

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/09/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 220052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/31/2006
NAME OF PROVIDER OR SUPPLIER BROCKTON HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 680 CENTRE STREET BROCKTON, MA 02302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS A survey visit was made to the Hospital for the Complaint Reference Number 06-0912. A deficiency was cited for the lack of a medical record for the Patient's Emergency Department visit in June 2006. Please refer to F- TAG 0223.	A 000		
A 223	482.24(b) FORM AND RETENTION OF RECORDS The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. The hospital must use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries. This Standard is not met as evidenced by: Based on interview on the day of visit to the Hospital. The Medical Records Department staff were unable to locate the medical record as requested by the Surveyor for one applicable Patient for an Emergency Department visit dated 06/19/06.. The Patient's medical record was unavailable for review to determine both the Patient's ED evaluation and assessment and to determine the staff involved with the Patient's assessment and evaluation. The findings are as follow: Review of the Emergency Department log indicated the Patient made a visit for an evaluation of dehydration on 06/19/06.	A 223	All medical records are tracked for "timely" receipt by the HIM/Medical Records Department upon patient discharge for the purpose of record processing and completion of "timely" filing. According to our MR tracking system, the last time this record was accessed was on 7/19/06. Unfortunately, the record in question appears to have been misfiled or was never returned to the MR filing system. Establish a more diligent and timely review process to ensure <u>all</u> medical records being pulled from the main file library are being returned to the MR filing system in a "timely" manner. Run weekly reports of records that have been pulled and yet to be returned and follow-up the status with department and/or individual that initially requested the record.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Kimberly Walsh RN *Vice President Patient Services* *8/23/06*

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.

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A 223	Continued From page 1 The VP of Patient Care Services was unable to locate the Patient's Emergency Department Record for the date of visit on 06/19/06. The VP of Patient Care Services said in interview that the staff and Director of the Medical Records Department had made every effort to locate the Patient's ED Record for the visit date of 06/19/06. The Medical Records Department did not meet the regulatory requirement to ensure that patient records were adequately filed, retained and readily accessible as required.	A 223	Effective September 5th , produce regular reports measuring the rate for retrieval of patients medical records to ensure we remain at 97% or greater (which is in keeping with "best practice" industry standards for a paper based medical records filing system). Report audit findings to the Medial Records/Quality Improvement Committees on at least a quarterly basis. While conducting medical record file purges for off-site record storage, open all medical record folders and audit for "misfiles". This effort will assist in potentially identifying the record in question. The next scheduled purge is schedule to take place in late fall. In the meantime, we will <u>continue</u> an aggressive search of the HIM/Medical Record Department for the record in question.	

INVESTIGATION REPORT

Facility: BROCKTON HOSPITAL
680 CENTRE STREET
BROCKTON, MA, 02302

Reference # 06-0912

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Date Received: 07/ /2006

Date Investigated: 07/ /2006

A. INVESTIGATORY STEPS:

1. PERSONS INTERVIEWED

VP of Patient Care Services

Chief of the Emergency Department

2. RECORDS REVIEWED

(None required)

3. PHYSICAL EVIDENCE REVIEWED

Tour of the ED

B. ISSUES FOR INVESTIGATION

1. SYNOPSIS: It was reported a Patient was evaluated in the Emergency Department in June 2006 following elopement from

It was alleged the Patient was then transferred to facility. It was alleged ten days later the Patient returned to the ED with sustained at an unknown date.

A onsite survey was conducted on 07/ /06. The Hospital staff and VP of Patient Care Services were unable to locate the Patient's Emergency Department record for the date of visit following the Patient's elopement .

A determination was unable to be made as to the quality of the Emergency Department services secondary to a lack of review of the Patient's ED record and the inability to specifically identify the staff who cared for the Patient.

A Statement of Deficiencies was issued to the Hospital.

INVESTIGATION REPORT

Facility: BROCKTON HOSPITAL

Reference # 06-0912

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2. ISSUES: 1. Quality of Care Medical Service

C. ISSUE # 1

Quality of Care Medical Service

BRIEF EXPLANATION OF FINDINGS

Refer to the Issues for Investigation.

VALIDITY: Unable to determine

D. RECOMMENDATIONS/COMMENTS