "Furth hypotension and shoo small doses of nitrogly	rction; for treatment of ients who have not ual nitroglycerin and duction of intraoperative er, it stated that "severe ck may occur with even						

Facility ID: 280119

If continuation sheet Page 70 of 72

		ND HUMAN SERVICES MEDICAID SERVICES					PRINTED: 0 FORM AF MB NO. 0	PPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		DNSTRUCTION		X3) DATE SUF COMPLET	RVEY
		280119	B. WING				05/14/	2015
	ROVIDER OR SUPPLIER		1	HWY	EET ADDRESS, CITY, STATE, ZIP CODE (77-75	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	INEBAGO, NE 68071 PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) OMPLETION DATE
A2409	 home. A transfer is defined a movement (including individual outside a h direction of any perso or associated, directly hospital. There was no further assessment done to emergency was reso assess the patient for to ensure that the pathypotension from the the health and welfar jeopardy. 3. Patient #18 was a woman, who present Department on April complaining of "blee Patient 18 was "14 w "several attempts we tones, but were unsure that were unsure that the main to be a set of the term of the term of the term of the health and welfar jeopardy. 	e recorded as: ed that the IV was and patient was discharged under 42 CFR 489 as the the discharge) of an ospital's facilities at the on employed by (or affiliated y or indirectly, with) the observation and/or ensure that the hypertensive lved. Failure to observe and r a reasonable period of time tient did not have severe of rugs administered placed e of the patient in serious 28-year old, pregnant ed to the Emergency 12, 2015 at 00:18, ding." The RN noted that veeks gestation" and re made to find fetal heart	A2	409				

Facility ID: 280119

If continuation sheet Page 71 of 72

PRINTED: 07/06/2015

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 07/06/2015 APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		280119	B. WING			_	05/	14/2015
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, S	TATE, ZIP CODE		
WINNEBA	GO IHS HOSPITAL				HWY 77-75 WINNEBAGO, NE 6807	'1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	٦IX	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A2409	status of the fetus. B presentation was 129 that patient's urine wa appearance." The RN noted, at 00:- "bathroom and voids At 02:10, "Patient vo urine with no clots at unavailable for intervi No further examination done. Patient #18 wa mother with an instruct	lood pressure reading on /91. The RN further noted as "turbid, light blood tinged 45, that Patient #18 went to 100ml light blood tinged." ids 200 ml bright red bloody this time." Physician	A2	2409				

Facility ID: 280119

If continuation sheet Page 72 of 72