PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
			Α,	BUILDI	NG	(
		440039	B. 1	WING _		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG CROS		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
A 000	INITIAL COMMENTS An unannounced onsitt 10/31/18 to 11/8/18 to it TN00045852. An entrance conference Regulatory Officer, Accepted the Senior Quality and I informed of the nature of the Senior Quality and I informed of the nature of the Senior Quality and I informed of the nature of the Senior Quality and I informed of the nature of the Senior Quality and the Senior Advisor, and the Accred Specialist were notified the areas of 482.13 Path Nursing Services. They opportunity to ask quest PATIENT RIGHTS CFR(s): 482.13 A hospital must protect a patient's rights. This CONDITION is not Based on policy review, and interview, the hospit patients' rights were prosafe setting and implementing at erisks of potentia to the patients receiving.	e survey was conducted investigate complaint # e was held with the reditation Specialist and Patient Advisor. They were of the complaint. ence was held on 11/8/18 atory Officer, Accreditation or Quality and Patient litation Regulatory of Immediate Jeopardy in ient Rights, 482.23 were afforded the tions of the survey team. It met as evidenced by: In medical record review, tal failed to ensure tected to receive care in a ented measures to all fatal medication errors care in the hospital. In a safe setting to protect onal health and safety iERIOUS and	A	0000	Preparation and/or execution of thi Correction does not constitute admagreement by the Hospital of the tracts alleged or conclusions set for statement of deficiencies. The Plan Correction is prepared and/or executed because it is required by the provisifederal law. Vanderbilt University Monder ("the Hospital"), its governing its administrative team, and its Mediare committed to complying with festate law, while providing quality heservices to patients in a safe setting Hospital has taken the corrective moutlined in this Plan of Correction to the cited deficiencies outlined in the CMS-2567. Immediately following the survey, the Hospital reviewed existing policies procedures to determine whether reand/or new policies were required. numerous policies are in place to medication administration. The updates to policies and procedures applicable to medication administration. The updates to policies procedures are also discussed in deresponse to Tags A 144 and A 145. The Hospital has reviewed its policies procedures related to monitoring of during and after medication administration administ	s Plan of nission or uth of the th in this n of uted ions of Medical and ealth care g. The neasures of address e Form ne and evisions Although neet the nd ospital din cies and etail in below. es and patients	12/3/18
					and made the following changes:		
LABORATORY	DIRECTOR'S OR PROVIDERSU	PLIER REPRESENTATIVE'S SIGNATUR	RE.		TITLE	(X6) D	ATE

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.

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SUI	
					NG		3
		440039	В.	WING_		11/08	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VANDER	DIET ONIVEROITT ME	DIOAL CENTER		NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRI	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOTT CROSS-REFERENCED TO THE APPROPRIA		D BE	(X5) COMPLETI ON DATE
A 115	Continued From page IMMEDIATE JEOPARE injuries and/or death.	ATE JEOPARDY and risk of serious		A 115	 The Hospital has revised if previously titled Transport Critically III Patient, which are scheduled to be appro 	of the revisions	11/27/18
	The findings included:				November 27, 2018, to broapplication of the policy be	oaden eyond	
	The hospital failed to				critically ill patients. As suc		
		setting and staff followed nd utilized their nursing			newly amended policy is ti "Transport of Patients" (he		
	skills and training to en				"Transport Policy"). This po		
	medications were administered to all patients. Refer to A-0144				provides that every patient	•	
1					transported with equipmen supplies, and staff appropri	it,	
	2. The hospital failed to	ensure patients were free			monitor and support the pa		
	from neglect.				physiological needs. The p	olicy	
	Refer to A-0145				details that the level of care	e is	
A 144	PATIENT RIGHTS: CAI CFR(s): 482.13(c)(2)	RE IN SAFE SETTING			maintained during transport		
	setting.	nt to receive care in a safe			specific monitoring and	department/unit, and describes	
	This STANDARD is no Based on standards of				documentation requiremen		
	review, review of hospil				amended policy states that		
	(2) (3)	cord review, and interview,			patient requires continuous		w.
	the hospital failed to en				monitoring, a clinical staff r		
) implemented medication			required to be available to		
	policies and procedures				handover of the patient put		
	administration and mon including high-risk medi				the Hospital's CL SOP - Cl	inicai	
					Handover Communication		
	received care in a safe setting for 1 of 5 (Patient #1) patients reviewed for medication errors.				procedure. Any such hand		
	7				be documented in the med		
	The failure of the hospit	al to ensure all nurses			record. In the event a clinic	Control of the Contro	
	followed medication adr				member is not available to		
	procedures resulted in a fatal medication error for				the patient, the transporting	- 1	
		If patients in a SERIOUS			staff member must remain	20,000,000	
	and IMMEDIATE THRE	AT OF THEIR HEAlth and			patient. Further, the Transp	ort Policy	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A.	BUILDI	NG		
		440039	В.	WING_		11/08	
NAME OF PR	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDED	BILT UNIVERSITY ME	DICAL CENTED		121	1 MEDICAL CENTER DRIVE		
VANDER	SILI UNIVERSITI WE	DICAL CENTER		NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	.D BE	(X5) COMPLETI ON DATE
					states that patients receiving		
A 144	Continued From page 2		А	115	medications that could lead	d to	
	safety and placed them in IMMEDIATE				respiratory depression and	l/or	
	JEOPARDY for risk of s	serious injuries and/or			respiratory distress are mo	nitored	
	death.				during and after transport,	with the	
	The findings included:				duration and frequency of	the	
	· · · · · · · · · · · · · · · · · · ·				monitoring to be based on	the	
	1. Review of the Lippin	cott Manual of Nursing			patient's condition, type of		
	Practice 10th Edition documented, "Watch the patient's reaction to the drug during and after administration. Be alert for major adverse effects,				medication, and route.		
					Documentation will be in a	ccordance	
N.	such asrespiratory dis				with VUMC's Medication		
1		itimately accountable for			Administration Policy. The	1	
	the drug administered				Transport Policy further sta		
1	3				such monitoring may include		
1		High Alert Medications			not limited to, direct observ).
	policy documented, "!				vital signs, and neuro chec		
1	Medications that bear a				revised Transport Policy fu		(
	causing significant patie errorMedication order				requires appropriate docur		
		oval from floor stock or an			to be completed in the pati		
	automated dispensing of				medical record upon leavir		l.
	would harm the patient	(including sudden			returning to the unit, includ		
		linical statusAdditional			_		
		for a specified list of High			times the patient leaves an to the unit.	id returns	
	Alert MedicationsHigh supportIndependent E				to the unit.		
		ns prompt dual signoff"			The Hearthal has seed and it	a Lliab	
	2.200 on to on those of other	p. ompt add orgiton			The Hospital has revised it	_	11/27/18
	The medication Vecuror	nium (a neuromuscular			Alert Medication Policy, wh		
	blocking medication that	t causes paralysis and			revisions are scheduled to		
	subsequent death if not				approved on November 27		
		as a high alert medication.			detail required monitoring	,100	
	There was no document				receiving administration of	_	
	detailing any procedure or guidance regarding the manner and frequency of monitoring patients				medications. Specifically, t		
		tions were administered.			amended High Alert Medic		
	9				Policy states that the patier	nt's	
	Review of the document	t ISMP List of High-Alert			clinical status is monitored	to	
	Medications in Acute Ca	re SettingsISMP 2018			evaluate patient response	to	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

A. BUILDING	
B. WING	
11/08/2018	018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DRIVE	
NASHVILLE, TN 37232	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	(X5) COMPLETI ON DATE
A 144 Continued From page 3 documented, "High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in errorClasses/Categories of Medicationsmoderate sedation agents, IV [Intravenous] (e.g. [for example]midazolam [Versed]neuromuscular blocking agents (e.grocuronium, vecuronium)" Review of document Paralyzed by Mistakes: medication and/or adverse reactions, and the duration and frequency of monitoring is based on the patient's condition, the type of medication, and route of administration. Such monitoring may include, but is not limited to, direct observation, monitoring of vital signs and neurological status.	11/27/18

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. I	BUILDI	NG			
		440039	В. \	WING_	***			
						11/08	12010	
NAME OF PI	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE			
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE			
				NAS	SHVILLE, TN 37232		YA	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	IC PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE	
	0-4	4		445	The Hospital reviewed its	oolicies		
A 144	A 144 Continued From page 4 in the American Journal of Health-System Pharmacy documented, "vice president at the Institute for Safe Medication Practices (ISMP) said her organization has long considered ADC		А	115	and procedures related to			
					sedation, specifically the S	Standard		
					Operating Procedure for M	loderate		
					Sedation, to ensure sufficient	ent		
	[automated dispensing				safeguards are in place. T	he		
		One of the big problems			Hospital determined that it	has in		
	with automated dispens				place comprehensive guid	ace comprehensive guidance		
		erriding without having an			regarding the administration			
	order." she said. "There's no verbal order written down, or they're anticipating an order, so they get a drug from the cabinet""				moderate sedation, specifi			
					including procedures for e	-		
	a drog nom me caomer				patients receiving sedation	-		
	Review of the documen	nt titled Evaluation of			continuously observed and			
	Medications Removed t	· · · · · · · · · · · · · · · · · · ·		physiologically monitored througho				
		ADMs] Using the Override			the sedation period by a nu	_		
	Function Leading to Mu				advanced practice nurse,			
	documented, "The ov	erride function allows a ication from the machine			or other qualified and train			
1	before a pharmacist rev	A STATE OF THE STA			approved by the Hospital's			
	purpose of the override				Committee. The SOP for N			
	access to medications i				Sedation details the post a			
		ng medications prior to a			·			
	pharmacist review incre	eases the risk of			recovery scoring system a			
		challenge with ADMs is to			that is required to disconting			
	prevent medication ove	_		- 1)	monitoring. The SOP for M			
	from orders that have n	Iministering medications			Sedation also includes con			
i	pharmacist"	of been reviewed by a			transporting patients who h		i	
	prostriction				undergone moderate seda			
	Review of the documen	t titled The Drug		ľ	including required monitori	-		
		n Hydrochloride (Versed).			Hospital has determined th			
	Retrieved from PDR, 20				updates to the SOP for Mo	derate		
	documented, "CLASS				Sedation are required.			
	Benzodiazepine Sedativ General AnestheticsA							
	midazolam requires an	TO SECURE A CONTRACTOR OF THE SECURITY OF THE			 Training: By December 3, 2 	2018, the	12/3/18	
		uscitative equipment and		Hospital is requiring	Hospital is requiring all ma	nagers,	. 2. 0. 10	
		ementMonitor patients			clinical staff leaders (CSLs			
	for early signs of respira				licensed practical nurses (I			

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
					NG		
		440039	B.	WING		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDED	DII T HAIIVEDSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		NA:	SHVILLE, TN 37232		
				1			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PR	ID EFIX AG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	D BE	(X5) COMPLETI ON DATE
					respiratory therapists and		
A 144	Continued From page 5		/	A 115	paramedics working in inp		
	respiratory depression,				procedural areas of the Hospital to		
	obstruction, or apnea (i.e., via pulse oximetry), which may lead to hypoxia and/or cardiac arrest.				complete education throug		
	minar may road to trypo	AND CETE OF SCHOOL SETOSE.			line education system, whi		
		or Medicare and Medicaid			addresses the updates to		
	(CMS) Interpretive Guid	The state of the s			Transport Policy, High Ale		
	"Hospital policies and to address how the man	procedures are expected			Medication Policy, and Me		
	monitoring, considering				Administration Policy inclu		
	factors, are determined,				requirements for monitorin		
		unicated at shift changes,			during transport and during	and after	
	including the hospital's r				medication administration,		
	method(s) of communication procedures related to IV				appropriate handover, and		
	administration must add				medical record documenta		
	the hospital has identifie				clinical staff member listed		
		nitoring requirements for			will be able to begin shift a		
	patients receiving such of	drugs intravenously"			December 3rd without conf		
	Review of the hospital's	noticy titled Medication			training and subsequent co		
	Administration documen				testing. The Hospital's Ch		
	staff validate the five right				Nursing Officers monitor th		
	administration to minimiz	the second of th			education requirement and	•	
	errorsRight patient; Right				regular updates to director		
	dose; Right routeRight prescribed frequency an				departments to ensure con	npliance.	
	administrationDocume				78-31 D		
		ctronic medical record to			Monitoring: Beginning on D 2 2018 and anothering for		12/3/18
	include, at a minimum, the	Control to the control of the contro			3, 2018 and continuing for		
	time of administration; M	The state of the s			following three months, the		
	strength; Dosage of med administeredRoute of a				Hospital's Chief Nursing O		
1)	was no documentation in				oversee weekly chart revie		
	procedure or guidance re	egarding the manner and			patients from each unit, ran		
	frequency of monitoring				selected, to assess for com		
	medications were admin	istered.			with improvement in medic		
	Medical record review	for Patient #1 revealed			safety, transport and monit	_	
	the patient was admitted				patients. Such patient reco		
	posione mao domitto	iioopiiai aii			reviewed for documentation	n of the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	and the second s		Α.	BUILDI	NG			
		440039	В.	WING_			*	
		11000		T		11/08	/2018	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE			
VANDERI	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE			
				NAS	SHVILLE, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	II PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETI ON DATE	
					appropriate monitoring, ha	ndover		
A 144	Continued From page	6	A	115	communication, and docur	nentation		
	12/24/17 with diagnoses of Intraparenchymal Hematoma of the Brain, Headache,				consistent with the Transp	ort Policy,		
					Medication Administration	Policy and		
		opia (vision field loss of			High Alert Medication Police	cy. In the		
- 3	both eyes)-Left, Atrial f	ord revealed the patient			event such an audit reveal	s non-		
	was awake, alert and o				compliance, inconsistencie	es or		
	shopping prior to hospi				questions, the Chief Nursir	ng Officers		
					will follow-up with the unit I	evel		
	The record revealed Patient #1 was transported				nurse managers for addition			
	to Radiology for a PET Tomography) scan on	-			required to achieve compli			
		as scheduled for 2:00 PM.			such as targeted education		"	
	There was no documer	THE PARTY OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY.			training. The Chief Nursing			
	record the time the pati	ent arrived in Radiology.			will review monthly update			
	Patient #1 was alert an	and the state of t				rt review audits to the VUMC		
		equested something for			Nursing Quality Committee	C C MONORONO POL		
	being claustrophobic.	scan procedure due to				1		
	being claustrophobic.				The Hospital has reviewed its polic	ies and		
	Review of the medication	on order #60651186 dated			procedures related to access and	1		
1	12/26/17 at 3:00 PM re				administration of Paralyzing Agents	s and		
		rams (mgs) intravenously			made the following changes:			
	for the patient's anxiety	during the PET scan			made and remaining entanges.			
	procedure.				 A multi-disciplinary work gr 	oup		
	Review of the Automati	c Dispensing Cabinet			comprised of Hospital lead			
	(ADC) detail report reve				including Physicians, Phar			
	entered on 12/26/17 at	2:47 PM. Pharmacy had			Risk, Nursing, Quality, and			
	verified the order at 2:4	9 PM.			Informatics was convened			
	Douglass of the ADC date	pil roport dated 19/00/47			on January 19, 2018 to ass			
		ail report dated 12/26/17 egistered Nurse (RN) #1			Paralyzing Agents included			
	took the medication Ver				override medication list. Th			
	neuromuscular blocking				workgroup determined to re			
	paralysis) from the ADC located in the Neuro				vecuronium from the AcuD			
	Intensive Care Unit (ICI							
		g the Versed medication			(Hospital's automated disp			
	that was ordered for Pa physician order for Patie				cabinet) override status list			
	prayaician order for Paul	SIIC#1 (O ICCGIVE			removal was approved by t	ne vulvic		

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN C	OF CORRECTION	IDENTIFICATION NONIBER.	A. I	BUILDI	NG		
		440039	В. \	WING_		11/08/	
			_	OTDE	EET ADDRESS, CITY, STATE, ZIP CODE	1	
NAME OF P	ROVIDER OR SUPPLIER						
VANDER	BILT UNIVERSITY ME	DICAL CENTER		1211	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	ION SHOULD BE	
					Pharmacy, Therapeutics a	and	
A 144	Continued From page 7		Α	115	Diagnostic Committee on	February	
	Vecuronium. The over				23, 2018 and implemented	d on March	
	Pharmacy. There was	no documentation in the			1, 2018. The work group determined		
		d the RN had administered			that rocuronium would ren	nain on the	
	the Vecuronium to the	patient.			override list, based on the	work	
	Dovinus of a physician r	note dated 12/26/17 at			group's determination that		
	Review of a physician r 3:45 PM revealed the p				clinical risks to patients of		
	"Called for code in PET	-			access to rocuronium out		
		nsive on arrival. patient			the potential safety benefi	_	
		ted and retrieved ROSC					
	[return of spontaneous				removing the Paralyzing A		
	rounds of chest compre				override status. The Hosp		
	transferred to Neuro IC	:U*.			Medication Safety Officer		
	Desires of the Alexand De				partnership with the VUM		
	Review of the Nurse Pr dated 12/26/17 reveale				Pharmacy, Therapeutics a		
	"Patient was doing well	-			Diagnostic Committee will	reassess	
	stepdown unit. On 12/3				the Paralyzing Agents, inc	luding	
	readmitted to NCU [net				rocuronium, on the overric	de list	
		while while off the unit to			annually.		
	undergo PET scan"						
	Review of the physician	n's note dated 12/27/17			 The Hospital has changed 	the	11/27/18
		documented, "I discussed			naming convention from		
		ology team and it is felt that			"Neuromuscular Blocking	Agents",	
	these changes in exam				as referenced in certain p	olicies,	
	progression towards bu				including the High Alert M		
	deathvery low likeliho	ood of neurological			Policy, to "Paralyzing Age		
	recovery, we made the				consistency throughout th		
		. [Patient #1] was made a			The Hospital has also star		
	DNR [do not resuscitate				the nomenclature utilized		
		t was extubated (removed ation) on 12/27/17 at 12:57			Paralyzing Agents across		
	AM and expired on 12/2	, i					
	and onpilor on 121				Hospital in eStar (Hospita		
	3. Telephone interview	with (b)(6) on 11/5/18			electronic medical record)		
	beginning at 4:41 PM,				AcuDose, such that both		
		nces leading up to Patient			systems present the name		
	#1's death beginning or	n Tuesday 12/26/17. RN			"PARALYZING AGENT" f	ollowed by	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(-,			(X3) DATE SURVEY COMPLETED	
			A. E	BUILDIN	NG		;	
		440039	B. V	VING_		11/08/	/2018	
NAME OF P	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE			
					I MEDICAL CENTER DRIVE			
VANDER	BILT UNIVERSITY ME	DICAL CENTER						
				NAS	HVILLE, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE	
	Continued From page 8				the medication name. Para	alyzing		
A 144	, ,	atient care role, I was the	Α	115	Agents will no longer be al	ole to be		
	help-all nurse. A help-a				pulled up on the AcuDose	override		
	nurse and I had an Ori	entee"			screen by typing in the dru	g name.		
	(b)(6) stated that RN				Instead, "PARA" will be typ	ped in - the		
		ry PET scan and administer to Patient #1 because the			first two letters of "Paralyzi			
	patient was not able to				- which will then pull up the	e list of		
		ld have to send the patient			Paralyzing Agents in the A	cuDose		
	back and reschedule it				cabinet. The four Paralyzir	ng Agents		
	(b)(6) stated he/she s				are the only medications the	nat result		
	under her profile in the find it. The RN stated it	ADC and he/she couldn't			on both electronic systems	s in a		
		ADC and searched for the			search for "PARA". Signs a	are		
	Versed.	, bo and combined for ano			attached to the AcuDose of	abinets		
	(b)(6) stated she was				indicating that "PARA" mus	st be used		
	while he/she was sean	-			to access Paralyzing Agen	its. The		
	Versed and had typed Versed which are VE a				new nomenclature of "Para	alyzing		
	medication on the list.	and chose the 1st			Agent: [medication name]"	will be		
		ook out the medication vial			effective in both eStar and	AcuDose		
		oked at the back of the vial			as of November 27, 2018.	Effective	l. I	
		w much to reconstitute it			on November 27, 2018, the	is updated	177	
		e/she did not re-check the			procedure is documented	by an		
	name on the vial.	rabbed a sticker from the			amendment to the Hospita	l's High		
	patient's file, a handful	of flushes, alcohol swabs,			Alert Medications Charts for	or both		
		6) stated he/she put the			Adult Patients and Pediatr	ic		
	medication vial in a bag				Patients, which are incorpo	orated into		
		rsed 1-2 mg* and went to			the High Alert Medications	Policy.		
		r the medication to Patient			These charts have been a	mended to		
	#1.	tong it took her to get to			list the four (4) specific Par	ralyzing		
		ent PET scan, and (b)(6)			Agents available at the Ho	spital, and		
	stated, "5 minutes or le	ss, it was my first time to			to reflect the updated nom	enclature		
		to ask for directions".(b)(6)			of "Paralyzing Agent [medi	ication		
	(b)(6)stated, "I saw one p	patient [who was Patient			name]".			
		, I checked the patient for dher I was there to give						
	him/her something to h				 On November 27, 2018, the will implement warning in A 	•	11/27/18	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SUR COMPLET	
			Α.	BUILDII	NG	l c	
		440039	B.	WING_		11/08/	
NAME OF P	ROVIDER OR SUPPLIER		-10	STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDED	BILT UNIVERSITY ME	DICAL CENTED		1211 MEDICAL CENTER DRIVE			
VANDER	BILI UNIVERSITI WIL	DICAL CENTER		NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIA		D BE	(X5) COMPLETI ON DATE
A 144	measured the amount The RN stated Radiok there at the time he/sh medication IV to Patiel left the Radiology PET had administered the r RN #1 was asked how he/she administer to P stated, "I can't remem! [him/her] 1 milliliter. (b)(6) was asked wha over medication, and t over in the baggie and #2]" (b)(6) was asked wha administering the med the RN stated he/she is (b)(6) confirmed that I Patient #1 after the med (b)(6) was asked wha RN stated, "Patient #1 outside in the hallway. response call for PET since the patient was called down there [to the no answer. The family "ours?" [Named RN #2 make sure." We tried the were being responsible patient". (b)(6) stated that he/s scan and when they are intubated and had regastated he/she, Physicia Nurse moved Patient #1	Interest the medication and I needed" Ogy Technician #1 was be administered the mt #1. (b)(6) stated he/she is can area after he/she medication to Patient #1. (b)(6) or, I am pretty sure I gave to was done with any left he RN stated, "I put the left gave it to [Named RN the/she did after ication to Patient #1, and eff Patient #1 in Radiology. The/she did not monitor edication was administered. It happened next and the is family was standing the PET scan] but there was looked at us and said eff patient #1 was a red flag burs, so [Named RN #2] the PET scan] but there was looked at us and said effect at us and said effect in the patient #1 was our the and RN #2 went to PET rived Patient #1 was ained a heart rate. The b)(6) an #2, and the Charge eff back to the ICU. larmed Physician #2] that I versed a few minutes	P	115	and eStar, stating: "WARN PARALYZING AGENT - Continued the High Alert Mocharts for both Adult Patien Pediatric Patients, effective November 27, 2018, to specify for PARALYZING AGENTS. On November 27, 2018, the will implement new proceds shrink wrap packaging to be to all vials of Paralyzing Agents of the Hospital, and effective November 27, 2018 amenthe Hospital's High Alert Mocharts for both Adult Patien Pediatric Patients will be a to specify a Specific Safety that all Paralyzing Agents in AcuDose cabinets through Hospital will have shrink were packaging. The Hospital Enhance with the requirement with the requirement with the requirement of the packaging of Paralytic by conducting random and AcuDose cabinets through hospital and validating packaging for a minimum compliance for a mi	auses ant Must Be as edications ents and e on ecify this ific Safety and Hospital dures for one added gents oughout defications ents and approved by Strategy dispensed dispense	11/27/18

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUF	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. I	BUILDI	NG		
			В. 1	WING_		C	,
		440039				11/08/	2018
NAME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDEDI	BILT UNIVERSITY ME	DICAL CENTED		121	1 MEDICAL CENTER DRIVE		
VANDER	SILI UNIVERSITI ME	DICAL CENTER		NAS	SHVILLE, TN 37232		
				143.15			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	CTION SHOULD BE	
	Continued From page	10			months of consecutive 100		
A 144	A 144 Patient #1 was awake but unmonitored when I		Α	115	compliance.		
	gave the Versed".	1					
		pproached him/her and			 As of November 27, 2018, 	the	11/27/18
		d you gave [named Patient			Hospital will finalize and in	nplement	11/2//10
		onded "yes". (b)(6) then			new procedures to require	the	
	stated RN #2 said, "Tf Vecuronium."	nis isn't versed, it's			additional Specific Safety		
		to Patient #1's mom and			for all Paralyzing Agents to		
	(b)(6) stated, went into Patient #1's room and informed Physician #2, and the NP that he/she				an Independent Double Cl		
	had made a mistake and administered			conducted by two licensed			
		#1 instead of Versed.			registered nurses prior to	11	
	(b)(6) was asked if it	was documented he/she			administration of a Paralyz		
		Vecuronium in Patient #1's		where electronic clinical systems			
		stated, "I did not. I spoke		prompt dual sign off for bolus doses			
		anager) and he/she told me		and upon the following for infusions:			
		I capture it on the MAR ation Record]. I asked and			o Initiation of infusio		
	-	said it would show up in a			01		
	special area in a differ					lei	
		e/she could remember how				d the Lligh	
	. , . ,	administered to Patient			The Hospital has amende	-	
	#1, and (b)(6) stated,	"I would have given 1			Alert Medications Charts f		
	milligram."				Adult Patients and Pediatr		1.7
		e/she talked to anyone at			Patients, which revisions a		-
		s after the event, and the			scheduled to be approved		
		some conversations with on't remember all I said. It			November 27, 2018, to sp		
	was on the phone. I ca				Specific Safety Strategy th		
		med Nurse Manager]. That			Paralyzing Agents require		
		ted. They sent me to an			Independent Double Chec	k.	
	employee resource co	unsellor for my own					44/00/40
	personal wellbeing."				Training: By November 26		11/26/18
		ut the "help-all nurse" role			every nurse and paramed		
		entation of what was done			work in an area of the Hos	pital	
		and the b)(6)stated, "If you			where Paralyzing Agents are		
	do sometning, you just Theb)(6)stated there w	t chart it for that patient".			available in AcuDose disp	ensing	
	description for the role	- 1			cabinets, are required to c	omplete	
	accompanie for the force	o. a riop an maro			an online training module	outlining	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
711107 21110			A. E	BUILDI	NG		.
			B. \	WING_			
		440039				11/08/	2018
NAME OF PE	ROVIDER OR SUPPLIER	A		STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
37.11.00				NAS	SHVILLE, TN 37232		
							(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		CROSS-REFERENCED TO THE APPROPRIATI	(EACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY	
	Continued From page	11			ependent		
A 144	4. Interview with		Α	115	Double Check, vial packag	ging and	
	on 11/2/18 at 1:30 PM	the RT was asked about			naming convention change	es. Any	
	the events surrounding				nurse or paramedic staff n	nember	
	medication error in De				required to complete such		
		patient brought down by			and who has not complete		
		opped off in a hallway. Me			computer-based training p		
	_	o get the patient and put in lient #1] said he/she was			November 27, 2018 for an		
	claustrophobic so the	,					
	patient's nursea trans				including being on vacatio		1
	patients room and noti				scheduled to work at the I		
	•	e in the control room, we			during the time period, will		
	•	can view but not to the			permitted to begin their ne		
	point of seeing if they a				the Hospital without first c		
		long the patient was in the			the required training. The	Hospital is	
	room by him/herself be				monitoring the completion	of the	
		2 stated, "If I was going to			required training programs	s, and as	
	guess, maybe 30 minu				of November 21, 2018, 1,3	334	
		II the code and [Named RT			individuals, which is 53%		
	#1] started CPR"				the Hospital's staff member		
	Telephone interview on	11/5/18 at 9:29 AM with			required to receive the edi		
		mary care nurse prior to			had completed the training		
		vas asked to describe the				1	
	events surrounding Par	tient #1's death. (b)(6)			requirement.	1	
		was scheduled for a PET			ANDRESSES The Heaviet.	uarri	11/27/18
		PET scan called me and			Monitoring: The Hospital v		
		r] had ordered an IV med			implement several measu		
		/I retayed to the help all			monitor compliance with the	ne updated	
	nurse and [Named RN				medication administration		
		member the timing, I heard [Patient #1] back to an			requirements. Beginning o	n	
		to ICU to give report to the			November 27, 2018, the H	lospital's	
		e patient and [Named RN			 Enterprise Medication Saf 	ety Officer,	
	_	a bagI went back to my			in collaboration with the C	hief	
	•	ing and then I realized it			Nursing Officers, Executiv		
	[Vecuronium had been	administered instead of			Pharmacy Leadership, and		
		my charge nurse and I			Staff, will compile monthly		
	gave the bag to him/he	r. That was the end of my			overrides from AcuDose c		
		1			overnides from Acubose C	anii 1619 101	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			A.	BUILDII	NG	c	:
		440039	В.	WING_		11/08/	
			1	T		11/00/	2010
NAME OF PR	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	II PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	D BE	(X5) COMPLETI ON DATE
	Continued From page	12			paralyzing agents, which v	vill be	
A 144	involvement."		Α	115	reviewed at the medication	n safety	
		long he had the bag with			committee, as well as on the unit		
	the vial in it before he/she realized it was the wrong medication. (b)(6) stated, "It was less than 15 minutes" Telephone interview with (b)(6) on 11/5/18 beginning at 1:15 PM he/she was asked about the events that lead up to Patient #1's death, and				level, and assessed for		
					appropriateness. Such mo	_	
					reporting will be ongoing,		
					continue for three months		
					November 27, 2018. There		
	the events that lead up to Patient #1's death, and (b)(6) stated, "Transportation brought [Patient #1]				Enterprise Medication Saf	•	
	in and I talked to [Patient #1] about the scan.				will continue to periodically		
	He/She said he/she needed some medication for				and provide override perfo	rmance	
	anxiety and he/she had gotten some when he/she				reports as part of ongoing	a a comple	
		'atient #1's] nurse to let			medication safety committ	ee work.	
	go through the scan, s	doctor that she could not			In addition, beginning on N	lovember	
		y day that day, it was a full			27, 2018 and continuing o		
		ing to send [Patient #1]			monthly basis until 100%	ii a	
	_	me and give him/her the			compliance is achieved, H	oenital's	
	med. [Patient #1's] nur				·		
		d them and they said no buld need to be monitored.		J.	Chief Nursing Officers will review monthly reports of Independent		
		nt's] nurse if he/she would			Double Check, in order to		
		and he/she said no and			compliance with the Indep		
		other nurse. I injected the			Double Check procedure		
		the scan knowing she was			Paralyzing Agents. Such r		
		ation. We can't do the PET he tracer is injected so it			reporting will be provided		
		ut the body. Two nurses			medication safety committ		
	came down and he/she	-			the Hospital's Nursing Qua		
		e med. [The nurse] gave			Committee.	- -	
	the med and then we put [the patient] into our patient room. That is where they wait the hour. I went back into the scan room. Sometime later,				33111111133	27	
					The Hospital also imposes the follo	owing	
	the transporter was the				general requirements for nurse tra	_	
		im/her unresponsive, we			education regarding its policies an	-	
	called the rapid respon	se, I started chest			procedures:		
		med RT #2] got the crash					
	cart"						
		1					ı

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI		(X2) MULTIPLE CONSTRUCTION		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	Α. Ι	BUILDI	NG		
			B V	NING		C	;
		440039			**	11/08/	/2018
NAME OF PR	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121 ⁻	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
A 144	Continued From page (b)(6) was asked about in the room after the neadministered the medichad briefly 30 minutes could see him/her throw where we were. He/Shentire time, we thought her eyes. The camera up breathing. [rise and (b)(6) was asked if Parafter receiving the medication. PATIENT RIGHTS: FRABUSE/HARASSMEN CFR(s): 482.13(c)(3) The patient has the right of abuse or harassment. This STANDARD is not Based on standard of review of hospital policinterpretative guidance. Code Annotated, medication and care Registered Nurse administer medication and (Patient #1) sampled puredication errors and funtoward effects as the respiratory/cardiac arrespiratory/cardiac arrespiratory	at how long Patient #1 was arse came and cation, and (b)(6) stated, "I of uptake time left. We ugh the camera from e had her eyes closed the it was a light issue with isn't sharp enough to pick fall of the chest]" bient #1 was monitored lication for anxiety, and (b)(6) if did not stay and monitor e administered the EE FROM T Int to be free from all forms it. Int the tast evidenced by: practice, document review, lies and procedures, s., Review of Tennessee cal record review and lication to ensure patients is of abuse when a Critical (RN) neglected to as ordered to 1 of 5 attents review for failed to monitor for any epatient experienced ist. The hospital failed to be Tennessee Department	_	115	In regard to nurse training medication administration, record documentation, and monitoring of patients recemedication, all newly hired are required to complete obased training related to the preparation of drugs and semedication practices. All notes are required to the preparation of drugs and semedication practices. All notes are required to the preparation of drugs and semedication practices. All notes are required to such education regarding semedication practices, as we attend a workshop on medication practices, as w	on medical distriction medical distriction medical distriction medical distriction medical med	
	THE IMMEDIA THE HUISE	DO CONTINUOSES UIC			learning module, skill valid		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2)	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			Α. Ι	BUILDI	NG		`
		440039	В. \	NING_			
_		440033				11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
TAITE	DIE! ONIVEROIT! ME	DIONE CENTER		NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE	.D BE	(X5) COMPLETI ON DATE
	Continued From page 1	4			mannequin, observation of	daily	
A 145	medication as ordered a	and to ensure the patient	Α	115	practice, etc. The Hospital	will	
	was monitored for unto	ward effects resulted in a			include medication adminis		
	SERIOUS and IMMEDIATE THREAT to the health and safety of all patients and placed them in IMMEDIATE JEOPARDY and risk of serious injuries and/or death. The findings included:				patient monitoring, docume		
					and other issues discussed		
					Plan of Correction in such		
					competencies, as appropri	ate and	
					based on the issues reveal	and the same of th	
					results of the audits described		
	A review of the "Lippincott Manual of Nursing Practice 10th Edition" documented, "Watch the				herein.		
	The second secon				The Hospital has reviewed its polic	ies and	
	patient's reaction to the drug during and after administration. Be alert for major adverse effects,				procedures related the role of the "		
	such asrespiratory distressNURSING				Nurse", which is a type of resource	•	
		timately accountable for			and made the following changes:	naroo,	
	the drug administered	•			and made the lonewing changes.		
					The Hospital has updated	Scope of	11/20/18
	A review of the "ISMP Li				Care documents in each de		
		ert medications are drugs			that relies on a "Help All No		
		isk of causing significant			similar position), in order to		
	patient harm when they				the applicable role and dut		
	errorClasses/Categorie				the Hospital, "Resource Nu		
- 4	Medicationsmoderate						
	[Intravenous] (e.g.[for ex				generally used to describe		
1	[Versed]neuromuscula (e.grocuronium, vecun				role that usually does not to		1
	(e.giocalorikatii, vecuit	oraum)			patient assignment during		
i	2. Review of "Paralyzed	by Mistakes: Reassess		i	but takes direction from the		i
	the Safety of Neuromuse				Staff Leader or Resource S		
	•	.Neuromuscular blocking			Leader to assist other nurs		
	agents are high-atert medications because of their well-documented history of causing catastrophic injuries or death when used in				workloads demand, includi		
					response teams, STAT call		
		uscular blockers paralyze			transports. Resource Nurse		
	the muscles that are nec				various departments includ		
	some patients have died				Nurse; Procedural Nurse; A		
	permanent injuries if the				Discharge, Transfer Nurse;		
	witnessed by a practition	er who could intervene.			Patient Flow Nurse. The So	copes of	
	The state of a production of the state of th				Care were revised in intens	ive care	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A service of the serv		(X3) DATE SURVEY COMPLETED			
			1	A. BUILD	NG	С	
		440039	E	B. WING			
						11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NA:	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
	Continued From page 1	15			units and non-intensive ca	re units to	
A 145	After a patient receives	a neuromuscular blocker,		A 115	define the applicable Reso	urce	
	progressive paralysis develops, initially affecting the small muscle groups such as the face and hands, then moving to larger muscle groups in				Nurse role (including the "Help All		
						Nurse" as applicable) by November	
					20, 2018. Nursing leaders		
	the extremities and torso until all muscle groups				each Hospital department		
	are paralyzed and responding full consciousness remains	iration ceases. However,			utilizes such a Resource N		
					will review the departments		
	can experience intense fear when they can no longer breathe. They can also sense pain. The				Care document on an anni		
	experience can be horrific for patientsThe most		to ensure duties of the p				
	common type of error with neuromuscular				remain complete and accu		
blockers appears to be administration of the				Temain complete and accu	rate.		
	wrong drugPractitioners thought they were administering a different drug, so patients may				The Hospital has reviewed its polic	ies and	
	not have been supporte				procedures related to state reportir		
	ventilation"	u willi inculancai		has made the following changes:		ig, and	
	,			has made the following changes.			
	3. A review of the hospi				The Hospital reviewed its		
	Medications" policy doc	_			Occurrence Reporting: Pat	ient and	11/27/18
		ns that bear a heightened			Visitor policy, which outline		
	risk of causing significan	on orders are reviewed by			requirements of every Hos		
		noval from floor stock or			employee, attending physic		
		g cabinet unlessA delay					
	would harm the patient				house staff member to rep		
	changes in a patient's cl				occurrences to the Hospita		
		or a specified list of High			of Risk and Insurance Man		
	Alert MedicationsHigh				either through the online or		
	supportIndependent D	The second secon			reporting system or through		
	electronic clinical systems prompt dual signoff" Vecuronium was listed as a high alert medication				call to Risk Management.		0
	Vecuronium was listed as a high alert medication. There was no documentation in this policy				Hospital has revised the O		
	detailing any procedure or guidance regarding the manner and frequency of monitoring patients				Reporting: Patient and Visi		
					to require Risk Manageme		1
	during and after medical	tions were administered.			report any a) incidents of a		
	Dovinus of the facilities m	Medication			neglect, or misappropriation		
	Review of the facility's "! Administration" document	The state of the s			to the Hospital department		
	staff validate the five right				complaints for certification		
					processes; b) strike by staf	f; c)	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		The second second section of the second section of the second section of the sect	A.	BUILDII	NG		
		440039	₿.	WING_			
		440033		-		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE			
VANDERI	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VANDER	DIET ON ENOTT I ME	DIOAL CENTER		NAS	SHVILLE, TN 37232		
				1			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PR	ID EFIX AG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
	Continued From page 1	16			external disaster impacting	j a	
A 145	administration to minim	ize medication	A	A 115	Hospital facility; d) disrupti	on of any	
	errorsRight patient; R	ight medication; Right			service vital to the continued safe		
	dose; Right routeRight time to adhere to the prescribed frequency and time of				operation of the Hospital fa		
					to the health and safety of		
	administrationDocument medication administration in the electronic medical record to include, at a minimum, the followingDate and time of administration; Medication name and				patients and personnel; an		
					at a Hospital facility that di		
					provision of patient care se		
	strength; Dosage of medication				cause harm to the patients		
	administeredRoute of administration"					or that are reported by the facility to	
	There was no documentation in this policy		any entity, including but n				
	detailing any procedure or guidance regarding the						
	manner and frequency of monitoring patients during and after medications were administered.				to a fire department charge		
	during and anci medica	addis were administered.			preventing fires. These po	-	
	Review of the hospital's	"Interpretive Guidelines	revisions are scheduled to				
	for Reportable Events"	revised July 2009			approved by Executive Po	-	
	revealed, "Effective May				Committee of the Medical		
	Data Reporting Act of 2	-			Medical Board effective No	ovember	
1	Public Acts of 2009, Cha				27, 2018. The Occurrence		
	provides that all ficense facilitiesshall only repo				Reporting: Patient and Visi		
	neglect, and misappropr	No. of the contract of the con			places the responsibility for reporting		
	facility to the Departmer				to the Tennessee Departm	ent of	
	purposes, the facility is	required to make the			Health pursuant to the Hea	Ith Data	
	report within seven (7) to				Reporting Act of 2002 with	the Office	
	date that the facility iden				of Risk and Insurance Man	agement.	
	Definitions 'Neglect' m					-	
	provide goods and servi physical harm"	ces necessary to avoid			Effective on November 27,	2018, the	11/27/18
	priyokai nallis	1		1	Hospital will implement a re		11/2//10
	4. Review of State Oper	ations Manual, Appendix		1	procedure during the estab		
	4. Review of State Operations Manual, Appendix A Survey Protocol, Regulations, and Interpretative Guidelines for Hospitals revealed, "482.13(c) (3) The intent of this requirement is to prohibit				weekly meeting of the Eve		
					Committee to include regul		
					evaluations of whether occ		
	all forms of abuse, negle						
	and harassment whether from staff The hospital must ensure that patients are free from all forms				reported to the Office of Risk and		1
	of abuse, neglect, or har				Insurance Management reconst to the Tennages D		l l
	or abuse, ricylett, or rial	assinction region is			report to the Tennessee Department		
				of Health, pursuant to state	aw		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		440039	В.	WING_		11/08/	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
	DU T. I. I. III / EDOIT / ME	DIGAL OFWED			1 MEDICAL CENTER DRIVE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER			SHVILLE, TN 37232		
		Ī	-	IIIAC	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
	Continued From page	17			requirements. The Event F	Review	
A 145	failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. The following components are suggested as necessary for effective abuse protection		Α	115	Committee reviews patient	events	
					with harm or potential harr	n on a	
					weekly basis, to identify th		
					events which may require		
					Analysis pursuant to the H		
	Report/Respond. The hospital must assure that any incidents of abuse, neglect or harassment				policies, further investigation		
	any incidents of abuse, neglect or harassment are reported and analyzed, and the appropriate corrective, remedial or disciplinary action occurs"				and Insurance Manageme		
					external reporting, or other		
					safety or risk issues. The E		
	The HOLLI CO OF TENINGOOFF DEGARDINGS				Review Committee is a Qu		
	The "RULES OF TENNESSEE DEPARTMENT		Improvement Commi				
	OF HEALTH BOARD FOR LICENSING HEALTH CARE FACILITIES CHAPTER 1200-08-01			1	defined pursuant to TCA §		
	STANDARDS FOR HO	The Control of the Co			150 and 68-11-272 and is	- 1	
	on page 31, "(6) Phar	maceutical Services(d)			of representatives from Ris		
		oth adverse reactions and			Insurance Management; Q		
		be reported according to			Safety, and Risk Preventio	•	
	established guidelines t				Patient Safety Officers. The		
	performance improvement program and as approp				Review Committee reports	1	
	hospital governing body				Self Insurance Trust, which		
	agencies"	,			to the Hospital Medical Ce		
					Medical Board. The partici		
	5. The "Tennessee Cod	- Control of the cont		1	the Event Review Committ		
	71Chapter 6Part 1 "71-6-103Any perso						
		ursehaving reasonable			been informed of the chang	- 1	
	cause to suspect that ar				Occurrence Reporting police		
	sufferedneglectshall				these additional procedure		
		ce with this part. Death of			Senior Vice President of Q		
- 1		e one of the responsibility			Safety and Risk Prevention	and the	
1	for reporting the circums	stances surrounding the any other organization or			Vice President of Risk and		
	agency responsible for t				Insurance Management wil		
	specific procedure, appr				participate in such weekly		
	adult protective services	-			meetings and will monitor s		
	the director's designee,				reporting processes to ens		
	adults who are victims o	fneglectany member			Hospital reports as required	-	
				- 1	and federal law. Further, th	e	

		r					
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		×	TIPLE CONSTRUCTION	(X3) DATE SUI COMPLE	TED
			1				
		440039				11/08	/2018
NAME OF PR	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDED	DILT LIMIVEDOITY ME	DICAL CENTED		121	1 MEDICAL CENTER DRIVE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		NAS	SHVILLE, TN 37232		
				IVA			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	.D BE	(X5) COMPLETI ON DATE
	Continued From page	18			Hospital is currently comm	unicating	
A 145	of its staff whose duty	to report under this part	Α	115	with the Tennessee Depar		
	arises from the perform				Health regarding additiona		
	member's services as a member of the staff of the organization may, at the staff member's option, fulfill that duty by reporting instead to the				on reportable events unde	-	
					law.	· otato	
					IGVV.		
person in charge of the organization or the organization head's designee who shall make the report in accordance with this chapter. An oral or				The Uses Wellers and Server	lika a alian	44/07/40	
				The Hospital has reviewed		11/27/18	
	report in accordance with this chapterAn oral or written report shall be made immediately to the				outlining reporting requirer		
	department upon knowledge of the occurrence of				the Davidson County Medi		
	suspectedneglectof an adult"				Examiner, including its De		
	suspectedneglector all addit				Requiring Reporting to the	Medical	
	The "Tennessee Code Annotated Title				Examiner policy (hereinaft	er,	
	68Chapter 11Part 2	2" documented,			"Medical Examiner Policy"). The	
	"68-11-211Reporting				Hospital has amended the	Medical	
		s section"Department"			Examiner Policy, which an	nendments	
1		of health"Facility" means			are scheduled to be appro-		1
1	any facility licensed un	ovide goods and services			November 27, 2018, to cla		
- 1	1.5	sical harmeach facility			details supporting a decision		
		fneglectthat occur at			suspicious, unusual or unn		
	the facility to the depart				death, including unexplain		
		facility's identification of			surgical and anesthetic de		
	the incidentNothing in						
		or aiter in any manner the			b) death during or as a res		
	required reporting ofr				diagnostic or therapeutic p		
	provisions oftitle 71, o	chapter 6, part 1"			medication error, or advers		
	6. Patient #1 was admit	ted to the beenital on			allergic, or toxic reaction to		
	12/24/17 with diagnose				therapeutic agent, shall be	-	
	Hematoma of the Brain				to the Medical Examiner. T	he	
	Homonymous Hemianopia (vision field loss of both eyes)-Left, Atrial Fibrillation, and Hypertension.				revised Medical Examiner	Policy	
					also requires all conversati	ons with	
					the Medical Examiner's Of	fice to be	
	12/26/17 for a full body	rted to Radiology for a on Tomography) scan on scan. The procedure was Patient #1 was alert and			documented in the patient' record, including the ration reporting pursuant to the coutlined in the Policy.	ale for	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			Α.	BUILDII	NG		2
		440039	В.	WING_			
				T		11/08	/2018
NAME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)		D FIX AG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
A 145	Continued From page oriented to person, pla While in Radiology, Pa something for anxiety I procedure due to being Review of medication of details dated 12/26/17 Versed (Midazolam) 2 intravenous one time. Adocumented, "For PET insufficient, can give 1-needed" Review of the Cabinet (ADC) detail rewas entered on 12/26/17 verified the order at 2.4 removed from the Auto (ADC). Review of medication of details dated 12/26/17 Versed (Midazolam) 1 in Administration instruction PET scan "Review of the Cabinet (ADC) detail rewas entered on 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 removed from the ADC details dated 12/26/17 verified the order at 2.4 re	ce, time and situation. dient #1 requested before the PET scan g claustrophobic. order #60651186 order at 3:00 PM, revealed mg. (milligrams) Administration instructions scan if first milligram 2mg additional if ne Automatic Dispensing eport revealed the order 17 at 2:47 PM. Pharmacy 19 PM. Versed was not mated Dispensing Cabinet order #60651187 order at 3:00 PM, revealed mg. intravenous one time. ons documented, "For ne Automatic Dispensing eport revealed the order 17 at 2:47 PM. Pharmacy 19 PM. Versed was not all report dated 12/26/17 a paralytic drug) 10 mg. 2:59 PM from the ADC U using the override ohysician order for Patient The order was not verified		1115	Training: By December 3, Hospital is requiring every Physician and House Staff complete education regard revised Medical Examiner requirements, reporting requirements under state Is documentation in the medi under the Policy, as well as documenting communication disclosure with family and/representative. Monitoring: The Chief of Stafety and Risk Prevention review Medical Examiner in to ensure the Hospital reported by state law. Add this group will conduct aud designated number of patient died under circumstances reportable under the Medical Examiner Policy, randomly in order to assess compliant state reporting requirement event such an audit reveals compliance, inconsistencied questions, the Office of De Affairs will elevate these is the VUMC Quality Steering Committee to determine whe additional steps are required.	2018, the Attending to Attending to ling the Policy aw, and cal record so ons and or patient taff, Office uality, in will eporting orts as itionally, its of a ents who potentially cal selected, ince with its. In the son-sor cedent sues to get the potential sues to get the poten	12/3/18
	following:	TELEVIT TOTOGRAM UIC			compliance, such as target education and/or training.	ed	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION A BUILDING B. WING A BUILDING B. WING C 11/08/2018 NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS COnflinued From page 20 A 1445 Conflinued From page 20 Patient #1 was scheduled for a PET scan at 2:00 PM. No documentation when Patient #1 arrived in Radiology. An order for Versed was werified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM under Patient #1 sprofile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it look about 5 minutes to get to Radiology before he/she administration time or amount of Vecuronium to Patient #1. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled from the ADC in Neuro Unit and the time the rapid
NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE
NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DREFIX TAG A 145 Continued From page 20 Patient #1 was scheduled for a PET scan at 2:00 PM. No documentation when Patient #1 arrived in Radiology. An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM. (Versed was available at 2:29 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it look about 5 minutes to get to Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: A 144
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG A 145 Continued From page 20 Patient #1 was scheduled for a PET scan at 2:00 PM. No documentation when Patient #1 arrived in Radiology. An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM. (Versed was available at 2:49 PM. There is no documentation of the administration ime or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled)
X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY ON DATE A 145 Continued From page 20 Patient #1 was scheduled for a PET scan at 2:00 PM. No documentation when Patient #1 arrived in Radiology. An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM under Patient #1's profile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology Defore he/she administered it. Patient #1 was found unresponsive and putseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overthead at 3:29 PM. (30 minutes between the time the drug was pulled Tansported with equipment, Tags PROVIDER'S PLAN OF CORRECTION CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY COMPLETI ON DATE A 144 The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: A 144 The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: A 144 The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: A 144 The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: A 144 The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and mad
NASHVILLE, TN 37232
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG A 145 Continued From page 20 Patient #1 was scheduled for a PET scan at 2:00 pM. No documentation when Patient #1 arrived in Radiology. An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM. (Versed was available at at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscritation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY CMPLETION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY CASH TO THE APPROPRIATE D
PREFIX TAG ### CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 145 Continued From page 20 Patient #1 was scheduled for a PET scan at 2:00 PM. No documentation when Patient #1 arrived in Radiology. An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM under Patient #1's profile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated if took about 5 minutes to get to Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled A 144 The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: A 144 The Hospital has revised its policy previously titled Transport of the Critically III Patient, which revisions are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically III patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
Patient #1 was scheduled for a PET scan at 2:00 PM. No documentation when Patient #1 arrived in Radiology. An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM under Patient #1's profile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) A 144 The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policy previously titled Transport of the Critically III Patient, which revisions are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically III patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
Patient #1 was scheduled for a PET scan at 2:00 PM. No documentation when Patient #1 arrived in Radiology. An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM under Patient #1's profile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) A 144 The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policies and procedures related to monitoring of patients during and after medication administration and made the following changes: The Hospital has reviewed its policy previously titled Transport of the Critically III Patient, which revisions are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically III patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
No documentation when Patient #1 arrived in Radiology. An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled
Radiology. An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM under Patient #1's profile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) and made the following changes: The Hospital has revised its policy previously titled Transport of the Critically III Patient, which revisions are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically ill patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
An order for Versed was entered into the computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM under Patient #1's profile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) The Hospital has revised its policy previously titled Transport of the Critically III Patient, which revisions are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically ill patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
computer at 2:47 PM and was verified by Pharmacy at 2:49 PM. (Versed was available at 2:49 PM under Patient #1's profile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) The Hospital has revised its policy previously titled Transport of the Critically III Patient, which revisions are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically ill patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
Pharmacy at 2:49 PM. (Versed was available at 2:49 PM under Patient #1's profile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) The Hospital has revised its policy previously titled Transport of the Critically III Patient, which revisions are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically ill patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
2:49 PM under Patient #1's profile) An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) previously titled Transport of the Critically III Patient, which revisions are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically iII patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
An override pull for Vecuronium was documented at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) Critically III Patient, which revisions are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically ill patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
at 2:59 PM. There is no documentation of the administration time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) are scheduled to be approved on November 27, 2018, to broaden application of the policy beyond critically ill patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled)
time or amount of Vecuronium to Patient #1. RN #1 stated it took about 5 minutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled) application of the policy beyond critically ill patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
RN #1 stated it took about 5 ininutes to get to Radiology before he/she administered it. Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled critically ill patients. As such, the newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
Patient #1 was found unresponsive and pulseless in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled newly amended policy is titled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
in the Radiology Department prior to the PET scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled "Transport of Patients" (hereinafter, "Transport Policy"). This policy provides that every patient shall be transported with equipment,
scan. A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled "Transport Policy"). This policy provides that every patient shall be transported with equipment,
A rapid response (Hospital term for emergency resuscitation) was called overhead at 3:29 PM. (30 minutes between the time the drug was pulled transported with equipment,
(30 minutes between the time the drug was pulled transported with equipment,
(30 minutes between the time the drog was paked
from the ADC in Neuro Unit and the time the rapid supplies, and staff appropriate to
response was called. monitor and support the patient's
Interview with the (b)(6) and the physiological needs. The policy
(b)(6) on details that the level of care is
10/31/18 at 1:40 PM, they were asked why this maintained during transport and
event wasn't reported to the state. The RO after arrival at the receiving
stated, "I will ask Risk about that because it was a department/unit, and describes
death and it should have been reported." specific monitoring and
documentation requirements. The
Interview with the (b)(6) on 10/31/18 at 3:02 PM, the (b)(6) stated, "I talked to Risk Management amended policy states that when a
about reporting to the state, and [he/she] stated patient requires continuous
we [Risk Management] follow the 2009 state rules monitoring, a clinical staff member is
on reporting and it includes abuse, any, required to be available to receive
exploitation, fire with disruption of service, strikes, handover of the patient pursuant to
external disasters, misappropriation and injury of
a paracit if a flatisting frome of anialown flatiane.
[New York of Section State Togs
procedure. Any such handover will be documented in the medical

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			Α.	BUILDI	NG		
		440039	В.	WING		11/08/	
NAME OF D	DOVIDED OD SUIDDUED		-	етри	EET ADDRESS, CITY, STATE, ZIP CODE	11700	72010
NAME OF P	ROVIDER OR SUPPLIER						
VANDER	BILT UNIVERSITY ME	DICAL CENTER			1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE	D EFIX AG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	D BE	(X5) COMPLETI ON DATE
	Continued From page	21			record. In the event a clin	ical staff	
A 145	[regulations], page 31,	6d."	F	144	member is not available to	receive	
				the patient, the transporti		g clinical	
	Interview with the	(b)(6)			staff member must remain	with the	
		1/18 at 4:23 PM, the			patient. Further, the Trans	port Policy	
	Event Analysis with the	spital had performed an			states that patients receivi	ng	
	"The timeline was:				medications that could lea	d to	
	12/26/17 - 2 PM: PET scan scheduled. 12/26/17 - 2:47 PM: 2mg. of Versed was ordered.				respiratory depression and/or		1,00
	12/26/17 - 2:47 PM: 2mg. of Versed was ordered. 12/26/17 - 2:59 PM: Vecuronium override in				respiratory distress are mo	onitored	
				during and after transport, wi			
	Acudose. VE was entered in the Acudose and the				duration and frequency of	the	
	machine defaults to generic medications - Vecuronium popped up. Versed [brand name] did				monitoring to be based on		
		Verseu (brand harne) did A warning in red box was			patient's condition, type of		- 2
		stating that is should be for			medication, and route.		
	STAT orders.	and the second second			Documentation will be in a	ccordance	
	12/26/17 - RN #1 gave	the medication - it's			with VUMC's Medication		
	unknown what time she				Administration Policy. The		
		illed at 15:29 [3:29 PM].			Transport Policy further sta		
		s a group (leaders, risk			such monitoring may inclu		
		fix itAction plan: The bar entation in Radiology - this			•		
	is pending. A Multi-disc					not limited to, direct observation, vital signs, and neuro checks. The	
		med list. Vec [Vecuronium]			revised Transport Policy fu		
	was removed from ove						
					requires appropriate docur		
	Telephone interview wi				to be completed in the pati		
		or to the Event) on 11/5/18			medical record upon leaving		
	beginning at 9:29 AM,				returning to the unit, includ	-	
	#1's] death. (b)(6) stat	rrounding [Named Patient			times the patient leaves ar	ia returns	
1		an and was nervous!			to the unit.		
		nurse's patients because					11/27/18
	[the patient's nurse] ha	d gone to lunch. PET scan			The Hospital has revised it	_	11/2//10
	called me and told me				Alert Medication Policy, wh		
		anxiety and could I come			revisions are scheduled to		
	down and give it to her				approved on November 27		
		their nurses give it. They nfortable administering it			detail required monitoring		
	salu incy druittieel Wi	mortable authinistening it			receiving administration of	high alert	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER CAL) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 11/108/2018 CAL) ID PREFIX CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING NORMATION) TAG CONTINUED A TO BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING NORMATION) Tag agreed to go and administer if. I don't remember the timing, I heard the code, they brought her back to an ICU room Telephone Interview with the (D) (D) (D)	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` `		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER SITREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 145 Confined From page 22 and needed a nusse from our floor to come down. I relayed to the "help all nurse" and [Named RN #1] agreed to go and administer it. I don't remember the timing, I heard the code, they brough the back to an ICU room Telephone interview with the (b)(6) (b)(6) (c)(6) (c)(6) (d)(6) (d)(6) (e)(6) (e)(6				Α.	BUILDI	NG	(
NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 145 A 145 Continued From page 22 and needed a nurse from our floor to come down. I relayed to the "help all nurse" and [Named RN #1] agreed to go and administer it.1 down remember the time, I heard the code, they brought her back to an ICU room" Telephone interview with the (b)(6) at the Medical Examiner's Office on 11/5/18 at 10:01 AM, thre@ilia was asked about (Named Patient #1) and what was reported to them regarding [Patient #1] had so one of the patient's condition, and route of administration and frequency of monitoring is based on the patient's condition, the type of medication, and route of administration, and route of administration. Such monitoring may include, but is not limited to, direct observation, monitoring of vital signs and neurological status. The b)(s) stated, "The date of death was 12/27/17 and was called in by [Named Physician #1]. He/she stated that maybe there was a medication error but that was used learning and hold and so the edical record. There was no named drug in the notes. The death certificate says [Patient #1] had a bleed. We declined jurisdiction because there was an MRI that confirmed the bleed" Telephone interview with (b)(6) as a saked to describe the circumstances leading up to Patient #1 seed to 11/5/18 beginning at 4:41 PM, [b)(6) was asked to describe the circumstances leading up to Patient #1 seed to 11/5/18 to 200 and the core to 200 downstains to PET scan and guive [Named Patient #1] Versed because (the patient) was not able to tolerate it [the PET scan and guive [Named Patient #1] Versed because (the patient) was not able to tolerate it [the PET scan and guive [Named Patient #1] Versed because (the patient) was not able to tolerate it [the PET scan and guive [Named Patient #1] Versed because (the patient) was not able to tolerate it [the PET scan and guive [Named Pati			440039	В. 1	WING			
XAI ID RREERX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE TAGE	NAME OF PR	ROVIDER OR SUPPLIER						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	VANDER	BILT UNIVERSITY ME	DICAL CENTER					
PREFIX TAG Cendinued From page 22 and needed a nurse from our floor to come down. I relayed to the "help all nurse" and [Named RN #1] agreed to go and administer it. I don't remember the timing, I heard the code, they brought her back to an ICU room" Telephone interview with the (b)(6) at the Medical Examiner's Office on 11/5/18 at 10:01 AM, the b)(6) was asked about (Named Patient #1) and what was reported to them regarding [Patient #1's] death, The (b)(6) stated, "The date of death was 12/27/17 and was called in by [Named Physician #1]. Hershe stated that maybe there was a medication error but that was just hearsay, and nothing has been documented in the medical record. There was no named drug in the notes. The death certificate says [Patient #1] had a bleed. We declined jurisdiction because there was an MRI that confirmed the bleed" Telephone interview with (b)(6) no 11/5/18 beginning at 4.41 PN (b)(6) was asked to describe the circumstances leading up to Patient #1's death on Tuesday 12/26/17, RN #1 stated," was in a patient care role, I was the "help-all nurse". A help-all nurse is a resource nurse and I had an Orientee [Named RN #2] asked me to go downstairs to PET scan and give [Named Patient #1] Versed because [the patient] was not able to tolerate it [the PET scan procedure] or they would have to send herhim back and			-					
A 144 Intelayed to the "help all nurse" and [Named RN #1] agreed to go and administer it. I don't remember the timing, I heard the code, they brought her back to an ICU room" Telephone interview with the (b)(6) (b)(6) at the Medical Examiner's Office on 11/5/18 at 10:01 AM, the(\$)(6) was asked about (Named Patient #1) and what was reported to them regarding [Patient #1's] death. The(\$)(6) stated, 'The date of death was 1/22/1/17 and was called in by [Named Physician #1]. He/she stated that maybe there was a medication error but that was just hearsay, and nothing has been documented in the medical record. There was no named drug in the notes. The death certificate says [Patient #1] had a bleed. We declined jurisdiction because there was an MRI that confirmed the bleed" Telephone interview with the (b)(6) was asked to describe the circumstances leading up to Patient #1's death on Tuesdy 1/2/26/17. RN #1 stated, "I was in a patient care role, I was the "help-all nurse". A help-all nurse is a resource nurse and I had an Orientee [Named RN #2] asked me to go downstairs to PET scan and give [Named Patient #1] Versed because [the patient] was not able to tolerate it [the PET scan procedure] or they would have to send her/nim back and	PREFIX	(EACH DEFICIENCY M	UST BE PRECEDED BY FULL	PRE	FIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETI
do a swallow study on a patient. I went and searched for the med under [the patient's] profile [in the ADC] and it was not there. I chose the override setting and I searched for it. I was talking to the Orientee about why we do swallow studies in the ERI typed in the first 2 letters [VE] and the patient's condition, the type of medication, and route of administration. Such monitoring may include, but is not limited to, direct observation, monitoring of vital signs and neuro checks. The Medication		Continued From page 2 and needed a nurse fro I relayed to the "help al #1] agreed to go and at remember the timing, I brought her back to an Telephone interview with (b)(6) at Office on 11/5/18 at 10: asked about (Named Preported to them regard The(b)(6) stated, "The diand was called in by [N He/she stated that may error but that was just his been documented in the was no named drug in the certificate says [Patient declined jurisdiction been that confirmed the bleen that confirmed that confirmed the bleen that confirmed the bleen that confirmed the bleen that confirmed the bleen that confirmed that confirmed that confirmed the bleen that confirmed the bleen that confirmed	om our floor to come down. I nurse" and [Named RN dminister it. I don't heard the code, they ICU room" In the (b)(6) the Medical Examiner's 01 AM, the(b)(6) was atient #1) and what was ting [Patient #1's] death. ate of death was 12/27/17 amed Physician #1]. be there was a medication learsay, and nothing has be medical record. There the notes. The death #1] had a bleed. We cause there was an MRI d" In (b)(6) In 11/5/18 b)(6) In 11/5/18 b)(6) In 11/5/18 b)(7) In 11/5/18 b)(8) In 11/5/18 b)(9) In 11/5/18 b)(9) In 11/5/18 b)(10) In 11/5/18 b)(11/5/18	A	. 144	amended High Alert Medic Policy states that the patient clinical status is monitored evaluate patient response medication and/or adverse reactions, and the duration frequency of monitoring is the patient's condition, the medication, and route of administration. Such monitinclude, but is not limited to observation, monitoring of and neurological status. The Hospital's Medication Administration Policy has be revised, which revisions an scheduled to be approved November 27, 2018, to develope the amended Medication Administration Policy state patient's clinical status is not o evaluate patient response medication and/or adverse reactions, and the duration frequency of monitoring is the patient's condition, the medication, and route of administration. Such monitinclude, but is not limited to observation, monitoring of	cation ant's ato to to an and based on type of toring may o, direct vital signs been te on tail ents ecifically, as that the monitored se to and based on type of toring may o, direct vital signs	11/27/18

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	37-77-77-77-77-77-77-77-77-77-77-77-77-7		Α.	BUILDI	NG		
		440039	В,	WING			
		440033				11/08/	2018
NAME OF PE	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDEDO	DIL T LINIVEDOITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		NAS	SHVILLE, TN 37232		
				IVA	1 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE	D EFIX AG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
	Continued From page :	23			Administration Policy has I	peen	
A 145	, ,	se the 1st one on the list. I	P	144	further amended to require		
		ooked at the back at the			documentation in the medi		
		h to reconstitute it with, I			regarding medication admi		
	did not re-check the name on the vial I saw 1 patient on one of our beds, I checked the patient for his/her identity, and told [the patient] I was				Togal alling modification damn	inou duoi ii	
					The Hospital reviewed its p	nolicies	
					and procedures related to		
	•	omething to help him/her					
	relax I reconstituted if				sedation, specifically the S		
	amount I needed One of the techs [Radiology				Operating Procedure for M		
	Technician #1] came out, I gave the med, flushed it and we left. [Radiology Technician #1] took the				Sedation, to ensure sufficient		
	patient back. We went straight to the ER from				safeguards are in place. T		
	there I am not sure if I drew up and gave				Hospital determined that it		
	him/her what she need				place comprehensive guid	ance	
		can. That was a red flag			regarding the administration	n of	
	since out patient was o	- 1			moderate sedation, specifi	cally	
	responsible to go to see				including procedures for er	nsuring	
	when we got there they				patients receiving sedation	are	
	and got a pulse back. [I	myself and the team, we			continuously observed and		
		her bed back to the unit. I			physiologically monitored t		
	,	#2] that I had given [the			the sedation period by a nu		
		ninutes agoI reminded			advanced practice nurse, p		
	the Nurse Practitioner to	hat Patient #1 was awake			or other qualified and traine		
		I gave him/her the Versed.			approved by the Hospital's		
		ut 45 minutes getting labs					
		several tubes of blood for			Committee. The SOP for M		
	labs when [Named RN :				Sedation details the post a		1
		med you gave him/her?" I aste it. RN #2 stated, "This			recovery scoring system a		
	The same of the same of the same of the	t is it? He/she said, "It's			that is required to disconting		
	Vecuronium" and I went				monitoring. The SOP for M		
		ed Physician #2], a couple			Sedation also includes con		
	of residents, and [Name	ed Nurse Practitioner]			transporting patients who h	ave	
		ssing what was happening.			undergone moderate seda	tion,	
	I told them right then it v				including required monitori	ng. The	
	them I gave Vecuronium				Hospital has determined that no		
	then. [Named Nurse Pra						
	SULLY CHAIL LIFE TOOL	n. I am not sure where I					

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUF	
ANDFLANC	O CONNECTION	I BENTH ISTATION NOMBER.	A. E	BUILDII	NG		
			B. \	VING		C	,
		440039	550			11/08/	/2018
	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER					
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	_D BE	(X5) COMPLETI ON DATE
	Continued From page :	24			updates to the SOP for Mo	oderate	
A 145	went but I ended up in	the educators office. I	Α	144	Sedation are required.		
		- different people. I filled					
		ital's reporting system].			 <u>Training</u>: By December 3, 	2018, the	12/3/18
		sh [4:00 PM]. I gave both			Hospital is requiring all ma	ınagers,	12/3/10
		ge nurse and the Orientee			clinical staff leaders (CSLs	s), nurses,	
	PM when I left." (b)(6)	one else. It was after 8:00			licensed practical nurses (LPNs),	
	documented the Vecun				respiratory therapists and		
		stated, "I did not. I spoke			paramedics working in inp	atient and	
		inager] and he/she told me	1		procedural areas of the Ho		
	the new system would	capture it on the MAR			complete education through		
		tion Record]. (b)(6) stated			line education system, whi		
		#1 in Radiology. (b)(6)			addresses the updates to		
		did not monitor Patient #1					
	after the medication wa	as administered.			Transport Policy, High Ale		
	PATIENT SAFETY	hi rayas			Medication Policy, and Me		
A 286	CFR(s): 482.21(a), (c)(Administration Policy inclu requirements for monitorin	-	
	(a) Standard: Program				during transport and during	g and after	
		include, but not be limited			medication administration,	-	
	improvement in indicate	n that shows measurable			appropriate handover, and		
	evidence that it will i				medical record documenta		
	medical errors.	identity and reduce			clinical staff member listed		
	(2) The hospital must m	neasure, analyze, and			will be able to begin shift a		
	trackadverse patient				December 3rd without conf		
					training and subsequent con		
1	(c) Program Activities				•		
	(2) Performance impro				testing. The Hospital's Ch		
		d adverse patient events,		- 1	Nursing Officers monitor th		
		nd implement preventive ns that include feedback			education requirement and		
	and learning throughou				regular updates to director		
	aire reasiling tilloughou	it die nospitat.			departments to ensure cor	npliance.	
	(e) Executive Responsi	ibilities, The hospital's					
1	1 /	anized group or individual			 Monitoring: Beginning on I 		12/3/18
	who assumes full legal	authority and responsibility			3, 2018 and continuing for		
	for operations of the ho	spital), medical staff, and			following three months, the	€	
					Hospital's Chief Nursing O		

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			FIPLE CONSTRUCTION	(X3) DATE SUF COMPLE	TED
		440039	В.	WING		11/08/	· ·
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDED	DILT LINEVEDOITY ME	DICAL CENTED		121	1 MEDICAL CENTER DRIVE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		NAS	SHVILLE, TN 37232		
				1474			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
	Continued From page 2	25			oversee weekly chart revie	ws of 5	
A 286	administrative officials		A	144	patients from each unit, ra	ndomly	
	accountable for ensuring				selected, to assess for con	npliance	
	(3) That clear expectat established.	ions for safety are			with improvement in medic	ation	
	This STANDARD is no	t met as evidenced by:			safety, transport and monit	toring of	
	Based on standards of				patients. Such patient reco	rds will be	
	review, review of hospit	tal policies and			reviewed for documentatio	n of the	
		cord review, and interview,			appropriate monitoring, ha		
	the hospital failed to en Assurance and Perform				communication, and docur		
	(QAPI) program thorough				consistent with the Transp		
		ne causes, and implement			Medication Administration		
		included adding additional			High Alert Medication Police	,	
/	safety parameters asso				event such an audit reveal	A NOUNCE C	
	paralytics and other Hig an automated dispensir	h Alert medications from			compliance, inconsistencie		
		tical adverse event could			questions, the Chief Nursir	- 1	
	not reoccur.				will follow-up with the unit I		
					nurse managers for additio		
		the potential to affect the			required to achieve complia		
		patients receiving care in			such as targeted education		
	the critical care areas in	runs nospital.			training. The Chief Nursing		
1	The findings included:				will review monthly updates		
					chart review audits to the V		
- 1		al's High Alert Medications			Nursing Quality Committee		
1	policy documented, "I- Medications that bear a						
	causing significant patie				The Hospital has reviewed its polic	ies and	i
	errorMedication orders				procedures related to access and	ies allu	
		oval from floor stock or an			administration of Paralyzing Agents	and	
	automated dispensing c				made the following changes:	and	
	would harm the patient (changes in a patient's cl				made the following changes.		
	•	or a specified list of High			 A multi-disciplinary work gr 	ouo	
	Alert MedicationsHigh				comprised of Hospital lead	.5	
	supportindependent D	ouble-Check where			including Physicians, Phar		
1	electronic clinical system			- 1	Risk, Nursing, Quality, and		
	Vecuronium was listed a	s a high alert medication.			Informatics was convened		
							- 1

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ι.		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		440039	E	B. WING			/2018
NAME OF PI	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDERI	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NA:	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
	Continued From page	26			on January 19, 2018 to as	sess	
A 286	There was no docume	ntation in this policy		A 144	Paralyzing Agents include	d on the	
		e or guidance regarding the			override medication list. Ti	nis	
	manner and frequency				workgroup determined to r	remove	
	during and after medic	ations were administered.			vecuronium from the AcuE)ose	
	Daviesy of the documen	nt ISMP List of High-Alert			(Hospital's automated disp	ensing	
	W	are SettingsISMP 2018			cabinet) override status lis	t, which	
		lert medications are drugs			removal was approved by	the VUMC	
	that bear a heightened	risk of causing significant			Pharmacy, Therapeutics a		
	patient harm when the				Diagnostic Committee on		
	errorClasses/Catego				23, 2018 and implemented		
	Medicationsmoderate [Intravenous] (e.g.[for e	_			1, 2018. The work group d		
	[Versed]neuromuscu				that rocuronium would rem		
	(e.grocuronium, vecu				override list, based on the		
4	, ,				group's determination that		
	The hospital's docume	-			clinical risks to patients of		
		att Patients Revised May			access to rocuronium outw		
	- 100 E	oderate sedation agents			the potential safety benefit	-	
	such as Versed.				removing the Paralyzing A		
	Review of "Paralyzed b	y Mistakes: Reassess the			override status. The Hospi	_	
	Safety of Neuromuscut				Medication Safety Officer i		
	Facility" documented, "	Neuromuscular blocking			-		
	agents are high-alert m				partnership with the VUMC		
	their well-documented I				Pharmacy, Therapeutics a		1
	catastrophic injuries or				Diagnostic Committee will		
1	the muscles that are ne	nuscular blockers paralyze			the Paralyzing Agents, incl	1—1	
	some patients have die				rocuronium, on the overrid	e list	
	permanent injuries if the				annually.		
		ner who could intervene.					44/07/40
		a neuromuscular blocker,			The Hospital has changed	the	11/27/18
		evelops, initially affecting			naming convention from		
	the small muscle group				"Neuromuscular Blocking A		
	hands, then moving to I	o until all muscle groups in			as referenced in certain po		
		ration ceases. However,			including the High Alert Me		
	full consciousness rema				Policy, to "Paralyzing Ager	its" for	
	95.105.1040.1040.10110	and and paratito			consistency throughout the	Hospital.	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:		••	NG	COMPLETED			
						C	
		440039	B. '	WING_		11/08/	2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDED	DILT HAIIVEDEITY ***	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		NASHVILLE, TN 37232			
				IAM	, , , , , , , , , , , , , , , , , , ,	*	
(X4) ID PREFIX	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL	IC PRE	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETI
TAG	REGULATORY OR LSC	IDENTIFYING INFORMATION)	TA	G	CROSS-REFERENCED TO THE APPROPRIATE	DEFICIENCY	ON DATE
A 200	Continued From page :	27		144	The Hospital has also star		
A 286		e fear when they can no	А	144	the nomenclature utilized f		
		an also sense pain. The			Paralyzing Agents across	the	
		ific for patientsThe most			Hospital in eStar (Hospital	s	
	common type of error v blockers appears to be				electronic medical record)	and	
	wrong drugPractition	COATRON AND MARKET CO			AcuDose, such that both e	lectronic	
		it drug, so patients may			systems present the name	as	
	not have been supporte				"PARALYZING AGENT" fo		
	ventilation"				the medication name. Para		
					Agents will no longer be al		
		nt titled Joint Commission			pulled up on the AcuDose		
		nsing cabinets dated May,			screen by typing in the dru		
		ournal of Health-System			Instead, "PARA" will be typ		
	-	, "vice president at the ation Practices (ISMP)said			first two letters of "Paralyzi		
	her organization has lo				_		
	•	oblematic. "One of the big			- which will then pull up the		
		ed dispensing cabinets is			Paralyzing Agents in the A		
		e overriding without having			cabinet. The four Paralyzin		
- 0	an order." she said. "Th	ere's no verbal order			are the only medications th		
		anticipating an order, so			on both electronic systems		
	they get a drug from the	e cabinet""			search for "PARA". Signs a	are	
	Desired Att.	A EM - A Francisco - C			attached to the AcuDose c	abinets	
	Review of the documen				indicating that "PARA" mus	st be used	
	Medications Removed 1	ADMs) Using the Override			to access Paralyzing Agen	ts. The	
	Function Leading to Mu				new nomenclature of "Para		
	documented, "The over				Agent: [medication name]"		
		cation from the machine		- 1	effective in both eStar and		
	before a pharmacist rev				as of November 27, 2018.		
	purpose of the override				on November 27, 2018, thi		
	access to medications in				procedure is documented by		
	situationsAdministerin						
	pharmacist review incre				amendment to the Hospital		
		challenge with ADMs is to			Alert Medications Charts fo		
	prevent medication over			-	Adult Patients and Pediatri		
	settings and to avoid ad from orders that have no				Patients, which are incorpo		
	pharmacist"	or profit testioned by a			the High Alert Medications		
	priditiidada				These charts have been ar	nended to	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUP COMPLE	
AND PLAN C	OF CORRECTION	IDENTIFICATION NOMBER.	Α. Ι	BUILDI	NG		
			В. 1	WING_			,
		440039	1			11/08	/2018
NAME OF PF	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
7,010-2112			NASHVILLE, TN 37232				
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
A 286	the ADC that was used in the Neuro Unit. The the ADC and demonstr withdrawn. The NCU P show how the paralytic stored and how to reminded in the ADC was pharmacist's fingerprin "RO" and Rocuronium screen. He/She chose opened. There were 3 bin. The bin was labeled that documented, "WALCauses Respiratory Anasked if Rocuronium of He/She confirmed Rocuronium of Rocuron	uro Critical Care Unit nning at 1:38 PM revealed I to withdraw medications NCU Pharmacist was at ated how medication is tharmacist was asked to drug Rocuronium is ove it through the override accessed by the t. The Pharmacist entered was displayed on the that drug and the drawer vials of Rocuronium in the d with an orange sticker RNING: Paralyzing Agent rest." The Pharmacist was ould be overridden. uronium could be the emergent need of the	A	144	list the four (4) specific Par Agents available at the Ho to reflect the updated nom of "Paralyzing Agent [mediname]". • On November 27, 2018, the will implement warning in A and eStar, stating: "WARN PARALYZING AGENT - C Respiratory Arrest — Patien Ventilated." The Hospital hamended the High Alert M Charts for both Adult Patien Pediatric Patients, effective November 27, 2018, to specify the pop-up warning as a Specific Strategy for PARALYZING AGENTS.	spital, and enclature ication The Hospital AcuDose IING: The Hospital IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	11/27/18
	3:15 PM, in conference was asked about his/he events associated with (b)(6) stated, "We facting as to be called Roregarding the medication multidisciplinary group] analysis. We learned the were called to Radiolog having some anxiety. [In Neuro stepdown unit be [RN #1] pulled the medication to the system and pice.	Patient #1, and the cititate Event Analysis here cot Cause Analysis, on error, we [a did the root cause en rurse and the Orientee by for a patient that was Patient #1] was in the at waiting for a floor bed. If from ICU. He/She went ked the patient and typed I a search. He/She chose			On November 27, 2018, the will implement new proceed shrink wrap packaging to be to all vials of Paralyzing Agaispensed in AcuDose through the Hospital, and effective November 27, 2018 amend the Hospital's High Alert Marks for both Adult Patie Pediatric Patients will be a to specify a Specific Safety that all Paralyzing Agents of in AcuDose cabinets through Hospital will have shrink was packaging. The Hospital Experience of the shrink was packaging.	dures for pe added gents pughout diments to dedications ents and pproved y Strategy dispensed ghout the rap	11/27/18

Event ID: NVYT11

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2	MULT	IPLE CONSTRUCTION	(X3) DATE SUF			
AND PLAN C	OF CORRECTION	IDENTIFICATION NOWIBER.	Α. Ι	BUILDII	NG				
	Vari	44000	В. 1	NING_					
		440039	<u> </u>			11/08/	2018		
NAME OF PR	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE				
VANDERE	BILT UNIVERSITY ME	DICAL CENTER		1211 MEDICAL CENTER DRIVE					
			NASHVILLE, TN 37232		SHVILLE, TN 37232				
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	IC PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	.D BE	(X5) COMPLETI ON DATE		
A 286	Continued From page up. The window poppedrug was not in the par rode that, which can be emergencies. This drube reconstituted. Versus reconstituted. Reconsimhere was it done. He patient and left the patiradiology team called the Versed." The (b)(6) was asked patient was left unatted stated, "They found he I don't know how long med was given and the looked at the medication and took Vecuronium of [Named Quality Pharm meeting." The (b)(6) education was done for (b)(6) stated, "Safe that making sure if a patient the appropriate staff with a sedation review to the Interview with the (b)(6) in conference room 16 there was any discussive event occurred in Decerviewed the minutes of Med Executive Meeting. [Medical Centerview of the minutes of review of the minutes of revealed a new policy of the minutes of revealed and the patient of the minutes of t	ed and alert up notifying that tient's profile and she over e done due to possible g was a powder and had to ed did not [have to be titution was a question of /She gives the drug to the ient unattended. The her down to help and give d how long was [the ended, and the (b)(6) er in arrest, called the code. It was between when the ecode was called We ons that are on override out of override status. Lacist] was part of this was asked if any or the nursing staff. The ransport education – it needs meds, they have ith them and Neuro added eir annual competencies'. (b)(6) on 10/31/18 at 3:30 PM, 7, the (b)(6) was asked if on at any meeting after the ember, 2017. As the (b)(6) or each monthly meeting g from January through stated, "We do the providers and we if or the Med Executive ter Medical Board]. The	_	144	Pharmacy Leadership will compliance with the requir wrap packaging of Paralyti by conducting random aud AcuDose cabinets through hospital and validating paccompliance for a minimum months of consecutive 100 compliance. • As of November 27, 2018, Hospital will finalize and in new procedures to require additional Specific Safety for all Paralyzing Agents to an Independent Double Ch conducted by two licensed registered nurses prior to tadministration of a Paralyz where electronic clinical sy prompt dual sign off for bo and upon the following for Initiation of infusio Change of contain Handover The Hospital has amended Alert Medications Charts for Adult Patients and Pediatr Patients, which revisions a scheduled to be approved November 27, 2018, to specific Safety Strategy the Paralyzing Agents require Independent Double Checkers.	monitor ed shrink ic Agents lits of all cout the ckaging of three 0% the applement the Strategy o include neck l the cting Agent, ystems lus doses infusions: n her d the High or both ic are on ecify the eat all such	11/27/18 11/27/18		

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUR	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. I	BUILDI	NG		
	_	B. \	NING.	_	C	;
	440039				11/08/	2018
NAME OF PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDERBILT UNIVERSITY MEI	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
		NASHVILLE, TN 37232				
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	IC PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	.D BE	(X5) COMPLETI ON DATE
Continued From page 3 removing meds from the Dispensing Cabinet) was minutes meeting agency October [2018]." The (b) was any discussion due Committee meeting minutes for obtaining management of the (b)(6) reviewed the from January through APSR stated, "There we Administration policy upand was discussed, apunanimously in the Junithere was no evidence medication error was defective meetings or meetings. Interview with (b)(6) on 1 conference room 167, if he/she knew where the that was used when the occurred in December, "It's my understanding the quarantined in time. We she got, that's my under the APShe was asked if reaccessible, and (b)(management of the most. In an iccomparalytics, it would have AnesthesiaWe no lone RSI [Rapid Sequence In global review and we note that the paralytics of the most. In an iccomparalytics, it would have AnesthesiaWe no lone RSI [Rapid Sequence In global review and we note that the paralytics of the most. In an iccomparalytics, it would have AnesthesiaWe no lone RSI [Rapid Sequence In global review and we note that the paralytics of the most. In an iccomparalytics, it would have an appearance the global review and we note that the paralytics of the most. In an iccomparalytics, it would have an appearance that the paralytics of the most. In an iccomparalytics, it would have an appearance that the paralytics of the most. In an iccomparalytics, it would have an appearance the paralytics of the most. In an iccomparalytics, it would have an appearance the paralytics of the most. In an iccomparalytics, it would have an appearance the paralytics of the most of the most. In an iccomparalytics, it would have an appearance the paralytics of the most of	de Acudose [Automated as not listed on the da for January through (b)(6) was asked if there in any of the Executive nutes regarding the nedications from the ADC. The monthly meeting minutes are a Medication plated at the May meeting proved and passed the meeting." The or documentation this iscussed in the Med the Executive Committee (b)(6) 1/1/18 at 4:00 PM, in (b)(6) was asked the vial of Vecuronium was a medication error 2017, and he/she stated, the vial was not a cannot tell how much the erstanding." The eversing agents are readily (6) stated, ornuscular reversal drug] ary, it's available in the sign where paralytics are to come through the erson of the	A	144	Training: By November 26 every nurse and paramedi work in an area of the Hos where Paralyzing Agents a available in AcuDose dispe- cabinets, are required to c an online training module of the process changes, Index Double Check, vial package naming convention change nurse or paramedic staff or required to complete such and who has not complete computer-based training p November 27, 2018 for an including being on vacation scheduled to work at the H during the time period, will permitted to begin their ne the Hospital without first of the required training. The H monitoring the completion required training programs of November 21, 2018, 1,3 individuals, which is 53% p the Hospital's staff member required to receive the edu had completed the training requirement. Monitoring: The Hospital w implement several measur monitor compliance with th medication administration requirements. Beginning o	c who spital are ensing complete coutlining ependent ging and es. Any nember training, de the rior to y reason, n or not dospital not be xt shift at completing Hospital is of the s, and as 334 percent of ers ucation, desired the state of t	11/26/18

Event ID: NVYT11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUF	
AND PLAN C	OF CORRECTION	BENTIFICATION NOMBER.	Α. Ι	BUILDI	NG	C	
		440039	В. \	WING_	_	11/08/	
NAME OF D	OVER OR CURRULE		-	STDE	EET ADDRESS, CITY, STATE, ZIP CODE	7 0	
NAME OF PI	ROVIDER OR SUPPLIER						
VANDER	BILT UNIVERSITY ME	DICAL CENTER		1211 MEDICAL CENTER DRIVE			
				NASHVILLE, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	D BE	(X5) COMPLETI ON DATE
	Continued From page 3	31		4.4.4	November 27, 2018, the H	lospital's	
A 286	stated, "Yes, the decision	on was made to continue,	Α	144	Enterprise Medication Safe	ety Officer,	
	it has that level of acce				in collaboration with the Cl	nief	
	-	le/She further stated, "We			Nursing Officers, Executive	е	
	roiled out EPIC, our ne				Pharmacy Leadership, and	d Chief of	
		r in November [2017]. We he bar code scanners to			Staff, will compile monthly	reports of	
	the ED (Emergency De				overrides from AcuDose c	abinets for	
	Anesthesia Care Unif],				paralyzing agents, which v	vill be	
	4.	s already on the list [roll			reviewed at the medication		
	out]."				committee, as well as on t		
					level, and assessed for		
	Interview with the	(b)(6) on			appropriateness. Such mo		
		(b)(6) stated, "We use			reporting will be ongoing,	-	
		on Algorithm as part of our of the EA: He/She had a			continue for three months		
	lengthy intolerance to le				November 27, 2018. There	_	
		sked the help-all nurse to			Enterprise Medication Safe		
	administer the medicati	-			-	-	
	administered without be				will continue to periodically		
	patient's EMR [Electron	ic Medical Record]. The			and provide override perfo	rmance	
	time frame between add	-			reports as part of ongoing		
		gy and the time the RRT			medication safety committee work.		
	[Rapid Response Team						44/07/40
	question. [Named RN # [Named Primary Nurse]	1] made her way back to			In addition, beginning on N		11/27/18
		h the vial in it. The RRT			27, 2018 and continuing of	n a	
	phone went off annound				monthly basis until 100%		
	1251. [Named RN #1 a			į.	compliance is achieved, H	ospital's	
		e patient she had given the			Chief Nursing Officers will	review	
	med to. [Named RN #1]				monthly reports of Indeper	ndent	
	•	to NCU. After he/she got			Double Check, in order to	verify	
	back, [Named RN #2] a				compliance with the Indep	endent	
= 1	[holding the bag] was w				Double Check procedure f	or	
	•	ed it was. [Named RN #1]			Paralyzing Agents. Such n		
	med in it] to the charge	o give it [the bag and the			reporting will be provided t	-	
	-	ho the charge nurse was			medication safety committee		
		the medication. [Named			modication carety committee		
		n [team of doctors, NP] in					
	•						

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

-		r					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
		A. BUILDING		NG			
		440039	В. 1	WING_			
			_			11/08	2018
NAME OF P	ROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS			
(X4) ID PREFIX		MENT OF DEFICIENCIES UST BE PRECEDED BY FULL	PRE		PROVIDER'S PLAN OF CORRECTION SHOUL		(X5) COMPLETI
TAG		IDENTIFYING INFORMATION)	TA		CROSS-REFERENCED TO THE APPROPRIATE		ON DATE
	Continued From page	32			the Hospital's Nursing Qua	ality	
A 286			Α	144	Committee.	ality	
		at had occurred. He/She e nurse, the CSL [Clinical			Committee.		
		to the educator's office.			The Hospital also imposes the follo	wing	
		ed Neuro Nurse Manager]			general requirements for nurse train		
	and Risk Management	The timeline was:				-	
	12/26/17 - 2 PM: PET:				education regarding its policies and	u	
		ng. of Versed was ordered.			procedures:		
	12/26/17 - 2:59 PM: Ve	red in the Acudose and the			In regard to nurse training	on	
	machine defaults to ge				medication administration,		
		o. Versed [brand name] did			record documentation, and		
		n. A warning in red box was			monitoring of patients rece		
	visible for an override s	stating that is should be for				_	
	STAT orders.				medication, all newly hired		
	12/26/17 - RN #1 gave				are required to complete o		
	unknown what time she	e got to Radiology. illed at 15:29 [3:29 PM].			based training related to the		
	STATS go overhead.	10.25 [0.25 M].			preparation of drugs and s		
		sk etc] what can we do to			medication practices. All n		
	fix itAction plan: The	•			residents, who are new gra		
		ology - this is pending. A			registered nurses hired wit		
	Multi-disciplinary team				than six months of nursing		
		Vecuronium] was removed oc [Rocuronium] was left			experience, are required to		
	on [the override list] for				such education regarding		
		us the benefits and left if			medication practices, as w		
	on. We met on January	19. The meeting on			attend a workshop on med		
	February 2, it was appr	-			safety. These trainings have		
	February 23 was the Pl			1	updated to include education		
	Committee. The meetin	ng on March 3 it was d education of local [NCU]			the revisions to the Medica		
	and global nursing tean				Policy, the new nomenclate		
	sedative administration				Paralyzing Agents, the upo		
		0			requirements for monitoring		
		11/2/18 at 9:22 AM, she			receiving High Alert Medica	ations.	
	stated, "we wanted to						
	Safety Alert from the Sa				 Further, all nurses and nurse 	se	
	•	[Named VUH CNO] was			residents receive ongoing	education	
	a recipient of this alert a	and one sends out the			on an annual basis regardi		
						1	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

CTATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2)	MULTI	PLE CONSTRUCTION	(X3) DATE SUR	
	F CORRECTION	IDENTIFICATION NUMBER:	R: A BUILDING		COMPLET	FD	
						С	
		440039	J			11/08/2	2018
NAME OF PE	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
		DICAL CENTER		1211	MEDICAL CENTER DRIVE		
VANDERE	BILT UNIVERSITY ME	DIOAL CENTER		NAS	HVILLE, TN 37232	х.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATION	D BE	(X5) COMPLETI ON DATE
	Continued From page 3	33			variety of topics determine	d by	
A 286	information to her repor		Α	144	Hospital nurse leaders, ed		
				- 1	and staff. Nursing staff mu		
	Review of the time star	np on the "Patient Safety			competency in the identific		
	Notification Serious Sar revealed the notification				between January and Jun		
	Wednesday, 1/3/18 (8	days after the event			calendar year through a ve		
	occurred). The notificat	ion documented, Patient			methods, including an onli learning module, skill valid		
	#1's Initials], was a admitted for ICH [Intrac	(b)(6)			mannequin, observation o		
	Versed 1 mg IV ordered	d to assist with patient			practice, etc. The Hospital		
	comfort during PET sca	an. Vecuronium 1 mg IV			include medication admin		
	inadvertently retrieved	and administered by RN.			patient monitoring, docum		
	Due to neurological sec	quelae, pt. placed on and died later that day. A			and other issues discusse		
	serious safety event an	and their later that day. A			Plan of Correction in such	annual	
	progress of being conv	ened. Please contact the			competencies, as approp	iate and	
	QSRP Safety Team, at	[telephone number], if you			based on the issues revea		
	need additional informa	ation."			results of the audits descr	ibed	
	4. Interview with the	(b)(6)			herein.		
		on 11/2/18 at 12:35 PM, in					
	conference room 167,	the DCRM produced the				eiee end	
	baggie with the medica	tion in it. She stated, "My			The Hospital has reviewed its poli		
		the actual baggie" The dshe spoke to RN #1 and			procedures related the role of the Nurse", which is a type of resourc		
	was he/she able to exp	plain the contents. The			and made the following changes:	c riurse,	
	DCRM stated, "He/She	e took this with him/her			and made the following changes.		
		. The nurse stated this was			The Hospital has updated	Scope of	11/20/18
	the syringe with the dru	ug in it that that was tient in PET. (holding up			Care documents in each		11/20/10
	the syringe with the 1.5				that relies on a "Help All N		
	it]He/She was distrat	ight and it was a small			similar position), in order		
		mationWe are not sure			the applicable role and du		
	what is in each syringe	y this package was the g up the baggie]the level			the Hospital, "Resource N		-
	of granularity in our inv	estigation, 2 things were			generally used to describ		
	happening, the patient	's cfinical needs, during the			role that usually does not		
		wrong drug. The family			patient assignment during		
	was told immediately o	of a possible med error. On			but takes direction from the	ne Clinical	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	TIPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
			A. E	BUILDI	NG		?
		440039	B. \	WING_		11/08	
	ROVIDER OR SUPPLIER BILT UNIVERSITY ME	EDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY N	EMENT OF DEFICIENCIES JUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETI ON DATE
A 286	Continued From page 34 our end, we put the med in a secure place. We also try to give the employee assistance. By the time they pronounced [Patient #1], they thought it was the VEC [Vecuronium] and we will get back with you [the family]. There was a med error that		Α	144	Staff Leader or Resource S Leader to assist other nurs workloads demand, includ response teams, STAT ca transports. Resource Nurs	ses as ing rapid lls, and	
	likely impacted her breat front early on. Then Ris look at the Pyxis [ADC] something is wrong with there were so many thin rights, basic nursing can the family and they had attorney - and the rest in confidentialassessme given], 5 rights give men DCRM was asked about documentation in the ch "Everyone was focused code team was called, the resuscitation. The invest dead. He/She was work he/she stable. There was [RN #1] to chart about the	athing. We are very up sk and Quality began to , looking to see if h the machine. In the end, ngs the nurse did - the 5 re. I had reached out to already obtained an s nt before [medication d and assess after" The it the lack of hart. He/She stated, on resuscitation. The they treated only the tigation was after she was sed on and at no time was as no opportunity for her he med."			various departments include Nurse; Procedural Nurse; Discharge, Transfer Nurse Patient Flow Nurse. The Scare were revised in intensurits and non-intensive categine the applicable Resonurse role (including the "Nurse" as applicable) by Nurse" as applicable) by Nurse" as applicable) by Nurse ach Hospital department utilizes such a Resource Nuill review the departments Care document on an annoto ensure duties of the posterior in the posterior complete and accument on the surre duties and accument on an accument on accum	de Float Admit s; and copes of sive care re units to ource Help All lovember ship of that lurse role s Scope of ual basis sition	
	at 12:35 PM revealed of baggie with an orange be handwriting on the bagg that documented, "Verse 1251." Inside the baggie drops of clear liquid rem	piohazard label. There was pie in a pink color marker ed 1mg 2mg PET e was a vial with a few laining in the vial. The vial in Bromide 10mg. 1mg/mL. OmL. Reconstitute with e vial had a red top that G: PARALYZING lee (1) 10 mL syringe with a capped needle ad 8 mL of a clear liquid	A	145	The Hospital has reviewed its policiprocedures related to monitoring of during and after medication admini and made the following changes: • The Hospital has revised it previously titled Transport Critically III Patient, which rare scheduled to be approving November 27, 2018, to broapplication of the policy be critically iII patients. As succeeding the province of the policy is titled.	f patients stration s policy of the revisions ved on paden yond th, the	11/27/18

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2)	MULTI	PLE CONSTRUCTION	(X3) DATE SUR COMPLET	
AND PLAN C	F CORRECTION	DENTI TOTALISMAN SELECTION	A. I	BUILDIN	NG	С	
		440039	В. \	WING_		11/08/	2018
NAME OF B	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
					MEDICAL CENTER DRIVE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER					
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(FACH DEFICIENCY M	MENT OF DEFICIENCIES JUST BE PRECEDED BY FULL JUENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	.D BE E DEFICIENCY	(X5) COMPLETI ON DATE
	Continued From page	35			"Transport of Patients" (he		
A 286	labeled "Normal Saline	e" with 1.5 ml of a clear	Α	145	"Transport Policy"). This p		
	liquid remaining in it and capped with a white cap				provides that every patien	t shall be	
		was also a 2" alcohol prep			transported with equipmer		
	pad in the baggie.				supplies, and staff approp		
	There was no way to i	tell what was Vecuronium			monitor and support the p		
	and what was normal	saline and no way to			physiological needs. The		
	determine how much	of the drug Patient #1			details that the level of car		
	actually received.				maintained during transport and		
					after arrival at the receiving		322
5. Interview with the (b)(6) of 11/6/18 at 12:57 PM, in conference room 167,		(b)(6) Off			department/unit, and desc	ribes	
	he/she was asked wh				specific monitoring and		
	incidents, and the(b)(6	stated, "The occurrence			documentation requireme		
	happens, then its logg	ged into the system [Veritas			amended policy states that		
	II- reporting software],	, a review is made with Risk			patient requires continuou		
	and Quality, if there is	a chance it is serious, it leadership for review, then			monitoring, a clinical staff		
	if it is a serious safety	event is released and sent	Ē		required to be available to		
	down to all staff. In the	e background we are doing			handover of the patient pu		
	the investigative portion	on - the event analysis [EA].			the Hospital's CL SOP - C		
	We took and take imm	nediate action on all events.			Handover Communication		
	He was asked why Ro	ocuronium is still available in			procedure. Any such han		
	the Acudose for overr	ide, and theb)(6)stated, "An each drug looking at the			be documented in the me		
	risks versus the bene	fits and Rocuronium was left			record. In the event a clir		
	on the override list."				member is not available to		
		nat process has been put in			the patient, the transporting	ng clinical	
	place to ensure this w	ron't happen with			staff member must remain		
	Rocuronium, and the pharmacist in here to	b)(6)stated, "Let's get the			patient. Further, the Trans		
	considered a QAPI"	diswei BideCA is			states that patients receive		
	OSTIONOSION OF OR IN I				medications that could lea		
	Interview with the	(b)(6)			respiratory depression an		
	(b)(6) #2, and the	neb)(6) on 11/6/18 at 3:06			respiratory distress are m		
	PM, in conference roo	om 167, he/she was asked			during and after transport		
	what process has bee	en put in place to ensure this curonium. The (b)(6)			duration and frequency of the		
	(b)(c) stated "We	felt we had appropriate			monitoring to be based or		
	(D)(6) Stated, We	tot to ties appropriate			patient's condition, type of	T	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SUR' COMPLET	
			A. I	BUILDIN	NG	С (
		440039	B. \	NING_		11/08/2	2018
	ROVIDER OR SUPPLIER	DICAL CENTER		1211	EET ADDRESS, CITY, STATE, ZIP CODE 1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	/E ACTION SHOULD BE	
A 286	Continued From page a safety measures in placomprehensive review removed some of the oplaces. Rocuronium habody." Theb(6)stated, "A full atthere were more safety safety restrictions due access. The risk of delead to negative patienty potentials outweigh the mechanisms." The (b)(6) a generic name which Acudose machine whe visible on the screen, where the nurse physically puselection." Theb)(6)stated, "The nurse went through was asked why was there are education. Theb)(6)stated, "We see probably should have wanted to make sure wanalysis before we train out immediately to all a strength of the same time. Theb)(6)stated, "I have is not a [Named Hospime, we are going to loo Theb)(6)was asked about the saked a	ce. We did a of the override list and drugs in a few specific as a quicker onset in the analysis was done and of concerns of putting more to the need of immediate any of accessing Roc could at outcomes. Those eneed for additional safety stated, "Rocuronium is would default on the en putting it in, making it whereas Versed is a name E would not display unless ushed the brand name number of safety points this as numerous." The of was a delay in nursing see the issue and we educated sooner. We we did a root cause ined on it. We got the alerts staff." The looked at the "Help-all that areas would he/she be enting a new nurse at the enever heart that term, that taff wide term. But believe ok at it." The looked it."	A	145	medication, and route. Documentation will be in a with VUMC's Medication Administration Policy. The Transport Policy further st such monitoring may include not limited to, direct observital signs, and neuro che revised Transport Policy for requires appropriate document to be completed in the paramedical record upon leaving returning to the unit, include times the patient leaves a to the unit. The Hospital has revised Alert Medication Policy, we revisions are scheduled to approved on November 2 detail required monitoring receiving administration of medications. Specifically, amended High Alert Medications. Specifically, amended High Alert Medication and/or adversing reactions, and the duration of frequency of monitoring is the patient's condition, the medication, and route of administration. Such monitorlude, but is not limited	e ates that ide, but is vation, cks. The urther mentation tient's ing and ding the ide to be 7, 2018, to of patients if high alert the ideation ent's ide to be to be on and is based on e type of aitoring may	11/27/18

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLD PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDIBAN	SI CONNECTION	DEATH TOATTON HOUSEN.	A. I	A. BUILDING		С	
		440020	В. 1	WING_			
		440039				11/08	/2018
NAME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VANDEIX	DILI ONIVERSITI ME	DIOAL OLIVILIA		NAS			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	TON SHOULD BE	
	Continued From page 37				observation, monitoring of vital signs		
A 286			Α	145	and neurological status.	then engine	
	and review all events. Those committees roll up to each hospital QAPI committee that is chaired						
					 The Hospital's Medication 		11/27/10
	by the CEO of that hosp				Administration Policy has been		11/27/18
	flowsheet] Each of those committees meet and those meeting minutes are funneled up to the				revised, which revisions ar		
	system's Quality Steem				scheduled to be approved		
	chaired by the Hospital				November 27, 2018, to de		
		r stated, "Drug errors are			required monitoring of pati		
	forwarded to QSRP [Qu				receiving medications. Spe	200	
		that happened in October			the amended Medication	,	
	witt be reported to ADE				Administration Policy state	s that the	
	Committee. They meet				patient's clinical status is n		
	the October errors this I				to evaluate patient respons		
	second Friday of every	monu			medication and/or adverse		1
	6. Review of the educa	tion records revealed the			reactions, and the duration		1
	education began in Mar	590, 2007 54 Q G (C + 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			frequency of monitoring is		
	months after the event.						
	AUTOPSIES				the patient's condition, the	type or	
A 364	CFR(s): 482.22(d)				medication, and route of	toring may	
					administration. Such monit		
	The medical staff should				include, but is not limited to		
	autopsies in all cases of medical-legal and educa				observation, monitoring of		
	mechanism for documer				and neuro checks. The Me		
		st be defined. There must			Administration Policy has b		
	be a system for notifying				further amended to require		
	specifically the attending	practitioner, when an			documentation in the medi	COMMENT CONTRACTOR SHOWS AND ADDRESS.	
	autopsy is being perforn	ned.			regarding medication admi	nistration.	
	This STANDARD is not	met as evidenced hu:			The Hospital reviewed its p	nolicies	
	Based on document rev						
	policies and procedures				and procedures related to		
	and interview the hospita	The state of the s			sedation, specifically the S		
	physicians followed policies, and rules and				Operating Procedure for M		
		unusual and unexpected			Sedation, to ensure sufficient		
	deaths to the County Me	edical Examiner for 1 of 1			safeguards are in place. The		
					Hospital determined that it	has in	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	RVEY TED
			A. I	BUILDII	NG		
		440039	B. \	WING_		11/08	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDED	DILT LIMINEDSITY ME	DICAL CENTED		121	1 MEDICAL CENTER DRIVE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		NAS			
			NASHVILLE, TN 37232				(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	CTION SHOULD BE	
	Continued From page	38			place comprehensive guid	ance	
A 364	(Patient #1) patient dea	aths reviewed.	Α	145	regarding the administration	on of	
					moderate sedation, specifi	-	
	The findings included:				including procedures for e	_	
	Review of the hospi	tal's Deaths Requiring			patients receiving sedation		
	Reporting to the Medic				continuously observed and		
	documented, "The Da				physiologically monitored t	-	
	[Medical Examiner] is n				the sedation period by a ne	15	
	occurring at [Named He				advanced practice nurse, p	•	
		ME prior to discussions			or other qualified and train		
	a reportable death, as	regarding an autopsy for			approved by the Hospital's	Sedation	
		under Tennessee law and			Committee. The SOP for N	/loderate	
	-	include ALL those due to,			Sedation details the post a	nesthesia	
	apparently due to, relat	ed to, or admitted for the			recovery scoring system a	nd score	
	following (regardless of				that is required to disconting	nue	
1	event and time of death				monitoring. The SOP for M	loderate	
	result of amedication	eathDeath during or as a			Sedation also includes cor	iditions for	
	responsibility of the phy	The Contraction of the Contraction			transporting patients who h	nave	
		ify the Davidson County			undergone moderate seda		
	ME when a death falls				including required monitori	ALC: THE	
	categories described at			- 1	Hospital has determined th	-	
		to report a death, the ME		- 1	updates to the SOP for Mo		
		whether or not the death is			Sedation are required.	uo. uto	
		kes the final determination			ocadion are required.		
	of case acceptance for	examination			Training: By December 3, 2	2018 the	
	Review of the hospital's	Medical Staff Rules and			Hospital is requiring all ma	6.0	12/3/18
	Regulations documente	The state of the s			clinical staff leaders (CSLs		
	Hospital System] compl				•	, a (a)	
	state and local law rega				licensed practical nurses (I	_ (CN1),	
		g of deaths to the medical			respiratory therapists and	ations and	
		stances required by state			paramedics working in inpa		
1	law to facilitate the perfo	-			procedural areas of the Ho		
accordance with hospital policyMedic Examiner CasesThe physicianin ch		The state of the s			complete education throug		
	patient's care for theci				line education system, which		
		report any death due to,			addresses the updates to t		8
	Superior Sup				Transport Policy, High Aler	t	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	•	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A	. BUILDI	NG	(
		440039	В	, WING_			/2018	
NAME OF P	ROVIDER OR SUPPLIER		-	STRE	EET ADDRESS, CITY, STATE, ZIP CODE			
VANDED		DIGAL CENTED		121	1 MEDICAL CENTER DRIVE			
VANDER	BILT UNIVERSITY ME	DICAL CENTER		NASHVILLE, TN 37232				
				INAC	STATELL, THE STEEL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETI ON DATE	
	Continued From page 3	39			Medication Policy, and Me	dication		
A 364	apparently due torega	ardless of the interval		A 145	Administration Policy inclu	ding the		
	The second secon	e of death to theMedical			requirements for monitoring patients			
	Examiner's Office"				during transport and during	g and after		
	Davious of the beenitely	House Staff Agreement			medication administration,			
	signed by Physician #3	The second secon			appropriate handover, and	related		
	accepting this appointm			1	medical record documenta	ition. No		
		able Medical Staff Bylaws,		1	clinical staff member listed	above		
	Rules and Regulations.				will be able to begin shift a	fter		
	understanding and acce role inaccurate report				December 3 rd without confirmation of			
	and clinical experience				training and subsequent co	ompetency		
	ara omnou osperante	The state of the s			testing. The Hospital's Ch	ief		
	Review of the documen	t titled 2017 Tennessee			Nursing Officers monitor th	nis		
	Department of Health O	at the second se			education requirement and	provide		
	Medical Examiner Coun				regular updates to director	s of these		
	Handbook documented, requires that any death				departments to ensure cor	npliance.		
	unusual or occurs unde							
	circumstances is to be r	reported to the county			 Monitoring: Beginning on I 		12/3/18	
	medical examiner. The				3, 2018 and continuing for			
	such deaths are listed a				following three months, the			
	undertaker, law enforce	ment officer, or other ge of the death." T.C.A. §		- 1	Hospital's Chief Nursing O			
	38-7-108. Specifically, the				oversee weekly chart revie			
	examiner of the county i				patients from each unit, rai	-		
	occurred is to be notified	in all cases ofDeaths			selected, to assess for con	•		
		al/unnatural mannerThe			with improvement in medic			
	first decision point for th				safety, transport and monit	-		
	the control of the co	port of death occurring in determine the probable			patients. Such patient reco			
	manner of death. In case				reviewed for documentatio			
		a disease process which			appropriate monitoring, ha			
	could reasonably account	The state of the s			communication, and docur			
		contributing in any way to			consistent with the Transpe			
	the death, the physician				Medication Administration			
		plete and sign the death			High Alert Medication Police			
	certificateThe manner death certificate] represe				event such an audit reveals			
	death certificatel tehtest	and the county metrical			compliance, inconsistencie	s or		

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SUI COMPLE		
			A.	BUILDI	NG			
		440039	В.	WING_				
		440033	1	1		11/08	/2018	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE			
VANDED	BILT UNIVERSITY ME	DICAL CENTER		1211 MEDICAL CENTER DRIVE				
VANDER	DILI UNIVERSITT ME	DICAL CERTER		NASHVILLE, TN 37232				
			10/01/0122, 11/01/202		THE COLUMN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETI ON DATE	
	Continued From page	40			questions, the Chief Nursin	ng Officers		
A 364	examiner 's opinion as	to which category the	Α	145	will follow-up with the unit	level		
	death best fits into and				nurse managers for addition			
	circumstances surrounding the deathThe five options for completion of the manner of death in Tennessee are Natural, Accident, Suicide, Homicide, and Could Not Be DeterminedAll				required to achieve compli		1	
					such as targeted education			
					training. The Chief Nursing			
		CACAC ACCOUNT ACCOUNTAGE AND ACCOUNT AND ACCOUNT AND ACCOUNT AND ACCOUNT ACCOU						
	only one manner of dea	will review monthly updates of						
		s are those due exclusively			Nursing Quality Committee			
		or the aging process. A			reasing Quality Committee	••		
	death in which a discre	te, unnaturat act			The Hospital has reviewed its polic	ies and		
	contributes in any way	The state of the s			procedures related to access and	ics and		
	regardless of the interv				•	n and	1)	
	event and demise, can				administration of Paralyzing Agents	sanu		
	natural deathAccident unnatural death resulting				made the following changes:			
	chance happeningThe				A multi dipointinon work aroun			
		s ICD-10 codes to death			A multi-disciplinary work group			
- 1	certificates for vital stati	and the same of th			comprised of Hospital lead		**	
	important to list each dr	ug felt to be contributory		4	including Physicians, Phar	•		
	to death on the death of				Risk, Nursing, Quality, and			
		(heroin, alprazolam, and			Informatics was convened			
	The state of the s	data collection. Use of the			on January 19, 2018 to ass			
	terms "toxicity", "intoxication of the control of t	ation", "overdose", "inhaled" will be assigned			Paralyzing Agents included			
1	a statistical code indicate	-			override medication list. Th	nis		
	non-naturalStandard	-			workgroup determined to re	emove		
		dentalAcute drug/mixed			vecuronium from the AcuD	ose		
	drug (names of drug(s)				(Hospital's automated disp	ensing		
	Language for How Injury	y Occurred. These			cabinet) override status list	, which		
	•	he purposes of item 34 on			removal was approved by	4		
	death certificate in the n				Pharmacy, Therapeutics a			
	deathsinjected prescri				Diagnostic Committee on F			
	unusual or unnatural cir	Death under suspicious,			23, 2018 and implemented			
		aw enforcement officer, or			1, 2018. The work group de			
	other person having kno				that rocuronium would rem			
	any person from death							
	suspicious/unusual/unna	-			override list, based on the			
					group's determination that	ıne		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SUI			
74151541		IDENTIFICATION TO MIDEL	A.	BUILDI	NG				
		440039	В.	WING_		11/08			
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE					
VANDED	BILT UNIVERSITY ME	DICAL CENTED		1211 MEDICAL CENTER DRIVE					
VANDER	BILL UNIVERSITY NIE	DICAL CENTER		NAS	SHVILLE, TN 37232				
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIA	JLD BE	(X5) COMPLETI ON DATE		
	Continued From page 41				clinical risks to patients of	f not having	-		
A 364	A 364 deadshall immediately notify the county medical examiner or the district attorney general, the local		Α	145	access to rocuronium out	weighed			
					the potential safety benefits from				
		eriff, who in turn shall notify			removing the Paralyzing Agent from				
		aminer. The notification			override status. The Hosp				
	shall be directed to the county medical examiner in the county in which the death occurred" Review of the hospitals Disclosure of Unanticipated Outcomes policy documented, "				Medication Safety Officer				
					partnership with the VUM				
					Pharmacy, Therapeutics				
					Diagnostic Committee wil				
	[Named Hospital Syste	em] clinicians share							
	information with patien				the Paralyzing Agents, including rocuronium, on the override list annually.				
	representatives about t								
	including information re	Section 1			arifically.				
	outcomes, whether aris	mplication of treatment or			The Hespital has shange	d the	44/07/40		
	medical errorUnexpe				The Hospital has changed	ı iile	11/27/18		
	Unexpected change in				naming convention from	A 4-"			
4		hat had been intended or			"Neuromuscular Blocking				
	hoped for, as a result of	f amedical			as referenced in certain p				
		The failure of a planned			including the High Alert M				
	action to be completed				Policy, to "Paralyzing Age				
	Attending of Record ha				consistency throughout th				
	responsibility forInfor	ives about unanticipated		- 1	The Hospital has also sta				
	outcomes, including the				the nomenclature utilized	for			
		ions concerning sharing of			Paralyzing Agents across				
	unanticipated outcomes	s and/or medical errors are			Hospital in eStar (Hospita	l's			
		d' chartsGuidelines for			electronic medical record)	and			
	Sharing Information abo				AcuDose, such that both	electronic			
	Outcomes ("Disclosure	")Documentation of al record includes: Date.			systems present the name	e as			
	time, and place of discl				"PARALYZING AGENT" f	ollowed by	1		
	present, Nature of the				the medication name. Par	- 1			
	covered; Offers of assis	The state of the s			Agents will no longer be a				
	bereavement support; (pulled up on the AcuDose				
	the discussion; Plan for				screen by typing in the dru				
	communications"				Instead, "PARA" will be ty	- 1			
	D	0			first two letters of "Paralyz				
	Review of the hospital's	Occurrence Reporting:			- which will then pull up th				
- 1					- which will then pull up th	e list OI			

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUR COMPLE	
			A. E	BUILDII	NG		
		440039	В. \	WING_		11/08	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDED	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VANDER	DILI UNIVERSITI ME	DICAL CENTER		NAS			
				14740	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PREI TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
	Continued From page	42	-		Paralyzing Agents in the A	cuDose	
A 364	Patient and Visitor poli	cy documented, "When a	Α	145	cabinet. The four Paralyzir	ng Agents	
	serious or significant Event involving a patient or visitor occurs, immediately notify the Office of				are the only medications that result		
					on both electronic systems	in a	
	Risk and Insurance Ma	I			search for "PARA". Signs a		
	Administrative Coordin	CONTROL POSTURE AND TORN DOWN PRINTS			attached to the AcuDose of		
		is any of the following:			indicating that "PARA" mus		
	Sentinel Event; Serious EventUnanticipated of				to access Paralyzing Agen	and the same of th	
		her terms which fall under			new nomenclature of "Para		
	the meaning of Event u				Agent: [medication name]"		
	includeMedication Er	Tor, or adverse drug			effective in both eStar and AcuDose		
		rrors and Adverse Drug			as of November 27, 2018.		
	Events are the uninten				on November 27, 2018, thi		
1		prescribed medicationsor			procedure is documented to		
	Medication Error requir	treatment, or resulting in			amendment to the Hospita	-	
	temporary or permaner				Alert Medications Charts for		
- 1		feathSentinel Event is a					
	term established by Th	e Joint Commission for an			Adult Patients and Pediatri		
		e involving deathSerious			Patients, which are incorpo		1
		deathSerious Reportable			the High Alert Medications	-	
	Event is a term establis				These charts have been a		1
	largely preventable adv	at refers to 29 serious and			list the four (4) specific Par		1
	largely preventable acre	erse Events			Agents available at the Ho	I.	
	Review of NQF's docur	ment titled Serious			to reflect the updated nom-	1	
		ealthcare - 2011 Update			of "Paralyzing Agent [medi	cation	
	documented, "Patient	t death or serious injury			name]".		
		cation error (e.g., errors					
	involving the wrong dru				 On November 27, 2018, th 	e Hospital	11/27/18
	patient, wrong time, wro				will implement warning in A	AcuDose	
	preparation, or wrong re	oute of administration)"			and eStar, stating: "WARN	ING:	
	2. Medical record revie	w for Patient #1 revealed			PARALYZING AGENT - C	auses	
		Medical Examiner (ME) to			Respiratory Arrest - Patier	nt Must Be	
	report Patient #1's deat				Ventilated." The Hospital h		
	documentation in the re	cord of the medication			amended the High Alert Me		
	error being communicat	ted to the ME per facility			Charts for both Adult Patie		
- 1	policy. There was no do	ocumentation in the			Pediatric Patients, effective		
					r colatilo i atiento, ellective	, 511	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULTI	PLE CONSTRUCTION	COMPLET	
AND PLAN O	F CORRECTION	IDENTIFICATION NOWIBER.	A. E	BUILDIN	NG	С	
			B. \	VING.			
		440039		-		11/08/2	2018
NAME OF PR	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
MANDEDE	BILT UNIVERSITY ME	EDICAL CENTER		1211 MEDICAL CENTER DRIVE			
VANDERE	SILI UNIVERSITI WIL	DIOAL OLIVIER		NAS	HVILLE, TN 37232		
			_			011	(VE)
(X4) ID PREFIX TAG	FACH DEFICIENCY N	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)		FIX G	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	LD BE E DEFICIENCY	(X5) COMPLETI ON DATE
	Continued From page	2 43			November 27, 2018, to sp		
A 364	medical record of the	disclosure to the family	Α	145	pop-up warning as a Spec		
	documenting the Date	e, time, and place of			Strategy for PARALYZING	;	
	disclosure; Names of	those present, Nature of the			AGENTS.		
	discussion and areas					1	
	assistance, including	bereavement support;			 On November 27, 2018, to 	ne Hospital	11/27/18
		in the discussion; or Plan			will implement new proces		11,21,10
	for continued commu	nications.			shrink wrap packaging to		
	n I I a dan water the a	(b)(6)			to all vials of Paralyzing A		
	3. Interview with the	1/1/18 at 9:10 AM, in			dispensed in AcuDose thr		
		, the(b)(6) was setting up the					527
	commuter to review P	atient #1's medical record.			the Hospital, and effective November 27, 2018 amendments to		
	There was a discussi	on regarding the death			· ·		
	certificate and the ma	nner of death. The (b)(6)			the Hospital's High Alert N		
	stated that you cannot	ot make a medication			Charts for both Adult Pati		
	administration accusa	ation on the death certificate.			Pediatric Patients will be		
					to specify a Specific Safe	ty Strategy	
	Telephone interview v	with (b)(6) on 11/2/18			that all Paralyzing Agents	dispensed	
	at 9:56 AM, He/She v	vas asked if he/she met with			in AcuDose cabinets thro	ughout the	
		Patient #1's event. He/She			Hospital will have shrink v		1
	stated, "No, I did not.	(6) was asked because			packaging. The Hospital I		
	he/she received a pa	ralytic that directly			Pharmacy Leadership wil		
	contributed to his/her	death, would you have			compliance with the requi		
	marked "accidental" (on the death certificate.					
		"I have always thought of			wrap packaging of Paraly		
		never marked that, but this			by conducting random au		
	does make sense wit	th this case".			AcuDose cabinets throug		
					hospital and validating pa		
	Interview with the	(b)(6)			compliance for a minimur		
		1/2/18 at 10:05 AM, (just			months of consecutive 10	0%	
	after the above interv				compliance.		
	he/she stated, "He/Si	he (b)(6) was led to					
	that was accurate. W	onths later and I don't think			 As of November 27, 2018 	the	11/27/18
		a small dose, and he/she			Hospital will finalize and i		11/2//10
	was anxious about th	ne test, so we can't say it			new procedures to requir		
	contributed to his/her	demise. Things can be			additional Specific Safety		
	disclosed after the fa						
	GIDWOOD WITH THE				for all Paralyzing Agents	to include	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2)	MULTI	PLE CONSTRUCTION	(X3) DATE SUR COMPLET	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. E	BUILDIN	IG	С	
			B V	NING	_		
		440039	J	5	·	11/08/2	2018
NAME OF PE	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
VANDEDE	BILT UNIVERSITY ME	DICAL CENTER		1211	MEDICAL CENTER DRIVE		
VANDERE	SILI ONIVERSITI IIIE	DIOAL GLITTEIN		NAS	HVILLE, TN 37232		
(X4) ID PREFIX TAG	(FACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATION	LD BE E DEFICIENCY	(X5) COMPLETI ON DATE
A 364	received, nothing in the he/she was declining. documented Patient # was stable and was w Interview with	entation in Patient #1's uch Vecuronium he/she e medical record reflected The medical record 1 was improving, he/she aiting for a floor bed. 3) on 11/2/18 at 11:24 d about the event 1, and he/she stated, "I an] when I heard it [Rapid What was his/her clinical ent? [He/She] had been tepdown. [His/Her] type of suspected mass behind it." hat he/she thought caused	A	. 145	an Independent Double Ci conducted by two licensed registered nurses prior to administration of a Paralyz where electronic clinical sign off for boand upon the following for and upon the following for Change of contain Handover The Hospital has amende Alert Medications Charts of Adult Patients and Pediati Patients, which revisions scheduled to be approved November 27, 2018, to specific Safety Strategy to	the zing Agent, ystems olus doses infusions: on her dother High for both ric are	11/27/18
	was the medication er became hypoxicThe and he/she was intubatin ICU, procedures we (b)(6) was ask family and were they be error, and (b)(6) I don't remember if the	ed if he/she talked to the cold about the medication stated, "Just the husband, ey asked any questions."			Paralyzing Agents require Independent Double Check Training: By November 26 every nurse and paramed work in an area of the Howhere Paralyzing Agents available in AcuDose disp	e such ck. 6, 2018, lic who spital are pensing	11/26/18
	he/she called the office to report Patient #1's asked if he/she inform that Patient #1 was gis mistake that contribut (b)(6) stated the remember. (b)(6) he/she answered the	om 167, he/she confirmed e of the Medical Examiner death. (b)(6) was led the Medical Examiner wen a paralytic drug by led to his/her death. lat he/she could not further stated that questions the Medical her but he/she could not			cabinets, are required to an online training module the process changes, Ind Double Check, vial packa naming convention chang nurse or paramedic staff required to complete such and who has not complete computer-based training November 27, 2018 for a	outlining ependent aging and ges. Any member n training, ed the prior to	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUR COMPLET	
AND PLAN O	F CORRECTION	IDENTIFICATION NOMBER.	A. I	BUILDI	NG	c	
		440020	В. \	WING_			
		440039	<u> </u>	1		11/08/2	2018
NAME OF PR	OVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
VANDERE	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VANDER				NAS	SHVILLE, TN 37232	-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	II PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIAT	LD BE E DEFICIENCY	(X5) COMPLETI ON DATE
A 364	Continued From page (b)(6) was ask communication with the event. (b)(6) stomeone, distant relatively helps be did not talk to the state of the stat	ed if he/she had any ne family regarding the tated that he/she talked to tives. He/She stated that the immediate family. With the (b)(6) In the Medical Examiners (0.01 AM, the (b)(6) was asked (#1) and what was reported tient #1's death, and the (b)(6) eath was 12/27/17 and was Physician #1]. The death e had a bleed. We declined there was an MRI that (b)(6) eath was 12/27/17 and was Physician #1] and the (b)(6) eath was 12/27/17 and was Physician #1]. The death enere was an MRI that (b)(6) eath was 12/27/17 and was Physician #1] and the (b)(6) eath was 12/27/17 and was Physician #1] this/her case. The (b)(6) was a paralytic in error that the besomething the Medical wild be notified of, and the enformation shows he/she all bleed. We released there was an MRI that (Named Physician #1] stated the edication error, but that was been documented. Since entation and he/she said it didn't see any red flags"	A	. 145	including being on vacation scheduled to work at the induring the time period, will permitted to begin their neather Hospital without first of the required training. The monitoring the completion required training programs of November 21, 2018, 1, individuals, which is 53% the Hospital's staff member required to receive the edhad completed the training requirement. • Monitoring: The Hospital will implement several measurements. • Monitoring: The Hospital will implement several measurements. Beginning will be ongoing, continue for three months.	Hospital I not be ext shift at completing Hospital is of the s, and as 334 percent of ers lucation, g will lires to the updated on Hospital's fety Officer, Chief we nd Chief of y reports of cabinets for will be on safety the unit onthly and s following	11/27/18
A 385	The name of the drug ME.	was not disclosed to the			reporting will be ongoing,	and s following	

Event ID: NVYT11

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL D PLAN OF CORRECTION IDENTIFICATION NUMBER:			(2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			Α.	BUILDI	NG				
		440039	В.	WING_					
				T		11/08	/2018		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
VANDERI	BILT UNIVERSITY ME	DICAL CENTER		1211 MEDICAL CENTER DRIVE					
			NASHVILLE, TN 37232						
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETI ON DATE		
					Enterprise Medication Safe	ety Officer			
A 385	Continued From page 46		,	A 145	will continue to periodically	review			
					and provide override perfo				
	The hospital must have				reports as part of ongoing				
	service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.				medication safety committe	ee work.			
					j.				
	ouportioos by a region	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			In addition, beginning on N	lovember	11/27/18		
	This CONDITION is no	of met as evidenced by:			27, 2018 and continuing or	n a			
	Based on policy review, document review,				monthly basis until 100%				
		and interview, the hospital			compliance is achieved, H	ospital's			
		g services administered the onitored the patient for any			Chief Nursing Officers will	review			
		wing the administration of			monthly reports of Indeper	ident			
		ented a preventable death.			Double Check, in order to				
					compliance with the Indepe				
	The failure of the hospi				Double Check procedure for				
		ation errors and ensure all			Paralyzing Agents. Such m				
	patients' received the o	nd emotional health and			reporting will be provided t				
	safety placed all patient				medication safety committee				
		o the health and safety of			the Hospital's Nursing Qua	lity			
	all patients and placed	them in IMMEDIATE			Committee.				
	JEOPARDY and risk of	serious injuries and/or							
	death.				The Hospital also imposes the follo				
	The findings included:				general requirements for nurse trai	- 1			
	Tito mango aradod.				education regarding its policies and	1			
	1. The hospital nursing	services failed to ensure			procedures:				
	the correct medication is	was administered.			In second to access training				
					In regard to nurse training				
	Refer to A-0395	2.			medication administration,				
	2 The hospital nursing	services failed to ensure			record documentation, and				
		nistered correctly per the			monitoring of patients rece				
		iled to ensure the nurse			medication, all newly hired				
	adhered to standards of				are required to complete co				
	policies.				based training related to th				
	D () 1 5 12 2				preparation of drugs and sa				
	Refer to A-0405				medication practices. All nu	ırse			

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		IPLE CONSTRUCTION	COMPLE	
			A. 1	BUILDI	NG		
		440039	B. \	NING _			
		440039				11/08	/2018
NAME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VANDER	DIET ON VEROITT ME	DIOAL CLITTER		NAS	SHVILLE, TN 37232		
				-			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	LD BE	(X5) COMPLETI ON DATE
	Continued From page	47		a 200-2	residents, who are new gra	aduate	
A 385	3. The hospital failed to	o ensure nursing services	Α	145	registered nurses hired wit	th less	
	correctly administered	an IV drug and monitored			than six months of nursing	, ,	
	for side effects after ac	Iministration.			experience, are required to	complete	
					such education regarding	-	
	Refer to A-0409				medication practices, as w		
A 395	RN SUPERVISION OF	NURSING CARE			attend a workshop on med		
A 393	CFR(s): 482.23(b)(3)				safety. These trainings have		
1	A registered nurse mus	st supervise and evaluate			updated to include educati		
	the nursing care for ea	-			the revisions to the Medica		
	the nationing core for ou	an padone			Policy, the new nomenclat		
	This STANDARD is no	ot met as evidenced by:			Paralyzing Agents, the upo		
	Based on standards of	The state of the s			requirements for monitorin		
	review, review of hospi	ital policies and					
	procedures, medical re	cord review, and interview,			receiving High Alert Medic	ations.	
	the hospital failed to er						
		l) implemented policies			 Further, all nurses and nur 		
		ning to the supervising and			residents receive ongoing		
	evaluating the nursing each patient for 1 of 1	care that was provided for			on an annual basis regard	ing a	
	•	the wrong medication.			variety of topics determine	d by	
	ICVICWED WITO ICCCITED	BIC WORD THEOREMAN.			Hospital nurse leaders, ed	ucators	
	The failure of the hospi	tal to ensure all nurses			and staff. Nursing staff mu	st validate	
		s of practice, policies and			competency in the identifie	ed topics	
	procedures pertaining t				between January and June	e of each	
- 1	evaluation of all patient				calendar year through a va	ariety of	
	medication error for Pa				methods, including an onli	-	
	•	and IMMEDIATE THREAT		- 1	learning module, skill valid		
	of their health and safe				mannequin, observation of		
	IMMEDIATE JEOPARD	IT IOI FISK OF SETIOUS			practice, etc. The Hospital		
	injuries and/or death.				include medication adminis		
	The findings included:				patient monitoring, docume		
	o mango maaca.				and other issues discussed		
	1. Review of Lippincott	Manual of Nursing			Plan of Correction in such		
		ocumented, "Watch the				SICEUCINE INSCRE-COME	
	patient's reaction to the				competencies, as appropri		
	administration. Be alert	for major adverse effects,			based on the issues reveal	iea in	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2	2) MULT	IPLE CONSTRUCTION	(X3) DATE SUF	
			Α.	BUILDII	NG		
		440039	В.	WING_			
		440035		_		11/08/	/2018
NAME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDERI	BILT UNIVERSITY ME	DICAL CENTER		1211	1 MEDICAL CENTER DRIVE		
			NASHVILLE, TN 37232		SHVILLE, TN 37232		
(X4) ID	SUMMARY STATE	MENT OF DEFICIENCIES	1	D	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY M	UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE	EFIX AG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIAT	LD BE	COMPLETI ON DATE
	Continued From page	48			results of the audits descri	bed	
A 395	such asrespiratory di	stressNURSING	P	145	herein.		
	ALERTThe nurse is ultimately accountable for the drug administered"				The Hospital has reviewed its police	viewed its policies and	
					procedures related the role of the		
					Nurse", which is a type of resource		
	Review of the hospital	s High Alert Medications				; nuise,	
		High Alert Medications -			and made the following changes:		
	Medications that bear a						44/00/40
	causing significant pati				 The Hospital has updated 		11/20/18
	errorMedication order				Care documents in each of		
	•	oval from floor stock or an			that relies on a "Help All N	urse" (or	
		cabinet unlessA delay			similar position), in order to	o define	
	would harm the patient	clinical statusAdditional			the applicable role and du	ies. At	
		for a specified fist of High			the Hospital, "Resource N	urse" is	
	Alert MedicationsHigh				generally used to describe		
	supportIndependent (role that usually does not t		
		ms prompt dual signoff"			patient assignment during		
		as a high alert medication.			but takes direction from the		
	There was no documen	ntation in this policy			Staff Leader or Resource	Lateral Control	
		or guidance regarding the					
	manner and frequency				Leader to assist other nurs		
	during and after medica	ations were administered.			workloads demand, includ		
					response teams, STAT ca		
		Midazolam Hydrochloride		- 1	transports. Resource Nurs		
	(Versed). Retrieved from				various departments include		
	http://www.pdr.net.docu	pine Sedative/Hypnotics			Nurse; Procedural Nurse;	Admit	
	Other General Anesthe	The state of the s		- 1	Discharge, Transfer Nurse	; and	
	midazolam requires an	The state of the s			Patient Flow Nurse. The S	copes of	
		suscitative equipment and			Care were revised in inten		
		ementMonitor patients			units and non-intensive ca		
	for early signs of respira				define the applicable Reso	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU	
	respiratory depression,				Nurse role (including the "I		
	obstruction, or apnea (i.						
	which may lead to hypo	xia and/or cardiac arrest.			Nurse" as applicable) by N		
					20, 2018. Nursing leaders		
	, ,	Medications Chart: Adult			each Hospital department		
	Patients Revised May 2	-			utilizes such a Resource N		
	moderate sedation ager	nts such as Versed.			will review the department	s Scope of	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/		/٧٥	\ A41 !! ¬	TIDLE CONSTRUCTION	(VA) DATE CUDVEV		
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		•	FIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. 1	BUILDI	NG		,
		440039	В. 1	WING.			
		11000				11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NA:	SHVILLE, TN 37232		
WW ID	OLIMAN DV OTATE	MENT OF DEFINITIONS	I.C.		DESCRIPTION OF SUPPLICATION	011	ave.
(X4) ID PREFIX		MENT OF DEFICIENCIES UST BE PRECEDED BY FULL	IC PRE		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETI
TAG	REGULATORY OR LSC	IDENTIFYING INFORMATION)	TA	G	CROSS-REFERENCED TO THE APPROPRIATE	DEFICIENCY	ON DATE
	Continued From page	49			Care document on an ann	ual basis	
A 395			Α	145	to ensure duties of the pos	ition	
	Review of the hospital's				remain complete and accu	rate.	
	The second secon	nted, "[Named Hospital]					
	staff validate the five ri				The Hospital has reviewed its police	ies and	
	administration to minim errorsRight patient; R				procedures related to state reporting	ng, and	
	dose; Right routeRigh				has made the following changes:		
	prescribed frequency a						
	administrationDocum				 The Hospital reviewed its 		11/27/18
		ectronic medical record to			Occurrence Reporting: Par	tient and	
	the state of the s	the followingDate and			Visitor policy, which outline	es	
	time of administration;				requirements of every Hos	pital	
	strength; Dosage of me administeredRoute of				employee, attending physi	cian and	
	There was no documer				house staff member to rep	ort certain	
		or guidance regarding the			occurrences to the Hospita	l's Office	
	manner and frequency				of Risk and Insurance Mar	agement,	
	during and after medica	ations were administered.			either through the online of	ccurrence	
	There was no decumen	tation in Dationt 44th			reporting system or throug	h a phone	
	There was no document medical record that Vec	turonium or Versed was		I	call to Risk Management.	Γhe	
	administered to her on				Hospital has revised the O	ccurrence	
					Reporting: Patient and Vis	tor policy	
		RN 2CC Job Description			to require Risk Manageme	nt to	
	documented, "CORE				report any a) incidents of a	buse,	
		fills Safety and Regulatory			neglect, or misappropriatio	n reported	
	Requirements: Understo providing a safe environ				to the Hospital department	as	
	routine safety checks to	March 1981			complaints for certification		
	from occurring"				processes; b) strike by stat	f; c)	
					external disaster impacting	а	
		w for Patient #1 revealed			Hospital facility; d) disruption	on of any	
	the patient was admitted				service vital to the continue	ed safe	
	12/24/17 with diagnoses Hernatoma of the Brain,	A			operation of the Hospital fa	cility, or	
	Homonymous Hemiano				to the health and safety of		
	both eyes)-Left, Atrial Fi				patients and personnel; an		
	Hypertension.				at a Hospital facility that dis		
					provision of patient care se		
					Name a managed and Literature is found at the		

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULTI	PLE CONSTRUCTION	(X3) DATE SURY	
AND PLAN O	F CORRECTION	DENTIFICATION NOMBER.	A. BUILDING		c		
		440039	В. \	WING_		11/08/2	
NAME OF PE	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
• • • • • • • • • • • • • • • • • • • •				1211	1 MEDICAL CENTER DRIVE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER			SHVILLE, TN 37232		
				10.10			44-5
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIAT	LD BE E DEFICIENCY	(X5) COMPLETI ON DATE
	Continued From page	50		4.45	cause harm to the patients		
A 395	A physician progress n	ote written on 12/25/17 at	A	145	or that are reported by the		
	1:32 PM, by Physician				any entity, including but n		
		nissionencourage out of			to a fire department charg		
	bed activityDISPO [D critical care issues. like				preventing fires. These p		
	today"	ly goning to the now			revisions are scheduled to		
					approved by Executive Po		
	Review of medication (Committee of the Medical		
	details dated 12/16/17	at 3:00 PM revealed ligs) intravenous one time.			Medical Board effective N		
	Administration instructi	ions documented. "For			27, 2018. The Occurrence Reporting: Patient and Vis		
		am insufficient, can give			places the responsibility for	or reporting	
	1-2mg additional if nee	ded*			to the Tennessee Departr		
	Review of the Automat	ic Dispensing Cabinet			Health pursuant to the He		
	(ADC) detail report rev	ealed the order was 47 PM. Pharmacy verified			Reporting Act of 2002 with		
	the order at 2:49 PM.	Versed was not removed			of Risk and Insurance Ma		
	from the Automated Di	spensing Cabinet (ADC).			of Nisk and modifice wa	nagomena	
	Deview of the ADC del	tail report dated 12/26/17			Effective on November 27		11/27/18
		a neuromuscular paralytic			Hospital will implement a		
	drug) 10 mg, injection	vial was taken by RN #1 at			procedure during the esta		
		located in the Neuro ICU			weekly meeting of the Ev		
	using the override feat	ure. There was no tient #1 to receive this drug.			Committee to include reg		
	The override was not v				evaluations of whether or		
	THE OTOMAC HAD NOT		1		reported to the Office of F		
	Interview with the				Insurance Management r		
		I in conference room 167			report to the Tennessee I		
		as asked if there was ere in Patient #1's medical			of Health, pursuant to sta		
		eived Vecuronium and how			requirements. The Event		
		e received it. The (b)(6)			Committee reviews patier		
	(b)(6) stated, "No	ir .			with harm or potential har		
	4 L	seto written on 19/90/47 of			weekly basis, to identify t		**
	6:28 PM by an Advance	note written on 12/26/17 at			events which may require		
	Nurse (APRN) and co-	signed by Physician #2			Analysis pursuant to the		
	documented, "Recei	ved patient to NCU [Neuro			policies, further investigate		
					and Insurance Managem	ent,	

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CON	STRUCTION	(X3) DATE SU COMPLE		
			A. E	BUILDI	NG				
		440039	B. \	WING _		-		/2018	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDR	ESS, CITY, STATE, ZIP CODE			
VANDED	BILT UNIVERSITY ME	DICAL CENTED		121	1 MEDIC	AL CENTER DRIVE			
VANDER	DILI UNIVERSITT ME	DICAL CENTER		NAS	HVILLE	, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PRE	FIX	CROSS-	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! REFERENCED TO THE APPROPRIAT	LD BE	(X5) COMPLETI ON DATE	
	Continued From page	51				external reporting, or othe	r potential		1
A 395	Critical Care Unit) after	r cardiac arrest in PET	Α	145		safety or risk issues. The	3		
		C [Return of Spontaneous				Review Committee is a Qu			1
	Circulation] received a	fler approximately 2 rounds			1	Improvement Committee (•		
		ardiac Life Support]. Patient				defined pursuant to TCA §			١
	was intubated during e	eventCurrent				150 and 68-11-272 and is			
	Facility-Administered	ium" No dose, route or				of representatives from Ri			
	frequency was docume					Insurance Management; C			
	noquonoj mao accamo	Sinou.				Safety, and Risk Prevention			I
	A physician progress n	ote written on 12/26/17 at				Patient Safety Officers. Th			
		#2 documented, "After a				Review Committee reports		1	
	couple of hours in the I					Self Insurance Trust, which			
	displaying myoclonic je					to the Hospital Medical Ce			
	very concerning, after of	uringpt's neuro exam is				•			
		suspect that [his/her] exam				Medical Board. The particities the Event Review Commit			
		what would be seen after							1
	anoxic brain injury - CT					been informed of the chan	-		
	Tomography] head sho	wed some increase in				Occurrence Reporting poli			
		eed not worsened - initially				these additional procedure			
		emorrhage as reason for				Senior Vice President of C	ž.,		1
	arrest, however after fu	may have received an				Safety and Risk Preventio			١
	incorrect medication wh					Vice President of Risk and			١
		irse is very concerning.				Insurance Management w			l
		there is high concern for				participate in such weekly			1
	anoxic brain injury"					meetings and will monitor			ı
						reporting processes to ens	ure the		
		ote written on 12/27/17 at				Hospital reports as require	d by state		
	12:27 AM, by a physicia					and federal law. Further, tl	ne		
	Physician #2 document case with the neurology					Hospital is currently comm	unicating		ı
	these changes in exam	the same of the sa				with the Tennessee Depar	tment of		١
	progression towards bu					Health regarding additiona	l guidance		1
		ade a DNR/DNI [Do Not				on reportable events unde	-		
	Resuscitate/Do Not Intu	ubate]. Palliative				law.			
	The second secon	ed 12/27/17 at 12:57 AM.							
	Vasoactive infusions we					The Hospital has reviewed	its policy	11/27/18	1
	Time of cardiopulmonar	ry death was 1:07 AM by				outlining reporting requirer			

PRINTED: 11/16/2018 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING ___ C B. WING 11/08/2018 440039 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1211 MEDICAL CENTER DRIVE VANDERBILT UNIVERSITY MEDICAL CENTER NASHVILLE, TN 37232 ID PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES COMPLETI (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ON DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG the Davidson County Medical Continued From page 52 A 145 Examiner, including its Deaths A 395 pulselessness on [his/her] arterial line..." Requiring Reporting to the Medical Examiner policy (hereinafter, Interview with the (b)(6)on 10/31/18 beginning at "Medical Examiner Policy"). The 3:15 PM, in conference room 167, the (b)(6) Hospital has amended the Medical was asked about his/her role regarding [Named Examiner Policy, which amendments Patient #1]. The (b)(6) stated, "...We learned are scheduled to be approved on the nurse and [his/her] Orientee were called to November 27, 2018, to clarify that all Radiology for a patient that was having some details supporting a decision of: a) a anxiety...[He/She] [RN #1] pulled the med from ICU. [He/She] went into the system and picked suspicious, unusual or unnatural the patient and typed "VE" for Versed and did a death, including unexplained search. [He/She] chose Vecuronium because it surgical and anesthetic deaths, and was the first that came up. The window popped b) death during or as a result of a and alert up notifying that drug was not in the diagnostic or therapeutic procedure, patient's profile and [He/She] over rode that, which can be done due to possible emergencies. medication error, or adverse, This drug was a powder and had to be allergic, or toxic reaction to a reconstituted, Versed did not [have to be therapeutic agent, shall be reported reconstituted]. Reconstitution was a question of to the Medical Examiner. The where was it done. [He/She] gives the drug to the revised Medical Examiner Policy patient and left the patient unattended." The also requires all conversations with MAPST was asked how long was Patient #1 left the Medical Examiner's Office to be unattended. The (b)(6) stated, They found [him/her] in arrest, called the code. I don't know documented in the patient's medical how long it was between when the med was record, including the rationale for given and the code was called..." reporting pursuant to the criteria Telephone interview with (b)(6) on 11/5/18 outlined in the Policy. beginning at 4:41 PM, (b)(6) was asked to 12/3/18 describe the circumstances leading up to Patient Training: By December 3, 2018, the #1's death beginning on Tuesday 12/26/17(b)(6) Hospital is requiring every Attending b)(6)stated, "I was in a patient care role, I was the Physician and House Staff to help-all nurse. A help-all nurse is a resource complete education regarding the nurse and I had an Orientee" (b)(6) stated that RN #2 had asked (him/her) to revised Medical Examiner Policy go downstairs to Radiology PET scan and requirements, reporting administer the medication Versed to Patient #1 requirements under state law, and because the patient was not able to tolerate the documentation in the medical record

Event ID: NVYT11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED			
AND PLAN C	IF CORRECTION	IDENTIFICATION TO THE PARTY OF	A. E	BUILDIN	NG	С			
		440039	B. \	VING_		11/08/			
NAME OF PE	ROVIDER OR SUPPLIER		-	STRE	EET ADDRESS, CITY, STATE, ZIP CODE				
					MEDICAL CENTER DRIVE				
VANDERE	BILT UNIVERSITY ME	DICAL CENTER		NASHVILLE, TN 37232					
				NAS	DRVILLE, IN 37232				
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY ON DAT				
	Continued From page 5	53			under the Policy, as well a				
A 395		they would have to send	Α	145	documenting communicati				
	him/her back and reschedule it.				disclosure with family and	or patient			
(b)(6) stated he/she searche					representative.				
	under Patient #1's profi	ile in the ADC and (b)(6)							
	couldn't find it. (b)(6) st chose the override sett	ing on the ADC and			 Monitoring: The Chief of S 	taff, Office			
	searched for the Verse				of Decedent Affairs and Q				
ø		as talking to the Orientee			Safety and Risk Preventio				
	while he/she was searc	thing the ADC for the			review Medical Examiner	1			
	Versed and had typed in Versed which are VE at				to ensure the Hospital rep				
	medication on the list.	IKI CHUSE INC 1SI			required by state law. Add				
		ok the medication vial out		Ï	this group will conduct aud				
	of the ADC, and looked	at the back of the vial at			designated number of pat				
		nuch to reconstitute it with.			died under circumstances				
		did not re-check the name			reportable under the Medi				
	on the vial.	rabbed a sticker from the			Examiner Policy, randoml				
	patient's file, a handful	of flushes, alcohol swabs,			in order to assess complia				
	a blunt tip needle. (b)(6) stated he/she put the			state reporting requiremen				
	medication vial in a bag	ggie and wrote on the			event such an audit revea				
	baggie, "PET scan, Vel	rsed 1-2 mg" and went to r the medication to Patient			compliance, inconsistenci				
	#1.	I tile medication to Fadent			questions, the Office of Do Affairs will elevate these is				
	(b)(6) was asked how	long it took him/her to get							
	to the Radiology depart	tment PET scan, and(b)(6)			the VUMC Quality Steerin Committee to determine v				
	(b)(6)stated, "5 minutes o	or less, it was my first time			additional steps are requir				
	(b)(6) stated, "I saw o	d to ask for directions".			compliance, such as targe				
	Patient #1] on one of o	ur beds. I checked the			education and/or training.				
	patient for [his/her] ider	ntity, and told [him/her] I			education and/or training.				
	was there to give [him/	her] something to help		200					
	[him/her] relax".	clifuted the medication and	^	286	The Hospital has reviewed its poli				
	measured the amount	stituted the medication and I needed"			procedures related to its Quality A				
	Theb)(6)stated Radiolo				and Performance Improvement (C				
	there at the time he/she	e (b)(6) administered the			process, and has committed to en				
	medication IV to Patier	nt #1. (b)(6) stated he/she			comprehensive and robust investi				
	left the Radiology PET	scan area after he/she			implementation of safety measure	S.			
			1						

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2)	MULT	PLE CONSTRUCTION	COMPLETED	
			A. I	BUILDI	NG	C	
		440020	В. \	NING_			
		440039	1			11/08/	2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		1211	MEDICAL CENTER DRIVE		
				NAS	HVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	IC PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	.D BE	(X5) COMPLETI ON DATE
A 395	[him/her] 1 milliliter. (b)(6) was asked what over medication, and the over in the baggie and (#2]" (b)(6) was asked what administering the medication of the baggie and (b)(6) stated he/she led (b)(6) stated he/she led (b)(6) stated he/she led (b)(6) was asked what (b)(6) stated, "Patient #1's outside in the hallway response call for PET's since the patient was ocalled down there [to the no answer. The family led "ours?" [Named RN #2] make sure." We tried to were being responsible patient". (b)(6) stated that he/she scan and when they are intubated and had regain stated he/she, Physician Nurse, moved Patient #1' (b)(6) stated, "I told [Nahad given him/her Versed". (b)(6) stated RN #2 apasked. "Is this the med in the med in the stated in the med in the stated." Is this the med in the stated. "Is this the med in the stated."	edication to Patient #1. much medication did dient #1, and the b)(6) er, I am pretty sure I gave was done with any left e(b)(6) stated, "I put the left gave it to [Named RN he/she did after cation to Patient #1, and oft Patient #1 in Radiology. e/she did not monitor dication was administered. happened next and the family was standing we heard a rapid can. That was a red flag urs, so [Named RN #2] e PET scan] but there was booked at us and said said "we are going to o call PET scan again, we to go to see if it was our e and RN #2 went to PET fived Patient #1 was and a heart rate. The(b)(6) and the Charge I back to the ICU. I back to the IQU. I back to IQ	A	286	• The Hospital has reviewed current procedures in place ensure a thorough and programalysis of a critical adversinear misses and all the callimplementation of prevent that include implementing safety parameters as need Hospital's existing QAPI proportional interest that the desor unit level, or through a restaff through the online occurrence of the original system. Reported are assessed by the Office and Insurance Manageme Safety and Risk Prevention operational leadership, and analyzed by the Event Revention operational leadership to the applicable Hospital safety which the event occurred. Safety Teams use standard tools to assess each case potential of being a Seriou Event ("SSE"). A clinical reperformed to assess if the potential deviations in genaccepted practices that respatient harm. If it is deemed the SSE Leadership team entity is called together. The applicable SSE Leadership	e to impt se event, uses, and ive actions additional ded. The rogram is cartment eport from currence devents e of Risk int, Quality in, and dimay be view port is signated Manager, e team in The dized for the s Safety eview is re were erally sulted in ed so, then for the ne	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND I DAN OF GOTTLESTICK	BERTIN IOTHIONIONISEIN	A. BUILDING		l c	:	
	440039	B. \	WING_		11/08/	
NAME OF PROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDERBILT UNIVERSITY MI	FDICAL CENTER		121	1 MEDICAL CENTER DRIVE		
TANDER BIEF GRAVEROTT III.			NASHVILLE, TN 37232			
PREFIX (EACH DEFICIENCY !	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
room and informed Phe/she had made a me/she had made a me/seuronium to Patien (b)(6) was asked if he had administered the medical record. (b)(6) with [Named Nurse Medication Administrate he/she sald it would a different color." (b)(6) was asked if he much Vecuronium he/she was asked if he much Vecuronium he/she hospital in the day RN stated, "I did have risk management. I down as on the phone. I compared to the hospital in the day RN stated, "I did have risk management. I down as on the phone. I compared to the hospital in the day RN stated, "I did have risk management. I down as on the phone. I compared to the hospital in the day RN stated, "I did have risk management. I down as a saked about the hospital in the day RN stated, "I did have risk management. I down as a saked about the hospital wellbeing." (b)(6) was asked about the working a shift, it would be working a shift, it would be recommended.	then went into Patient #1's hysician #2, and the NP that istake and administered #1 instead of Versed. Eshe documented he/she vecuronium in Patient #1's stated, "I did not. I spoke anager] and he/she told me if capture it on the MAR ation Record]. I asked and show up in a special area in eshe administered to Patient "I would have given her 1 Eshe talked to anyone at saffer the event, and the some conversations with smit remember all I said. It amed Nurse Manager]. That ited. They sent me to an oursellor for my own but the "help-all nurse" role entation of what was done and the RN stated, "If you it chart it for that patient". Vas not an actual job of a "help-all nurse"	A	286	comprised of the Hospital's executive leaders (Chief E Officer, Chief Nursing Officer, Chief of Risk Management and oth designees). The SSE Lead team reviews the case and votes on the SSE. This procreates situational awaren accountability for organizal leaders. Once the SSE is a Serious Safety Event Not goes out to Hospital leade across the health system. analysis is conducted and frontline clinicians, those of involved with the case, unileadership, support teams departments. Each case is and participants are invited to their role in the event. The analysis is facilitated by more than the Hospital Safety team, Management and physicial in Quality and Patient Safety who participate as well. Are plan is developed and dist the participants for implement the plan includes requirements for training of appropriate personnel, such is initiated promptly. On a basis, SSEs and the associaction plans are presented Hospital's executive teams.	executive cer, Chief is Staff, iter dership dethen occdure ess and tional confirmed, offication rship it and other is unique defined relative in leaders ety roles in action ributed to nentation.	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU		2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			Α.	BUILDI	NG			
		440039	В.	WING_		11/08		
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE			
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE			
				NAS	SHVILLE, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PREFIX (EA		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	ON SHOULD BE		
			A	. 286	in their respective Quality Committees and summary the Hospital Quality Steeri Committee. The SSE ana process has also been rev detail with the VUMC Boar and Safety Committee, wh receives reports at each m regarding Hospital quality i initiatives and concerns fro Deputy CEO of VUMC. Th Vice President of Quality, Risk Prevention will monito QAPI program to ensure comprehensive and robust investigation and implement safety measures. The Hospital has reviewed its police procedures related to monitoring or during and after medication adminity and made the following changes: The Hospital has revised it previously titled Transport Critically III Patient, which is are scheduled to be approve November 27, 2018, to bro application of the policy be critically ill patients. As succeeding the policy is tit "Transport of Patients" (her "Transport Policy"). This policy provides that every patient transported with equipment	lysis iewed in d Quality iich ieeting and safety om the e Senior Safety and or the the intation of sies and f patients istration syond th, the thed reinafter, olicy shall be	11/27/18	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		TIPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
	And a second sec	Administrative consistence of the administrative and the administrative consistence of the administrative co	A.	BUILDI	NG		
		440039	В.	WING_		11/08/	
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER			1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	LD BE	(X5) COMPLETI ON DATE
			A	286	supplies, and staff approprimonitor and support the paphysiological needs. The patential details that the level of carmaintained during transporafter arrival at the receiving department/unit, and described amended policy states that patient requires continuous monitoring, a clinical staff required to be available to handover of the patient purthe Hospital's CL SOP - Cl Handover Communication procedure. Any such handover dure in the medication, the event a clinimember is not available to the patient, the transporting staff member must remain patient. Further, the Transportates that patients receiving medications that could lead respiratory depression and respiratory distress are moduring and after transport, duration and frequency of the monitoring to be based on patient's condition, type of medication, and route. Documentation will be in account of the policy. The	atient's policy re is ret and gribes ats. The twhen a semember is receive required to linical dover will dical staff receive greated with the port Policy regret to linical with the port Policy remitored with the the the coordance	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		Control of the contro		(X3) DATE SURVEY COMPLETED		
					NG	С	
		440039	В.	WING_		11/08/2018	
NAME OF PE	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER			1 MEDICAL CENTER DRIVE		
			NASHVILLE, TN 37232		SHVILLE, TN 37232		T
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES JST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG CROS		PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	.D BE	(X5) COMPLETI ON DATE
			A	286	Transport Policy further stasuch monitoring may include not limited to, direct observital signs, and neuro check revised Transport Policy furequires appropriate docur to be completed in the patimedical record upon leaving returning to the unit, include times the patient leaves and to the unit. The Hospital has revised it Alert Medication Policy, who revisions are scheduled to approved on November 27 detail required monitoring of receiving administration of medications. Specifically, the amended High Alert Medical Policy states that the patient clinical status is monitored evaluate patient responsed medication and/or adversed reactions, and the duration frequency of monitoring is the patient's condition, the medication, and route of administration. Such monit include, but is not limited to observation, monitoring of and neurological status.	de, but is vation, cks. The arther mentation ient's and ling the ad returns its High alert he ation and based on type of oring may o, direct	11/27/18
					 The Hospital's Medication Administration Policy has b 	een	11/27/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	TIPLE CONSTRUCTION	(X3) DATE SUI	
/////	5. GET (1.20116) (IDENTIFICATION TO MIDER.	A. I	BUILDI	NG		
_		440039	B. WING				
NAME OF P	ROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE	ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APPROPR		D BE	(X5) COMPLETI ON DATE
			Α	286	revised, which revisions a	e	
					scheduled to be approved	on	
					November 27, 2018, to de	tail	
					required monitoring of pati	ents	
1		ľ			receiving medications. Spe	ecifically,	
1					the amended Medication		
					Administration Policy state	s that the	
					patient's clinical status is n	nonitored	
					to evaluate patient respons		
				2	medication and/or adverse		
					reactions, and the duration		
					frequency of monitoring is		
					the patient's condition, the	type of	
		1			medication, and route of		
					administration. Such monit		
		T .			include, but is not limited to		
		1			observation, monitoring of		
					and neuro checks. The Me		
					Administration Policy has b		
		1			further amended to require		
		1			documentation in the medi	Sections of the statement of	
					regarding medication admi	nistration.	
					The Hospital reviewed its p	oolicies	
					and procedures related to	moderate	
				- 0	sedation, specifically the S	tandard	
					Operating Procedure for M	oderate	
					Sedation, to ensure sufficie	ent	
					safeguards are in place. The	ne	
					Hospital determined that its	s has in	
					place comprehensive guida	ance	
					regarding the administratio	n of	
					moderate sedation, specific	cally	
					including procedures for er	suring	
					patients receiving sedation	are	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING			С	
		440039	B. WING		<u></u>	11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	•	
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRI	ID EFIX AG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETI ON DATE
	REGULATORY ON ESC			A 286	continuously observed and physiologically monitored the sedation period by a nadvanced practice nurse, or other qualified and train approved by the Hospital's Committee. The SOP for Medical Sedation details the post a recovery scoring system a that is required to disconting monitoring. The SOP for Medical Sedation also includes contransporting patients who have undergone moderate sedational including required monitoring. Hospital has determined the updates to the SOP for Medical Sedation are required. Training: By December 3, Hospital is requiring all machinical staff leaders (CSLs licensed practical nurses (including the respiratory therapists and paramedics working in inpurposedural areas of the Hocomplete education throughline education system, while addresses the updates to the Transport Policy, High Aleit	throughout urse, physician, ed staff as sedation Moderate anesthesia and score nue Moderate aditions for have ation, ing. The nat no oderate 2018, the anagers, s), nurses, LPNs), atient and ospital to the its on-chetic	12/3/18
					Medication Policy, and Me Administration Policy inclu- requirements for monitorin during transport and during medication administration,	ding the g patients	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. I	BUILDII	NG		
		440039	B. \	WING_			/2018
VANDER	BILT UNIVERSITY ME			121	EET ADDRESS, CITY, STATE, ZIP CODE 1 MEDICAL CENTER DRIVE SHVILLE, TN 37232	3	
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	_D BE	(X5) COMPLETI ON DATE
			A	286	appropriate handover, and medical record documental clinical staff member listed will be able to begin shift a December 3rd without confuraining and subsequent of testing. The Hospital's Ch Nursing Officers monitor the education requirement and regular updates to director departments to ensure confollowing three months, the Hospital's Chief Nursing Officers weekly chart revies patients from each unit, rais selected, to assess for confurth improvement in medic safety, transport and monit patients. Such patient recordinate monitoring, has communication, and documentation appropriate monitoring, has communication, and documentation appropriate with the Transport Medication Administration High Alert Medication Police event such an audit reveals compliance, inconsistencied questions, the Chief Nursin will follow-up with the unit I nurse managers for addition required to achieve compliance, used as targeted education.	ation. No I above after firmation of competency ief his d provide s of these mpliance. December the e fficers will ews of 5 indomly inpliance cation toring of ords will be in of the indover mentation ort Policy, Policy and cy. In the is non- es or ing Officers evel inal steps ance,	12/3/18

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
		The second secon	A. I	BUILDI	NG	C	2
		440039	В. \	WING_		11/08	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	***************************************	
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
			A	286	training. The Chief Nursing will review monthly update chart review audits to the Nursing Quality Committee. The Hospital has reviewed its policy procedures related to access and administration of Paralyzing Agents made the following changes: • A multi-disciplinary work group described including Physicians, Phare Risk, Nursing, Quality, and Informatics was convened on January 19, 2018 to asseparalyzing Agents included override medication list. The workgroup determined to revecuronium from the Acub (Hospital's automated disposable) override status list removal was approved by Pharmacy, Therapeutics and Diagnostic Committee on Feature and Institute on Feature and Institute on the group's determination that clinical risks to patients of access to rocuronium outwood the Paralyzing Agoverride status. The Hospital override status. The Hospital override status.	s of such //UMC e. cies and s and roup lers macy, I Health beginning sess d on the nis emove less ensing t, which the VUMC and rebruary on March etermined ain on the work the not having reighed s from gent from	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2	MULT	TIPLE CONSTRUCTION	(X3) DATE SUI	
ANDPLANC	DF CORRECTION	IDENTIFICATION NOWBER.	A. I	BUILDI	NG		
		440039	В. 1	WING_			
		44000	1			11/08	/2018
NAME OF PI	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETI ON DATE
				286	Medication Safety Officer partnership with the VUMO Pharmacy, Therapeutics a Diagnostic Committee will the Paralyzing Agents, incrocuronium, on the overridannually. The Hospital has changed naming convention from "Neuromuscular Blocking as referenced in certain poincluding the High Alert Me Policy, to "Paralyzing Agents consistency throughout the The Hospital has also starthe nomenclature utilized if Paralyzing Agents across Hospital in eStar (Hospital electronic medical record) AcuDose, such that both esystems present the name "PARALYZING AGENT" for the medication name. Para Agents will no longer be all pulled up on the AcuDose screen by typing in the druinstead, "PARA" will be typing first two letters of "Paralyzing Agents in the Acabinet. The four Paralyzing are the only medications the summer of the paralyzing are the only medications the summer of the paralyzing are the only medications the summer of the paralyzing are the only medications the paralyzing are the only medication and the paralyzing are the only medication and	in C and reassess sluding le list I the Agents", blicies, edication ets" for e Hospital. edardized for the 's and electronic e as bllowed by alyzing ble to be override en and electronic e as blowed by alyzing ble to be override en and electronic en as blowed by alyzing ble to be override en and electronic en as blowed by alyzing ble to be override en and electronic en and electronic en and electronic en and electronic en as blowed by alyzing ble to be override en and electronic en and electro	11/27/18
					Instead, "PARA" will be type first two letters of "Paralyzi - which will then pull up the Paralyzing Agents in the A cabinet. The four Paralyzin	ped in - the ing Agent" e list of cuDose ng Agents nat result s in a	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		20	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
					NG		
		440039	B. 1	WING_		11/08	
VANDER (X4) ID		MENT OF DEFICIENCIES	12		1 MEDICAL CENTER DRIVE 6 HVILLE, TN 37232 PROVIDER'S PLAN OF CORRECTION OF CORRECTIO	ON	(X5)
PREFIX TAG		UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)			(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI		ON DATE
			A	286	attached to the AcuDose of indicating that "PARA" musto access Paralyzing Agernew nomenclature of "Para Agent: [medication name]" effective in both eStar and as of November 27, 2018, on November 27, 2018, the procedure is documented amendment to the Hospital Alert Medications Charts for Adult Patients and Pediatr Patients, which are incorposed the High Alert Medications. These charts have been a list the four (4) specific Para Agents available at the Hoto reflect the updated nom of "Paralyzing Agent [medications]". On November 27, 2018, the will implement warning in A and eStar, stating: "WARN PARALYZING AGENT - CRespiratory Arrest – Patient Ventilated." The Hospital hamended the High Alert Mocharts for both Adult Patiented Pediatric Patients, effective November 27, 2018, to specific pop-up warning as a Specistrategy for PARALYZING AGENTS.	st be used hts. The alyzing "will be AcuDose Effective is updated by an al's High or both ic orated into a Policy. mended to ralyzing espital, and enclature ication he Hospital AcuDose IING: auses ht Must Be has edications ents and e on ecify this ific Safety	11/27/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		IPLE CONSTRUCTION	(X3) DATE SUI COMPLE	TED		
		440039	В.	WING_		11/08			
	ROVIDER OR SUPPLIER	DICAL CENTER		121	REET ADDRESS, CITY, STATE, ZIP CODE 11 MEDICAL CENTER DRIVE SHVILLE, TN 37232				
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRI	D EFIX AG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE		
			,	A 286	On November 27, 2018, the will implement new proceds shrink wrap packaging to be to all vials of Paralyzing Agaispensed in AcuDose through the Hospital, and effective November 27, 2018 amend the Hospital's High Alert Macharts for both Adult Paties Pediatric Patients will be a to specify a Specific Safety that all Paralyzing Agents of in AcuDose cabinets through Hospital will have shrink we packaging. The Hospital Epharmacy Leadership will compliance with the require wrap packaging of Paralytic by conducting random and AcuDose cabinets through hospital and validating packaging for a minimum months of consecutive 100 compliance.	dures for the added gents the added gents the added gents the added dedications the and pproved for Strategy dispensed ghout the rap the added the	11/27/18		
					As of November 27, 2018, Hospital will finalize and im new procedures to require additional Specific Safety S for all Paralyzing Agents to an Independent Double Ch conducted by two licensed registered nurses prior to the administration of a Paralyz where electronic clinical sy	plement the Strategy include neck he	11/27/18		

NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 DPRETIX TAG PROPEYS (EACH DEPICIENCY MEST BE PRECEDED BY PILL) REGULATORY OR LSC IDENTIFYING INFORMATION) A 286 PROPEYS CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE AND CORRECTION SHOULD BE COMPLETED ON THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE OF THE APPROPRIATE DEPICIENCY ON DATE A 286 PROPIDE STATE DEPICE DEPICE DEPICE DEPICE DEPICE STATE A 286 PROPIDE STATE DEPICE DEPICE DEPICE DEPICE DEPICE STATE A 286 PROPIDE STATE DEPICE D		TOF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	COMPLE	
NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER CACH DEPTICENCY MUST BE PRECEDED BY FULL TAGE CACH DEPTICENCY FULL TAGE CACH DEPTICENCY MUST BE PRECEDED BY FULL TAGE CACH DEPTICENCY MUST BE PRECEDED BY FULL TAGE CACH DEPTICENCY MUST BE PRECEDED BY FULL TAGE CACH DEPTICENCY MUST BE PREC				A.	BUILDI	NG		
NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232			440039	В. 1	WING_			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A 286 A 286 A 286 Prompt dual sign off for bolus doses and upon the following for infusions: O Initiation of infusion Change of container Handover The Hospital has amended the High Alert Medications Charts for both Adult Patients and Pediatric Patients, which revisions are scheduled to be approved on November 27, 2018, to specify the Specific Safety Strategy that all Paralyzing Agents require such Independent Double Check. Training: By November 26, 2018, every nurse and paramedic who work in an area of the Hospital where Paralyzing Agents are available in AcuDose dispensing cabinets, are required to complete an online training module outlining the process changes, Independent Double Check, via packaging and naming convention changes. Any nurse or paramedic staff member required to complete such training, and who has not completed the computer-based training prior to November 27, 2018 for any reason, including being on vacation or not scheduled to work at the Hospital during the time period, will not be permitted to begin their next shift at			DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
and upon the following for infusions: o Initiation of infusion Change of container Handover The Hospital has amended the High Alert Medications Charts for both Adult Patients and Pediatric Patients, which revisions are scheduled to be approved on November 27, 2018, to specify the Specific Safety Strategy that all Paralyzing Agents require such Independent Double Check. Training: By November 26, 2018, every nurse and paramedic who work in an area of the Hospital where Paralyzing Agents are available in AcuDose dispensing cabinets, are required to complete an online training module outlining the process chack, vial packaging and naming convention changes. Any nurse or paramedic staff member required to complete such training, and who has not completed the computer-based training prior to November 2, 2018 for any reason, including being on vacation or not scheduled to work at the Hospital during the time period, will not be permitted to begin their next shift at	PREFIX	(EACH DEFICIENCY M	UST BE PRECEDED BY FULL	PRE	FIX	(EACH CORRECTIVE ACTION SHOUL	_D BE	COMPLETI
the Hospital without first completing				A	286	and upon the following for Initiation of infusio Change of contain Handover The Hospital has amended Alert Medications Charts for Adult Patients and Pediatri Patients, which revisions a scheduled to be approved November 27, 2018, to specific Safety Strategy th Paralyzing Agents require Independent Double Check Training: By November 26 every nurse and paramedic work in an area of the Hos where Paralyzing Agents a available in AcuDose dispectabinets, are required to co an online training module of the process changes, Indee Double Check, vial package naming convention change nurse or paramedic staff merequired to complete such and who has not complete computer-based training preceded to work at the Hole during the time period, will permitted to begin their nex	infusions: n ier d the High or both ic are on ecify the eat all such k. , 2018, c who pital are ensing omplete outlining ipendent ging and es. Any nember training, d the rior to y reason, n or not lospital not be ext shift at	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		IPLE CONSTRUCTION	(X3) DATE SUI COMPLE		
					NG			
		440039	B. W	ING_		11/08	/2018	
	ROVIDER OR SUPPLIER BILT UNIVERSITY ME	DICAL CENTER		1211	REET ADDRESS, CITY, STATE, ZIP CODE 11 MEDICAL CENTER DRIVE SHVILLE, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE	
			A 2	286	the required training. The I monitoring the completion required training programs of November 21, 2018, 1,3 individuals, which is 53% pthe Hospital's staff member required to receive the education and the training requirement. Monitoring: The Hospital wimplement several measur monitor compliance with the medication administration requirements. Beginning on November 27, 2018, the Henterprise Medication Safe in collaboration with the Chenter Nursing Officers, Executive Pharmacy Leadership, and Staff, will compile monthly overrides from AcuDose caparalyzing agents, which we reviewed at the medication committee, as well as on the level, and assessed for appropriateness. Such monreporting will be ongoing, a continue for three months of November 27, 2018. There Enterprise Medication Safe will continue to periodically and provide override performance of the periodically and provide override performance.	of the s, and as 334 percent of ers ucation, will res to be updated in cospital's ety Officer, nief ety Chief of reports of abinets for will be a safety ne unit inthly and following eafter, the ety Officer or review	11/27/18	
				1.		1		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		IPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
			1		NG		
		440039	B. W	VING_		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
			Α:	286	reports as part of ongoing medication safety committ	ee work.	
					In addition, beginning on N 27, 2018 and continuing of monthly basis until 100% compliance is achieved, H Chief Nursing Officers will monthly reports of Indeper Double Check, in order to compliance with the Indeper Double Check procedure f Paralyzing Agents. Such m reporting will be provided t medication safety committe the Hospital's Nursing Qua Committee.	ospital's review ident verify endent or nonthly o ees and	11/27/18
					The Hospital also imposes the follogeneral requirements for nurse traineducation regarding its policies and procedures:	ning and	
					In regard to nurse training medication administration, record documentation, and monitoring of patients recemedication, all newly hired are required to complete cobased training related to the preparation of drugs and semedication practices. All nuresidents, who are new grangistered nurses hired with than six months of nursing	medical iving nurses omputer- e afe urse iduate	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		TPLE CONSTRUCTION	(X3) DATE SUI	
			A. I	BUILDI	NG		
		440039	B. \	WING_	7.		
			1			11/08	/2018
NAME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDERI	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE	DBE	(X5) COMPLETI ON DATE
				286	experience, are required to such education regarding a medication practices, as we attend a workshop on medicated to include education the revisions to the Medicated to include education the revisions to the Medicated Policy, the new nomenclated Paralyzing Agents, the upon requirements for monitoring receiving High Alert Medicated Policy and High Policy and High Alert Medicated Policy and High P	complete safe rell as dication on as to ation ure for dated g patients ations. se education ing a d by ucators st validate ed topics e of each ariety of the ation on a f daily will	GNBAIL
					include medication administ patient monitoring, docume and other issues discussed Plan of Correction in such a competencies, as appropriate based on the issues reveal results of the audits described.	entation I in this annual ate and led in oed	
					The Hospital has reviewed its polic procedures related the role of the "l		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SUP COMPLET				
					NG	c				
		440039	B. W	ING_		11/08/	/2018			
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE					
VANDERI	BILT UNIVERSITY ME	DICAL CENTER		1211 MEDICAL CENTER DRIVE						
		10		NAS	HVILLE, TN 37232					
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY			D BE	(X5) COMPLETI ON DATE			
	-		A 2	86	Nurse", which is a type of resource	nurse,				
					and made the following changes:					
					The Hospital has updated	Scope of	11/20/18			
					Care documents in each d	, ,				
					that relies on a "Help All N					
					similar position), in order to the applicable role and dut					
					the Hospital, "Resource N					
		7			generally used to describe					
					role that usually does not t					
					patient assignment during					
					but takes direction from the Staff Leader or Resource S	THE SAME WHICH STREET				
					Leader to assist other nurs					
					workloads demand, includi	ng rapid				
					response teams, STAT cal					
- 1					transports. Resource Nurs					
					various departments includ Nurse; Procedural Nurse;	- 4				
					Discharge, Transfer Nurse					
					Patient Flow Nurse. The S					
				1	Care were revised in inten-	The second of				
					units and non-intensive ca					
					define the applicable Reso Nurse role (including the "h					
					Nurse" as applicable) by N					
					20, 2018. Nursing leaders	//				
					each Hospital department					
					utilizes such a Resource N	10000 00000 0000 10000				
					will review the departments Care document on an annu					
					to ensure duties of the pos					
					remain complete and accu		1			
1										

A. BUILDING B. WING T1/08/2018 NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 364 A. BUILDING B. WING C STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 (X5) COMPLETI ON DATE A 364 The Hospital has reviewed its policies and procedures related to state reporting, and
NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 364 The Hospital has reviewed its policies and procedures related to state reporting, and
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 364 The Hospital has reviewed its policies and procedures related to state reporting, and
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 364 The Hospital has reviewed its policies and procedures related to state reporting, and
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 364 The Hospital has reviewed its policies and procedures related to state reporting, and
PRÉFIX 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 ON DATE A 364 The Hospital has reviewed its policies and procedures related to state reporting, and
procedures related to state reporting, and
,
has made the following changes:
The Hospital reviewed its
Occurrence Reporting: Patient and
Visitor policy, which outlines
requirements of every Hospital
employee, attending physician and
house staff member to report certain occurrences to the Hospital's Office
of Risk and Insurance Management,
either through the online occurrence
reporting system or through a phone
call to Risk Management. The
Hospital has revised the Occurrence
Reporting: Patient and Visitor policy to require Risk Management to
report any a) incidents of abuse,
neglect, or misappropriation reported
to the Hospital department as
complaints for certification
processes; b) strike by staff; c)
external disaster impacting a Hospital facility; d) disruption of any
service vital to the continued safe
operation of the Hospital facility, or
to the health and safety of its
patients and personnel; and e) fires
at a Hospital facility that disrupt the
provision of patient care services or cause harm to the patients or staff,
or that are reported by the facility to
any entity, including but not limited
to a fire department charged with

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		DNSTRUCTION	(X3) DATE SU COMPLE	
			A. BU	ILDING			2
		440039	B. WII	۷G		11/08	
	ROVIDER OR SUPPLIER BILT UNIVERSITY ME	DICAL CENTER	1	1211 MED	DRESS, CITY, STATE, ZIP CODE ICAL CENTER DRIVE LE, TN 37232	11700	72010
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION SHOULD SHOULD SHOULD TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
			A 36	34	preventing fires. These por revisions are scheduled to approved by Executive Po Committee of the Medical Medical Board effective No. 27, 2018. The Occurrence Reporting: Patient and Vis places the responsibility for to the Tennessee Department Health pursuant to the Health pursuant to the Health pursuant to the Health pursuant to the Reporting Act of 2002 with of Risk and Insurance Mar	be licy Center ovember itor policy or reporting nent of alth Data the Office	
					Effective on November 27, Hospital will implement a reprocedure during the estable weekly meeting of the Even Committee to include reguler evaluations of whether occurrence of the Office of Rillingurance Management reprort to the Tennessee Dolor Health, pursuant to state requirements. The Event Richard Committee reviews patient with harm or potential harm weekly basis, to identify the events which may require a Analysis pursuant to the Hopplicies, further investigation and Insurance Management external reporting, or other safety or risk issues. The Eigene Committee is a Quilingrovement Committee (Committee)	evised olished ont Review lar currences sk and quire a epartment e law Review events on on a ose an Event ospital on by Risk ont, potential event ality	11/27/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		IPLE CONSTRUCTION	(X3) DATE SUI	
					NG	C	
		440039	В.	WING_		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		¥
	•			NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
			Α	364	defined pursuant to TCA §	-	
					150 and 68-11-272 and is		
					of representatives from Ris Insurance Management; Q		
					Safety, and Risk Prevention		
					Patient Safety Officers. Th	21	
					Review Committee reports		
					Self Insurance Trust, which	-	
					to the Hospital Medical Ce Medical Board. The partici		
					the Event Review Committ		
					been informed of the chan		
				i i	Occurrence Reporting poli	cy and	
					these additional procedure		
					Senior Vice President of Q		
					Safety and Risk Prevention Vice President of Risk and		
				- 4	Insurance Management wi		
				- 1	participate in such weekly		
					meetings and will monitor		
					reporting processes to ens		
					Hospital reports as require	-	
					and federal law. Further, the Hospital is currently comm		
					with the Tennessee Depart	-	
					Health regarding additiona		
					on reportable events under	state	
					law.		
					The Hospital has reviewed	its noticy	
					outlining reporting requiren		11/27/18
					the Davidson County Medi		
					Examiner, including its Dea		
					Requiring Reporting to the		
					Examiner policy (hereinafte	er,	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	•	TIPLE CONSTRUCTION	(X3) DATE SUI	
			1		NG		
		440039	В.	WING_	4 ,	11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
- TANDEN				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PR	ID EFIX AG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETI ON DATE
			-	A 364	"Medical Examiner Policy"). The	
					Hospital has amended the		
					Examiner Policy, which an		
					are scheduled to be appro		
					November 27, 2018, to cla details supporting a decision		
					suspicious, unusual or unr		
					death, including unexplain		
					surgical and anesthetic de		
					b) death during or as a res		
			diagnostic or therapeutic procedure				
					medication error, or advers		
					allergic, or toxic reaction to therapeutic agent, shall be		
					to the Medical Examiner.	107.	
					revised Medical Examiner		
					also requires all conversat		
					the Medical Examiner's Of	fice to be	
					documented in the patient		
					record, including the ration		
					reporting pursuant to the c	riteria	
					outlined in the Policy.		
					 <u>Training</u>: By December 3, Hospital is requiring every 		12/3/18
					Physician and House Staff		
					complete education regard		
					revised Medical Examiner		
					requirements, reporting	-	
					requirements under state l		
					documentation in the medi		
					under the Policy, as well a		
					documenting communication		
					disclosure with family and/	or patient	
					representative.		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
					NG		
		440039	B.	WING.		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		1000	1 MEDICAL CENTER DRIVE		
				NASHVILLE, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRI	D EFIX AG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	_D BE	(X5) COMPLETI ON DATE
			1	364	Monitoring: The Chief of S of Decedent Affairs and Que Safety and Risk Prevention review Medical Examiner review Medical Examiner reviews the Light Section 2015.	uality, n will eporting	
					to ensure the Hospital reported by state law. Add this group will conduct and designated number of patidied under circumstances reportable under the Medic Examiner Policy, randomly in order to assess complianstate reporting requirement event such an audit reveal compliance, inconsistencies questions, the Office of De Affairs will elevate these is the VUMC Quality Steering Committee to determine we additional steps are require compliance, such as target education and/or training.	ditionally, dits of a ents who potentially cal a selected, nce with tts. In the ss non- es or ecedent ssues to the selected	
			A	385	The Hospital has reviewed its police procedures related to monitoring of during and after medication adminitiand made the following changes:	f patients	
					 The Hospital has revised it previously titled Transport Critically III Patient, which rare scheduled to be approve November 27, 2018, to broapplication of the policy be 	of the revisions ved on paden	11/27/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SUF	
			A.	BUILDI	NG		
		440039	В.	WING_	-		
		11000		Ι		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIAT	LD BE	(X5) COMPLETI ON DATE
			Α	385	critically ill patients. As suc	ch, the	
					newly amended policy is t	itled	
		1			"Transport of Patients" (he	reinafter,	
					"Transport Policy"). This p	olicy	
					provides that every patient	t shall be	
					transported with equipmer	ıt,	
					supplies, and staff approp	riate to	
					monitor and support the pa	atient's	
					physiological needs. The p		
					details that the level of car	27 17 2200	
					maintained during transpo		
					after arrival at the receiving	- 1	
					department/unit, and desc	ribes	
					specific monitoring and		
					documentation requiremen		
		· ·			amended policy states tha		
					patient requires continuou		
					monitoring, a clinical staff		
		1			required to be available to		
		4			handover of the patient pu	200 E	
		1			the Hospital's CL SOP - C Handover Communication		
					procedure. Any such hand		
		1			be documented in the med		
					record. In the event a clini		
		1			member is not available to	2010/09/2010 19/19/2010 19/19	
					the patient, the transportin		
					staff member must remain	•	
					patient. Further, the Trans		
		6			states that patients receiving		
					medications that could lead	177	
					respiratory depression and		
					respiratory distress are mo		
					during and after transport,		
					duration and frequency of		
1				- 1	The second secon		

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.		IPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
					NO	C	2
		440039				11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	_D BE	(X5) COMPLETI ON DATE
			-	A 385	monitoring to be based on		
					patient's condition, type of		
					medication, and route. Documentation will be in a	ccordance	
					with VUMC's Medication	CCOldance	
					Administration Policy. The	•	
					Transport Policy further sta		
					such monitoring may inclu		
					not limited to, direct observital signs, and neuro chec		
					revised Transport Policy further		
					requires appropriate docur		
					to be completed in the pati		
					medical record upon leavir	-	
					returning to the unit, includ times the patient leaves ar		
					to the unit.	ia returns	
					 The Hospital has revised it 	-	11/27/18
		*			Alert Medication Policy, wh		
1					revisions are scheduled to approved on November 27		
					detail required monitoring		
					receiving administration of		
					medications. Specifically, t		
					amended High Alert Medic		
					Policy states that the patie		
					clinical status is monitored evaluate patient response		
					medication and/or adverse		
					reactions, and the duration		
					frequency of monitoring is		
					the patient's condition, the	type of	
					medication, and route of	arina	
					administration. Such monit	oring may	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		IPLE CONSTRUCTION	(X3) DATE SUP COMPLE	
					NG		
		440039	B.	WING_		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER		11.55	STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	MEDICAL CENTER DRIVE		
			NASHVILLE, TN 37232				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG CRO		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	LD BE	(X5) COMPLETI ON DATE
			Α	385	include, but is not limited to	o, direct	
					observation, monitoring of	vital signs	
					and neurological status.		
					The Hospital's Medication		44/07/40
		- 1			Administration Policy has I		11/27/18
					revised, which revisions ar		
					scheduled to be approved	on	
		1			November 27, 2018, to de		
					required monitoring of pati		
					receiving medications. Spetthe amended Medication	ecifically,	
					Administration Policy state	s that the	
					patient's clinical status is n		
1					to evaluate patient respons		
					medication and/or adverse		
1					reactions, and the duration	ı and	
					frequency of monitoring is		
					the patient's condition, the	type of	
					medication, and route of		
					administration. Such monit include, but is not limited to		
					observation, monitoring of		
					and neuro checks. The Me	_	
					Administration Policy has t	A CONTRACTOR OF THE PARTY OF TH	
					further amended to require		
					documentation in the medi	cal record	
					regarding medication admi	nistration.	
					The Hospital reviewed its p	nolicies	
					and procedures related to		
					sedation, specifically the S		
					Operating Procedure for M		
					Sedation, to ensure sufficie		
					safeguards are in place. The	ne	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	COMPLE	
					NG		
		440039	B. 1	WING_		11/08	/2018
	ROVIDER OR SUPPLIER BILT UNIVERSITY ME	DICAL CENTER		121	EET ADDRESS, CITY, STATE, ZIP CODE 1 MEDICAL CENTER DRIVE 6HVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	IC PRE TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
			Α	385	Hospital determined that it place comprehensive guid regarding the administration moderate sedation, specification including procedures for expensive sedation and the sedation of the sedatio	ance on of ically nsuring	
					patients receiving sedation continuously observed and physiologically monitored the sedation period by a neadvanced practice nurse, por other qualified and train approved by the Hospital's Committee. The SOP for Moderate Sedation details the post a recovery scoring system at that is required to disconting monitoring. The SOP for Moderate Sedation also includes contransporting patients who hundergone moderate sedational including required monitoring. Hospital has determined the updates to the SOP for Moderate SO	throughout urse, physician, ed staff as sedation Moderate and score nue floderate additions for nave attion, ang. The nat no oderate additions for nave attion, ang. The nat no oderate additions for nave attion, and the nat no oderate additions for nave attion, and the nat no oderate additions for nave attion, and the nat no oderate additions for nave attion, and the nat no oderate and object a	12/3/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	ILTIPLE CONSTRUCTION	(X3) DATE SUI	
				DING		
		440039	B. WIN	G	11/08	/2018
	ROVIDER OR SUPPLIER	DICAL CENTER	1:	TREET ADDRESS, CITY, STATE, ZIP CODE 211 MEDICAL CENTER DRIVE ASHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	LD BE	(X5) COMPLETI ON DATE
			A 38	Medication Policy, and Me Administration Policy inclu requirements for monitoring during transport and during	edication uding the ng patients ng and after	
				medication administration appropriate handover, and medical record documents clinical staff member listed will be able to begin shift a December 3rd without contraining and subsequent of testing. The Hospital's Ch Nursing Officers monitor the education requirement and regular updates to director departments to ensure condepartments to ensure confoliowing three months, the Hospital's Chief Nursing Coversee weekly chart review patients from each unit, rate selected, to assess for contraining to the improvement in medical safety, transport and moniting patients. Such patient recovered for documentation appropriate monitoring, has communication, and documents with the Transport Medication Administration High Alert Medication Police event such an audit reveal	d related ation. No d above after firmation of competency nief his d provide rs of these mpliance. December the e officers will ews of 5 andomly mpliance cation atoring of ords will be on of the andover mentation cort Policy, Policy and cy. In the	12/3/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PIPLE CONSTRUCTION	(X3) DATE SUF	
					NG		
		440039	В.	WING_		11/08/	/2018
NAME OF P	ROVIDER OR SUPPLIER	The state of the s	3.5	STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE	D EFIX NG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
			А	385	compliance, inconsistencie questions, the Chief Nursi will follow-up with the unit nurse managers for addition required to achieve compli	ng Officers level onal steps ance,	
					such as targeted education training. The Chief Nursing will review monthly update chart review audits to the Nursing Quality Committee. The Hospital has reviewed its policiprocedures related to access and administration of Paralyzing Agents made the following changes: A multi-disciplinary work gromprised of Hospital lead including Physicians, Phar Risk, Nursing, Quality, and Informatics was convened on January 19, 2018 to ass Paralyzing Agents included override medication list. The workgroup determined to revecuronium from the AcuD (Hospital's automated disposabinet) override status list removal was approved by Pharmacy, Therapeutics and Diagnostic Committee on Feat 23, 2018 and implemented 1, 2018. The work group determined to the couronium would removed that rocuronium would removed that rocuronium would removed that rocuronium would removed with the couronium would removed with the characteristics and the characteristics	or and g Officers s of such VUMC e. dies and s and roup lers macy, I Health beginning sess d on the nis emove lose ensing t, which the VUMC nd February I on March etermined	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
					NG		С
		440039	В	. WING		11/08	3/2018
NAME OF P	ROVIDER OR SUPPLIER		325	STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		-
(X4) ID PREFIX TAG				ID REFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETI ON DATE
				A 385	override list, based on the		
					group's determination that clinical risks to patients of		
					access to rocuronium out	_	
					the potential safety benefit		
					removing the Paralyzing A	-	
					override status. The Hospi Medication Safety Officer i		
					partnership with the VUMC		
					Pharmacy, Therapeutics a		
					Diagnostic Committee will		
					the Paralyzing Agents, incl rocuronium, on the overrid	_	
					annually.	J	
							11/27/18
					 The Hospital has changed naming convention from 	tne	11/21/10
					"Neuromuscular Blocking	Agents",	
					as referenced in certain po		
					including the High Alert Me		
					Policy, to "Paralyzing Ager consistency throughout the		
					The Hospital has also stan		
- 1					the nomenclature utilized f	or	
					Paralyzing Agents across t		
					Hospital in eStar (Hospital' electronic medical record)		
					AcuDose, such that both e		
					systems present the name	as	
					"PARALYZING AGENT" fo		
					the medication name. Para		
					Agents will no longer be at pulled up on the AcuDose		
					screen by typing in the dru		
					Instead, "PARA" will be typ	-	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)	MULT	IPLE CONSTRUCTION	(X3) DATE SUI	
			A. F	BUILDI	NG		2
		440039	B. \	NING_		11/08	
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDERI	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	EMENT OF DEFICIENCIES JUST BE PRECEDED BY FULL EIDENTIFYING INFORMATION)	ID PREI TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETI ON DATE
			Α	385	first two letters of "Paralyz		
					- which will then pull up the		
					Paralyzing Agents in the A cabinet. The four Paralyzin		
					are the only medications the		
					on both electronic systems		
					search for "PARA". Signs		b
		2			attached to the AcuDose of		
					indicating that "PARA" mu		
					to access Paralyzing Ager new nomenclature of "Para		
					Agent: [medication name]		
					effective in both eStar and	1004014400 12410400	
					as of November 27, 2018.	Effective	
					on November 27, 2018, th	is updated	
					procedure is documented	-	
					amendment to the Hospita	_	
					Alert Medications Charts for Adult Patients and Pediatri		
					Patients, which are incorpo		
					the High Alert Medications		
					These charts have been a		
					list the four (4) specific Par		
					Agents available at the Ho		
				- 1	to reflect the updated nom		
					of "Paralyzing Agent [mediname]".	cation	
					0-1	- 11	11/27/18
					 On November 27, 2018, the will implement warning in A 		11121110
					and eStar, stating: "WARN		
					PARALYZING AGENT - C		
					Respiratory Arrest – Patier		
					Ventilated." The Hospital h	1	
					amended the High Alert Mo	edications	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SU COMPLE	TED
		440039		3		0
NAME OF PI	ROVIDER OR SUPPLIER	440000	ST	REET ADDRESS, CITY, STATE, ZIP CODE	11/08	3/2018
VANDER	BILT UNIVERSITY ME	EDICAL CENTER	1/	111 MEDICAL CENTER DRIVE ASHVILLE, TN 37232		224
(X4) ID PREFIX TAG	(EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTT CROSS-REFERENCED TO THE APPROPRIATION OF CORRECT CORR	ULD BE	(X5) COMPLETI ON DATE
			A 385	Charts for both Adult Par Pediatric Patients, effect November 27, 2018, to s pop-up warning as a Spe Strategy for PARALYZIN AGENTS.	ive on specify this ecific Safety	
				On November 27, 2018, will implement new proces shrink wrap packaging to to all vials of Paralyzing a dispensed in AcuDose the Hospital, and effective November 27, 2018 amenthe Hospital's High Alert Charts for both Adult Path Pediatric Patients will be to specify a Specific Safethat all Paralyzing Agents in AcuDose cabinets through the Hospital will have shrink packaging. The Hospital Pharmacy Leadership with compliance with the requirement of Paraly by conducting random at AcuDose cabinets through the packaging of Paraly by conducting random at AcuDose cabinets through the packaging of compliance for a minimum months of consecutive 10 compliance.	edures for be added Agents broughout e endments to Medications ients and approved ety Strategy s dispensed oughout the wrap Executive Il monitor irred shrink ytic Agents udits of all ghout the ackaging m of three	11/27/18
				 As of November 27, 2018 Hospital will finalize and new procedures to require 	implement	11/27/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. E	BUILDI	NG		
		440039	B. \	WING_			/2018
NAME OF PE	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDERE	BILT UNIVERSITY ME	DICAL CENTER			1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE	ID PROVIDER'S PLAN OF CORF REFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE APPROP		D BE	(X5) COMPLETI ON DATE
			Α	385	additional Specific Safety		
					for all Paralyzing Agents to		
					an Independent Double Cl		
					conducted by two licensed		
					registered nurses prior to t		
					administration of a Paralyz		
					where electronic clinical sy		
					prompt dual sign off for bo		
					and upon the following for o Initiation of infusio		
					o Change of contain		
					o Handover	01	
					The Hospital has amended	the High	11/27/18
					Alert Medications Charts for	_	11/21/10
					Adult Patients and Pediatri		
					Patients, which revisions a	re	
					scheduled to be approved	on	
					November 27, 2018, to spe	ecify the	
					Specific Safety Strategy th	at all	
					Paralyzing Agents require	such	
					Independent Double Chec	k.	
					Training: By November 26, every nurse and paramedic work in an area of the Hos where Paralyzing Agents a available in AcuDose dispersion of the process changes, Index Double Check, vial package naming convention changes nurse or paramedic staff mand who has not complete.	c who pital pre ensing complete putlining pendent ing and es. Any ember training,	11/26/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
					NG		
		440039	В	. WING_		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PR	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETI ON DATE
				A 385	computer-based training p		
					November 27, 2018 for an including being on vacation	-	
					scheduled to work at the F		
					during the time period, will not be		
					permitted to begin their ne		
					the Hospital without first co		
		1			the required training. The I monitoring the completion		
					required training programs		
					of November 21, 2018, 1,3		
					individuals, which is 53% p		
	2				the Hospital's staff membe		
					required to receive the eduning had completed the training		
					requirement.	•	
					 Monitoring: The Hospital w 		11/27/18
					implement several measur monitor compliance with th		
					medication administration	ie updated	
					requirements. Beginning o	n	
					November 27, 2018, the H		
					Enterprise Medication Safe		
					in collaboration with the Ch		
					Nursing Officers, Executive		
					Pharmacy Leadership, and Staff, will compile monthly		
					overrides from AcuDose ca		
		-			paralyzing agents, which w		
					reviewed at the medication		
					committee, as well as on the	ne unit	
					level, and assessed for		
					appropriateness. Such mo		
					reporting will be ongoing, a	DITE	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/S AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. B	UILDI	NG	(2
		440039	B. W	/ING_		11/08/	
	ROVIDER OR SUPPLIER BILT UNIVERSITY ME	DICAL CENTER		121	EET ADDRESS, CITY, STATE, ZIP CODE 1 MEDICAL CENTER DRIVE SHVILLE, TN 37232	(8)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	ULD BE COMPI	
			A	385	continue for three months November 27, 2018. There Enterprise Medication Safe will continue to periodically and provide override perfo	eafter, the ety Officer review	
					reports as part of ongoing medication safety committee In addition, beginning on N 27, 2018 and continuing or monthly basis until 100% compliance is achieved, He Chief Nursing Officers will monthly reports of Independent Double Check, in order to compliance with the Independent Double Check procedure for Paralyzing Agents. Such medication safety committee the Hospital's Nursing Quancommittee. The Hospital also imposes the follogeneral requirements for nurse traineducation regarding its policies and procedures:	lovember in a cospital's review indent verify endent or nonthly o ees and ality cowing ining and it	11/27/18
					medication administration, record documentation, and monitoring of patients received medication, all newly hired are required to complete cobased training related to the	iving nurses omputer-	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	•	TIPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
					NG	C	5
		440039	В.	WING _		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NASHVILLE, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETI ON DATE
			A	385	preparation of drugs and s		
					medication practices. All nurse residents, who are new graduate registered nurses hired with less		
					than six months of nursing		
					experience, are required to		
					such education regarding		
					medication practices, as w attend a workshop on med		
					safety. These trainings have		
					updated to include educati		
					the revisions to the Medica		
					Policy, the new nomenclat		
					Paralyzing Agents, the upo		
					requirements for monitorin receiving High Alert Medic		
					receiving riight Alert Medications.		}
					 Further, all nurses and nur 	se	
					residents receive ongoing		
					on an annual basis regardi		
					variety of topics determine Hospital nurse leaders, ed		
				1	and staff. Nursing staff mu		
					competency in the identifie		
					between January and June		
					calendar year through a va	- 1	
					methods, including an onlin		
					learning module, skill valid mannequin, observation of		
					practice, etc. The Hospital		
				4	include medication adminis		
					patient monitoring, docume		
					and other issues discussed		
					Plan of Correction in such		
					competencies, as appropri	ate and	

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1,,,		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					NG		
		440039	B. V	VING_		11/08/	/2018
	ROVIDER OR SUPPLIER BILT UNIVERSITY ME	DICAL CENTER		121	EET ADDRESS, CITY, STATE, ZIP CODE 1 MEDICAL CENTER DRIVE 5 HVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREI TAG	=IX	PROVIDER'S PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	LD BE	(X5) COMPLETI ON DATE
			Α	385	based on the issues revea results of the audits descr herein.		
					The Hospital has reviewed its policy procedures related the role of the Nurse", which is a type of resource and made the following changes: • The Hospital has updated Care documents in each of that relies on a "Help All Not similar position), in order to the applicable role and duthe Hospital, "Resource Not generally used to describe role that usually does not apatient assignment during but takes direction from the Staff Leader or Resource Leader to assist other nurse workloads demand, included response teams, STAT catransports. Resource Nurse various departments included Nurse; Procedural Nurse; Discharge, Transfer Nurse; Patient Flow Nurse. The Staff Care were revised in intensity and non-intensive catefine the applicable Resource (including the "Including t	"Help All e nurse, Scope of department lurse" (or to define ties. At urse" is a nursing take the shift the Clinical Staff ses as ling rapid tills, and the roles in the Float Admit e; and scopes of the core are units to ource thelp All lovember	11/20/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
					NG		
		440039	В.	WING_		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
			Α	385	each Hospital department that		
					utilizes such a Resource N		
					will review the departments Scope of Care document on an annual basis		
					to ensure duties of the pos		
					remain complete and accu		-
			A	395	The Hospital has reviewed its police procedures related to monitoring or during and after medication administration and made the following changes: • The Hospital has revised it previously titled Transport Critically III Patient, which is are scheduled to be approximately in a policy be critically ill patients. As such newly amended policy is the "Transport of Patients" (he "Transport Policy"). This poportion of the every patient transported with equipment supplies, and staff approprimental support the paphysiological needs. The provides that the level of care maintained during transport after arrival at the receiving department/unit, and descripted policy states that	f patients stration as policy of the revisions wed on eaden yound the the tied reinafter, olicy shall be to attent's olicy is a stand of the ties. The	11/27/18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(A)	IPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
			1		NG	0	
		440039	В.	. WING_	<u> </u>	11/08/	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NASHVILLE, TN 37232			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETI ON DATE
			V	A 395	monitoring, a clinical staff		
					required to be available to		
					handover of the patient pu		
					Handover Communication		
					procedure. Any such hand	dover will	
					be documented in the med		
					CONTRACTOR STATE AND THE ADDRESS ASSESSMENT		
					staff member must remain	-	
					patient. Further, the Transport Policy		
o l		No.			states that patients receiving		
					medications that could lea		
					i i		
1							
					monitoring to be based on		
					patient's condition, type of		
					medication, and route.		
						ccordance	
						,	
					not limited to, direct observ		
					vital signs, and neuro chec		
					revised Transport Policy fu		
						-	
					S .	-	
					the Hospital's CL SOP - C Handover Communication procedure. Any such hand be documented in the med record. In the event a clini member is not available to the patient, the transportin staff member must remain patient. Further, the Trans states that patients receivi medications that could lear respiratory depression and respiratory distress are moduring and after transport, duration and frequency of monitoring to be based on patient's condition, type of medication, and route. Documentation will be in a with VUMC's Medication Administration Policy. The Transport Policy further sta such monitoring may includ not limited to, direct observital signs, and neuro check	dover will dical dical dical staff receive g clinical with the port Policy ng d to d/or onitored with the the the ccordance e ates that de, but is vation, cks. The arther mentation ent's ng and	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ι,		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	ATE SURVEY	
					NG	(С	
		440039				11/08	08/2018	
NAME OF P	ROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE			
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE			
	Y-		-	NAS	SHVILLE, TN 37232		1	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPROPRI		LD BE	(X5) COMPLETI ON DATE	
			A 395		times the patient leaves ar to the unit.	nd returns		
					 The Hospital has revised its High Alert Medication Policy, which 		11/27/18	
					revisions are scheduled to approved on November 27 detail required monitoring receiving administration of medications. Specifically, tamended High Alert Medic Policy states that the patie clinical status is monitored evaluate patient response medication and/or adverse reactions, and the duration frequency of monitoring is the patient's condition, the medication, and route of administration. Such monit include, but is not limited to observation, monitoring of and neurological status. The Hospital's Medication Administration Policy has be revised, which revisions are scheduled to be approved November 27, 2018, to detered monitoring of patier receiving medications. Spetthe amended Medication Administration Policy states patient's clinical status is meto evaluate patient response.	7, 2018, to of patients in high alert the cation ent's to to to and based on type of toring may on direct vital signs on tail ents ecifically, as that the nonitored	11/27/18	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	COMPL		(X3) DATE SUI COMPLE			
					ING			
		440039		s. WING		11/08	/2018	
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE			
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE			
				NA:	SHVILLE, TN 37232			
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATION	LD BE	(X5) COMPLETI ON DATE	
				A 395	medication and/or adverse			
					reactions, and the duration			
					frequency of monitoring is			
					the patient's condition, the medication, and route of	type of		
					administration. Such moni	toring may		
					include, but is not limited to			
					observation, monitoring of			
					and neuro checks. The Me	and neuro checks. The Medication		
					Administration Policy has			
					further amended to require specific			
					documentation in the med			
					regarding medication adm	inistration.		
					The Hospital reviewed its	policies		
					and procedures related to			
					sedation, specifically the S	tandard		
					Operating Procedure for M			
					Sedation, to ensure suffici			
					safeguards are in place. T			
					Hospital determined that it place comprehensive guid			
					regarding the administration			
					moderate sedation, specifi			
					including procedures for e			
					patients receiving sedation	ı are		
					continuously observed and			
4					physiologically monitored t			
					the sedation period by a nu			
					advanced practice nurse, p			
					or other qualified and train approved by the Hospital's			
					Committee. The SOP for N			
					Sedation details the post a			
					recovery scoring system a			
1		i						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SUI COMPLE	
					NG		
		440039	В	. WING_		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETI ON DATE
				A 395	that is required to disconting		
					monitoring. The SOP for N Sedation also includes cor	1.5	
					transporting patients who I		
					undergone moderate seda		
					including required monitori	_	
					Hospital has determined the		
					updates to the SOP for Moderate Sedation are required.		
					Training: By December 3, 1		12/3/18
					Hospital is requiring all ma clinical staff leaders (CSLs		
					licensed practical nurses (
					respiratory therapists and		
		ł			paramedics working in inpa		
					procedural areas of the Ho		
					complete education throug line education system, whi		
					addresses the updates to t		
					Transport Policy, High Alei		
					Medication Policy, and Me	dication	
					Administration Policy include		
					requirements for monitoring	• .	
					during transport and during medication administration,	, and after	
					appropriate handover, and	related	
					medical record documenta		
					clinical staff member listed	ACCOUNT NO. N. 1151	
					will be able to begin shift a		
					December 3rd without confi	-	
					training and subsequent co testing. The Hospital's Chi		
					Nursing Officers monitor th		
					education requirement and		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. B	UILDI	NG	C	
		440039	B. V	VING_		11/08	*
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		1211	MEDICAL CENTER DRIVE		
			NASHVILLE, TN 37232				
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREF TAG	(\$00 AK	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENC		(X5) COMPLETI ON DATE
			A	395	regular updates to director departments to ensure cor		
					 Monitoring: Beginning on E 3, 2018 and continuing for following three months, the 	the	12/3/18
					following three months, the Hospital's Chief Nursing O oversee weekly chart revie patients from each unit, rai selected, to assess for conwith improvement in medic safety, transport and monit patients. Such patient recoreviewed for documentation appropriate monitoring, has communication, and docur consistent with the Transport Medication Administration High Alert Medication Police event such an audit reveal compliance, inconsistencied questions, the Chief Nursing will follow-up with the unit I nurse managers for addition required to achieve compliance training. The Chief Nursing will review monthly updates chart review audits to the Nursing Quality Committee.	ews of 5 endomly enpliance cation toring of ords will be endover mentation ort Policy, Policy and cy. In the es non- es or eng Officers evel enal steps ance, en and endowers endower	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, , ,		2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING			С		
440039		440039	В.	WING_		11/08	
NAME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	EDICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENC		(X5) COMPLETI ON DATE
			A 395		The Hospital has reviewed its policies and procedures related to access and administration of Paralyzing Agents and		
					A multi-disciplinary work g comprised of Hospital lead including Physicians, Phar Risk, Nursing, Quality, and Informatics was convened on January 19, 2018 to as Paralyzing Agents included override medication list. The workgroup determined to recurrence to vecuronium from the Acub (Hospital's automated dispicabinet) override status list removal was approved by Pharmacy, Therapeutics a Diagnostic Committee on E 23, 2018 and implemented 1, 2018. The work group distributed that rocuronium would removerride list, based on the group's determination that clinical risks to patients of access to rocuronium outwithe potential safety benefit removing the Paralyzing A override status. The Hospimedication Safety Officer is partnership with the VUMC Pharmacy, Therapeutics and Diagnostic Committee will the Paralyzing Agents, inclining the paralyzing Agents	lers macy, I Health beginning sess d on the nis emove lose lensing t, which the VUMC and rebruary I on March etermined lain on the work the not having reighed s from gent from tal's an the cond reassess	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING		С		
		440039	В.	WING_		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
VARDER	DIET GIVITERGITT INC	DIONE SERVER		NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
			F	395	rocuronium, on the overrid annually.	e list	
				-	The Hospital has changed naming convention from "Neuromuscular Blocking."		11/27/18
					"Neuromuscular Blocking as referenced in certain poincluding the High Alert Me Policy, to "Paralyzing Ager consistency throughout the The Hospital has also stanthe nomenclature utilized for Paralyzing Agents across Hospital in eStar (Hospital electronic medical record) AcuDose, such that both esystems present the name "PARALYZING AGENT" for the medication name. Para Agents will no longer be all pulled up on the AcuDose screen by typing in the dru Instead, "PARA" will be typing first two letters of "Paralyzin which will then pull up the Paralyzing Agents in the Acabinet. The four Paralyzin are the only medications the on both electronic systems search for "PARA". Signs a attached to the AcuDose of indicating that "PARA" must to access Paralyzing Agen new nomenclature of "Para Agent: [medication name]"	olicies, edication onts" for e Hospital. Idardized for the essand electronic eas ollowed by alyzing ole to be override g name. Oled in - the eng Agent" e list of cuDose eng Agents of cuDose eng Agen	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		Α.	BUILDI	NG	C		
440039		В. 1	B. WING				
		440033	1	1		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	LD BE	(X5) COMPLETI ON DATE
			Α	395	effective in both eStar and as of November 27, 2018. on November 27, 2018, the procedure is documented amendment to the Hospita	Effective is updated by an	
					Alert Medications Charts for Adult Patients and Pediatric Patients, which are incorporated the High Alert Medications. These charts have been all list the four (4) specific Para Agents available at the Ho to reflect the updated nomof "Paralyzing Agent [mediname]". On November 27, 2018, the will implement warning in A and eStar, stating: "WARN PARALYZING AGENT - Concept Charts for both Adult Patien Ventilated." The Hospital hamended the High Alert McCharts for both Adult Patien Pediatric Patients, effective November 27, 2018, to specify the proposed strategy for PARALYZING AGENTS. On November 27, 2018, the will implement new proced shrink wrap packaging to be to all vials of Paralyzing Agdispensed in AcuDose through	or both ic orated into ic Policy. mended to ralyzing espital, and enclature ication ne Hospital AcuDose IING: rauses int Must Be has edications ecify this iffic Safety in ine Hospital ures for be added gents	11/27/18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING		С		
		440039	В.	WING_		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1	
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE	D BE	(X5) COMPLETI ON DATE
			A 395		the Hospital, and effective November 27, 2018 amendments to the Hospital's High Alert Medications Charts for both Adult Patients and Pediatric Patients will be approved		
			×		to specify a Specific Safety that all Paralyzing Agents on AcuDose cabinets through Hospital will have shrink we packaging. The Hospital E Pharmacy Leadership will compliance with the require wrap packaging of Paralytic by conducting random aud AcuDose cabinets through hospital and validating packaging for a minimum months of consecutive 100 compliance. As of November 27, 2018,	dispensed ghout the rap xecutive monitor ed shrink c Agents its of all out the kaging of three	11/27/18
					Hospital will finalize and im new procedures to require additional Specific Safety S for all Paralyzing Agents to an Independent Double Ch conducted by two licensed registered nurses prior to the administration of a Paralyz where electronic clinical sy prompt dual sign off for boll and upon the following for in Initiation of infusion Change of contains Handover	plement the Strategy include leck he ing Agent, stems us doses infusions:	

) PROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		LDING		С	
440039	B. WING			11/08/2018	
AL CENTER	1	211 MEDICAL CENTER DRI			
T OF DEFICIENCIES BE PRECEDED BY FULL ITIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETI ON DATE
	A 39	Alert Medication Adult Patients Patients, which scheduled to be	ons Charts fo and Pediatrion h revisions and ne approved o	r both c re on	11/27/18
		November 27, Specific Safety Paralyzing Age Independent D Training: By N every nurse ar work in an are: where Paralyz available in Ac cabinets, are re an online traini the process ch Double Check naming conver nurse or paran required to cor and who has n computer-base November 27, including being scheduled to we during the time permitted to be the Hospital wi the required tra monitoring the	2018, to speny Strategy that a cents require soluble Check ovember 26, and paramedic a of the Hosping Agents and a cents of the Hosping module of the parameter of the cents of the theory of the theo	cify the at all such at all at a such at all at a	11/26/18
T E	440039 AL CENTER T OF DEFICIENCIES BE PRECEDED BY FULL	AL CENTER OF DEFICIENCIES BE PRECEDED BY FULL TIFYING INFORMATION) A. BUI B. WIN A. BUI B. WIN TAG TAG TAG A. BUI B. WIN TAG TAG TAG A. BUI B. WIN TAG TAG TAG TAG TAG TAG TAG TAG	AL CENTER A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZI 1211 MEDICAL CENTER DRI NASHVILLE, TN 37232 PROVIDER'S PLAI (EACH CORRECTIVE CROSS-REFERENCED TO TH THE Hospital In A 395 A 395 The Hospital In A A 4 A 395 The Hospital In A A 39	AL CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232	A. BUILDING

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1		NG	COMPLE	TED	
		В. \	NING_	-	C 11/08/2018			
NAME OF PROVIDER OR SUPPLIER VANDERBILT UNIVERSITY MEDICAL CENTER			i	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232				
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREI TA	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATI	D BE	(X5) COMPLETI ON DATE	
			Α	395	the Hospital's staff member required to receive the eduthad completed the training requirement. Monitoring: The Hospital we	ucation,	-14/37/40	
					implement several measure monitor compliance with the medication administration requirements. Beginning of November 27, 2018, the Henterprise Medication Safe in collaboration with the Clausing Officers, Executive Pharmacy Leadership, and Staff, will compile monthly overrides from AcuDose caparalyzing agents, which we reviewed at the medication committee, as well as on the level, and assessed for appropriateness. Such more porting will be ongoing, a continue for three months. November 27, 2018. There Enterprise Medication Safe will continue to periodically and provide override perfore ports as part of ongoing medication safety committed.	res to ne updated n lospital's ety Officer, nief e d Chief of reports of abinets for vill be n safety ne unit nthly and following eafter, the ety Officer review rmance ee work.	11/27/18	
					27, 2018 and continuing or worthly basis until 100% compliance is achieved, Ho	n a	11/27/18	

STATEMENT OF DEFICIENCIES (X1) PROVIDER'SUPPLIER'CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		31111 1211	NC	COMPLETED	
			NG	С	
440039	D. V	VIIVO_	*	11/08/2018	
		STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
ICAL CENTER		121	1 MEDICAL CENTER DRIVE		
		NAS	SHVILLE, TN 37232		
ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PRE	FIX	(EACH CORRECTIVE ACTION SHOUL	.D BE	(X5) COMPLETI ON DATE
	A	395	monthly reports of Indeper Double Check, in order to compliance with the Independent Double Check procedure for	ndent verify endent or	
			Paralyzing Agents. Such me reporting will be provided to medication safety committed the Hospital's Nursing Qual Committee. The Hospital also imposes the follogeneral requirements for nurse training education regarding its policies and procedures: In regard to nurse training medication administration, record documentation, and monitoring of patients recemedication, all newly hired are required to complete or based training related to the preparation of drugs and same dication practices. All nuresidents, who are new grangistered nurses hired with than six months of nursing experience, are required to such education regarding same medication practices, as we attend a workshop on medicated to the safety. These trainings have	onees and ality owing oned and do on medical do iving on on on one of the original and ori	
	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL	### A440039 PICAL CENTER ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION) PREI TAG	440039 STRE 121 NAS ENT OF DEFICIENCIES ST BE PRECEDED BY FULL PREFIX	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 ENT OF DEFICIENCIES STIBLE PRECEDED BY FULL STENTIFYING INFORMATION) A 395 Chief Nursing Officers will monthly reports of Indeper Double Check, in order to compliance with the Indepe Double Check procedure f Paralyzing Agents. Such in reporting will be provided t medication safety committ the Hospital's Nursing Que Committee. The Hospital also imposes the follogeneral requirements for nurse trai education regarding its policies and procedures: In regard to nurse training medication, and monitoring of patients rece medication, all newly hired are required to complete or based training related to th preparation of drugs and s medication practices. All in residents, who are new gra registered nurses hired wit than six months of nursing experience, are required to such education regarding in medication practices, as w attend a workshop on med safety. These trainings hav updated to include education	STREET ADDRESS, CITY, STATE, ZIP CODE 1211 MEDICAL CENTER DRIVE NASHVILLE, TN 37232 ENT OF DEFICIENCIES EST BE PRECEDED BY FULL PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY A 395 Chief Nursing Officers will review monthly reports of Independent Double Check, in order to verify compliance with the Independent Double Check procedure for Paralyzing Agents. Such monthly reporting will be provided to medication safety committees and the Hospital's Nursing Quality Committee. The Hospital also imposes the following general requirements for nurse training and education regarding its policies and procedures: In regard to nurse training on medication administration, medical record documentation, and monitoring of patients receiving medication, all newly hired nurses are required to complete computer- based training related to the preparation of drugs and safe medication practices. All nurse residents, who are new graduate registered nurses hired with less

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
				A. BUILDING		С	
		440039	D.	. WING		11/08	/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDER	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		ı.
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PR	ID PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTT THE APPROPRIATE OF CROSS-REFERENCED TO THE APPROPRIATE OF CROSS-REFERENCED		JLD BE COMPLE	
				A 20E	Policy, the new nomenclat		
			•	A 395	Paralyzing Agents, the upo		
					requirements for monitoring patients		
					receiving High Alert Medic	auons.	
					 Further, all nurses and nur 	se	
					residents receive ongoing		
					on an annual basis regard		
					variety of topics determine		
					Hospital nurse leaders, ed and staff. Nursing staff mu		
					competency in the identifie		
					between January and June		
					calendar year through a va		
				1	methods, including an onli	ne	
					learning module, skill valid		
					mannequin, observation of		
					practice, etc. The Hospital include medication adminis		
					patient monitoring, docume		
					and other issues discussed		
					Plan of Correction in such		
					competencies, as appropri		
					based on the issues reveal		
1					results of the audits describ	ped	
1					herein.		
					The Hospital has reviewed its polic	ies and	
					procedures related the role of the "		
					Nurse", which is a type of resource	nurse,	
					and made the following changes:		
					The Hospital has updated \$	Scope of	11/20/18
					Care documents in each de		11/20/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 440039) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILI		BUILDING		
		В.	WING_		11/08/		
NAME OF PE	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
VANDERE	BILT UNIVERSITY ME	DICAL CENTER		121	1 MEDICAL CENTER DRIVE		
				NAS	SHVILLE, TN 37232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PRE TA	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENC		(X5) COMPLETI ON DATE
			A 39		that relies on a "Help All N similar position), in order to the applicable role and du the Hospital, "Resource N generally used to describe	o define ties. At urse" is a nursing	
					role that usually does not to patient assignment during but takes direction from the Staff Leader or Resource Leader to assist other nurs workloads demand, includ response teams, STAT catransports. Resource Nurs various departments includ Nurse; Procedural Nurse; Discharge, Transfer Nurse Patient Flow Nurse. The SCare were revised in intenunits and non-intensive catefine the applicable Resonurse role (including the "Including the "Includ	the shift e Clinical Staff ses as ing rapid ills, and e roles in de Float Admit copes of sive care re units to burce Help All lovember hip of that lurse role s Scope of ual basis ition	