

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MDKXC2	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2007
NAME OF PROVIDER OR SUPPLIER HOLY CROSS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Surveyor: 23127 Based on a complaint received into the Office of Health Care Quality on December 19, 2006 alleging quality of care concerns at Holy Cross Hospital. The complaint was forwarded to the hospital for internal investigation. After receiving and reviewing the hospital's reply and the medical record of the patient and other pertinent documentation, the following deficiency is identified and cited.	A 000		
A 142	10.07.01.08 B (3) (a) Complaints Investigations .08 Complaint Investigations. B. Complaints. (3) If the Department determines that the hospital or residential treatment center has not satisfactorily addressed the referred complaint or if the complaint alleges the existence of a life-threatening deficiency, the Department shall conduct an independent investigation. When conducting its independent investigation, the Department shall use: (a) For an accredited hospital, the standards of review of the Joint Commission on Accreditation of Healthcare Organizations; This Regulation is not met as evidenced by: Surveyor: 23127 Based on review of the patient's medical records and other pertinent documentation, it was determined that the hospital did not comply with JCAHO standards as identified in the following deficiency:	A 142		

OHCQ

TITLE

(X6) DATE

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MDKXC2	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2007
NAME OF PROVIDER OR SUPPLIER HOLY CROSS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 142	<p>Continued From page 1</p> <p>LD.3.90 The leaders develop and implement policies and procedures for care, treatment and services.</p> <p>Based on review of the patient's medical records it was determined that the hospital did not comply with its own policies and procedures regarding the completion of a "A Certificate of Condition" when Patient #1 was made Do Not Resuscitate (DNR).</p> <p>Patient #1 was a 91 year old male who presented to the Emergency Department of Holy Cross Hospital on March 10, 2003 after being referred by his primary care physician for hypotension, shortness of breath and elevated temperature. According to the medical record, Patient #1 had a past medical history of dementia, benign prostatic hyperplasia, hypertension, macular degeneration, anemia of chronic disease, hypothyroidism and coronary artery disease. A medical assessment and nursing assessment was completed on admission. Diagnostic lab studies, EKG, CT of the head and Chest X-ray were obtained and the patient was admitted.</p> <p>On the 13th of March 2003, Patient #1 developed respiratory distress and was admitted to the Intensive Care Unit (ICU) for further treatment. According to the various documentation in the medical record, Patient #1's prognosis was discussed with the son (surrogate) and the decision was made for Patient #1 to be made a Do Not Resuscitate (DNR).</p> <p>Review of Holy Cross Hospital's Policy EA I-36 (III.)B and (III.)B(2): Authority To Consent To Withholding Or Withdrawing Treatment states, "If a patient is not competent and has been certified</p>	A 142	<p>Why wasn't hospital cited under PE.1.7.1, IM.7.2, and RI.1.x, for serious and proven violations?</p> <p>Who made the decision?</p> <p>In trial testimony readily accepted by the Office of Health Care Quality for review, the admitting and attending doctors, pulmonologist and surrogate, all say that patient was full-code!</p> <p>DNR form (unauthorized, expired, absent from patient records file and provided by general counsel) made patient a "candidate for intubation."</p> <p>Why wasn't patient intubated when he developed respiratory distress?</p> <p>How could OHCQ disregard such blatant and compelling evidence?</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MDKXC2	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2007
NAME OF PROVIDER OR SUPPLIER HOLY CROSS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 142	<p>Continued From page 2</p> <p>as being incapable of making an informed decision regarding treatment (a Physicians Certification of Incapacity must be completed) and consent to withhold or withdraw life-sustaining treatment may be obtained from an adult child.</p> <p>Further review of Holy Cross Hospital Policy EA 1-36 (III.)B(4) : Consent To Withhold Or Withdraw Life-Sustaining Treatment states "Circumstances where a surrogate has authority to consent to the withholding or withdrawing of treatment are limited to those where the patient has been certified by two physicians as being in a terminal condition, a persistent vegetative state or an end-stage condition (A Certificate of Condition must be completed)."</p> <p>Review of Patient #1's medical records revealed that a "Do Not Resuscitate" form and a "Physician Certification of Incapacity" form were completed but a "Certificate of Condition" was not completed nor found in the medical record.</p> <p>Patient #1 remained in the Intensive Care Unit for 5 days until extubation and was transferred to another unit where he subsequently underwent a PEG placement (feeding tube placed in the abdomen) for tube-feeding. Patient #1 continued to have episodes of respiratory distress with no complete resolution despite multiple treatments including suctioning and respiratory treatments. Patient #1 subsequently expired on the 27th of March 2003.</p>	A 142	<p>A Certificate of Condition would have been inappropriate, as progress notes clearly show patient was recovering and was neither terminal nor vegetative.</p> <p>That is why a certificate is not found in patient's medical record. OHCQ ignores this fact, instead merely citing hospital for failing to complete form.</p> <p>Not even a mention of the key allegations in complaint: refusal to intubate, falsification of records and patient abandonment - confirmed by testimony of undocumented handover from Dr. Shamim to a "non-existent" Dr. Weiner.</p> <p>See HolyCrossHealth.com</p>	