	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 08/24/2023	3 Y
NAME OF PROVIDER OR SUPPLIER: LANKENAU MEDICAL CENTER STATE LICENSE NUMBER: 120401			STREET ADDRESS, 100 LANCAST WYNNEWOO	TER AVEN	UE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
A 0000	Continued from page 1			A 0000			
	This report is the reunannounced onsite investigation (ACT August 23, 2023 and August 24, 2023, at Center. It was deternot in compliance wo of 42 CFR, Title 42 of Participation for The identified nona determination of (IJ) at 482.23 Nursi The Immediate Jeopard: The facility submitt Immediate Jeopard: 11:00 pm on August The surveyor validate Jeopardy Removal implemented by ob	e complaint S # 65724) initiated completed on the Lakenau Medical mined the facility with the requirement the Part 482-Condite Hospitals. compliance constant mediate Jeopar ang Services. pardy was called a 23, 2023. ted an acceptable by Removal Plan a st 23, 2023. ated the Immediate Plan was fully	al was ents cions ituted dy at				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		390195				08/24/2023	
LANKENA	VIDER OR SUPPLIER: AU MEDICAL CENTER E NUMBER: 120401		STREET ADDRESS, 100 LANCAST WYNNEWOO	TER AVEN	UE		
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A 0000	Continued from page 2			A 0000			
	logs, and interviews The Immediate Jeoj on-site at 11:00 am	pardy was abated					
A 0385				A 0385			
71 0505				A 0303			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195			PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 08/24/2023	TED:	
LANKENA	VIDER OR SUPPLIER: AU MEDICAL CENTER SE NUMBER: 120401		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 LANCASTER AVENUE WYNNEWOOD, PA 19096					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
A 0385	Continued from page 3 482.23 NURSING SERVICE The hospital must have an oprovides 24-hour nursing semust be furnished or supervential that the second second supervential that the second secon	organized nursing service ervices. The nursing servised by a registered nurs	vices	A 0385	Plan for correcting each deficited – Ensure Nursing Staff policy on Administration and Management of Medications On 8/23/23 Nurse Managers Director of Nursing were provided in the Pharma Specialist for Regulatory Compliance, the Pharmacy Mand the System Director for Regulatory and Medical Staff on the policies for medication administration, wasting of consubstances, controlled substainventory discrepancy proces and controlled substances monitoring. The Nurse Manager in their role in the review of bascanning compliance, control substance discrepancies resonant diversion follow-up process of the policies of the review of the scanning compliance, control substance discrepancies resonant diversion follow-up process of the policies of the polici	f follow d s: s and the ovided nacy Manager, ff Affairs on ontrolled ance dures, ager's s acluding ar code olled olution cess.	Completion Date: 09/28/2023 Status: APPROVED Date: 10/03/2023	

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 08/24/2023	ED:	
LANKENA	VIDER OR SUPPLIER: AU MEDICAL CENTER SE NUMBER: 120401	1	STREET ADDRESS, 100 LANCAST WYNNEWOO	TER AVEN	UE			
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OI IFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
A 0385	Continued from page 4			A 0385	administration, wasting of cosubstances, and controlled substance inventory discrepa procedures. The education consisted of the Medication Wasting Computer-Based Transcription ("CBT"), with the addition controlled substances discreprocedures and the policies of Medication Administration, of Controlled Substances, and procedure for barcode scanning medications. All other nurse complete the education prior start of their next shift. The President of Patient Care Servill monitor completion of the education using staff rosters sign-in sheets to achieve 100 completion. This incident and removal promunicated on 8/23/2023 Lankenau Medical Center Proposition of the Line Hospitals Quality, Safe Equity Committee of the Bogoverning body). All resourcessary to meet the obligation consistency discourances and controlled substances.	raining of pancy for Wasting nd the ning of swill r to the Vice rvices the and 0% lan was to the resident, ecutive Main ety and hard (the ces		

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 08/24/2023	ED:	
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A 0385	Continued from page 5			A 0385	the removal plan have been available to the Lankenau M Center President and the Vic President of Patient Care Ser This incident and removal plass oshared with the Main Li Hospitals Quality, Safety and Committee of the Board. The employee involved was removed from the schedule a event pending investigation. Root Cause Analysis (RCA) held on August 24, 2023. Plan for improving the proceed to deficiency. Beginning 8/24/23, direct observation audits of control substance administration were conducted by nursing leaders include the process for remothe Pyxis, wasting of control substances, and medication administration. 30 observation administration. 30 observation in the Pyxis and if the results are 100% in compliance with pothe observations will continuation.	ledical ce rvices. lan was ine d Equity after the was ess that lled re s and oval from lled ons per eted for e not olicies, ue until		

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 08/24/2023	
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A 0385	Continued from page 6			A 0385	maintained. The audits are performed based on patient of for controlled substances. The manager or designee reviews patients who are ordered consubstances, to randomly sele medication administrations to be observed. If the observed nurse is not a re-education of that staff meroccurs at that time. Continuonon-compliance will result in performance management. The nursing education on medication administration, wo of controlled substances, and controlled substance invento discrepancy procedures was to annual CBT that will be lated all MLH nursing staff on 1, 2023, and will be due with days of assignment. Those we not meet this deadline will be to performance management. Completion date: All initial re-education was completed by 09/28/2023.	ne nurse s ntrolled set the shat will at 100%, mber ed n vasting d ory added aunched October hin 30 who do se subject	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195		, ,	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 08/24/2023	ΞY
LANKENA	VIDER OR SUPPLIER: AU MEDICAL CENTER SE NUMBER: 120401		STREET ADDRESS, 100 LANCAST WYNNEWOO	TER AVEN	UE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
A 0385	Continued from page 7			A 0385	Monitoring and tracking produced The direct observation audit are communicated to the Dir Nursing and Vice President of Patient Care Services, and defrom practice results in coach performance management of involved staff. After the units meet the 100% compliance on audits, the Numanager will continue to audit process—10 patients per moone year. The direct observation audit are provided to the following groups: the Lankenau Medic Center President and Vice Prof Patient Care Services on a basis for the first week and withereafter; Clinical Operation Committee monthly; and the Line Hospitals Quality, Safe Equity Committee of the Boregularly scheduled meetings 100% compliance is achieve Title of person responsible for implementing plan. Vice President, Patient Care	results rector of for eviation hing and f the % urse dit the nth for results g cal resident a daily weekly ns e Main ty, and ard at s until d.	

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PLAN OF CORRECTION (POC) IDENT		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 390195			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 08/24/2023			
NAME OF PROVIDER OR SUPPLIER: LANKENAU MEDICAL CENTER STATE LICENSE NUMBER: 120401			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 LANCASTER AVENUE WYNNEWOOD, PA 19096						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE			
A 0385	Based on the seriousness the effect on patient or substantially comply where the facility failed to end facility's established per "Administration and Morevision date January 2" "General Guidelines for Administration of All in which two Practions check each targeted converification when pressadministering a medical Right Medication C. Route E. Right Patient The facility failed to end the facility's policy "Arithmetical Trevision date Of "Removing Medication for verifying the corresponding dosage for medication, dosage for	nsure nursing staff for blicy regarding fanagement of Medi 2023 revealed or Safe Preparation a Medications A press/Clinicians independent that require cribing, dispensing, ation A. Right Tin. Right Dosage Dent". ensure nursing staff fautomated Dispensing tober 2022 revealed in s Users are respect patient (via 2 identication).	cailed to callowed the cations" and cocedure endently es or meB. c. Right Collowed ag Cabinet l, consible tifiers),	A 0385					

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195			IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 08/24/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: LANKENAU MEDICAL CENTER STATE LICENSE NUMBER: 120401			STREET ADDRESS, 100 LANCAST WYNNEWOO	TER AVEN	UE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
A 0385	different from strength administration For a are required to verify the enter it as a blind inverted A discussion took place the facility's administrated EMP3, EMP4) regard concerns related to Nut 2023, at approximately	controlled substances the physical inventory atory count". e with the survey tea tive staff (EMP1, El ting the survey team's rsing Services on Au	am and MP2,	A 0385			
A 0405				A 0405			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		390195				08/24/2023	
NAME OF PROVIDER OR SUPPLIER: LANKENAU MEDICAL CENTER STATE LICENSE NUMBER: 120401			STREET ADDRESS, 100 LANCAST WYNNEWOO	TER AVEN	UE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG			(X5) COMPLETE DATE
A 0405	Continued from page 10 482.23(c)(1), (c)(1)(i) & (c) DRUGS (1) Drugs and biologicals madministered in accordance orders of the practitioner or the patient's care as specific accepted standards of practic (i) Drugs and biologicals maderial on the orders of other practic \$482.12(c) only if such practic accordance with State law, i laws, hospital policies, and regulations. (2) All drugs and biological under supervision of, nursing accordance with Federal and including applicable licensing accordance with the approver procedures. This REQUIREMENT is not	aust be prepared and with Federal and State Is practitioners responsible d under §482.12(c), and ce. The prepared and admittationers not specified under stitioners are acting in including scope of practimedical staff bylaws, rules must be administered by g or other personnel in d State laws and regulating requirements, and in ed medical staff policies	aws, the e for nistered der ice les, and by, or ons,	A 0405	Plan for correcting each deficiency cited – Ensure Nu Staff follow policy on Admir and Management of Medicat On 8/23/23 Nurse Managers Director of Nursing were prowith education by the Pharm Specialist for Regulatory Compliance, the Pharmacy Mand the System Director for Regulatory and Medical Stafon the policies for medication administration, wasting of consubstances, controlled substainventory discrepancy processand controlled substances monitoring. The Nurse Managore in controlled substances monitoring was reviewed, in their role in the review of baseanning compliance, control substance discrepancies resoluted and diversion follow-up processor of the second diversion foll	ursing inistration tion: s and the ovided nacy Manager, ff Affairs on ontrolled ance dures, ager's s acluding ar code olled olution cess.	Completion Date: 09/28/2023 Status: APPROVED Date: 10/03/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 08/24/2023	Y
LANKENA	VIDER OR SUPPLIER: AU MEDICAL CENTER SE NUMBER: 120401	1	STREET ADDRESS, 100 LANCAST WYNNEWOO	TER AVEN	UE		
(X4) ID PREFIX TAG	MUST BE PRECEED!	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OI FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
A 0405	Continued from page 11			A 0405	Educators on medication administration, wasting of consubstances, and controlled substance inventory discrepand procedures. The education consisted of the Medication Wasting Computer-Based Transcription ("CBT"), with the addition of controlled substances discrepand procedures and the policies of Medication Administration, of Controlled Substances, and procedure for barcode scanned medications. All other nurses complete the education prior start of their next shift. The President of Patient Care Serwill monitor completion of the education using staff rosters sign-in sheets to achieve 100 completion. This incident and removal placommunicated on 8/23/2023 Lankenau Medical Center Procedures and the Chair of the Line Hospitals Quality, Safe Equity Committee of the Borgoverning body). All resources	raining of pancy for Wasting od the ing of s will r to the Vice rvices he and 0% lan was to the resident, ecutive Main ety and ard (the	

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 08/24/2023	ΣΥ
LANKENA	OVIDER OR SUPPLIER: AU MEDICAL CENTER SE NUMBER: 120401		STREET ADDRESS, 100 LANCAST WYNNEWOO	TER AVEN	UE		
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A 0405	Continued from page 12			A 0405	necessary to meet the obligate the removal plan have been available to the Lankenau M. Center President and the Vic President of Patient Care Set This incident and removal plan was also shared with the Ma. Hospitals Quality, Safety and Committee of the Board. The employee involved was removed from the schedule a event pending investigation. Root Cause Analysis (RCA) held on August 24, 2023. Plan for improving the proceed to deficiency. Beginning 8/24/23, direct observation audits of control substance administration we conducted by nursing leaders include the process for remothe Pyxis, wasting of control substances, and medication administration. 30 observation unit per week will be completed 30 days and if the results are 100% in compliance with pothe observations will continuation.	made ledical ce rvices. lan and in Line d Equity after the was ess that lled ore s and oval from lled ons per eted for e not olicies,	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390195			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/24/2023			
NAME OF PROVIDER OR SUPPLIER: LANKENAU MEDICAL CENTER STATE LICENSE NUMBER: 120401			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 LANCASTER AVENUE WYNNEWOOD, PA 19096					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
A 0405	Continued from page 13			A 0405	100% compliance is achieve maintained. The audits are performed based on patient of for controlled substances. The manager or designee reviews patients who are ordered consubstances, to randomly sele medication administrations to be observed. If the observed nurse is not a re-education of that staff meroccurs at that time. Continuation-compliance will result in performance management. The nursing education on medication administration, wo for controlled substances, and controlled substance invento discrepancy procedures was to annual CBT that will be lated all MLH nursing staff on the controlled substance inventor discrepancy procedures was to annual CBT that will be lated all MLH nursing staff on the controlled substance inventor discrepance procedures was to annual CBT that will be lated all MLH nursing staff on the controlled substance inventor discrepance procedures was to annual CBT that will be lated all MLH nursing staff on the controlled substance inventor discrepance management. Those we not meet this deadline will be to performance management.	orders ne nurse s ntrolled ect the chat will at 100%, mber ed n vasting d ory added aunched October hin 30 vho do e subject		

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,		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
390195				<u></u>	08/24/2023		
NAME OF PROVIDER OR SUPPLIER: LANKENAU MEDICAL CENTER STATE LICENSE NUMBER: 120401			STREET ADDRESS, 100 LANCAST WYNNEWOO	TER AVEN	UE		
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A 0405	Continued from page 14			A 0405	completed by 09/28/2023. Monitoring and tracking pro The direct observation audit are communicated to the Dir Nursing and Vice President: Patient Care Services, and de from practice results in coac performance management of involved staff. After the units meet the 1000 compliance on audits, the Nu Manager will continue to aud process – 10 patients per moone year. The direct observation audit are provided to the following groups: the Lankenau Medic Center President and Vice Prof Patient Care Services on a basis for the first week and withereafter; Clinical Operation Committee monthly; and the Line Hospitals Quality, Safe Equity Committee of the Boregularly scheduled meeting 100% compliance is achieve.	results rector of for eviation hing and f the % urse dit the onth for results g eal resident a daily weekly ns e Main ety, and ard at s until ed.	

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PRINTED: 10/4/2023 FORM APPROVED 2567-L

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

NAME OF PROVIDER OR SUPPLIER: LANKENAU MEDICAL CENTER STATE LICENSE NUMBER: 120401 (X4) ID MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 0405 Continued from page 15 A 0405 Continued from page 15 A 0405 A 0405 A 0405	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 390195			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/24/2023				
PREFIX TAG MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CORRECTIVE ACTION SHOULD BE COMPLETE DATE A 0405 Continued from page 15 A 0405 implementing plan.	LANKENAU MEDICAL CENTER			100 LANCASTER AVENUE						
implementing plan.	PREFIX	MUST BE PRECEEDE			CORRECTIVE ACTION SHO	COMPLETE				
	A 0405	Continued from page 15			A 0405		Services			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 390195			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/24/2023				
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A 0405	Based on review of factorecords (MR), and staff determined the facility orders were administer approved policies and Findings include: On August 23, 2023, re "Administration and Morevision date January 2 Guidelines for Safe Proof All Medications Practioners/Clinicians targeted component the prescribing, dispensing medication A. Right C. Right Dosage Patient". On August 23, 2023, re "Wasting of Controlled revision date June 2022 substances that are preserved."	f interview (EMP), if failed to ensure medicated in accordance with procedures for MR1 eview of facility political failed and a service of the failed and a service of the failed and a service of the failed and a service of facility political failed and the fail	t was dication th the . icy cation " eral nistration th two c each on when Medication . Right icy ng"	A 0405					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 390195			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 08/24/2023	ΞY			
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A 0405	used are to be wasted of witness. The administer controlled substance is opened in the presence nurses verify the controlled substance is opened in the presence nurses verify the controlled substance is opened in the presence nurses verify the controlled substance has not the wasted physically mate documentation, and the manner that makes the irretrievable The will administering nurse open cut the correct dose to substance has not been unadulterated". Review of facility policabinet 7:15" revision revealed, "Removing are responsible for verifying identifiers), medication (may be different from prior to administration).	ering nurse should er sealed and intact and sof the witnessing nurse of the witnessing nurse olled substance labeling wasted matches the controlled substance ches the medication at the wasting occurs controlled substance itnessing nurse observed the medication, dassure the controlled substituted or cy "Automated Dispondate October 2022 Medications User mg the correct patient, dosage form, strength), and expire a strength), and expire	asure the d then curse. Both I, that the ne ce being in the s in a serves the law up or I common to the state of the state	A 0405					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 390195			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/24/2023				
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A 0405	users are required to ve and enter it as a blind in Review of MR1 on Au "HYDROmorphone (Downward) and intervery 3 hours print or ordered by provider. Firther review of MR1 revealed, the patient with pulse and required admitted and transfer Unit (ICU). Interview with EMP3 of PM, revealed "the nural admitted to giving Hydromorphone (Dilated Interview with EMP1 of PM confirmed "the nural giving the wrong dose Further revealed "the schedule on 8/16/23, but in the schedule on	on August 23, 2023 as found unresponsitionistration of Narca erred to the Intensive on August 23, 2023 as (EMP13) came for the wrong dose" of udid) to the patient in the patient in the patient of Dilaudid to the parameter of Dilaudid to the parameter of patients of Dilaudid to the parameter of Dilaudid to the Dilaudid to the parameter of Dilaudid to the Dilaudid to Dila	led, n 1.5 mg 0349" 8 ve with n, was e Care at 12:30 brward nvolved. at 12: 40 ded to atient ". he off the	A 0405					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER: 390195			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 08/24/2023				
NAME OF PROVIDER OR SUPPLIER: LANKENAU MEDICAL CENTER STATE LICENSE NUMBER: 120401			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 LANCASTER AVENUE WYNNEWOOD, PA 19096						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE			
A 0405	Continued from page 19		A 0405						
	8/11/23".								
Interview with EMP2 on August 23, 2023 at PM revealed, "it was a nurse (EMP13) med error that resulted in an overdose" for the pure EMP7 confirmed, "Dilaudid vials comes in different strengths. The nurse involved pull of Hydromorphone which were 2 mg each of one vial. The vials come in 1 mg and 2 mg gave 3 mgm of Dilaudid instead of the order mgm". Review of the pharmacy Pyxis audit report by the pharmacy manager (EMP6) shows the did waste 0.5 mg each time. First dosage of 2 mg vials pulled from Pyxis drawer on 8/11/1334 with a 0.5 mg waste at 13:36. Second of (2)-2 mg vials pulled from Pyxis on 8/11/1739, 0.5 mg wasted at 1740. Medication constanted at 15 of the 2 mg Hydromorphone draw 11/1/23 prior to the withdrawal of the medical results of the nurse involved listed a count of 13 vials.			dication						
			n three led 2 vials instead ngm. She red 1.5						
			f (2)- 1/23 at dosage /23 at ount rawer on ication.						

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A 0405	verified inventory (blir drawer on 8/15/23 afte Without any other with at 1739, report shows I actual count of 11, "w miscounted pocket con Interview with EMP2 of PM revealed "I don't to EMP13) scanned the volume with EMP2 of PM confirmed, "the most follow the policy in plainstructions for giving the meds, that's why the Cross Reference: Nur	r her withdrawal of the drawal noted since a Discrepancy/Resolution of the drawal noted since a Discrepancy/Resolution of the drawal noted stents. In August 23, 2023 a think she (the nurse it is is is in August 23, 2023 a think she (EMP13) involvance, when following medication. She did the "guardrails" failed	the med. 8/11/23 ion with " user at 4:31 nvolved- at 8:38 ved didn't the Pyxis n't scan d".	A 0405					

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Certified End Page

LANKENAU MEDICAL CENTER

STATE LICENSE NUMBER: 120401 SURVEY EXIT DATE: 08/24/2023

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

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY