STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	320017	A. BUILDING _____ B. WING _____	C

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVELACE WOMEN'S HOSPITAL	**4701 MONTGOMERY BOULEVARD NE ALBUQUERQUE, NM 87109**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PR	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) Completio Date	(X5) CO MPL ETI
A 000	INITIAL COMMENTS The following deficiencies were cited during a Complaint survey completed on 06/15/2020 for the requirements of 42 CFR482 for Acute Care Hospitals. Complaint #45308 is substantiated with deficiencies.	A 000	*The following constitutes the facility's response to the findings of the Department of Health Services and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statements of deficiencies.* Submission of this plan of correction is not an admission by the hospital that the citations are true or that the hospital violated the law. Lovelace Women's Hospital (LWH) is strongly committed to ensuring that appropriate care is provided to all patients in compliance with Medicare Conditions of Participation (COP). The Hospital is dedicated to working with the Center for Medicare & Medicaid (CMS). The Hospital is therefore submitting this plan. *We respectfully submit the following statement for your consideration.* No mother was separated from her newborn without written consent and those mothers, who wanted their babies to remain at their side during the pendency of their COVID-19 test results, did so after discussing the risks associated with their choice ad after providing written consent to keep the baby at their side.		
A 043	GOVERNING BODY CFR(s): 482.12 There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ... This CONDITION is not met as evidenced by: This CONDITION is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the medical staff as a group is accountable to the governing body for the quality of care provided to patients , by: 1. Implementing a list of zip codes to identify patients at high risk of COVID-19 which was not an accurate representation of regions with high prevalence of COVID-19 by enforcing COVID-19 testing, and implementing		**GOVERNING BODY CFR(s): 482.12, A043** *Plan for correcting the specific deficiency:* **Lovelace Women's Hospital (**LWH) will have an effective governing body that is responsible for the conduct of the hospital. *Plan for improving the process that led to the deficiency cited:* LWH's Governing Board (GB) takes its responsibility for conduct of the hospital very seriously. They will hold the medical staff as a group accountable to the governing body for the quality of care provided to patients. With the United States national emergency declaration for COVID-19 precipitating rapidly changing guidance from the New Mexico Department of Health (NMDOH) and the Center for Disease Control (CDC), additional efforts were needed to assure the GB would be able to hold the medical staff accountable to the GB for the care of our patients. This included processes around increasing communication between the medical staff (through the Medical Executive Committee (MEC)) and the GB as well as ongoing communications around screening and process changes related to COVID-19. Accordingly, LWH updated its processes, increased its communication venues, added training and education for its providers and staff, and implemented ongoing audit and monitoring processes, as further detailed in response to Tag 043 for its COVID-19 processes.		

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

CEO | 8/20/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION	(X2) MULTIPLE CONSTRUCTION	(X3) DAT
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(X4) ID PREF	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PR	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE
A 043	Continued From page 1 Cross refer to Tag A-49 A 049 MEDICAL STAFF - ACCOUNTABILITY CFR(s): 482.12(a)(5) [The governing body must] ensure that the medical staff is accountable to the governing body for the quality of care provided to patients. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the medical staff as a group is accountable to the governing body for the quality of care provided to patients by: 1. Implementing a list of zip codes to identify patients at high risk of COVID 19 which was not an accurate representation of regions with high prevalence of COVID-19 by enforcing COVID-19 testing, and implementing policy to separate mother from baby while the mother waited for COVID-19 test results. 2. Inconsistently implementing the zip code list, which was limited to patients that lived on Native American lands. These deficient practices likely resulted in inconsistent and confusion in the provision of care by hospital staff and unnecessary stress for the patients. Findings: A. On 06/13/20 at 5:45 PM, during interview with Medical Doctor (MD) #1, he stated that testing is	A 043	**A043 Governing Body** *The following procedures for executing the acceptable plans of correction were implemented and include the monitoring and tracking procedures, the completion date for implementation, and Persons responsible for implementing the acceptable plan of correction:* • LWH will no longer use a zip code list (stopped on 5/28/20) as a screening item to determine which patients should receive COVID-19 testing. 5/28/2020 *Persons responsible for implementing the acceptable plan of correction:* Quality Director, Chief Nursing Officer (CNO), and CEO • LWH will only use the NM DOH and CDC guidelines to determine its COVID-19 screening and testing process. Quality staff will monitor these websites on a weekly basis to assure the latest guidance and direction is followed. 5/28/2020 *Persons responsible for implementing the acceptable plan of correction:* The Quality Director, CNO, and CEO	

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A 049	Continued From page 2 only done if the patient has signs and symptoms and the provider approves the test. The Labor and Delivery unit like the rest of the hospital staff monitors patients from vulnerable population. He continued to define vulnerable as patients from nursing homes, on dialysis, traveled to hot zones and geographic locations. He also stated that the monitoring of these patients is to be precautionary. He also stated that only patients with signs and symptoms and who agree to be tested are tested for COVID-19. B. On 06/13/20 at 6:35 PM, Charge Nurse (CN) #1 confirmed that all patients are screened for COVID 19 upon arrival to the unit during interview. She also confirmed that the hospital was using a zip code list to determine if the patients' residences are in a hot zone. This was done for all patients. She also stated that the staff felt uncomfortable using the zip code list and that the staff were the ones to take it to the Administration to request it be changed. C. On 06/13/20 at 6:50 PM, during interview with Registered Nurse (RN) #1 when asked about the zip code list, she confirmed that the facility did have one that they used to identify patients from hot zones. She also confirmed that it was used on all patients. D. On 06/13/20 at 7:10 PM, during interview with the Director of Quality and Risk Management (DOQRM), Executive Director Women's Services (EDWS), and the Chief Medical Officer (CMO), when asked if they were aware of the zip code list, they confirmed that the hospital was using the	A 043	**A043 Governing Body Continued** • A random sample of 10 LWH employees per week will be audited to verify no staff member is utilizing zip codes or geographic locations to screen or test patients. The Quality Director or designee will conduct the audit. Women's Health and Emergency Department employees will be included in the sample. Any deviation will be discussed with the employee and appropriate leadership. When 100% compliance is achieved for three weeks, the audits will stop with the approval of the senior leadership team. Each month LWH through the Quality Department will submit a report to the Executive Quality Council (EQC), Medical Executive Committee (MEC) and GB regarding its training and education of its employees and medical staff on the LWH screening process. Report will include all results of auditing processes. *Persons responsible for implementing the acceptable plan of correction:* The Quality Director, Chief Nursing Officer (CNO), and CEO • LWH will perform universal testing for all obstetrical patients arriving for delivery (and 48 hours before scheduled C-section or induction). This process was approved by an ad hoc surge committee, (meeting every Monday in June) which was developed for COVID specific process. The universal testing process will be shared with the EQC, MEC, GB. The CMO informed providers of the practice via 1 on1 discussions and group meetings. The CNO informed all nursing staff in daily huddles, email messages, 1 on 1 discussions and group meetings. LWH's external laboratory is now able to manage this volume of additional tests each day. Ongoing communication will continue between the Chief Medical Officer (CMO) and the laboratory leadership.	9/20/2020 8/7/2020

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A 049	Continued From page 3 zip code list to identify patients from hot zones. The EDWS stated that they start using the list at the beginning of April and discontinued it at about the first of May. D. On 06/15/20 at approximately 11:15 am, during an interview, the Chief Nursing Officer (CNO), when asked about the zip code list, she replied "This [the list] started mid-April and ended in May because certain areas were higher risk." CNO confirmed there were no formal meetings to implement the list with staff, and no formal policy was developed. E. On 06/15/20 at 12:25 PM, during an interview with RN #2, she stated, regarding the zip code list, "We did have a list for our high-risk population." When asked why it was being implemented, she stated, "I did not hear the reasons why we would have it." When asked where it was used, she stated, "It would be here at this nurse's station or the other nurse's station where the patients come in." When asked how it was used, she stated, "We would inform them [patients] that they live in a high-risk area and we would like to test them." When asked if test offerings depending on the residential zip code, she stated, "It did depend on the zip code to test a new mom." When asked if they tested all moms, RN #1 stated, "We did not test all moms, but everyone was screened." When asked if suspected positive COVID-19 mothers were separated from their newborns, RN #1 stated, "We give them the option to keep the baby, if they do, they must wear a mask when holding the baby."	A 043	If any supply or demand changes should occur, this will be communicated with the LWH executive team. If this should require any changes in this obstetrical universal testing process, this will be communicated to the GB. The Executive Director of Women's Services (EDWS) will perform weekly audits of 5 patients for verification patients were tested according to the universal testing process for obstetrical patients. Nonconformities will be discussed with responsible persons and leadership. A report of the audit will be presented to the EQC, MEC, and GB monthly. *Persons responsible for implementing the acceptable plan of correction:* The CNO, EDWS, and CMO • The Chief Executive Officer (CEO) notified the GB of the survey findings and provided a copy of the deficiency state to the GB. During the survey and immediately thereafter, Hospital Leadership, comprising the CEO, CMO, Chief Financial Officer (CFO), Chief Nursing Officer (CNO), COO, EDWS, Director of Quality and other facility leadership reviewed the survey findings in detail. A corrective action plan was developed and implemented. This plan including reviewing and revising policies and procedures, establishing process changes, providing training and education to providers and staff, and implementing an ongoing audit and monitoring process, as further detailed in response to Tag 043. The CEO will provide to the GB a monthly communication report on progress of plan. This will be a standing item on the GB meeting agenda until the GB deems it is no longer necessary. *Persons responsible for implementing the acceptable plan of correction:* CEO, CNO, COO, and CFO	8/7/2020

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A 049	Continued From page 4 F. On 06/15/20 at 12:46 PM, during an interview, the Infection Preventionist [IP], when asked how the zip code list was used, the IP nurse stated, "They discussed high risk populations: SNF's [Skilled Nursing Facilities], dialysis patients, Native Americans, and the homeless population." G. On 06/15/20 at approximately 1:00 PM, during an interview, the CNO stated, regarding the list, "This [zip code] was created on April 24th by our Manager of our Community Outreach Programs (MCOP). The list was used until May 28th. She was asked to make that zip code list due to their community service work." When asked who provided direction for her to create the list, the CNO stated that she was asked by the Chief Operations Officer." The CNO stated, she is familiar with those hot spot areas because of her outreach program, "a document was then delivered and presented. I don't know if there were any women who had a baby taken away." The CNO then stated, "This [zip code] list went to the ER, labor and delivery, and ATU [Ante Postpartum Unit]. This list was very specific to all the point of entries of the hospital." H. On 06/15/20 at 2:11 PM, during an interview, the Director of Emergency Services (DES) when asked if he was familiar with the zip code list, he stated, "I never implemented this because it was like playing word search. We implemented clinical judgement. You could offer the test and they had the right to refuse. We had a tent outside and that's how we could triage those patients." When asked how it was presented for use, the Director	A 043	• GB members will participate in Senior Leader Rounding (SLR).	9/20/2020
			SLR consists of LWH executive and leadership staff rounding with employees at a department level. This process will allow direct contact of GB members with LWH staff. Four GB members will attend one SLR during the next 45 days. The CEO will present to the GB a report of the SLR topics, attendance and rounding locations. This will be a standing agenda item on the GB meetings until the GB deems it is no longer needed. *Persons responsible for implementing the acceptable plan of correction:* CEO, CNO, COO, and CFO	
			• LWH will conduct a collaboration meeting with the GB and Medical Executive Committee (MEC). The first meeting will be held in the 4th quarter 2020. This will be a standing agenda item on the GB meeting until the meeting occurs. A summary of this meeting will be provided to the MEC and GB. *Persons responsible for implementing the acceptable plan of correction:* The CEO and MEC Chair	Q42020

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A 049	Continued From page 5 of Emergency Services stated, "it was based on the hot spots, these were the zip codes of the hot spots." When asked why the zip code list was not used, the Director of Emergency Services stated, "We didn't use the zip code list, we decided that if they seemed sick and screened sick then we would identify them as a person under investigation. We would offer the test. I did not feel like this was mandatory for this department." I. On 06/15/20 at 2:27 PM, during an interview, the Executive Director Women's Services (EDWS), when asked about the zip code list being used to profile patients was discussed, the EDWS stated, "This was not being used specifically for Native Americans. Most patients who come in through ATU [Ante Postpartum Unit] are screened with the typical COVID questions. In order to effectively find out about hot spot areas without discriminating against anybody, we asked for their zip codes." When asked how it was presented to nursing staff, the EDWS, stated, "We were looking at the hot spot areas, there was discussion about how to get this information without sounding discriminatory. We ask the patient 'what is your zip code' and if they came from a hot spot area, we offered the COVID test." When asked if there is a consent form for the COVID test, she stated, "There is not a consent form specific for COVID-19. People can decline, and some did." When asked what the process for screening and testing was, the EDWS stated, "If they screened negative completely, then they would not have been questioned. If they screened negative but came from the hot spot area, they were offered the test. There is a lot of literature that supports that there are positive pregnant women who do not have any signs and	A 043	**This space left intentionally blank.**	

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A 049	Continued From page 6 symptoms. The zip code list was added to the care protocol and directions on how to talk to the patient." When asked why it was ceased, the EDWS stated, "as things changed and morphed, as community spread became more prevalent, it was no longer relevant." J. On 06/16/20 at 4:56 PM, during an interview, the Chief Operations Officer [COO] regarding the zip code list, she stated, "information was given to a few nursing leaders and to the Chief Nursing Officer as the updated list and there was no specific instruction. I know that we had conversations [the Executive Director of women's services, the Chief Nursing Officer, and I] and we worked on verbiage so that it was not perceived as targeting but educating the patient to let them know that they lived in or around a COVID hot spot area." K. On 06/16/20 at 5:05 PM, during an interview with the MCP, when asked how the zip code list was developed, she stated, "I looked at historical outreach, where I had gone out into the community and where patients had come in from. I also put down some of the facilities that we serve and if there mailing address was a PO box and was different form their physical address, I didn't know that at the time, but I did list it [the zip code] on our list. On the day that I made the list, I looked up the zip code to see if it was a red zone [area identified by New Mexico Department of Health as high prevalence of COVID-19 cases] and if there were red or yellow [moderate number of COVID-19 cases] zip codes touching it, I added those zip codes to the list as well. I looked it up April 24th [2020]. So, the zip codes on the	A 043	**This space left intentionally blank.**	

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A 049	Continued From page 7 list were red or yellow and also ones that were touching one of the red. I looked them up using the website: https://cvprovider.nmhealth.org/public-dashboard.html." When asked why some of the zip codes on the list are not hot spot areas but still listed, the MCP stated, "I started with the zip codes that we [Outreach Program] do outreach in and then added what were red or yellow that day. I was asked to create an outreach list and then to look beyond that related to COVID and any neighboring zip codes that may be red or yellow." L. On 06/17/20 at 2:24 PM, during interview with RN #3 in Triage, when asked about the zip code list and if she had ever seen it, she replied "There was a bunch of zip codes. It had a ton of them. At least a full sheet. It was a lot." When asked what would it mean if a patient's address was on the list, she replied "When they [patient] came in and signed in, there was the sheet that everyone fills out. On there is the address, is their zip codes. Based on the zip code if they were in the hot spot area, we were supposed to know that we were going to test them [patients] and they had a right to refuse the test. If they were on that list, we had to wear the proper PPE and we told them that." M. Record review of the "ZIP Code" list was provided to surveyors on 06/15/20. The list consisted of 9 columns of 195 zip codes in New Mexico and Arizona: 87037, 87364, 87401, 87402, 87410, 87412, 87413, 87415, 87416, 87417, 87418, 87419, 87420, 87421, 87455, 87461, 87499, 87002, 87006, 87023, 87031, 87042, 87034, 87060, 87068, 87043, 87045, 87301, 87302, 87305, 87310, 87311, 87312,	A 049	**A 049 Governing Body** **CFR(s): 482.12 (a) (5)** *Plan for correcting the specific deficiency:* The governing body will ensure that the medical staff is accountable to the governing body for the quality of care provided to patients. *Plan for improving the process that led to the deficiency cited:* The LWH GB takes its responsibility seriously for ensuring that the medical staff as a group is accountable to the governing body for the quality of care provided to patients. Relevant policies, bylaw implementations, and processes relative to holding the medical staff accountable were reviewed. It was determined that these policies, bylaws, and processes were being followed. However, with the rapidly changing Pandemic and frequent changes in guidance from NMDOH and the CDC, additional efforts were needed to assure the GB would be able to hold the medical staff accountable to the GB for the care of our patients. This will include processes around increasing communication between the medical staff (through the MEC) and the GB as well as ongoing communications around screening and process changes related to COVID-19. Accordingly, LWH updated its processes, increased its communication venues, added training and education for its providers and staff, and implemented ongoing audit and monitoring processes, as further detailed in response to Tag 049, for its COVID-19 processes.	

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A 049	Continued From page 8 87313, 87316, 87317, 87319, 87320, 87321, 87322, 87323, 87325, 87326, 87327, 87328, 87347, 87365, 87375, 87005, 87007, 87014, 87020, 87021, 87026, 87038, 87040, 87049, 87051, 87315, 87357, 87008, 87022, 87117, 87174, 87047, 87059, 87001, 87004, 87013, 87018, 87024, 87025, 87027, 87041, 87043, 87044, 87046, 87048, 87052, 87053, 87072, 87083, 87124, 87144, 87512, 87513, 87514, 87517, 87519, 87521, 87524, 87525, 87526, 87529, 87543, 87549, 87553, 87556, 87557, 87558, 87564, 87571, 87577, 87579, 87580, 87010, 87015, 87056, 87501, 87502, 87503, 87504, 87505, 87506, 87507, 87508, 87509, 87535, 87540, 87567, 87574, 87592, 87594, 87012, 87017, 87029, 87064, 87510, 87511, 87515, 87516, 87518, 87520, 87522, 87523, 87527, 87528, 87530, 87531, 87532, 87533, 87537, 87539, 87545, 87548, 87551, 87554, 87566, 87578, 87581, 87582, 88081, 88310, 88311, 88314, 88317, 88325, 88330, 88337, 88339, 88340, 88342, 88344, 88347, 88349, 88350, 88352, 88354, 85920, 85924, 85925, 85927, 85936, 85938, 85940, 86028, 86502, 86503, 86504, 86505, 86506, 86507, 86508, 86511, 86512, 86514, 86515, 86535, 86540, 86544, 86545, 86547, 86556, 86930, 86932. N. Record review of a list of patients/expectant mothers that were tested for COVID-19 during the dated 04/27/20 to 05/28/20 identified 17 patient were tested for COVID 19. Of the 17 patients tested, 7 patients were tested for reason "Geographic Location": P #1-5 and P #8-9. O. On 06/17/20, record review of the New Mexico Department of Health COVID-19 Public	A 049	*The following procedures for implementing the acceptable plans of correction will be implemented and include the monitoring and tracking procedures, the completion date for implementation, and Persons responsible for implementing the acceptable plan of correction:* • LWH will no longer use a zip code list (stopped on 5/28/20) as a screening item to determine which patients should receive COVID-19 testing. *Persons responsible for implementing the acceptable plan of correction:* The Quality Director, CNO, and CEO • LWH will only use the NM DOH and CDC guidelines to determine its COVID-19 screening and testing process. Quality staff will monitor these websites on a weekly basis to assure the latest guidance and direction is followed. *Persons responsible for implementing the acceptable plan of correction:* The Quality Director, CNO, and CEO • A random sample of 10 LWH employees per week will be audited to verify no staff member is utilizing zip codes or geographic locations to screen or test patients. The Quality Director or designee will conduct the audit. Women's Health and Emergency Department employees will be included in the sample. Any deviation will be discussed with the employee and appropriate leadership. When 100% compliance is achieved for three weeks, the audits will stop with the approval of the senior leadership team. Each month LWH through the Quality Department will submit a report to the EQC, MEC and GB regarding its training and education of its employees and medical staff on the LWH screening process. Report will include all results of auditing processes. *Persons responsible for implementing the acceptable plan of correction:* The Quality Director, CNO, and CEO	5/28/2020 5/28/2020 9/20/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION	(X2) MULTIPLE CONSTRUCTION	(X3) D
		A. BUILDING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVELACE WOMEN'S HOSPITAL	**4701 MONTGOMERY BOULEVARD NE ALBUQUERQUE, NM 87109**

(X4) ID PREF	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING	ID PR EFI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMP LETIO
A 049	Continued From page 9 Dashboard https://cvprovider.nmhealth.org/public-dashboard.html option "View Map by Zip Code", revealed the following number of COVID-19 cases in each zip code: 87052 (Santo Domingo) = 76 87034 (Acoma) = 6 87026 (Tohajiilee) = 21 87001 (Algodones & San Felipe) = 74 87571 (Taos) =20 87313 (Crownpoint) =236 Map Key = Red 76+ cases, Orange 51-75 cases, Yellow = 26-50 cases, Green 1-25 cases and Gray = 0 cases P. Record review of face sheets (P # 1-131) provided by the facility to represent all patients that gave birth during [redacted]/20 and [redacted]/20. Of the 20 patients contacted whose zip code was identified on the list, 13 (P #4, 7, 9, 14, 25, 27, 32, 63, 66, 75, 80, 101, and 127) patients were not offered to be tested for COVID-19 per interview, and 6 patients (P #1-5 and 7) were offered to be tested for COVID 19 and all lived on the [redacted] An additional 16 (P #31, 43, 49, 54, 59, 61, 69, 72, 84, 87, 92, 93, 97, 110, 121 and 129) patients (whose addresses were not identified on the zip code list) were interviewed and all denied being offered COVID 19 testing during their hospital stays. Q. On 06/16/20 at 12:05 PM, during interview with P #4 ([redacted]NM [redacted]. She reported that she was admitted to the hospital on [redacted]/20 and she was tested for [redacted]	A 049	• MEC members will participate in Senior Leader Rounding (SLR). SLR consists of LWH executive and leadership staff rounding with employees at a department level. This process will allow direct contact of MEC members with LWH staff. Four MEC members will attend one SLR during the next 45 days The CEO will present to the MEC a report of the SLR topics, attendance and rounding locations. This will be a standing agenda item on the GB meeting until GB deems it is no longer needed. *Persons responsible for implementing the acceptable plan of correction: CEO, CNO, CFO, COO* • LWH will conduct a collaboration meeting with the GB and Medical Executive Committee (MEC). The first meeting will be held in the 4th quarter 2020. This will be a standing agenda item on the MEC meeting until the meeting occurs. *Persons responsible for implementing the acceptable plan of correction: CEO and MEC Chief of Staff* • Daily clinical huddles will include medical staff providers working that day. This huddle will contain pertinent information at a minimum about COVID-19 care, changes in supplies, and changes in policies, procedures, or processes. The MEC will inform the Medical Staff & the CNO will inform all clinical staff of this process change through electronic communications, group meetings, and 1 on 1 discussions.	9/20/2020 Q42020 9/20/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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LOVELACE WOMEN'S HOSPITAL	**4701 MONTGOMERY BOULEVARD NE ALBUQUERQUE, NM 87109**

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A 049	Continued From page 10 shortly after being admitted to the hospital. She reported that she advised the hospital staff that she [redacted] She also reported that she was not given the option to decline the [redacted] and she did not sign a consent form. She reported, "They said that they were doing it [administering the [redacted] on everyone getting admitted." She reported, "[redacted] They told me that I could keep her with me, but it would be better to send her [redacted] to [redacted] because they didn't know if I had [redacted] or not. They brought her back to me a day later." R. On 06/16/20 at 1:08 PM, during interview with the mother of P #3 [redacted] NM, [redacted] who was with her daughter during her entire hospital stay, she confirmed that her daughter was tested for [redacted] she stated, "The hospital requires her to be tested. They made testing mandatory." S. On 06/16/20 at 1:30 PM, during interview with P #10, [redacted] NM 871[redacted], she reported that she was admitted to the hospital on [redacted]/20 and had a [redacted] [redacted]. P #10 reported, "I [redacted] PM. As soon as my [redacted] was born [redacted] was taken to the	A 049	This process will be audited three times weekly by the quality director or designee to verify the clinical huddles included a medical staff member and that the updated COVID-19 communication grid is utilized. The CNO will report monthly to the EQC, MEC and GB results of the audit. Any nonconformities will be discussed with individual's responsible and appropriate leadership. *Persons responsible for implementing the acceptable plan of correction:* The Quality Director and CNO	

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	320017	A. BUILDING _____ B. WING _____	C 06/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 049	Continued From page 11 [redacted] I didn't feel like I had a choice to keep him or send him to [redacted] because they [staff] said we can't care for him and we are not responsible for him, if he gets [redacted] from you." She reported that she signed a consent form allowing the separation of her baby from her; however, since she was on [redacted] she was [redacted] and she does not recall whether or not she signed a consent form to be tested for [redacted] P #10 reported that she was separated from her baby for 18 hours. She reported, "It was not the best experience, they all sounded very confused about what to do for [redacted] and they had open discussions about it in front me, which concerned me." T. On 06/16/20 at 1:32 PM, during an interview with P #2 [redacted] NM [redacted], she confirmed that she was tested for [redacted] at the hospital even though she didn't [redacted] or known exposure. She stated that she was told it was mandatory that she have the test. She confirmed that she was not ever separated from her baby because she got her [redacted] results back before she gave birth. U. On 06/16/20 at 1:45 PM, during interview with P #1 [redacted] NM [redacted] she confirmed that she was tested for [redacted] upon admission to the hospital and had [redacted] or known exposure. She stated that upon her arrival to the hospital, she was immediately placed into [redacted] She stated that her [redacted] results were [redacted] and the results were returned prior to the delivery of her child. P #1 did		**This space left intentionally blank.**	

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A 049	Continued From page 12 report that she overheard a nurse comment that she had beer[redacted] because of her zip code. V. On 06/16/20 at 1:50 PM, during interview with P #5 [redacted] NM, [redacted], she confirmed that she was tested for [redacted] and wasn't given the option to decline to be tested. Regarding consent, she said "not sure about consent." When asked if she had any symptoms or known exposure to someone that had tested positive for [redacted] she replied, "no, our [redacted] is on lockdown. We can't even visit our neighbors. I tried to tell them that too." When asked if at anytime during her stay, was she informed that she was high risk or a "person under investigation" for [redacted] she replied, "yes. I was told that because I came from my zip code that I was high risk and they called it a "hot zone'." When asked if her baby was separated from her while she waited for test results, she replied, "they were going to separate her. I kind of argued with them. I told them I didn't want that to happen. They gave me a waiver that I didn't want her taken away. They told me that the policy was that once I had her they had to take her to the [redacted] because they didn't have my results yet. They tested me a[redacted] PM on [redacted] and I didn't get it [test results] until the same time the next day. When we first got there, they put us in a regular room. We were waiting for them for an hour. When she [staff] came back in, she had on PPE and told us that they had to put us in an isolation room and they [staff] had to wear the PPE. But when we first got there, they were wearing regular masks and a regular room She [staff] said 'I am sorry, I just barely looked at your zip code and didn't realize I needed to move you because you may potentially have the virus.' We	Clarification for A 049 -P	**This space left intentionally blank.**	

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A 049	Continued From page 13 had to pack up all our stuff. During delivery they were in full PPE. As a matter of fact, they only allowed one person to be with me, but they never tested him [husband]. They told me it was their policy. They specifically referenced my zip code. I argued and said it was unfair and that I was being discriminated against me because of my zip code. My last visit with them, a week before my due date, they were already going to test me. They told me 'Every time you come in [need to be tested] because of your zip code.' They told me that was the policy. I said, 'unless you are admitting me, I am not taking the test.' I had already taken the test at the pueblo the week before and results [redacted]. She said, I could have gotten it the next day. I felt that I would be treated different if I decline to be tested." She confirmed they were at the hospital from [redacted] PM on [redacted] to [redacted] After she received a [redacted] test result, she said, "The nurse came in and didn't have PPE. Then they said they wanted to move us to another room, that the beds were more comfortable." She further stated, "I had been upset. From the time I went to triage, I wasn't ok with it already. What made it worse was, I was scheduled to be [redacted] at [redacted] They told me they didn't have enough beds. They told me they were full. Told to call back and 10 and noon. Told her to come at 4 PM. It wasn't until my last 2 appointment that I was told I would be tested when I got there. Once I came to terms of accepting that [being tested]. None of those times was I ever told that they were going to separate my baby from me. It wasn't until I was hooked up with [redacted] and took the test. Midwife tells me, 'You have 2 options. We can stop your [redacted] right now and turn off	A 049	**This space left intentionally blank.**	

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A 049	Continued From page 14 machine to help you get contractions and then sleep here and wait until test results, and once baby is born we have to take baby t[redacted] because that's the policy. If we turn off your [redacted] it doesn't guarantee you won't still be in labor. The second option, was go on with [redacted] and when baby is born we can take baby t[redacted]' I told her 'You are not going to do that and you are not going to take my baby.' I was already in active labor. She then offered the waiver. Waiver wasn't offered until I refused. It was very traumatic." W. Record review of the Informed Consent Form for Refusal of Separation from Newborn Infant revealed: "I, [Name of P #5], have been advised by [Names of Certified Midwives (CM) #1-2] that: I am a person under investigation fo[redacted] [Name of CM #1-2] has recommended that my newborn infant baby [gender] and I be isolated and separated from each other during hospitalization. The recommendation is based on clinical considerations that have been discussed with me in detail: Currently PUI (Person Under Investigation) for [redacted] living in a zip code C (with) a high incidence/prevalence." Additional considerations include CDC considerations for inpatient obstetrics Healthcare Setting (revised April 4, 2020) state "The many benefits of mother/infant skin-to-skin contact are well understood for mother-infant bonding, increased likelihood of breastfeeding, stabilization of glucose levels, and maintain infant body temperature and though transmission of SARS-CoV-2 after birth via contact with infectious respiratory secretions is a concern, the risk of transmission and the clinical severity of SARS-CoV-2 infection in infants are not clear"	A 049	**This space left intentionally blank.**

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	320017	A. BUILDING _____ B. WING _____	C 06/13/2020

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LOVELACE WOMEN'S HOSPITAL	4701 MONTGOMERY BOULEVARD NE ALBUQUERQUE, NM 87109

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A 049	Continued From page 15 The consent also identifies "I understand that the World Health Organization does not recommend separation when either the mother or newborn has a suspected or confirmed case of [redacted] The document was signed by P #5 on [redacted]20. X. On 06/16/20 at 3:20 PM, during interview with P #7 [redacted] NM, [redacted]. She confirmed that she was tested for [redacted] and had no [redacted] or known exposure to someone that had tested positive for [redacted] She confirmed that she did sign a consent form, however when asked if she felt she had the option to decline being tested, she replied "they said I had to be tested." When asked if at any time was she separated from her baby while she waited for [redacted] results, she replied "no, I received my results before the baby was born."	A 049	**This space left intentionally blank.**
A 115	PATIENT RIGHTS CFR(s): 482.13 A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: This CONDITION is not met as evidenced by: Based on record review and interview, the facility failed to promote each patients' rights when the facility implemented an informal policy to target patients that live on Native American reservations for COVID testing, and separate mother and baby while test results were pending, and did not provide clear options for these patients to request or refuse COVID testing and separation from their babies.		

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A 115	Continued From page 16		**This space left intentionally blank.**
	Cross refer to A 131, Patient Rights- Informed Consent		
A 131	PATIENT RIGHTS: INFORMED CONSENT CFR(s): 482.13(b)(2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the patients had the right to make informed decision regarding their health for 7 (P #1, 2, 3, 4, 5, 7, and 10) patients when the facility implemented an informal policy to target these patients for COVID testing because of the zip codes of their residence, and separate mother and baby while test results were pending, and did not provide clear options for these patients to request or refuse testing and separation from their babies. These deficient practices likely resulted in unnecessary emotional stress on these patients. Findings: A. On 06/13/20 at 6:35 PM, Charge Nurse (CN)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIO	(X2) MULTIPLE CONSTRUCTION	(X3) D AT E
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A 131	Continued From page 17 #1 confirmed that all patients are screened for COVID 19 upon arrival to the unit during interview. She also confirmed that the hospital was using a zip code list to determine if the patients' residences are in a hot zone. She also stated that the staff felt uncomfortable using the zip code list and that the staff were the ones to take it to the Administration to request it be changed. B. On 06/13/20 at 6:50 PM, during interview with Registered Nurse (RN) #1 when asked about the zip code list, she confirmed that the facility did have one that they used to identify patients from hot zones. She also confirmed that it was used on all patients. C. On 06/15/20 at 12:25 PM, during an interview with RN #2, she stated, regarding the zip code list, "we did have a list for our high-risk population." When asked why it was being implemented, she stated, "I did not hear the reasons why we would have it." When asked where it was used, she stated, "it would be here at this nurse's station or the other nurse's station where the patients come in." When asked how it was used, she stated, "we would inform them [patients] that they live in a high-risk area and we would like to test them." When asked if test offerings depended on the residential zip code, she stated, "it did depend on the zip code to test a new mom." When asked if they tested all moms, RN #1 stated, "we did not test all moms, but everyone was		**This space left intentionally blank.**	

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A 131	Continued From page 18 do, they must wear a mask when holding the baby." D. On 06/15/20 at 2:27 PM, during an interview, the Executive Director of Women Services (EDWS), when asked if there is a consent form for the COVID test, she stated, "There is not a consent form specific for COVID-19. People can decline, and some did." E. On 06/16/20 at 5:05 PM, during an interview with the MCP, when asked how the zip code list was developed, she stated, "I looked at historical outreach, where I had gone out into the community and where patients had come in from. I also put down some of the facilities that we serve and if there mailing address was a PO box and was different form their physical address, I didn't know that at the time, but I did list it [the zip code] on our list. On the day that I made the list, I looked up the zip code to see if it was a red zone [area identified by New Mexico Department of Health as high prevalence of COVID 19 cases] and if there were red or yellow [moderate number of COVID 19 cases] zip codes touching it, I added those zip codes to the list as well. I looked it up April 24th [2020]. So, the zip codes on the list were red or yellow and also ones that were touching one of the red. I looked them up using the website: https://cvprovider.nmhealth.org/public-dashboard.html." When asked why some of the zip codes on the list are not hot spot areas but still listed, the MCP stated, "I started with the zip codes that we [Outreach Program] do outreach in and then added what were red or yellow that day. I was asked to create an outreach list and then to look	A 115	PATIENT RIGHTS CFR(s): 482.13 A115 *Plan for correcting the specific deficiency:* LWH will promote each patients' rights. *Plan for improving the process that led to the deficiency cited:* LWH takes patient rights very seriously and endeavors to provide high quality care in a safe setting at all times. Relevant policies, procedures, protocols and guidance relative to patient rights issues were reviewed. It was determined that the written policies and procedures and other materials required were sufficient but staff needed re-education and reinforcement of current requirements and expectations. Accordingly, LWH updated its processes, training, and education for its providers and staff, and implemented ongoing audit and monitoring processes, as further detailed in response to Tag 115 for its COVID-19 consent/patient rights process. Training and education on process changes is discussed in each section of the plan of correction. *The following procedures for implementing the acceptable plans of correction will be implemented and include the monitoring and tracking procedures, the completion date for implementation, and Persons responsible for implementing the acceptable plan of correction:* • Each patient or patient representative is given a copy of the patient rights upon admission or as an outpatient into the facility. All points of entrance will be audited at least one time over the entire auditing period of a minimum of 3 months. 10 patient encounters are observed per week. Observation will involve Quality Director or designee watching interactions with admitting personnel and patient or patient representative to verify patient or patient representative is delivered LWH patient rights and responsibilities paperwork. Any deviations are discussed with the responsible individual and leadership. Audit results are reported monthly to EQC, MEC, and GB.	9/20/2020

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVELACE WOMEN'S HOSPITAL	4701 MONTGOMERY BOULEVARD NE ALBUQUERQUE, NM 87109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 131	Continued From page 19 beyond that related to COVID and any neighboring zip codes that may be red or yellow." F. On 06/17/20 at 2:24 PM, during interview with RN #3 in Triage, when asked about the zip code list and if she had ever seen it, she replied "There was a bunch of zip codes. It had a ton of them. At least a full sheet. It was a lot." When asked what would it mean if a patient's address was on the list, she replied "when they [patient] came in and signed in, there was the sheet that everyone fills out. On there is the address, is their zip codes. Based on the zip code if they were in the hot spot area, we were supposed to know that we were going to test them [patients] and they had a right to refuse the test. If they were on that list, we had to wear the proper PPE and we told them that." G. Record review of the "ZIP Code" list was provided to surveyors on 06/15/20. The list consisted of 9 columns of 195 zip codes in New Mexico and Arizona: 87037, 87364, 87401, 87402, 87410, 87412, 87413, 87415, 87416, 87417, 87418, 87419, 87420, 87421, 87455, 87461, 87499, 87002, 87006, 87023, 87031, 87042, 87034, 87060, 87068, 87043, 87045, 87301, 87302, 87305, 87310, 87311, 87312, 87313, 87316, 87317, 87319, 87320, 87321, 87322, 87323, 87325, 87326, 87327, 87328, 87347, 87365, 87375, 87005, 87007, 87014, 87020, 87021, 87026, 87038, 87040, 87049, 87051, 87315, 87357, 87008, 87022, 87117, 87174, 87047, 87059, 87001, 87004, 87013, 87018, 87024, 87025, 87027, 87041, 87043, 87044, 87046, 87048, 87052, 87053, 87072, 87083, 87124, 87144, 87512, 87513,	A 115	**A115 Patient Rights Continued** *Person responsible for implementing the acceptable plan of correction:* Director of Admitting, Director of Quality • In all admitting sites, posters with patient rights and responsibilities information were placed to provide additional opportunity for patient education on Patient Rights. Pictures of posters in each site were taken to verify each site had posters placed where patient and patient representatives could observe and read. *Person responsible for implementing the acceptable plan of correction:* Director of Admitting, CNO, and Director of Quality. • An audit of 10 L&D patients admitted, will assess each patient understood the benefits and risks of separating baby versus baby rooming in with mother. Audits will continue until 100% of the sample indicate they understand the risks and benefits. LWH Patient Advocate will interview these patients. Results will be reviewed with employees, L&D management, and Obstetrical providers through 1 on 1 discussions and group meetings. The CNO will report monthly to the EQC, MEC and GB results of the audit. Any nonconformities will be discussed with individual's responsible and appropriate leadership. *Person responsible for implementing the acceptable plan of correction*: EDWS, CNO and Director of Quality.	7/7/2020 9/20/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATES
		A. BUILDING _____ B. WING _____	

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A 131	Continued From page 20 87529, 87543, 87549, 87553, 87556, 87557, 87558, 87564, 87571, 87577, 87579, 87580, 87010, 87015, 87056, 87501, 87502, 87503, 87504, 87505, 87506, 87507, 87508, 87509, 87535, 87540, 87567, 87574, 87592, 87594, 87012, 87017, 87029, 87064, 87510, 87511, 87515, 87516, 87518, 87520, 87522, 87523, 87527, 87528, 87530, 87531, 87532, 87533, 87537, 87539, 87545, 87548, 87551, 87554, 87566, 87578, 87581, 87582, 88081, 88310, 88311, 88314, 88317, 88325, 88330, 88337, 88339, 88340, 88342, 88344, 88347, 88349, 88350, 88352, 88354, 85920, 85924, 85925, 85927, 85936, 85938, 85940, 86028, 86502, 86503, 86504, 86505, 86506, 86507, 86508, 86511, 86512, 86514, 86515, 86535, 86540, 86544, 86545, 86547, 86556, 86930, 86932. H. Record review of a list of patients/expectant mothers that were tested for COVID-19 during the dated 04/27/20 to 05/28/20 identified 17 patient were tested for COVID 19. Of the 17 patients tested, 7 patients were tested for reason "Geographic Location": P #1-5 and P #8-9. I. On 06/17/20, record review of the New Mexico Department of Health COVID-19 Public Dashboard https://cvprovider.nmhealth.org/public-dashboard. html option "View Map by Zip Code", revealed the following number of COVID-19 cases in each zip code: 87052 (Santo Domingo) = 76 87034 (Acoma) = 6 87026 (Tohajiilee) = 21 87001 (Algodones & San Felipe) =	A 131	• All LWH staff will be re-trained on patient rights through our electronic learning system. Course content focus on employee on the rights patients have when in health care facilities. The learner will be able to describe the rights patients have when in health care facilities including rights regarding care and the plan of care, privacy and confidentiality, visitation, and communication through our electronic learning system. Education department will run compliance reports to show percentage of completion. Our target is 100% of all active staff completed. The CNO will report monthly to the EQC, MEC, and GB. Training progress to include percentage of employees trained and post-test results. *Person responsible for implementing the acceptable plan of correction:* CNO and Director of Quality. PATIENT RIGHTS: INFORMED CONSENT CFR(s): 482.13(b)(2) (A131) *Plan for correcting the specific deficiency:* LWH will ensure that patients have the right to make informed decision regarding their health. *Plan for improving the process that led to the deficiency cited:* LWH takes patient rights very seriously and endeavors to provide high quality care in a safe setting at all times. Relevant policies, procedures, protocols and guidance relative to patient rights issues were reviewed. It was determined that the written policies and procedures and other materials required were sufficient but staff needed re-education and reinforcement of current requirements and expectations. Accordingly, LWH updated its processes training and education for its providers and staff, and implemented ongoing audit and monitoring processes, as further detailed in response to Tag 131 for its COVID-19 consent/patient rights process.	9/20/2020

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	320017	A. BUILDING _____ B. WING _____	C 06/13/2020

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A 131	Continued From page 21 87313 (Crownpoint) =236 Map Key = Red 76+ cases, Orange 51-75 cases, Yellow = 26-50 cases, Green 1-25 cases and Gray = 0 cases J. Record review of face sheets (P # 1-131) provided by the facility to represent all patients that gave birth during 04/27/20 and 05/28/20. Of the 20 patients contacted whose zip code was identified on the list, 13 (P #4, 7, 9, 14, 25, 27, 32, 63, 66, 75, 80, 101, and 127) patients were not offered to be tested for COVID 19 per interview, and 7 patients (P #1-7) were offered to be tested for COVID-19 and all lived on the [redacted]. An additional 16 (P #31, 43, 49, 54, 59, 61, 69, 72, 84, 87, 92, 93, 97, 110, 121, and 129) patients (whose addresses were not identified on the zip code list) were interviewed and all denied being offered COVID 19 testing during their hospital stays. K. On 06/16/20 at 12:05 PM, during interview with P #4 [redacted] NM [redacted]. She reported that she was admitted to the hospital on [redacted]/20 and she was tested for [redacted] shortly after being admitted to the hospital. She reported that she advised the hospital staff that she did not have any [redacted] and had no known exposure to anyone that had tested positive for [redacted]. She also reported that she was not given the option to decline the [redacted] test and she did not sign a consent form. She reported, "they said that they were doing it [administering the [redacted] on everyone getting admitted." She reported, "I	A 131	**A131 Informed Consent Continued** *The following procedures for implementing the acceptable plans of correction will be implemented and include the monitoring and tracking procedures, the completion date for implementation, and Persons responsible for implementing the acceptable plan of correction:* • LWH modified its transmission-based precautions to meet the CDC guidelines. This allows patients who had been diagnosed with COVID-19 at an earlier date and have since recuperated or were always asymptomatic, but continued to test positive after 10 days free from symptoms not be considered COVID-19 positive nor a person under investigation (PUI). This then allowed for mothers in this situation to not be considered a PUI even if they test positive at the time of delivery (if the diagnosis of COVID-19 was made within the past three months). If a mother has symptoms of COVID-19, they would be considered a PUI. All L&D Nurses were educated by EDWS on transmission-based precaution. Education was provided through daily huddles and the L&D communication binder. The effectiveness of this training will be verified through the patients understanding of the informed consent process and their ability to make choices without fear of reprisal. A weekly audit of 10 L&D patients admitted will be assessed for each patients' understanding until 100% compliance is achieved. LWH Patient Advocate will interview these patients. Results will be reviewed with employees, L&D management, and Obstetrical providers through 1 on 1 discussions and group meetings. Any nonconformities will be discussed with individuals' responsible and appropriate leadership. The CNO will report monthly to the EQC, MEC and GB. *Person responsible for implementing the acceptable plan of correction:* EDWS, Quality Director, and CNO	9/20/2020

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A 131	Continued From page 22 held my baby for about 20 minutes after she was born and then they took her t[redacted] They told me that I could keep [redacted] with me, but it would be better to send her to [redacted] to keep her safe, because they didn't know if I had COVID or not. They brought her back to me a day later." L. On 06/16/20 at 1:08 PM, during interview with the mother of P #3[redacted] NM, [redacted] who was with her daughter during her entire hospital stay, she confirmed that her daughter was tested for[redacted] she stated, "The hospital requires her to be tested. They made testing mandatory." M. On 06/16/20 at 1:30 PM, during interview with P #10, [redacted] NM 871[redacted], she reported that she was admitted to the hospital or[redacted]20 and had a [redacted] PM the same day. P #10 reported, [redacted] so they tested me for [redacted] around 7:00 PM. As soon as my [redacted] was born, he was taken t[redacted] due to the possibility of COVID. I didn't feel like I had a choice to keep him or send him to the [redacted], because they [staff] said we can't care for him and we are not responsible for him, if he gets COVID from you." She reported that she signed a consent form allowing the separation of her baby from her; however since she was on [redacted] she was [redacted] and she does not recall whether or not she signed a consent form to be tested for [redacted]. P #10 reported that	A 131	**A131 Informed Consent Continued** • CDC modified its guidance related to separation of mother and newborn. LWH process was changed to comply with the recommendation that mothers with suspected or confirmed COVID-19 can room-in with their newborns. This can occur when precautions are taken to protect the infants from maternal infectious respiratory secretions. Mothers are still provided the opportunity for their baby to receive newborn care in the NICU should that be their wish. The effectiveness of this training will be verified through the patients understanding of the informed consent process and their ability to make choices without fear of reprisal. A weekly audit of 10 L&D patients admitted will be assessed for each patients' understanding until 100% compliance is achieved. LWH Patient Advocate will interview these patients. Results will be reviewed with employees, L&D management, and Obstetrical providers through 1 on 1 discussions and group meetings. Any nonconformities will be discussed with individuals' responsible and appropriate leadership. The CNO will report monthly to the EQC, MEC and GB. *Person responsible for implementing the acceptable plan of correction:* EDWS, Quality Director and CNO • All clinical employees responsible for obtaining informed consent throughout the facility will be re-trained on the consent process and the importance of a patient/patient representative's right to consent or refuse.	9/20/2020 9/20/2020

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A 131	Continued From page 23 she was separated from her baby for 18 hours. She reported, "it was not the best experience, they all sounded very confused about what to do for [redacted] and they had open discussions about it in front me, which concerned me." N. On 06/16/20 at 1:32 PM, during an interview with P #2 [redacted] NM, [redacted], she confirmed that she was tested for [redacted] at the hospital even though she didn't [redacted] or known exposure. She stated that she was told it was mandatory that she have the test. She confirmed that she was not ever separated from her baby because she got her [redacted] results back before she gave birth. O. On 06/16/20 at 1:45 PM, during interview with P #1 [redacted] NM [redacted], she confirmed that she was tested for [redacted] upon admission to the hospital and had [redacted] or known exposure. She stated that upon her arrival to the hospital, she was immediately placed into an isolation room, tested, and remained in quarantine. She stated that her test results were [redacted] and the results were returned prior to the delivery of her child. P #1 did report that she overheard a nurse comment that she had been isolated, because of her zip code. P. On 06/16/20 at 1:50 PM, during interview with P #5 ([redacted]52), she confirmed that she was tested for [redacted] and wasn't given the option to decline to be tested. Regarding consent, she said "Not sure about consent." When asked if she had any symptoms or known exposure to someone that had tested	A 131	The training course has been re-assigned through the electronic learning system. 100% of active clinical staff will complete this training Clinical staff will be trained during onboarding and once a year thereafter. The CNO will report monthly to the EQC, MEC and GB on the training progress and include percentages of employees trained and post-test results. *Person responsible for implementing acceptable plan of correction:* CNO and Director of Quality ● LWH leadership engaged an external agency to develop cultural diversity training to address topics such as but not limited to, cultural beliefs, culturally appropriate communication, avoiding stereotypes and sensitivity to other's beliefs. The training series will also include education on providing patient care in a time of a pandemic. LWH leaders will receive this training. The training will be video-taped and provided to the Medical Staff. Moving forward, this video-taped education will be used for appointment and re-appointment for the medical staff members. Additionally, all nursing staff will receive training via the videotaped session. This training will be included in the onboarding process for new nursing staff. The video-tape will be completed on 8/28/20 with rollout to additional medical staff and nurses to follow.	9/20/2020

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A 131	Continued From page 24 positive for [redacted], she replied, "no, our pueblo is on lockdown. We can't even visit our neighbors. I tried to tell them that too." When asked if at anytime during her stay, was she informed that she was high risk or a "person under investigation" for [redacted] she replied "yes, I was told that because I came from my zip code that I was high risk and they called it a "Hot zone'." When asked if her baby was separated from her while she waited for test results, she replied "they were going to separate her. I kind of argued with them. I told them I didn't want that to happen. They gave me a waiver that I didn't want her taken away. They told me that the policy was that once I had her they had to take her to the [redacted] because they didn't have my results yet. They tested me at [redacted] PM on [redacted] th and I didn't get it [test results] until the same time the next day. When we first got there, they put us in a regular room. We were waiting for them for an hour. When she [staff] came back in, she had on PPE and told us that they had to put us in an isolation room and they [staff] had to wear the PPE. But when we first got there, they were wearing regular masks and a regular room She [staff] said 'I am sorry, I just barely looked at your zip code and didn't realize I needed to move you because you may potentially have the [redacted]' We had to pack up all our stuff. During delivery they were in full PPE. As a matter of fact, they only allowed one person to be with me, but they never tested him [husband]. They told me it was their policy. They specifically referenced my zip code. I argued and said it was unfair and that I was being discriminated against me because of my zip code. My last visit with them, a week before my due date, they were already going to test me. They	A 131	Director of Human Resources (HR) will be responsible for the program including providing reports to leadership, MEC, and GB. Progress for completion of training will be monitored by Director of HR and results will be reported to ECQ, MEC and GB. *Person responsible for implementing acceptable plan of correction:* CEO and Director of Quality	

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A 131	Continued From page 25 told me 'every time you come in [need to be tested] because of your zip code.' They told me that was the policy. I said, 'unless you are admitting me, I am not taking the test.' I had already taken the test at the pueblo the week before and results were [redacted]. She said, I could have gotten it the next day. I felt that I would be treated different if I decline to be tested." She confirmed that they were at the hospital from [redacted] on [redacted] After she received a [redacted] test result, she said, "the nurse came in and didn't have PPE. Then they said they wanted to move us to another room, that the beds were more comfortable." She further stated, "I had been upset. From the time I went to triage, I wasn't ok with it already. What made it worse was, I was scheduled to be [redacted] at [redacted] am. They told me they didn't have enough beds. They told me they were full. Told to call back and 10 and noon. Told me to come at 4 PM. It wasn't until my last 2 appointment that I was told I would be tested when I got there. Once I came to terms of accepting that [being tested]. None of those times was I ever told that they were going to separate my baby from me. It wasn't until I was hooked up with [redacted] and took the test. Midwife tells me, 'You have 2 options. We can stop your [redacted] right now and turn off machine to help you get contractions and then sleep here and wait until test results, and once baby is born we have to take baby to [redacted] because that's they policy. If we turn off your [redacted], it doesn't guarantee you won't still be in labor. The second option, was go on with [redacted] and when baby is born we can take baby to [redacted]' I told her 'You are not going to do that and you are not going to take my baby.' I was already in active labor. She then offered the waiver. Waiver wasn't offered until I refused. It	A 131	**This space left intentionally blank.**	

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A 131	Continued From page 26 was very traumatic." Q. Record review of the Informed Consent Form for Refusal of Separation from Newborn Infant revealed: "I, [Name of P #5], have been advised by [Names of Certified Midwives (CM) #1-2] that: I am a person under investigation for [redacted] [Name of CM #1-2] has recommended that my newborn infant baby [gender] and I be isolated and separated from each other during hospitalization. The recommendation is based on clinical considerations that have been discussed with me in detail: Currently PUI (Person Under Investigation) for [redacted] living in a zip code C (with) a high incidence/prevalence." Additional considerations include CDC considerations for inpatient obstetrics Healthcare Setting (revised April 4, 2020) state "The many benefits of mother/infant skin-to-skin contact are well understood for mother-infant bonding, increased likelihood of breastfeeding, stabilization of glucose levels, and maintain infant body temperature and though transmission of SARS-CoV-2 after birth via contact with infectious respiratory secretions is a concern, the risk of transmission and the clinical severity of SARS-CoV-2 infection in infants are not clear" The consent also identifies "I understand that the World Health Organization does not recommend separation when either the mother or newborn has a suspected or confirmed case of [redacted]" The document was signed by P #5 on [redacted]20. R. On 06/16/20 at 3:20 PM, during interview with P #7 ([redacted] NM, [redacted]). She confirmed that she was tested for [redacted] and	A 131	**This space left intentionally blank.**	

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A 131	Continued From page 27 had [redacted] or known exposure to someone that had tested positive for [redacted] She confirmed that she did sign a consent form, however when asked if she felt she had the option to decline being tested, she replied "They said I had to be tested." When asked if at any time was she separated from her baby while she waited for [redacted] results, she replied "no, I received my results before the baby was born."	A 131	**This space left intentionally blank.**	