STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 670132	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METHODIST SOUTHLAKE MEDICAL CENTER	**421 E STATE HIGHWAY 114 , SOUTHLAKE, Texas, 76092**

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A0000	INITIAL COMMENTS The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. An unannounced entrance visit was made at Methodist Southlake Medical Center located at 421 E STATE HIGHWAY 114 SOUTHLAKE, TX, 76092, TARRANT, with the Director of Quality, Nurse Manager of the Emergency department, on 04/16/2024 Morning at around 0935 AM. The Purpose and process of the complaint survey were explained, and an opportunity was given for questions. All questions were answered. 04/16/2024: COMPLAINT # TX00495933 - CMS determined that the hospital was not in compliance with 42 CFR § 489.20, and 42 CFR § 489.24 Special responsibilities of Medicare hospitals in emergency cases; however the identified noncompliance constitutes Past Noncompliance (PNC) because the hospital implemented corrective actions prior to the complaint survey investigation and those corrective actions were verified by the surveyor as fully implemented and effective. A peer review was conducted and identified a failure in diagnosing sepsis which led to the patient's severe condition and subsequent intensive care at another hospital. The corrective actions taken included an updated sepsis best practice advisory (BPA) workflow for the emergency department to assist in identifying sepsis cases. The updated workflow provides triggers for abnormal vitals while the patient is in triage. The surveyor verified through interview, observation, and record review that the corrective actions were fully implemented and effective. The hospital demonstrated substantial compliance with EMTALA	A0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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A0000	Continued from page 1 at the time of this survey. An exit conference was held on the afternoon of 04/17/2024 at the facility with the Director of Quality, Emergency Department Nurse Manager, and Chief Financial Officer. Next steps in the survey process were presented, and an opportunity was given for questions and discussion. All questions were answered.	A0000		
A2400	COMPLIANCE WITH 489.24 CFR(s): 489.20(l) [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility (Hospital A) failed to comply with CFR § 489.24 Special responsibilities of Medicare hospitals in emergency cases when they did not provide an appropriate medical screening exam for one of 20 patients (Patients #1). Based on the record review and interview, the facility failed to provide an appropriate medical screening exam within the capability of the Hospital Emergency Department for one of 20 patients (Patient #1) with emergency medical conditions. Patient #1 presented to the Facility A's Emergency Department (ED) with a chief complaint of body aches, headache, dizziness, fever, nausea and vomiting. The facility discharged Patient #1 with a diagnosis of upper respiratory infection despite Patient #1 having abnormal labs, elevated heart rate and decreased blood pressure. Patient #1 was subsequently taken to Facility B where they were admitted with sepsis and received intensive care treatment. A peer review was conducted and identified a failure in diagnosing sepsis which led to the patient's severe condition and subsequent intensive care at another hospital. The corrective actions taken included an updated sepsis best practice advisory (BPA) workflow for the emergency department to assist in identifying sepsis cases. The updated workflow provides triggers for abnormal vitals while the patient is in triage. The surveyor verified through interview, observation, and record review that the corrective actions were fully implemented and effective. Therefore, the deficiency cited above represents Past Noncompliance. The hospital demonstrated substantial compliance with EMTALA at the time of this survey. .	A2400		

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A2406	MEDICAL SCREENING EXAM CFR(s): 489.24(a) & 489.24(c) (a) Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must- (i) Provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (ii) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2)(i) When a waiver has been issued in accordance with section 1135 of the Act that includes a waiver under section 1135(b)(3) of the Act, sanctions under this section for an inappropriate transfer or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department if the following conditions are met: (A) The transfer is necessitated by the circumstances of the declared emergency in the emergency area during the emergency period. (B) The direction or relocation of an individual to receive medical screening at an alternate location is pursuant to an appropriate State emergency preparedness plan or, in the case of a public health emergency that involves a pandemic infectious disease, pursuant to a State pandemic preparedness plan. (C) The hospital does not discriminate on the basis	A2406		

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A2406	Continued from page 3 of an individual's source of payment or ability to pay. (D) The hospital is located in an emergency area during an emergency period, as those terms are defined in section 1135(g)(1) of the Act. (E) There has been a determination that a waiver of sanctions is necessary. (ii) A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided under section 1135(e)(1)(B) of the Act. (c) Use of dedicated emergency department for nonemergency services. If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility (Hospital A) failed to comply with CFR § 489.24 Special responsibilities of Medicare hospitals in emergency cases when they did not provide an appropriate medical screening exam for one of 20 patients (Patients #1). Based on the record review and interview, the facility failed to provide an appropriate medical screening exam within the capability of the Hospital Emergency Department for one of 20 patients (Patient #1) with emergency medical conditions. Patient #1 presented to the Facility A's Emergency Department (ED) with a chief complaint of body aches, headache, dizziness, fever, nausea and vomiting. The facility discharged Patient #1 with a diagnosis of upper respiratory infection despite Patient #1 having abnormal labs, elevated heart rate and decreased blood pressure. Patient #1 was subsequently taken to Facility B where they were admitted with sepsis and received intensive care treatment. A peer review was conducted and identified a failure in diagnosing sepsis which led to	A2406		

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A2406	Continued from page 4 the patient's severe condition and subsequent intensive care at another hospital. The corrective actions taken included an updated sepsis best practice advisory (BPA) workflow for the emergency department to assist in identifying sepsis cases. The updated workflow provides triggers for abnormal vitals while the patient is in triage. The surveyor verified through interview, observation, and record review that the corrective actions were fully implemented and effective. Therefore, the deficiency cited above represents Past Noncompliance. The hospital demonstrated substantial compliance with EMTALA at the time of this survey. Record Review: A review of Emergency Department medical record at Facility A Chart #2 for patient#1 visit on 12/23/20203, the Medical Decision Making section revealed, "The patient is an 11 y/o male who has a mix of (HLD)hyperlipidemia and presents to the ED(emergency department) c/o body aches, Headache, dizziness, fever, and Nausea and Vomiting onset yesterday. The patient had flu last week and was getting better until yesterday. There was no improvement with Motrin, vicks, and Bromfed. The family was concerned because of the fever of 102 and the dizziness. Vss. Exam noted above. Labs (wnl) are within normal limits. Except for a creatinine of 1.3." The clinical findings included: A high fever of 102 degrees Fahrenheit on 12/14/2023 at 1833 PM; Influenza A positive on 12/14/2023 A high fever of 102 degrees Fahrenheit on 12/23/2023 before arriving at the ED at 0803 AM. Creatinine of 1.45 (*) BUN/Creatinine Ratio - 9.66 (*) Glucose - 126 (*) AST - 39 (*) Albumin - 3.6 (*) Total Bilirubin - 1.8 (*) No CBC was ordered to know the WBC count on both visits.	A2406		

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A2406	Continued from page 5 A review of the Emergency Department medical record (Chart #1) for Patient #1 revealed that the abnormalities in the lab results were not communicated to Patient #1's parents before discharge, and no treatment was initiated before discharge home on 12/23/2023 at 1010 AM. A review of the Emergency Department medical record (Chart #1& Chart#2) for Patient #1 revealed that no information in the medical record indicates that (CBC) Complete Blood Count with differentials was ordered and reviewed by medical providers for a patient with 102 °F. A review of the Emergency Department medical record (Chart #1) for patient #1 revealed no documentation of the temperature in the vital signs reassessment documentation by registered nurse Staff#5 before discharging the patient from the emergency department for a patient chief complaint: fever with 102 °F. A review of the Peer Review Worksheet, completed by the Medical Director revealed Patient #1's treatment failed to recognize and treat sepsis and was inappropriately discharged. The review also concluded that the facility failed to complete a full sepsis panel and to admit (transfer) the patient. A review of Facility B's Emergency Department medical record for patient #1 revealed that Patient #1 was seen on 12/25/2023 and was admitted for septic shock, acute kidney injury (AKI), disseminated intravascular coagulation, hypotension requiring pressors, transaminitis/jaundice and multifocal myositis secondary to strep pyogenes sepsis (grew in blood culture). The Assessment and Reassessment Policy - Department - Nursing [Last revised 02/20/2024] states that: "2. Complete an assessment/reassessment as defined below. A.Minimum of every shift, B.Patient response to intervention, C.Any significant change in condition; D.Any significant change in diagnosis; E.Change in caregiver; F.Change in level of care;	A2406		

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A2406	Continued from page 6 G.Pre- and post-procedure H.When an untoward event places the patient at risk for an adverse outcome. Report any unanticipated outcome or event per Occurrence Management policy (RM 004)." The EMTALA POLICY - [Last Revision Date: 07/26/2022] states that: The EMTALA policy subsection is named as: A Medical Screening Exam (MSE) will take place WHEN: "D. An MSE will be conducted on minor children and/or infants who present or are presented by a representative before obtaining parental/guardian consent to determine the presence or absence of an EMC. 1)If the Qualified Medical Provider determines after completion of the MSE that no EMC exists, no further treatment will be provided until consent is obtained. 2)If the Qualified Medical Provider determines an EMC does exist, necessary treatment will proceed until the EMC is stabilized as determined by the appropriate Qualified Medical Provider. The EMTALA policy subsection is named as: The required elements for an MSE include: "A. A MSE consists of an assessment and any ancillary tests or focused assessment based on the patient's chief complaint necessary for the Qualified Medical Provider to determine the presence or absence of an EMC. This may be a brief history and physical examination or require complex ancillary studies and procedures such as (but not limited to) lab. Tests, EKG, radiology procedures, and mental health evaluation. It includes any use of ancillary services routinely available to the ED to perform treatments required, as determined by the ED physician, to achieve stabilization within the facility's capability. "	A2406		

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A2406	Continued from page 7 Interviews: During an interview with the Director of Quality and Operations (Staff#7) on 04/16/2024 at 1115AM: Q: How are patient conditions and any concerns communicated between nurses and physicians?A: Doctors' medical screening concerns are directed to our medical director. The medical director conducts a peer review of each case, especially if the patient is re-admitted to the ER. Q: Are there protocols for reviewing and reassessing patient care when a patient returns with worsening symptoms? A: We have protocols to review and reassess patient care when they return with worsening symptoms to ensure they receive appropriate and timely treatment. Q: Were there any internal reviews or discussions about patient#1 case following his return and subsequent deterioration? A: Yes. Internal reviews and discussions were conducted, and peer review was done on both charts to understand what went wrong and how similar incidents could be prevented. Q: What is your process of peer review and disciplinary actions on contracted physicians? A: Our Emergency Department Medical Director handles all peer reviews. Q: What is the process for reporting and addressing adverse events or potential lapses in care? A: Adverse events or potential lapses in care are reported through our incident reporting system. These reports are reviewed by the quality and safety team, which conducts investigations and implements corrective actions as necessary. Q: What steps are taken to ensure continuous patient care and safety improvement? A: Continuous improvement is ensured through regular training, audits, feedback mechanisms, and the implementation of best practices based on the latest evidence and guidelines. We also encourage a culture of safety and open communication among all staff members. We conducted an internal peer review for	A2406		

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A2406	Continued from page 8 Staff#1(Emergency Department doctor) and Staff#2 (Emergency Department doctor). The medical director identified that Staff#2 failed to recognize the signs of sepsis. During an interview with the Nurse Manager of the Emergency Department (Staff#8) at 0235 PM 04/16/2024: Q: How are worsening symptoms communicated and managed by the nursing staff? Additionally, why did the nurses fail to document the patient's temperatures during their reassessment despite the patient presenting with high fevers? A: Worsening symptoms are communicated through verbal reports and documented in the patient's medical records. I am still determining. If it is a software problem, we will notify the IT department in our next meeting. Sometimes, the nurses check and are so busy they might not document; they verbally communicate with doctors as they work very closely.	A2406		