PRINTED: 4/23/2024 FORM APPROVED 2567-L

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		399807				05/06/2022	
NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	E, P. O. BOX 850		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY CONTROL OF THE PROPERTY OF T				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0000	INITIAL COMMENT			X 0000			
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN.	ATURE		TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		399807		B. WING:		05/06/2022	
MILTON S TRANSPL	VIDER OR SUPPLIER: S HERSHEY MEDICAL CI ANT CENTER	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850		
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X 0000	Continued from page 1			X 0000			
	A Medicare Transplant conducted on site from The entrance conference 9:30 AM with the Hosp Vice President and Chi Quality Manager of So Director of Solid Organ Chief Quality Officer (An exit conference compart of Mincluded the Hospi President and Chief Opp Quality Manager of So (QMSOT), Director of (TD), Chief Quality Officer (CMO), Adult Liver Only (ALI) Tran Director of Regulatory Regulatory (MR).  All citations are from safter the effective date requirements within the	object on the convened on 05/04/22 through 0 be convened on 05/05 pital's President (P1) if Operating Office olid Organ Transplant (TD), and the CQO).  Inducted on 05/06/22 ital President (P1), Secreting Officer (CO olid Organ Transplant Solid Organ Transplant Solid Organ Transplant Solid Organ Transplant Sudden (CQO), Chief Kidney Only (AKO splant Surgeon (TS2 (DR), and the Managamples drawn from of the Subpart E	5/06/22. 4/22 at ), Sr. r (COO), at (QM), and the at 8:15 Sr. Vice OO), at Medical )/Adult 2), ager of				

CMS-2567L JM2111 IF CONTINUATION SHEET Page 2 of 92

NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY ID PROVIDER'S PLAN OF CORRECTION (EACH (X5)		TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER N OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVE COMPLETED:	EY
MILTON S HERSHEY MEDICAL CENTER - 500 UNIVERSITY DRIVE, P. O. BOX 850 HERSHEY, PA 17033  STATE LICENSE NUMBER: P6IG0101			399807		_		05/06/2022	
	MILTON : TRANSPL	S HERSHEY MEDICAL C LANT CENTER	ENTER -	500 UNIVERS	SITY DRIVI		1	
PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC PREFIX TAG CORRECTIVE ACTION SHOULD BE COMP	PREFIX MUST BE PRECEEDED BY FULL REGULATORY ( TAG IDENTIFYING INFORMATION)		ED BY FULL REGULATORY O			CORRECTIVE ACTION SH	HOULD BE	(X5) COMPLETE DATE
deficiency statement includes a reference to the organ program to which the deficient practice applies. The Medicare Transplant Complaint survey included the following type of organ transplant programs: Adult Kidney Only (AKO), and Adult Liver Only (ALI).  Complaint: PA00057383 was substantiated based on the facts obtained during the survey. The following Condition level deficiencies were cited for the AKO, and the ALI transplant programs as a result of 42 CFR §482.72 through §482.104.  X011 §482.74 and X149 §482.102  In addition, the following Standard level deficiencies related to the CMS Federal Regulations for Transplant Centers at 42 CFR §482.72 through §482.104 were cited for the AKO, and the ALI transplant programs.  X012 §482.74(a)(1), X103 §482.96(b)(2), X154§482.102(a)(4), and X156 §482.102(a)(6)	X 0000	deficiency statement in organ program to whice applies. The Medicare included the following programs: Adult Kidne Liver Only (ALI).  Complaint: PA000573 on the facts obtained d following Condition let the AKO, and the ALI result of 42 CFR §482.  X011 §482.74 and X14 In addition, the following related to the CMS Feet Transplant Centers at 4 §482.104 were cited for transplant programs.	th the deficient pract Transplant Complaintype of organ transplay Only (AKO), and 83 was substantiated uring the survey. The vel deficiencies were transplant programs 1.72 through §482.104 for the AKO, and the AKO, \$482.96(b)(2),	ice nt survey plant Adult  I based ne ne cited for s as a 4.  eficiencies r pugh ALI	x 0000			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807				05/06/2022	
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X 0000	Continued from page 3  The following Condition for the CMS Federal R forth at 42 CFR Part 48  A-0940 §482.51  Additionally, the follow deficiencies were cited Regulations for Hospit 482.  A-0341§482.22(b)(4), and A-0955 §482.51(b)	egulations for Hospi 32. wing Standard level for the CMS Federa als set forth at 42 CF	itals set al FR Part	× 0000			
X 0011 AKO ALI				X 0011			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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X 0011 AKO ALI	Continued from page 4  482.74 NOTIFICATION TO  482.74 Condition of Participal A transplant program must a significant changes related to program or changes that couthe conditions of participations should receive information a should include, but are not laterally to the transplant of the conditions of participations and the conditions of participations and the conditions of participations are not laterally to the conditions of participations and the conditions of participations are not laterally to the conditions are not laterally to the conditio	pation: Notification to C notify CMS immediately to the program's transplanted affect its compliance on. Instances in which Confor follow-up, as appropimited to;	y of any nt with CMS	X 0011	Plan for correction:  The Solid Organ Transp Quality Manager submitted to Adult Kidney Only program application to UNOS on 4/27 which was within the required days as the notification was stated to 2/2022. Additional informate requested on 4/28/2022 and pon 5/9/2022.  On 5/6/2022 the Director Organ Transplant submitted to CMS with notification of change in Chief of Division of Abdominal Transplant and part copy of this letter to the on CMS surveyor.  The Abdominal Transplant and the Sorgan Transplant and the Sorgan Transplant Quality Manager of the potential of	the  7/2022, ed 30 sent on ation was provided  or of Solid a letter 1/3/2022 of rovided -site  lant Solid lid anager blicy  OPTN nel d	Completion Date: 06/15/2022 Status: APPROVED Date: 09/01/2022

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	YY
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X 0011 AKO ALI	Continued from page 5			X 0011	Regulatory Required Communications: Key Perso Program Status) for the Adul Kidney Only and Adult Live transplant programs on 6/6/2 attachment C). All administr transplant team members are required to review and sign of understanding.  - Upon hire, as part of the orientation, the Director of S Organ Transplant will provideducation to the Abdominal Transplant Program Manage regarding their roles and responsibilities for informing and OPTN of key personnel in the Adult Kidney Only tra program.  - Key personnel changes require notification to CMS of OPTN are now included as a standing agenda item for the monthly solid organ transpla leadership/quality meetings.  Monitoring/tracking procedu	It ter 2022 (see rative experience of the content o	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:  00	(X3) DATE SURVE COMPLETED:	Y
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X 0011 AKO ALI	Continued from page 6			X 0011	- Effective 6/15/2022, the Organ Transplant Quality Mawill monitor all future key per changes utilizing a key persor change checklist containing to following elements:  1. Prior key personnel and when hospital was notified or planned departure, when CM OPTN notified of the planned departure date.  2. New key personnel and dates of:  a. CMS and OPTN notified b. hire  c. privileging d. arrival e. assumption of the role f. application submission g. application approval by MPSC  - The Quality Associate was document compliance on the program's QAPI dashboard (attachment A). The QAPI dawill be reviewed at each QAI meeting. Any non-compliance addressed by the Director of	anager ersonnel onnel the date of f their IS and d the eation  the vill esee shboard PI ce will be	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΣΥ
		399807				05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER			STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	IP CODE: E, P. O. BOX 850		
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X 0011 AKO ALI	Continued from page 7			X 0011	Organ Transplant.  - At the time of recruitmenew transplant physicians/suthe Director of Solid Organ Transplant will maintain a chwhich will include:  1. training (residency/fellowant)  2. board certification  3. licensure  4. logs validating required care activities  Individual Responsible for the of Correction: The Director of Organ Transplant Corrective actions completion 6/15/2022 with continued more plans for correction:  - The Solid Organ Transplant Quality Manager submitted the Adult Liver program applicated UNOS on 3/30/2022. Addition information was provided as requested by UNOS with the request fulfilled on 4/12/2023.	rgeons, necklist owship) patient ne Plan of Solid on date: onitoring olant the tion to onal	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	Y
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X 0011 AKO ALI	Continued from page 8	TING INFORMATION)		X 0011	- On 5/6/2022 the Director Organ Transplant submitted to CMS with notification of change in Chief of Division of Abdominal Transplant and participated to CMS surveyor.  - The Abdominal Transplant and the So Organ Transplant and the So Organ Transplant Quality May updated and approved the pothat outlines the roles and responsibilities of informing and CMS of any key personant changes (TXP-2PM CMS and OPTN/UNOS Compliance of Regulatory Required Communications: Key Perso Program Status) for the Adult Kidney Only and Adult Live transplant programs on 6/6/2 attachment C). All administrations are required to review and sign of understanding.	or of Solid a letter 1/3/2022 of rovided -site  lant Solid lid anager slicy  OPTN nel d f nnel and lt r 022 (see ative	DATE

CMS-2567L JM2111 IF CONTINUATION SHEET Page 9 of 92

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
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X 0011 AKO ALI	Continued from page 9			X 0011	- Upon hire as part of the orientation, the Director of S Organ Transplant will provide ducation to the Abdominal Transplant Program Manager regarding their roles and responsibilities for informing and OPTN of key personnel in the Adult Liver transplant program.  - Key personnel changes require notification to CMS a OPTN are now included as a standing agenda item for the monthly solid organ transplat leadership/quality meetings.  Monitoring/tracking proceduting a Transplant Quality Mawill develop and monitor all key personnel changes utilizikey personnel change checkle containing the following eler 1. Prior key personnel and when hospital was notified oplanned departure, when CM OPTN notified of the planner.	olid de r g CMS changes that and twice nt  res: e Solid anager future ing a ist ments: date of f their IS and	

CMS-2567L JM2111 IF CONTINUATION SHEET Page 10 of 92

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:  00	(X3) DATE SURVE COMPLETED:	Y
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X 0011 AKO ALI	Continued from page 10			X 0011	departure date.  2. New key personnel and dates of:  a. CMS and OPTN notific b. hire  c. privileging d. arrival e. assumption of the role f. application submission g. application approval by MPSC  - The Quality Associate of document compliance on the program's QAPI dashboard (attachment A). The QAPI da will be reviewed at each QA meeting. Any non-compliance addressed by the Director of Organ Transplant.  - At the time of recruitmenew transplant physicians/suthe Director of Solid Organ Transplant will maintain a clawhich will include:  1. training (residency/fellot) 2. board certification 3. licensure	eation  The  will  Extra control  See eashboard  PI  Control  Solid  ent for all  largeons,  hecklist	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	ER:		PLE CONSTRUCTION:  00	(X3) DATE SURVEY COMPLETED:	
		399807		B. WING:		05/06/2022	
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X 0011 AKO ALI	Continued from page 11			X 0011	4. logs validating required care activities  Individual Responsible for the of Correction: The Director of Organ Transplant Corrective actions completed 6/15/2022 with continued metals and the organ transplant corrective actions completed for the organ transplant corrective actions completed for the organization of the organ	ne Plan of Solid on date:	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, P.	ITY DRIVI	IP CODE: E, <b>P. O. BOX 850</b>	ı	
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X 0011 AKO ALI	Based on interview and Kidney Only (AKO) proceed the Compliance of transplant program or compliance with the compliance with t	rogram's staff failed are and Medicaid Se hanges related to the changes that could as onditions of participal of the participal of the staff. In 2020 the another surgeon red (no specific dates and this facility on actively performing to 1/13/22. P1 explainate TS2 as the priminal program was not divide Network for Organ 2. Because of this over the staff and this over the priminal program was not divide the priminal program	to notify ervices, e center's effect its ation.  If, the exprogram retired, es S)3 and AKO ned that hary the Sharing ersite	X 0011			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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X 0011 AKO ALI	duties, the transplant of Manager (FTM) was to Additionally, according administrative leave or hospital's legal advisent regarding TS4's administrative to program's ability to program's ability to program's ability to program of these of Quality Manager of So (QMSOT) was reviewed dated 04/27/22 stated, in the key positions. You Program Administrator Coordinator roles in the through the Membersh program administrator will need to be updated program at your hospit the change under the moments (living dot).	erminated on 04/11/2 g to P1, TS4 was plan 04/01/22. Under the nent, no details were istrative leave. These t could affect the trace form transplants. Cleaninges.  Idence from UNOS to blid Organ Transplanted on 05/05/22. The "Here is the list of you can update the Proposition of	ced on e provided e are nsplant MS was  the t email our staff imary ity portal mary ordinator ble organ make t to the	X 0011				

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X 0011 AKO ALI	to do director updates I will get you the docu As of 05/06/22, date of for Primary Surgeon for were not complete.  3. On 05/06/22, the Traprovided the surveyor on 05/06/22 to CMS steffective January 3,202 Hershey Medical Central Abdominal Transplant [Retired Primary Transthis leadership role. The to make notification to AKO program's key stability to perform transreview by the surveyor Based on interview and Liver (ALI) program's	ment to make that che survey exit, the apport the abdominal properties of a letter ating, "Please be advez, Penn State Miltoner hired a new Chief Program. [TS2] will splant Surgeon [(RP) to AKO programs state CMS of the change aff that could affect splants, until after an extended to the change of the change	nange." olication grams  D) or drafted vised on S. of for the of replace of replace of failed of in their of their onsite	X 0011			

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		* *	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
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X 0011 AKO ALI	Centers for Medicare a (CMS) of significant c transplant program or c compliance with the compliance of the comp	hanges related to the changes that could as onditions of participal of participal of the changes that could as onditions of participal of the changes at 11:30 AM and that the transplant is in staff. In 2020 the change of this own as other dereliction enter's former Transplant could be changed on the change of	center's ffect its ation.  If, the approgramme retired, as S)3 and ALI med that mary the Sharing ersite of plant	X 0011			

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		399807		B. WING:		05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850		
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X 0011 AKO ALI	Additionally, according administrative leave or hospital's legal adviser regarding TS4's administrative than program's ability to pernot informed of these of these of the second and the	in 04/01/22. Under the nent, no details were istrative leave. These istrative leave. These it could affect the transform transplants. Clahanges.  Idence from UNOS to blid Organ Transplanted on 05/05/22. The "Here is the list of you can update the Prinand Primary Data is Member Communip tab at the top. Prinand primary data cold under each applicational. You only need to nain program and no nor or pediatric). If you tell the know which cold the strain is the strain of the strain program and no nor or pediatric).	e provided e are nsplant MS was  the t email our staff imary ity portal mary ordinator ble organ make t to the vou need organ and	X 0011			

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807				05/06/2022	
MILTON S TRANSPL	VIDER OR SUPPLIER: S HERSHEY MEDICAL CI ANT CENTER	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIV	MP CODE: E, P. O. BOX 850		
STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
X 0011 AKO ALI	As of 05/06/22, date of for Primary Surgeon for were not complete.  3. On 05/06/22, the Traprovided the surveyor on 05/06/22 to CMS steffective January 3,202 Hershey Medical Center Abdominal Transplant [Retired Primary Transthis leadership role." To make notification to ALI program's key staffer program's ability to per an onsite review by the	ansplant Director (The with copies of a letter ating, "Please be advected." Program. [TS2] will applant Surgeon [(RPT) he ALI programs state CMS of the changes of which could affect from transplants, under the applants, under the applants of the changes of the	grams  D) er drafted vised in S. for the I replace ITS)] in inff failed is in their it the ALI intil after	X 0011			
X 0012 AKO ALI	AKO			X 0012			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
		399807			00	05/06/2022	
NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS. 500 UNIVERSHEY, P	SITY DRIVE	IP CODE: E, P. O. BOX 850		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0012 AKO ALI	Continued from page 18  482.74(a)(1) CHANGE IN 1  482.74(a)(1): Instances in winformation for follow up, a not limited to, change in key transplant team, such as a cl transplant program designat program's "primary transplat transplant physician."  This REQUIREMENT is not	which CMS should receive appropriate, include, by staff members of the mange in the individual the dot to the OPTN as the not surgeon or "primary"	ve out are he	X 0012	Plan for correction:  The Solid Organ Transp Quality Manager submitted to Adult Kidney Only program application to UNOS on 3/30 Additional information was pass requested by UNOS with request fulfilled on 4/12/202.  On 5/6/2022 the Director Organ Transplant submitted to CMS with notification of change in Chief of Division Abdominal Transplant and pass copy of this letter to the on CMS surveyor.  The Abdominal Transplant and the So Organ Transplant Quality Management of the position of the p	che  0/2022. provided the last 2.  or of Solid a letter 1/3/2022 of rovided -site  lant solid lid anager clicy  OPTN nel d f	Completion Date: 06/15/2022 Status: APPROVED Date: 09/01/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807			05/06/2022		
MILTON S TRANSPL	VIDER OR SUPPLIER:  5 HERSHEY MEDICAL CI ANT CENTER	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	ITY DRIVI	IP CODE: E, P. O. BOX 850		
STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
X 0012 AKO ALI	Continued from page 19			X 0012	Program Status) for the Adul Kidney Only and Adult Live transplant programs on 6/6/2 attachment C). All administr transplant team members are required to review and sign of understanding.  - Upon hire as part of the orientation, the Director of S Organ Transplant will provide education to the Abdominal Transplant Program Manage regarding their roles and responsibilities for informing and OPTN of key personnel in the Adult Kidney Only traprogram.  - Key personnel changes require notification to CMS a OPTN are now included as a standing agenda item for the monthly solid organ transplat leadership/quality meetings.  Monitoring/tracking proceduter Effective 6/15/2022, the Organ Transplant Quality M	er 2022 (see eative e e e eative e e e e e e e e e e e e e e e e e e	

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	TATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER LAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u>		(X3) DATE SURVEY COMPLETED:	
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MILTON S TRANSPL	VIDER OR SUPPLIER: S HERSHEY MEDICAL CI ANT CENTER	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	IP CODE: E, P. O. BOX 850		
STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
X 0012 AKO ALI	Continued from page 20			X 0012	will monitor all future key per changes utilizing a key persor change checklist containing following elements:  1. Prior key personnel and when hospital was notified of planned departure, when CMOPTN notified of the planned departure date.  2. New key personnel and dates of:  a. CMS and OPTN notified b. hire  c. privileging d. arrival  e. assumption of the role  f. application submission  g. application approval by MPSC  - The Quality Associate was document compliance on the program's QAPI dashboard. attachment A). The QAPI dawill be reviewed at each QA meeting. Any non-compliance addressed by the Director of Organ Transplant.	onnel the I date of of their IS and d the eation the (See eshboard PI ce will be	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER. 399807		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED: 05/06/2022	ΞY
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER		STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	MP CODE: E, P. O. BOX 850			
STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
X 0012 AKO ALI	Continued from page 21			X 0012	- At the time of recruitmenew transplant physicians/su the Director of Solid Organ Transplant will maintain a clawhich will include:  1. training (residency/fellow)  2. board certification  3. licensure  4. logs validating required care activities  Individual Responsible for the of Correction: The Director of Organ Transplant  Corrective actions completion 6/15/2022 with continued medical Services, (CMS) of changes in key staff failed of the Centers for Medicare and Medicaid Services, (CMS) of changes in key staff member transplant team.  Plan for correction:  - The Solid Organ Transplant Quality Manager submitted to	rgeons, necklist owship) patient ne Plan of Solid on date: onitoring  Liver to notify d f of the	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
		399807				05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER		STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE:			
STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0012 AKO ALI	Continued from page 22			X 0012	Adult Liver program applica UNOS on 3/30/2022. Addition information was provided as requested by UNOS with the request fulfilled on 4/12/2022.  On 5/6/2022 the Direct Organ Transplant submitted to CMS with notification of change in Chief of Division Abdominal Transplant and pacopy of this letter to the on CMS surveyor.  The Abdominal Transplant and the So Organ Transplant and the So Organ Transplant Quality Mupdated and approved the pothat outlines the roles and responsibilities of informing and CMS of any key personn changes (TXP-2PM CMS an OPTN/UNOS Compliance or Regulatory Required Communications: Key Perso Program Status) for the Adult Kidney Only and Adult Live transplant programs on 6/6/2	onal e last 2. or of Solid a letter 1/3/2022 of rovided -site  lant Solid lid anager slicy  OPTN nel d f nnel and lt r	

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807				05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, PA	SITY DRIVI	EP, P. O. BOX 850		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TRACE (IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0012 AKO ALI	Continued from page 23			X 0012	attachment C). All administratransplant team members are required to review and sign of understanding.  - Upon hire as part of the orientation, the Director of S Organ Transplant will provide education to the Abdominal Transplant Program Manager regarding their roles and responsibilities for informing and OPTN of key personnel in the Adult Liver transplant program.  - Key personnel changes require notification to CMS a OPTN are now included as a standing agenda item for the monthly solid organ transplant leadership/quality meetings.  Monitoring/tracking procedureners of the company of	off on  ir  colid de  r  g CMS changes  that and twice nt  ires: e Solid anager ersonnel onnel	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807		1		05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850			
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X 0012 AKO ALI	Continued from page 24			X 0012	following elements:  1. Prior key personnel and when hospital was notified o planned departure, when CM OPTN notified of the planned departure date.  2. New key personnel and dates of:  a. CMS and OPTN notified b. hire  c. privileging d. arrival e. assumption of the role f. application submission g. application submission g. application approval by MPSC  - The Quality Associate was document compliance on the program's QAPI dashboard. A attachment A). The QAPI da will be reviewed at each QAI meeting. Any non-compliance addressed by the Director of Organ Transplant.  - At the time of recruitmenew transplant physicians/su the Director of Solid Organ	f their IS and d the ation the will (See shboard PI ce will be Solid	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		399807		B. WING: _		05/06/2022	
MILTON S TRANSPL	NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	IP CODE: E, P. O. BOX 850		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)		ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0012 AKO ALI	Continued from page 25			X 0012	Transplant will maintain a cl which will include:  1. training (residency/fellot)  2. board certification  3. licensure  4. logs validating required care activities  Individual Responsible for the of Correction: The Director of Organ Transplant  Corrective actions completice 6/15/2022 with continued metals and the continued metals are continued metals.	owship) I patient the Plan of Solid on date:	

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		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER:		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850		
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X 0012 AKO ALI	Based on interview and Kidney Only (AKO) p The Centers for Medic (CMS) of changes in k transplant team.  Findings include:  1. In an interview on 0 President (P1) explains had several change Department Director a and another surgeon di provided). The new tra TS2's employment beg 01/03/22. TS2 started a transplant surgeries on the paperwork to desig surgeon for the abdom submitted to the United (UNOS) until 03/25/22 and what P1 described duties, the transplant co	rogram's staff failed are and Medicaid Se ey staff member of to 5/04/22 at 11:30 AM ed that the transplant is in staff. In 2020 that another surgeon red (no specific dates another surgeons (Tran at this facility on actively performing to 1/13/22. P1 explainate TS2 as the priminal program was not a Network for Organ 2. Because of this ovas other dereliction	to notify ervices, he  I, the program eretired, s S)3 and  AKO ned that nary t a Sharing ersite of	X 0012			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		399807		B. WING:		05/06/2022	
NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	E, <b>P. O. BOX 850</b>		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
X 0012 AKO ALI	Manager (FTM) was to Additionally, according administrative leave or hospital's legal adviser regarding TS4's admin 2. An email correspond Quality Manager of Sci (QMSOT) was reviewed dated 04/27/22 stated, in the key positions. You Program Administrator Coordinator roles in the through the Membersh program administrator will need to be updated program at your hospit the change under the macomponents (living do to do director updates I will get you the docu As of 05/06/22, date of for Primary Surgeon for	g to P1, TS4 was plant 04/01/22. Under the nent, no details were istrative leave.  Idence from UNOS to blid Organ Transplanted on 05/05/22. The "Here is the list of you can update the Proportion of Primary Data to Member Community tab at the top. Primard primary data cold under each applicated al. You only need to main program and not not or pediatric). If you to make that che for survey exit, the apprimary exits the apprimary exits, the apprimary exits the definition of the primary data contain program and not not or pediatric). If you ment to make that che for survey exit, the apprimary exits the	teed on e e provided  of the t email our staff imary  ity portal mary ordinator ble organ make t to the you need organ and mange."	X 0012			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 399807		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER			STREET ADDRESS. 500 UNIVERS HERSHEY, P	SITY DRIVI	IP CODE: E, P. O. BOX 850		
STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
X 0012 AKO ALI	were not complete.  3. On 05/06/22, the Traprovided the surveyor on 05/06/22 to CMS steffective January 3,202 Hershey Medical Center Abdominal Transplant [Retired Primary Transthis leadership role. The to make notification to AKO program's key staby the surveyor.  Based on interview and Liver (ALI) program's Centers for Medicare a (CMS) of changes in k transplant team.  Findings include:	with copies of a letter ating, "Please be advez, Penn State Miltoner hired a new Chief Program. [TS2] will splant Surgeon [(RP' te AKO programs state CMS of the change aff until after an onset document review, staff failed to notify and Medicaid Services."	er drafted vised n S. For the l replace TS)] in aff failed s in their ite review the Adult The es,	x 0012			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EIP CODE: E, <b>P. O. BOX 850</b>	ı	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
X 0012 AKO ALI	1. In an interview on 0 President (P1) explains had several change Department Director at and another surgeon diprovided). The new trates of 1/03/22. TS2 started at transplant surgeries on the paperwork to design surgeon for the abdomisubmitted to the United (UNOS) until 03/25/22 and what P1 described duties, the transplant con (FTM) was terminated according to P1, TS4 which leave on 04/01/22. Uncan advisement, no details TS4's administrative less that the control of	ed that the transplant is in staff. In 2020 the ind another surgeon red (no specific dates in splant surgeons (Transplant surgeons) (Transplant for the individual states in splant surgeons) (Transplant for the individual states in splant in states in splant in splan	e program e retired, s S)3 and  ALI ned that nary t n Sharing ersite of anager onally, istrative al ding	X 0012			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		399807		B. WING:		05/06/2022	
NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	E, P. O. BOX 850		
(X4) ID  PREFIX  TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE
X 0012 AKO ALI	Continued from page 30  (QMSOT) was reviewed dated 04/27/22 stated, in the key positions. You Program Administrator Coordinator roles in the through the Membersh program administrator will need to be updated program at your hospit the change under the macomponents (living do to do director updates I will get you the docu As of 05/06/22, date of for Primary Surgeon for were not complete.  3. On 05/06/22, the Traprovided the surveyor on 05/06/22 to CMS steffective January 3,202 Hershey Medical Central Abdominal Transplant	"Here is the list of you can update the Prand Primary Data e Member Communip tab at the top. Prinand primary data cold under each applicate al. You only need to nain program and nonor or pediatric). If you et me know which communicate the survey exit, the apport the abdominal program of a letter ating, "Please be advect, Penn State Miltoner hired a new Chief	our staff imary ity portal mary ordinator ble organ o make t to the rou need organ and nange." olication grams  D) er drafted vised in S. for the	X 0012			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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MILTON S TRANSPL	WIDER OR SUPPLIER: S HERSHEY MEDICAL CI ANT CENTER	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850		
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X 0012 AKO ALI	Continued from page 31  [Retired Primary Trans this leadership role. The make notification to Claudin ALI program's key state by the surveyor.	e ALI programs stat MS of the changes in	ff failed to	X 0012			
X 0103 AKO ALI				X 0103			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807			<u></u>	05/06/2022		
NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES)		HERSHEY, P	SITY DRIVI	IP CODE: E, P. O. BOX 850  PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)		
PREFIX TAG		ED BY FULL REGULATORY OF FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A		COMPLETE DATE	
X 0103 AKO ALI	Continued from page 32  482.96(b)(2) ANALYSIS/E ADVERSE EVENT  482.96(b)(2): The transplan thorough analysis of and do This REQUIREMENT is no	t program must conduct cument any adverse eve	a	x 0103	Plan for correction: - Beginning 6/10/2022, the Associate will begin to audit Adult Kidney Only transplant patient and assess for unplan returns to the Operating Roo unplanned readmissions with days of transplant. Unplanner returns to the operating room been added as a tracked item Transplant QAPI dashboard attachment A). The Quality Associate will ensure that a fireport (patient safety event resubmitted for each qualifying incident.  Monitoring/tracking procedute - Each qualifying incident.  Monitoring/tracking procedutereviewed at the Adult Kidney program's monthly Morbidity Mortality conference. Any ich trends will be discussed by the abdominal transplant program QAPI committee for recommendations or further the At the abdominal transprogram's QAPI committee,	revery nt nned m and nin 30 nd n have n to the (see MIDAS eport) is g  nres: nt will be y Only y & dentified he m's review.	Completion Date: 06/15/2022 Status: APPROVED Date: 09/01/2022	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807		B. WING:		05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, PA	SITY DRIVI	IIP CODE: E, <b>P. O. BOX 850</b>		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0103 AKO ALI	Continued from page 33			X 0103	identified trends in patient sale events will be analyzed. Base the analysis recommendation program improvement will be implemented.  - Patient safety events rechigher level of peer review we sent to the hospital's Professi Practice Evaluation Committed secondary review.  Individual Responsible for the of Correction: The Director of Organ Transplant Corrective actions completion 6/15/2022 with continued medical between the transplant program's Quality Assessment Performance Improvement (QAPI) plan, in record reviews, and interview ALI programs staff failed to an ALI post-op death with meturns to the OR prior to distince to the OR prior to distince the organization of the process improvements were needed.	ed on as for as for as e  quiring a vill be ional tee for a  me Plan of Solid  on date: onitoring  medical ws, the analyze aultiple scharge PI plan	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	IP CODE: E, P. O. BOX 850		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0103 AKO ALI	Continued from page 34			X 0103	were six transplant cases reverth through KTR5 and LI LITR1 expired in the hospital discharge.  Plan for correction:  Beginning 6/10/2022, the Associate will begin to audit Adult Liver transplant patienth assess for unplanned returns Operating Room and unplant readmissions within 30 days transplant. Unplanned return operating room have been ad a tracked item to the Transpl QAPI dashboard (see attached that a MIDAS report (patient event report) is submitted for qualifying incident.  Monitoring/tracking procedute and the Adult Liver program's monthly Morbidity Mortality conference. Any identify the discussed by the abdominal transplant program QAPI committee for	RT1.  Il prior to  ne Quality every It and to the ned of s to the Ided as ant nent A). Insure It safety It each  It will be  y & Identified ne	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807				05/06/2022	
MILTON S TRANSPL	VIDER OR SUPPLIER:  S HERSHEY MEDICAL CI ANT CENTER	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	MP CODE: E, P. O. BOX 850		
STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)		D BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0103 AKO ALI	Continued from page 35			X 0103	recommendations or further:  - At the abdominal transprogram's QAPI committee, identified trends in patient sa events will be analyzed. Base the analysis recommendation program improvement will be implemented.  - Patient safety events rechigher level of peer review we sent to the hospital's Professi Practice Evaluation Committee secondary review.  Individual Responsible for the of Correction: The Director of Corgan Transplant Corrective actions completion 6/15/2022 with continued metals.	olant  Infety ed on ns for ne quiring a will be ional tee for a  ne Plan of Solid on date:	

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PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 399807		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		STREET ADDRESS. 500 UNIVERS HERSHEY, P	SITY DRIVI	IP CODE: E, P. O. BOX 850			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
X 0103 AKO ALI	Based on review of the Assessment Performan plan and medical recorn AKO programs staff far analyze multiple patier Room (OR) immediate Only (AKO) transplant failed to recognize, reptransplant readmissions post-discharge, to deteroccurring that required change. There were six and one liver (see X10 returned to the OR post cases included Kidney through KTR5. None of were reported for qualifications include:  1. A review of the transplant determined AKO	d reviews, and inter- diled to recognize, re- not returns to the Open- ely post-op Adult Kie tation prior to discharate and analyze mul- s to the hospital rmine if trends were a performance plant a transplant cases, five 3 ALI) that had to be tetransplant. The kid Transplant Recipier of these five kidney of ty review.	API) views, the eport and rating dney arge, and tiple to effect we kidney e lney at (KTR)1 cases	X 0103			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
X 0103 AKO ALI	comprehensive quality Kidney, Liver and Pan Donor Specific QAPI 1 03/09/20 that defines a Patient Safety Events, Sentinel Events. The p A-09 HAM Patient Safety Event R Patient Safety Event R Patient Safety card sha or within 24 hours of it via a Great Catch for Pentered into the Electror Reporting System (EPS business day. Should the Great Catch for Patutilized  Transplant specific advergoring to regulatory OPTN/UNOS or CMS A-09 HAM Patient Safety Event R Patient Safety Event R Patient Safety card sha	creas Transplant and Plan," effective date, and addresses the har Incidents Serious Evlan states, 'Per hospifety Event Reporting eport or Great Catchell be completed immediation. Events eatient Safety card worder Patient Safety ESEFS) (Midas) on the EPSEFS be unavalent Safety cards showers events may require bodies including Per hospital policifety Event Reporting eport or Great Catchell.	I Living  Indling of vents and tal policy, s, a for nediately reported ill be event enext hallable, bould be event expected be wire.	X 0103				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 399807		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EIP CODE: E, <b>P. O. BOX 850</b>		
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X 0103 AKO ALI	or within 24 hours of it via a Great Catch for Pentered into the Electron Reporting System (EPS business day. Should the Great Catch for Partutilized.  The abdominal transplated Adverse Events collected Events that are not repossible include events that adverse events by Kidn Pancreas Transplant and QAPI Plan the standard are something that the capture. These will also have occurred outside of Reporting & Analysis Once an event has been reported to the QAPI Analyst will then	ratient Safety card wonic Patient Safety ESEFS) (Midas) on the EPSEFS be unavaient Safety cards show that program will also to form to identify orted in the EPSEFS to may not be considerely, Pediatric Kidney and Living Donor Species of the Hospital systematical sys	ill be event e next ailable, ould be o use an Adverse . These ered y, Liver ecific stem but will e may m.	X 0103			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 399807		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/06/2022	
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X 0103 AKO ALI	place under the control S. Hershey Medical Ce If yes, then the event ce either the QAPI Analy who reported the Adve If the event did not occ Milton S. Hershey Medentered into the Midas investigated the same a Analyst. The event will Event Log and analyze will be done by the Ab Once an event has been reviewed and assigned scores and their level of 1. Unsafe Conditions - 2. Event, No Harm - Las Event, Harm - Mode 4. Event, Death - High Components of a Thore	enter or its outpatient an be entered into Mest or the clinical professe Event  Four at Penn State Headical Center, the event was above by the QAP I be added to the Added as below. Any invidominal Transplant on reported, it will be a harm score. The hof analysis are as follow to the Added to the Added to the Added to the Added as below. Any invidominal Transplant on reported, it will be a harm score. The hof analysis are as follow to we were the Added to the Added t	t sites.  Iidas by Iidas by Iidas fessional  Iidah Iidas halth Iid	x 0103			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY CONTROL OF THE PROPERTY OF T				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
X 0103 AKO ALI	Continued from page 40  Low level of analysis of events with no resulted Low level analysis incorrelevance of adverse expelevant, an investigation These events will be respected to a mode include:  "No Harm" events  "Near Miss" events  Infections will be reviewed trends. These may also moderate or high reviewed transplant  Moderate (Apparent County of the Moderate level of analyses events that respection events will be reviewed.	l or expected patient ludes: Determining to vent for transplant payer report will be considered for trends. Expected for trends. Expected for trends liber reviewed for trends liber reviewed for trends be reviewed as a way case.  The complete trends are the complete for the OR will be reviewed as a way case.  The complete for trends liber reviewed as a way case.  The complete for trends liber reviewed as a liber reviewed as	harm. he atients. If inpleted. Events can will ends ewed for ars from eted for arm These	X 0103			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  399807		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:  05/06/2022			
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE, P. O. BOX 850 HERSHEY, PA 17033						
STATE LICENS (X4) ID PREFIX		OF DEFICIENCIES (EACH DE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH		(X5) COMPLETE		
TAG	IDENTI	FYING INFORMATION)			CROSS-REFERENCED TO THE		DATE		
X 0103 AKO ALI	M&M meeting. Present information only. At an escalated to a high analysis and the second of the seco	hy time, events can be lysis. These will include the waitlist on the waitlist of failure greater than its from transplant forary harm. Its chosen to be escallysis) will be completed for permanent harm. His med in conjunction was Safety and includes: Event across the Contaff involved and extication of root cause tributing factors across the contage of the contage o	or adverse gh level with the continuum ternal e, coss the	X 0103					
	(infrastructure, equipm human, organizational) Safety, Identification o	lures, of Patient							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
X 0103 AKO ALI	their rate of occurrence their contribution to the means of prevention. The Death or graft failure was Any near-death event. Any moderate review of Review."  2. A review of the transtransplant surgeries consurgeon (TS)2 and TS program on 01/03/22 the were a total of 31 translivers) completed with kidneys and one livery room (OR) post-transpost tandate, medical reason for OR are as follows:  KTR1 Return to OR: 0	case escalates the Hisplant programs list impleted by Transpla from their arrival through present show plants (24 kidneys a six transplant recipils brought back to the lant.	d possible insplant insplant insplant insplant in the red there and seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (five operating in the red there is a seven ents (fi	X 0103			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
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X 0103 AKO ALI	and washout. Findings: KTR2 Return to OR: 0 and repositioning of the Findings: Renal vein co- iliac artery. KTR3 Return to OR: 0 Findings: Repositionin iliac artery compressin KTR4 Return to OR: 0 ultrasound reading. Fire kidney, perhaps compre muscles. KTR5 Return to OR: 0 right kidney. Findings: and stretching of the re- None of these cases we required by the Transp which states, "Non-pla- be reviewed for trends. as a moderate or high re- 4. In an interview on 0.	2/22/22 for re-explore transplanted kidner ompression due to explorate gof kidney transplant renal versions. Normal look ression from abdominations: Normal look ression from abdominations: Normal look ression from abdominations. Program's QAP and returns to the Carthese may also be review case."	y. xternal ion. nt; external in. rmal ing nal wall ssion of ht kidney ent as I plan DR will reviewed	X 0103			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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X 0103 AKO ALI	Continued from page 44  Chief Quality Officer (kidney cases] did not conshould have. CQO states the other cases until the (DOH) came in on 04/2 survey."  Based on review of the Assessment Performant plan, medical record readult Liver (ALI) programmed ALI post-op death with Operating Room (OR) compliance with their process improvements transplant cases were rescipient (LIRT)1 through the programmed to the OR performed in the hospital X103 AKO)	etransplant program's transplant programs staff failed to a multiple returns to prior to discharge in QAPI plan to determ were needed. Three eviewed, Liver Transplant LITR3 and one post-transplant. LITR	s Quality API) vs, the analyze an the ine if any ALI splant had to	X 0103			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 399807		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVE COMPLETED: 05/06/2022	ΞY
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850			
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X 0103 AKO ALI	Findings include:  1. A review of the trans. Assessment Performant plan determined ALI pquality plan titled, "Kid and Pancreas Transplant QAPI Plan," effective and addresses the hand Incidents Serious Event plan states, 'Per hospital Safety Event Reporting Report or Great Catch be completed immediate identification. Events repatient Safety card will Electronic Patient Safety (EPSEFS) (Midas) on Should the EPSEFS befor Patient Safety cards.	rogram has a compredency, Pediatric Kidner, Pediatric Kidner, and Living Donor date, 03/09/20 that deling of Patient Safet at and Sentinel Everal policy, A-09 HAM, a Patient Safety Experience of Patient Safety cattled or within 24 hor eported via a Great of the entered into the sty Event Reporting State of the next business days a unavailable, the Great should be utilized.	API) ehensive ey, Liver Specific efines y Events, nts. The I Patient went rd shall urs of Catch for  System y. eat Catch	X 0103			
	Transplant specific adv	erse events may req	uire				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
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MILTON S TRANSPL	VIDER OR SUPPLIER: 5 HERSHEY MEDICAL CI ANT CENTER E NUMBER: P6IG0101	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850		
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X 0103 AKO ALI	reporting to regulatory OPTN/UNOS or CMS A-09 HAM Patient Safety Event R Patient Safety Event R Patient Safety card sha or within 24 hours of it via a Great Catch for Pentered into the Electro Reporting System (EPS business day. Should the Great Catch for Patutilized.  The abdominal transplant Adverse Events collect Events that are not repwill include events that adverse events by Kidn Pancreas Transplant ar QAPI Plan the standard are something that the capture. These will also have occurred outside	Per hospital police fety Event Reporting eport or Great Catch III be completed immedentification. Events Patient Safety card wonic Patient Safety ESEFS) (Midas) on the EPSEFS be unavatient Safety cards show that the EPSEFS is the expectation form to identify orted in the EPSEFS to may not be considered, Pediatric Kidnered Living Donor Speeds of the Hospital systransplant program was include events that	a for hediately reported fill be event he next hilable, buld be to use an Adverse freed y, Liver herific stem but will a may	x 0103			

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PLAN OF CORRECTION (POC) IDENT		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 399807		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 05/06/2022			
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE, P. O. BOX 850 HERSHEY, PA 17033						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY CONTROL TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
X 0103 AKO ALI	Reporting & Analysis Once an event has been reported to the QAPI A QAPI analyst will then place under the control S. Hershey Medical Ce either the QAPI Analyst who reported the Adve Who reported the Adve If the event did not occ Milton S. Hershey Medical Ce entered into the Midas investigated the same a Analyst. The event will Event Log and analyze will be done by the Ab Once an event has been reviewed and assigned scores and their level of 1. Unsafe Conditions -	analyst for transplant determine if the every of Penn State Healt enter or its outpatient and be entered into Most or the clinical professe Event  Four at Penn State Headical Center, the event was above by the QAP I be added to the Add as below. Any invidental Transplant in reported, it will be a harm score. The hof analysis are as follows.	t. The ent took h Milton t sites. Gidas by fessional will be by verse estigation Team.	X 0103					

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	I ` '			(X3) DATE SURVEY COMPLETED:	
		399807		1	<u></u>	05/06/2022	
NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	IP CODE: E, P. O. BOX 850		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE	
X 0103 AKO ALI	Continued from page 48  2. Event, No Harm - Lo 3. Event, Harm - Mode 4.nEvent, Death - High  Components of a Thoro Low level of analysis we events with no resulted Low level analysis include relevance of adverse expelevant, an investigation These events will be reported be escalated to a mode include:  "No Harm" events  "Near Miss" events  Infections will be revied Rejection Episodes will Non-planned returns to trends. These may also moderate or high revied Death or graft failure general events.	owerate to High ough Analysis - Low will be completed for lor expected patient dudes: Determining to went for transplant pa we report will be con eviewed for trends. E rate analysis. These ewed for trends I be reviewed for tre to the OR will be revi be reviewed as a w case.	r adverse harm. he atients. If mpleted. Events can will ends ewed for	X 0103	CROSS-REFERENCED TO THE	APPROPRIATE	DATE
	transplant						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUF MILTON S HERSHE TRANSPLANT CEN	EY MEDICAL C TER	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850		
STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
AKO ALI  Moderat - Moder adverse and/or re events w M&M n informat escalated A patier A patier but less Events t Any low Moderat  High (R High lev events tl analysis Departm Chronic of Care,	events that resequired prolongial be reviewed neeting. Presention only. At and to a high anaut death while out death or graft than three year that cause temps analysis evente review.  Oot Cause Anauel of analysis that resulted in will be performent of Patient le the Adverse Interview all sequences.	t failure greater than es from transplant orary harm. ts chosen to be escal	arm These gram sic be lude: 1 year, lated to a or adverse gh level with the ontinuum ternal	X 0103			

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		399807		B. WING:		05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	E, P. O. BOX 850		
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X 0103 AKO ALI	underlying causes, concontinuum of care, and (infrastructure, equipm human, organizational) Safety, Identification of their rate of occurrence their contribution to the means of prevention. The Death or graft failure was Any near-death event Any moderate review of Review."  2. A review of the ALI surgeries completed by and TS3 from their arm 01/03/22 through presence their contribution to the means of prevention. The period of the ALI surgeries completed by and TS3 from their arm 01/03/22 through presence their contribution of the period of the open showed that he/she was also as a review of the open showed that he/she was a room (OR) post-transport.	analysis of related seent, policies, procedo led by Department of similar events in the Identification of rise Adverse Event, and these events included within one year of traverse escalates the Higher Transplant Surgeor ival to the program of ent showed there were a completed. One livitaken back to the oplant.	systems lures, of Patient ne past and sk points, d possible insplant gh  Insplant in (TS)2 on ire a total er inerating	x 0103			

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/ PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
	399807			A. BLDG: _ B. WING: _		05/06/2022	
NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0103 AKO ALI	Continued from page 51	TI C d		X 0103			
	three separate occasion and findings in OR we	re documented as fo					
	LITR1 Return to OR: 01/16/22 for severe coagulopathy and intra-abdominal bleeding. Findings: Compartment syndrome and						
	coagulopathic bleeding Second return to OR: 0	Ţ.	g and				
	coagulopathy. Third return to OR: 01						
	Findings: Bleeding and Patient died in hospital		PM				
	4. In an interview on 05/06/22 at 9:45 AM, the Chief Quality Officer (CQO) stated, "I did a case review on the Liver recipient [LITR1] who died.		a case				
	The case came to me last Wednesday, which we have been 04/27/22. On 05/04/22 we did a full		full				
	peer review. There wer interviewed TS2 and the room so they could dis	nen asked him/her to	leave the				
	the patient was very side a high-risk patient, that	ck, had a meld of 45	and was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
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NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	ITY DRIVI	IP CODE: E, P. O. BOX 850		
(X4) ID PREFIX TAG	FIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
X 0103 AKO ALI	Continued from page 52			X 0103			
	cerebral bleed, and the not a direct result of the Root Cause Analysis (1	e transplant. We did	not do a				
	review."						
X 0149 AKO ALI				X 0149			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER		STREET ADDRESS. 500 UNIVERS HERSHEY, P	SITY DRIVE	IP CODE: E, P. O. BOX 850			
STATE LICENS (X4) ID	E NUMBER: <b>P6IG0101</b>	OF DEFICIENCIES (EACH DE	EICIENCV	ID	DROVIDEDIG DI AN OF CORREC	CTION (FACIL	(X5)
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X 0149	Continued from page 53			X 0149			
AKO ALI							
	482.102 PATIENT AND LE 482.102 Condition of Partic Donor Rights. In addition to participation "Patients Righ transplant program must pro transplant patient's and livin This REQUIREMENT is no	pipation: Patient and Living meeting the condition of ts" requirements at §482 potect and promote eaching donor's rights.	ing of		Plan for correction:  On 6/9/2022, the Solid of Transplant Quality Manager educated the Adult Kidney Of transplant surgeons regarding identification of high-risk of UNET; the proper completion Informed Consent process with included multiple discussion the transplant candidate at dispoints in time; and proper completion of the current Informed Consent form to include mare type and risk level of organ to offered to the transplant candidate and prior to surgery.  On 6/9/2022, the Direct Solid Organ Transplant review with the abdominal transplant surgeons the requirement of consenting for high-risk organical including marking the type and level of an organ being offentransplant candidate prior to surgery.  Monitoring/tracking procedurence Effective immediately, Quality Associate will monitoring.	Only g fers in on of the hich s with fferent Cormed king the being didate  or of ewed at ans and risk ed to the ares: the	Completion Date: 06/15/2022 Status: APPROVED Date: 09/01/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVE COMPLETED:	YY
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NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	IP CODE: E, P. O. BOX 850		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0149 AKO ALI	Continued from page 54			X 0149	abdominal transplant Inform Consents on an ongoing basi document compliance on the program's QAPI dashboard ( attachment A). The QAPI da will be reviewed at each QA meeting. Any non-compliance addressed by the Solid Organ Transplant Quality Manager individual responsible for completing the Informed Cor Continued non-compliance of escalated to the Director of Solid Organ Transplant for referral Chief Medical Officer for M Staff action.  Individual Responsible for th of Correction: The Director of Organ Transplant Corrective actions completion 6/15/2022 with continued mo b. Based on record review document review, policy rev staff interview, it was determ ALI program's staff did not implement an Informed Consprocess regarding informing	is and exect should be a shoul	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 399807			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/06/2022	
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X 0149 AKO ALI	Continued from page 55			X 0149	potential recipient about the condition of the organ being for their transplant, prior to t transplant surgery. This lack action did not fully protect as promote the patient's rights. It is sample of six medical record through KTR5 and LITR1, or deficient, (LITR1).  Plan for correction:  On 6/9/2022, the Solid of Transplant Quality Manager educated the Adult Liver transurgeons regarding identificate high-risk offers in UNET; the completion of the Informed of process which included multidiscussions with the transplace candidate at different points and proper completion of the Informed Consent form to in marking the type and risk levorgan being offered to the tracendidate prior to surgery.  On 6/9/2022, the Direct Solid Organ Transplant reviews	he of	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	TIPLE CONSTRUCTION: (X3) DATE SURVE COMPLETED:		YY
		399807		B. WING: _		05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	IIP CODE: E, P. O. BOX 850			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0149 AKO ALI	Continued from page 56			X 0149	with the abdominal transplan surgeons the requirement of consenting for high-risk orga including marking the type a level of an organ being offer transplant candidate prior to surgery.  Monitoring/tracking procedu - Effective immediately, Quality Associate will monit abdominal transplant Inform Consents on an ongoing basi document compliance on the program's QAPI dashboard (attachment A). The QAPI da will be reviewed at each QAI meeting. Any non-compliance addressed by the Solid Organ Transplant Quality Manager individual responsible for completing the Informed Con Continued non-compliance we escalated to the Director of Songan Transplant for referral Chief Medical Officer for Monitorial Staff action.  Individual Responsible for the Organ Transplant	ans and risk ed to the  ares: the tor all ed s and esee ashboard PI ce will be n with the ansent. vill be Solid I to the edical	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER:		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/06/2022	ΞY
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	EP CODE: E, P. O. BOX 850		
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X 0149 AKO ALI	Continued from page 57			X 0149	Corrective actions completic 6/15/2022 with continued m		

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OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
	399807		B. WING:	<u></u>	05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER		500 UNIVERS	ITY DRIVI			
` '			ID PREFIX TAG	CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETE DATE
and staff interview, it was donly (AKO) program's staff consent process regarding it about the condition of the observation and the condition of the observation did not fully protect rights. In a sample of five A Transplant Recipient (KTR deficient, (KTR5).  Findings include:  1. A review on 05/06/22 of AKO program showed no consupport the recipient's right not informed about the orgaprior to transplant surgery. risk factors or potential med graft, the success of the transcontacting an infectious dis X156 for specific record fininterview.	determined the Adult Kieff did not implement an informing the potential regan being offered for the splant surgery. This lack and promote the patient AKO medical records, Kieffel and the splant KTR5, one with the splant surgery and the splant surgery. This lack and promote the patient AKO medical records, Kieffel and the splant surgery and the splant splant splant, or the potential spease. Reference tags X1 and ings, policy review, and secument review, policy recument review, policy review, and recument review, polic	dney informed recipient heir to of 's idney was  for the was isplant donor rect the for 54 and and staff	X 0149			
and staff interview, it was o	tetermined the Adult Liv	ver (ALI)				
	Continued from page 58  Based on record review, do and staff interview, it was conly (AKO) program's staff consent process regarding it about the condition of the cotransplant, prior to the transplant, prior to the transplant Recipient (KTR deficient, (KTR5).  Findings include:  1. A review on 05/06/22 of AKO program showed no comport the recipient's right not informed about the organical to transplant surgery. The prior to transplant surgery is factors or potential mergraft, the success of the transplant for specific record fininterview.  Based on record review, do	TIDENTIFICATION NUMBER  399807  TOTHER OR SUPPLIER: HERSHEY MEDICAL CENTER - ANT CENTER  E NUMBER: P6IG0101  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)  Continued from page 58  Based on record review, document review, policy rand staff interview, it was determined the Adult Ki Only (AKO) program's staff did not implement an consent process regarding informing the potential rabout the condition of the organ being offered for transplant, prior to the transplant surgery. This lack action did not fully protect and promote the patient rights. In a sample of five AKO medical records, K Transplant Recipient (KTR)1 through KTR5, one videficient, (KTR5).  Findings include:  1. A review on 05/06/22 of medical record KTR5 fa AKO program showed no documented evidence to support the recipient's rights were protected. KTR5 not informed about the organ being offered for transplant factors or potential medical risks that could aff graft, the success of the transplant, or the potential contacting an infectious disease. Reference tags XI X156 for specific record findings, policy review, an interview.  Based on record review, document review, policy review, an interview.	IDENTIFICATION NUMBER:  399807  WIDER OR SUPPLIER: HERSHEY MEDICAL CENTER - ANT CENTER  E NUMBER: P6IG0101  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 58  Based on record review, document review, policy review, and staff interview, it was determined the Adult Kidney Only (AKO) program's staff did not implement an informed consent process regarding informing the potential recipient about the condition of the organ being offered for their transplant, prior to the transplant surgery. This lack of action did not fully protect and promote the patient's rights. In a sample of five AKO medical records, Kidney Transplant Recipient (KTR)1 through KTR5, one was deficient, (KTR5).  Findings include:  1. A review on 05/06/22 of medical record KTR5 for the AKO program showed no documented evidence to support the recipient's rights were protected. KTR5 was not informed about the organ being offered for transplant prior to transplant surgery. Specifically, the organ donor risk factors or potential medical risks that could affect the graft, the success of the transplant, or the potential for contacting an infectious disease. Reference tags X154 and X156 for specific record findings, policy review, and staff	A BLDG: 399807  STREET ADDRESS, CITY, STATE, 500 UNIVERSITY DRIVI HERSHEY MEDICAL CENTER - ANT CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 58  X 0149  Based on record review, document review, policy review, and staff interview, it was determined the Adult Kidney Only (AKO) program's staff did not implement an informed consent process regarding informing the potential recipient about the condition of the organ being offered for their transplant, prior to the transplant surgery. This lack of action did not fully protect and promote the patient's rights. In a sample of five AKO medical records, Kidney Transplant Recipient (KTR)1 through KTR5, one was deficient, (KTR5).  Findings include:  1. A review on 05/06/22 of medical record KTR5 for the AKO program showed no documented evidence to support the recipient's rights were protected. KTR5 was not informed about the organ being offered for transplant prior to transplant surgery. Specifically, the organ donor risk factors or potential medical risks that could affect the graft, the success of the transplant, or the potential for contacting an infectious disease. Reference tags X154 and X156 for specific record findings, policy review, and staff interview.  Based on record review, document review, policy review,	A BLDG	IDENTIFICATION (POC)    A BUDG: 90   B WING:

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***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807		B. WING: 05/06/2022		05/06/2022	
NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850		
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X 0149 AKO ALI	program's staff did not imp process regarding informin the condition of the organ transplant, prior to the transaction did not fully protect rights. In a sample of three Liver Transplant Recipient was deficient, (LITR1).  Findings:  1. A review on 05/06/22 of ALI program showed no dethe recipient's rights were prinformed about the organ beto transplant surgery. Specifactors or potential medical the success of the transplant contacting an infectious dis X156 for specific record fininterview.	g the potential recipient being offered for their splant surgery. This lack and promote the patient ALI medical records rev (LITR)1 through LITR?  I medical record LITR1 to be cumented evidence to so or to ceted. LITR1 was not eing offered for transplatifically, the organ donor a risks that could affect that, or the potential for sease. Reference tags X1	about  of sof sylviewed, 3, one  for the upport t unt prior risk he graft,	X 0149			
X 0154 AKO ALI				X 0154			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		399807			. WING: 05/06/2022			
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	IP CODE: E, P. O. BOX 850			
STATE LICENSE NUMBER: P6IG0101  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
X 0154 AKO ALI	Continued from page 60  482.102(a)(4) PATIENT IN RISKS  482.102(a)(4) Each patient is or psychosocial risks.  This REQUIREMENT is not	is informed of potential		X 0154	Plan for correction:  On 6/9/2022, the Solid of Transplant Quality Manager educated the Adult Kidney Correction transplant surgeons regarding identification of high-risk of UNET; the proper completion Informed Consent process wincluded multiple discussion the transplant candidate at dipoints in time; and proper completion of the current Informed Consent form to include mare type and risk level of organ to offered to the transplant candidate and prior to surgery.  On 6/9/2022, the Direct Solid Organ Transplant reviewith the abdominal transplant surgeons the requirement of consenting for high-risk organical including marking the type a level of an organ being offer transplant candidate prior to surgery.  Monitoring/tracking procedutes Effective 6/15/2022, the Associate will update the quality of the solid procedures and the solid procedures are solid procedures and the solid procedures are solid procedures and the solid procedures and the solid procedures and the solid procedures are solid procedures and the solid procedures are solid procedures and the solid procedures are solid procedures and the solid procedures and the solid procedures are solid procedures and the solid procedures are solid procedures and the solid procedures are solid procedures and the solid procedures and the solid procedures are solid procedures and the solid procedur	Only g fers in on of the hich s with fferent Cormed king the being didate  or of ewed at ans and risk ed to the ares: e Quality	Completion Date: 06/15/2022 Status: APPROVED Date: 09/01/2022	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVE COMPLETED:	EY
		399807				05/06/2022	
MILTON S TRANSPL	VIDER OR SUPPLIER: 5 HERSHEY MEDICAL CI ANT CENTER E NUMBER: P6IG0101	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	E, P. O. BOX 850		
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X 0154 AKO ALI	Continued from page 61			X 0154	dashboard to include metrics Informed Consents (see attack A). The Quality Associate with perform monthly audits and document compliance on the program's QAPI dashboard. The following four points in the following discussion of PHS high-risk at the time of evaluation the following discussion of PHS high-risk at the time of evaluation the following form of the following for completing the form of the following for completing the form of the form of the following for completing the form of the form of the following for completing the form of the form of the following for completing the form of the	chment ill These tation at time: th-risk ent for organs HS or to or a d prior to till be ting. Any essed by Quality ne	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVE COMPLETED:	ΣΥ
		399807			05/06/2022		
MILTON S TRANSPL	VIDER OR SUPPLIER: S HERSHEY MEDICAL CI ANT CENTER	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	EP, P. O. BOX 850		
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X 0154 AKO ALI	Continued from page 62			X 0154	non-compliance will be escal the Director of Solid Organ Transplant for further action then follow medical staff proincomplete documentation wincludes escalation to the Department Chair and Chief Officer. Refusal to follow me staff and hospital policies are informed consent will be esc through our medical staff professionalism policy which includes a stepwise approach reporting, initial review of the concern, notification of the practitioner and eventual intervention. The intervention include a performance improplan and referral to the medical executive committee for medication. The MEC would review issue under the Medical Staff Credentials policy if there is to cooperate with the perform improvement plan. Individual Responsible for the Organ Transplant Corrective actions completion	and ocess for which  Medical edical ound alated  n to be  n may ovement cal staff dical staff ew the f refusal nance  ne Plan of Solid	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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X 0154 AKO ALI	Continued from page 63			X 0154	Plan for correction: - On 6/9/2022, the Solid of Transplant Quality Manager educated the Adult Liver transurgeons regarding identificate high-risk offers in UNET; the completion of the Informed of process which included multidiscussions with the transplate candidate at different points and proper completion of the Informed Consent form to in marking the type and risk levorgan being offered to the tracandidate prior to surgery On 6/9/2022, the Direct Solid Organ Transplant reviewith the abdominal transplant surgeons the requirement of consenting for high-risk organiculuding marking the type a level of an organ being offered transplant candidate prior to surgery.  Monitoring/tracking procedum	Organ  Insplant ation of the proper Consent iple to time; the current colude to the cor of the cor	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVE COMPLETED:	Y
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X 0154 AKO ALI	Continued from page 64			X 0154	- Effective 6/15/2022, the Associate will update the quadashboard to include metrics Informed Consents (see attack A). The Quality Associate won an ongoing basis and doccompliance on the program's dashboard. This audit will in documentation at the following points in time:  1. Patient education of higorgan donors  2. Signed evaluation consective (Patient Acknowledgement for Transplantation) including discussion of PHS high-risk at the time of evaluation  3. Informed consent for Phigh-risk organ obtained prices operative note that consent for high-risk organ was obtained surgery.  4. Surgeon's pre- or post-operative note that consent for high-risk organ was obtained surgery.  The QAPI dashboard wereviewed at each QAPI meet non-compliance will be address the solid Organ Transplant (Manager with the individual).	ality s for chment chment ill audit ument s QAPI clude ing four ch-risk ent for organs HS or to  for a d prior to  fill be ting. Any gressed by Quality	

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· · · · · · · · · · · · · · · · · · ·		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVE COMPLETED:	ΣΥ
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X 0154 AKO ALI	Continued from page 65			X 0154	responsible for completing the Informed Consent. Continued non-compliance will be escaled the Director of Solid Organ Transplant for further action then follow medical staff profession incomplete documentation with includes escalation to the Department Chair and Chief Officer. Refusal to follow mestaff and hospital policies are informed consent will be escent through our medical staff professionalism policy which includes a stepwise approach reporting, initial review of the concern, notification of the practitioner and eventual intervention. The intervention include a performance improplan and referral to the medical executive committee for medication. The MEC would revisive under the Medical Staff Credentials policy if there is to cooperate with the performing improvement plan. Individual Responsible for the of Correction: The Director of the content of the procession of the performance improvement plan.	d lated to and ocess for which Medical edical ound ealated the noto the may be were not eal staff dical staff ew the force for refusal mance one Plan	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 399807		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER			STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	IP CODE: E, P. O. BOX 850		
STATE LICENS (X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0154 AKO ALI	Continued from page 66			X 0154	Organ Transplant Corrective actions completic 6/15/2022 with continued me		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED:  05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER			STREET ADDRESS, 500 UNIVERS HERSHEY, P	, CITY, STATE, Z		05/00/2022	
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X 0154 AKO ALI	Based on record review, do and staff interview, it was a Only (AKO) program's staft that a high-risk organ was be recipient as part of the infosurgery. In a sample of five Transplant Recipient (KTR deficient, (KTR5).  Findings include:  1. A review on 05/06/22 of there was no evidence docurecipient was informed, prithe organ being offered for kidney. CMS expects the ir involve multiple discussion at different points in time a and/or opinions may chang the waiting list and prior to  2. A review on 05/06/22 of Living/Deceased Kidney Toothing marked for the type transplant candidate prior to 3. During a review on 05/06 policies, it was determined informed consent prior to the same and the	determined the Adult Ki ff had no evidence document of the interpretation of the interpr	dney mented nded rior to l, Kidney was  showed d ery that igh-risk ndidate ons ced on	X 0154			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		399807			<u></u>	05/06/2022		
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER			STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	EP CODE: E., P. O. BOX 850			
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X 0154 AKO ALI	Continued from page 68  However, in review of the to "Organ ABO Verification in Transplantation," dated 02/DOCUMENTS AND REFI Organ Offers, Acceptance, program refers to the OPTY Organ Offers, Acceptance, date: 04/28/22 stated, "15.3 Transmissible Disease Risk Potential Malignancy or Diprograms must inform can potential transmission of morgan donors The transplate following: 1. Explain the consent from the candidate prior to transplant. 2. Documedical record. 15.3.B Dor Pre-Transplant. Transplant requirements according to deceased or living donor had identified pre-transplant. Exocurs: The donor tests posa. Hepatitis B surface antig b. Hepatitis B nucleic acid c. Hepatitis C NAT  The donor tests positive for antigen/antibody (Ag/Ab), hospital participates in an acceptance.	n the OR prior to 21/22 stated, "RELATE ERENCES OPTN Polarication." The Al's policy, "OPTN Policand Verification," effect Informed Consent of a 15.3. A General Risks of sease Transmission Tradidates of the general risalignancies and disease lant program must do be seen risks and obtain informent consent in the cannors with Risk Identified programs must meet the Table 15-1 below when as risk of disease transmisch time any of the follogitive for any of the following for the following	D licy 5: AKO y 5: tive  of nsplant ks of from oth of ormed or time didate's the ission owing wing:	X 0154				

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OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED:	
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Transplantation of Organs of Then transplant programs of the organ offer but before to the organ offer but before the organ offer but but before the organ offer but before the organ offe	nust do all the following ain informed consent freeded recipient's agent ransplant. In the intended recipient's the development of pote transplant.  Peria for acute HIV, HBV J.S. Public Health Service and the following pient or the intended recout before transplant that properties the following pient or the intended recout before transplant that properties are test all recipients with the properties of the following pient or the intended recout before transplant that properties are test all recipients with the properties of the following pient or the intended recout before transplant that properties are the following pient or the intended recout before transplant that properties are the following pient or the intended recourse of the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intended reconstruction was provided in the following pient or the intend	om the after  s ntial  7, or HCV ce (PHS)  g: ipient's t risk the e  (NAT)	X 0154			
b. HBV deoxyribonucleic a	cid (DNA) by nucleic a	cid test				
	VIDER OR SUPPLIER: B HERSHEY MEDICAL CIANT CENTER E NUMBER: P6IG0101  SUMMARY STATEMENT MUST BE PRECEEDE IDENTIFY  Continued from page 69  Policy 15.7: Open Variance Transplantation of Organs in the transplant programs in 1. Explain the risks and obtaintended recipient or the intended recipient or the intended recipient for the donor-derived disease after the donor-derived disease after The donor has any risk criterinfection according to the Underline.  Then transplant programs in 1. Inform the intended recipient for the Underline.  Then transplant programs in 1. Inform the intended recipient for the Underline.  Then transplant programs in 1. Inform the intended recipient for the Underline.  Then transplant programs in the document that this information are present in the document that	WIDER OR SUPPLIER: 399807  WIDER OR SUPPLIER: CHESHEY MEDICAL CENTER - ANT CENTER  E NUMBER: P6IG0101  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)  Continued from page 69  Policy 15.7: Open Variance for the Recovery and Transplantation of Organs from HIV Positive Donor.  Then transplant programs must do all the following 1. Explain the risks and obtain informed consent from the organ offer but before transplant.  2. Document this consent in the intended recipient's medical record.  3. Follow the recipient for the development of pote donor-derived disease after transplant.  The donor has any risk criteria for acute HIV, HBV infection according to the U.S. Public Health Servi Guideline.  Then transplant programs must do all the following 1. Inform the intended recipient or the intended recagent after the organ offer but before transplant that criteria are present in the donor.  2. Document that this information was provided in intended recipient's medical record  15.3.C Required Post-Transplant Infectious Diseas Testing  1. Transplant programs must test all recipients post-transplant for:  a. HIV ribonucleic acid (RNA) by nucleic acid test	ANT CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 69  Policy 15.7: Open Variance for the Recovery and Transplantation of Organs from HIV Positive Donors.  Then transplant programs must do all the following:  1. Explain the risks and obtain informed consent from the intended recipient or the intended recipient's agent after the organ offer but before transplant.  2. Document this consent in the intended recipient's medical record.  3. Follow the recipient for the development of potential donor-derived disease after transplant.  The donor has any risk criteria for acute HIV, HBV, or HCV infection according to the U.S. Public Health Service (PHS) Guideline.  Then transplant programs must do all the following:  1. Inform the intended recipient or the intended recipient's agent after the organ offer but before transplant that risk criteria are present in the donor.  2. Document that this information was provided in the intended recipient's medical record  15.3.C Required Post-Transplant Infectious Disease Testing  1. Transplant programs must test all recipients	A BLDG: 399807  STREET ADDRESS, CITY, STATE, 2 500 UNIVERSITY DRIVI HERSHEY MEDICAL CENTER - ANT CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 69  X 0154  Policy 15.7: Open Variance for the Recovery and Transplantation of Organs from HIV Positive Donors.  Then transplant programs must do all the following: 1. Explain the risks and obtain informed consent from the intended recipient or the intended recipient's agent after the organ offer but before transplant. 2. Document this consent in the intended recipient's medical record. 3. Follow the recipient for the development of potential donor-derived disease after transplant.  The donor has any risk criteria for acute HIV, HBV, or HCV infection according to the U.S. Public Health Service (PHS) Guideline.  Then transplant programs must do all the following: 1. Inform the intended recipient or the intended recipient's agent after the organ offer but before transplant that risk criteria are present in the donor. 2. Document that this information was provided in the intended recipient's medical record 15.3.C Required Post-Transplant Infectious Disease Testing 1. Transplant programs must test all recipients post-transplant for: a. HIV ribonucleic acid (RNA) by nucleic acid test (NAT)	A BLDG:	IDENTIFICATION NUMBER 399807  STREET ADDRESS, CITY, STATE, ZIP CODE 8 WING:  STREET ADDRESS, CITY, STATE, ZIP CODE 500 UNIVERSITY DRIVE, P. O. BOX 850 HERSHEY, PA 17033  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRICEDIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 69  X 0154  Policy 15.7: Open Variance for the Recovery and Transplant programs must do all the following: 1. Explain the risks and obtain informed consent from the intended recipient or the intended recipient's medical record. 3. Follow the recipient for the development of potential donor-derived disease after transplant.  The donor has any risk criteria for acute HIV, HBV, or HCV infection according to the U.S. Public Health Service (PHS) Guideline.  Then transplant programs must do all the following: 1. Inform the intended recipient or the intended recipient's medical record. 2. Document that this information was provided in the intended recipient or the organ offer but before transplant that risk criteria are present in the donor. 2. Document that this information was provided in the intended recipient's medical record. 15.3.C Required Post-Transplant Infectious Disease Testing 1. Transplant programs must test all recipients post-transplant for: a. HIV ribonucleic acid (RNA) by nucleic acid test (NAT)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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X 0154 AKO ALI	Continued from page 70			X 0154			
	(NAT) c. HCV ribonucleic acid (R 2. Testing must be perform days but no later than 56 da In an interview on 05/06/22 Anonymous Transplant Sta knows of at least two recipi high-risk organs without be transplant by the transplant AKO recipient described at (ALI) recipient (see ALI X	ed on the recipient at leadys post-transplant."  2 at 2:50 PM, with the ff (ATS)1 stated that he ients that have received sing properly consented surgeon. This involved pove and one Adult Live	ast 28 /she prior to the				
	Based on record review, do and staff interview, it was of program's staff had no evid high-risk organ was being of as part of the informed consumple of three ALI reconsultance.  1. A review on 05/06/22 of there was no evidence docurecipient was informed, price	determined the Adult Livence documented that a offered to the intended resent process prior to surreds reviewed, LITR1 thr (LITR1).	ver (ALI) ecipient gery. In rough d showed d				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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X 0154 AKO ALI	the organ being offered for liver. LITR1 did recall sign High Risk Acceptance Forn However, LITR1 was not it surgery consent process pri organ being offered was an expects the informed conse discussions with the transp points in time as the candid opinions may change e.g., waiting list and prior to sur 2. A chart entry reviewed or record, "Patient Notes" sect stated, "Spoke with pt [pati [he/she] was informed, at the offer, the donor was classiff. The patient does not rement this by the coordinator who liver organ offer. [He/she] Pre-Transplant High Risk Accertain that [he/she] was not of the donor as increased ri.  3. A review on 05/06/22 of Living/Deceased Liver Tra Type" was marked, "Standa Number six, "Public Health Acute Infection with Hepatical signals."	aing the Liver Pre-Trans in at the time of evaluating formed during the transformed during the transformed for the surgery that the increased risk liver. Chart process involve multilant candidate at different late's conditions and/or prior to being placed on gery.  In 05/06/22 in LITR1's ration dated, 03/29/22 at 1 tent] re [reference] whether time of [his/her] liver fied as an increased Risk in the time of [his/her] liver fied as an increased Risk in the time of the classification of the classificati	plant on. splant e  MS iple iple int the  medical 2:10 PM her donor Donor. ied of th the civer iee/she] is fication  or ior." at Risk of	X 0154			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:			
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X 0154	Continued from page 72			X 0154					
AKO ALI									
		.4 6.11 : :4: 20	1 0						
	criteria may include any of recovery was marked, "n	-	days of						
	recovery was marked, in	от аррисаоте.							
	4. During a review on 05/0								
	policies, it was determined		1						
	informed consent prior to the								
	However, in review of the		ıcy,						
	"Organ ABO Verification i Transplantation," dated 02/	-	D						
	DOCUMENTS AND REF	·							
	Organ Offers, Acceptance,		•						
	program refers to the OPTN								
	Organ Offers, Acceptance,		-						
	date: 04/28/22 stated, "15.3								
	Transmissible Disease Risk	x 15.3.A General Risks of	of						
	Potential Malignancy or Di	sease Transmission Tra	nsplant						
	programs must inform cand	lidates of the general ris	ks of						
	potential transmission of m	alignancies and disease	from						
	organ donors The transpl								
	the following: 1. Explain th								
	consent from the candidate								
	prior to transplant. 2. Docu								
	medical record. 15.3.B Donors with Risk Identified								
	Pre-Transplant. Transplant requirements according to								
	deceased or living donor ha								
	identified pre-transplant. Ea								
	occurs: The donor tests pos	•	•						
	a. Hepatitis B surface antig	_	, w.1115.						
	Topania D barrace antig	(							
							4		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	399807					05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	IP CODE: E, P. O. BOX 850			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
X 0154 AKO ALI	Continued from page 73  b. Hepatitis B nucleic acid c. Hepatitis C NAT			X 0154			
	The donor tests positive for HIV antibody (anti-HIV), HIV antigen/antibody (Ag/Ab), or HIV NAT, and the transplant hospital participates in an approved variance according to Policy 15.7: Open Variance for the Recovery and Transplantation of Organs from HIV Positive Donors.						
	Then transplant programs must do all the following:  1. Explain the risks and obtain informed consent from the intended recipient or the intended recipient's agent after the organ offer but before transplant.  2. Document this consent in the intended recipient's medical record.  3. Follow the recipient for the development of potential donor-derived disease after transplant.						
	The donor has any risk criteria for acute HIV, HBV, or infection according to the U.S. Public Health Service (I Guideline.						
	Then transplant programs must do all the following:  1. Inform the intended recipient or the intended recipient's agent after the organ offer but before transplant that risk criteria are present in the donor.  2. Document that this information was provided in the intended recipient's medical record  15.3.C Required Post-Transplant Infectious Disease						

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
	399807				00	05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER			STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	E, P. O. BOX 850		
STATE LICENS: (X4) ID	E NUMBER: <b>P6IG0101</b> SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
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X 0154 AKO ALI	Continued from page 74		X 0154				
	Testing						
	1. Transplant programs must test all recipients post-transplant for:  a. HIV ribonucleic acid (RNA) by nucleic acid test (NA b. HBV deoxyribonucleic acid (DNA) by nucleic acid (NAT)  c. HCV ribonucleic acid (RNA) by nucleic acid test (N 2. Testing must be performed on the recipient at least 2 days but no later than 56 days post-transplant."  It was only during the transplant program's request for LITR1 to have his/her post-transplant high-risk labs dradid the recipient learn that he/she had received a high-rorgan.  In an interview on 05/06/22 at 2:50 PM, with the Anonymous Transplant Staff (ATS)1 stated that he/she knows of at least two recipients that have received						
	high-risk organs without being properly consented transplant by the transplant surgeon. This involved ALI recipient described above and one Adult Kidr (AKO) recipient (see AKO X154).						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 399807		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER			STREET ADDRESS, 500 UNIVERS HERSHEY, PA	ITY DRIVI	IP CODE: E, P. O. BOX 850		
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X 0156 AKO ALI				X 0156			

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	TEMENT OF DEFICIENCIES AND NOF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION:  (X3) DATE SURVE COMPLETED:  A. BLDG:00  B. WING:  05/06/2022		EY				
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P	SITY DRIVI	E, P. O. BOX 850		
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X 0156 AKO ALI	Continued from page 76  482.102(a)(6) PATIENT IN FACTORS  482.102(a)(6) Each patient factors that could affect the health of the patient, includ donor's history, condition or patient's potential risk of co immunodeficiency virus and disease cannot be detected in This REQUIREMENT is not seen to be a seen to be detected in the recommendation of the patient of the pa	is informed of organ dor success of the graft or thing, but not limited to, the rage of the organs used, ntracting the human d other infectious disease n an infected donor.	nor risk ne ne or the	x 0156	Plan for correction:  On 6/9/2022, the Solid of Transplant Quality Manager educated the Adult Kidney Correction transplant surgeons regarding identification of high-risk of UNET; the proper completion Informed Consent process wincluded multiple discussion the transplant candidate at dipoints in time; and proper completion of the current Informed Consent form to include mare type and risk level of organ to offered to the transplant candidate and prior to surgery.  On 6/9/2022, the Direct Solid Organ Transplant reviewith the abdominal transplant surgeons the requirement of consenting for high-risk organicluding marking the type a level of an organ being offer transplant candidate prior to surgery.  Monitoring/tracking procedurenesses and the procedurenesses will update the quality of the solid procedurenesses will be solid procedurenesses with the solid procedurenesses with the solid procedurenesses with the solid procedurenesses will update the solid procedurenesses with the	Only g ffers in on of the chich s with different formed cking the being didate  tor of ewed at ans and risk ed to the  dres: e Quality	Completion Date: 06/15/2022 Status: APPROVED Date: 09/01/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVE COMPLETED:	EY
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NAME OF PROVIDER OR SUPPLIER:  MILTON S HERSHEY MEDICAL CENTER -  TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	EP CODE: E, P. O. BOX 850		
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X 0156 AKO ALI	Continued from page 77			X 0156	dashboard to include metrics Informed Consents (see attack A). The Quality Associate won an ongoing basis and doccompliance on the program's dashboard. This audit will in documentation at the following points in time:  1. Patient education of higorgan donors  2. Signed evaluation consect (Patient Acknowledgement of Transplantation) including discussion of PHS high-risk at the time of evaluation  3. Informed consent for Phigh-risk organ obtained prices urgery.  4. Surgeon's pre- or post-operative note that consent of high-risk organ was obtained surgery.  The QAPI dashboard we reviewed at each QAPI meet non-compliance will be addressed the Solid Organ Transplant (Manager with the individual responsible for completing the Informed Consent. Continue	chment ill audit ument QAPI clude ng four ch-risk ent for organs HS or to ill be ing. Any essed by Quality ne	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVE COMPLETED:	Y
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X 0156 AKO ALI	Continued from page 78			X 0156	non-compliance will be escal the Director of Solid Organ Transplant for further action then follow medical staff pro incomplete documentation wincludes escalation to the Department Chair and Chief Officer. Refusal to follow me staff and hospital policies are informed consent will be esc through our medical staff professionalism policy which includes a stepwise approach reporting, initial review of the concern, notification of the practitioner and eventual intervention. The intervention include a performance improplan and referral to the medical executive committee for medication. The MEC would review issue under the Medical Staff Credentials policy if there is to cooperate with the perform improvement plan. Individual Responsible for the Organ Transplant Corrective actions completion	and cess for hich  Medical edical ound alated  n to e  n may vement cal staff lical staff ew the f refusal nance	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
		399807				05/06/2022	
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101		ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, PA	SITY DRIVI	EP, P. O. BOX 850		
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X 0156 AKO ALI	Continued from page 79			X 0156	Plan for correction: On 6/9/2022, the Solid of Transplant Quality Manager educated the Adult Liver transurgeons regarding identificate high-risk offers in UNET; the completion of the Informed of process which included multidiscussions with the transplate candidate at different points and proper completion of the Informed Consent form to in marking the type and risk lever organ being offered to the transplant reviewith the abdominal transplant surgeons the requirement of consenting for high-risk organiculating marking the type a level of an organ being offered transplant candidate prior to surgery.	Organ  Insplant Institution of Insplant	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVE COMPLETED:	Y
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
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MILTON S TRANSPL	VIDER OR SUPPLIER: S HERSHEY MEDICAL CI ANT CENTER	ENTER -	STREET ADDRESS, 500 UNIVERS HERSHEY, P.	SITY DRIVI	IP CODE: E, P. O. BOX 850		
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X 0156 AKO ALI	Continued from page 81			X 0156	Manager with the individual responsible for completing the Informed Consent. Continue non-compliance will be escat the Director of Solid Organ Transplant for further action then follow medical staff profine incomplete documentation with includes escalation to the Department Chair and Chief Officer. Refusal to follow mestaff and hospital policies are informed consent will be escathrough our medical staff professionalism policy which includes a stepwise approach reporting, initial review of the concern, notification of the practitioner and eventual intervention. The intervention include a performance improplan and referral to the medical executive committee for medication. The MEC would review issue under the Medical Staff Credentials policy if there is to cooperate with the performing improvement plan. Individual Responsible for the	he bed alated to and occess for which in the calated he had been may be been may be been may be been may be been to cal staff dical staff dical staff iew the calated mance in the calated in the calated been may be be because the beautiful may be be because t	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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X 0156 AKO ALI	Continued from page 82			X 0156	of Correction: The Director of Organ Transplant Corrective actions completion 6/15/2022 with continued mo	n date:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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X 0156 AKO ALI	Based on record review, do and staff interview, it was conly (AKO) program's staft that a high-risk organ was be recipient as part of the infosurgery. In a sample of five Transplant Recipient (KTR deficient, (KTR5).  Findings include:  1. A review on 05/06/22 of there was no evidence docurecipient was informed, prithe organ being offered for kidney. Even though the risorgan could affect the succegreater risk of organ rejective cipient to contract a disease infected. CMS expects the involve multiple discussion at different points in time a and/or opinions may chang the waiting list and prior to 2. A review on 05/06/22 of Living/Deceased Kidney T nothing marked for the type transplant candidate prior to	determined the Adult Ki ff had no evidence document of the interpretation of the interpr	dney mented nded rior to  was  showed d ery that igh-risk to he ss ndidate ons ced on	X 0156			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:			
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NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE, P. O. BOX 850 HERSHEY, PA 17033						
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:			
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NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE, P. O. BOX 850 HERSHEY, PA 17033						
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, 500 UNIVERS HERSHEY, P.	ITY DRIVI	MP CODE: E, <b>P. O. BOX 850</b>		
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X 0156 AKO ALI	Continued from page 89		X 0156				
	program refers to the OPTN Organ Offers, Acceptance, date: 04/28/22 stated, "15.3 Transmissible Disease Risk Potential Malignancy or Diprograms must inform cand potential transmission of morgan donors The transpithe following: 1. Explain the consent from the candidate prior to transplant. 2. Documedical record. 15.3.B Dor Pre-Transplant. Transplant requirements according to deceased or living donor haidentified pre-transplant. Exoccurs: The donor tests posa. Hepatitis B surface antig b. Hepatitis B nucleic acid c. Hepatitis C NAT  The donor tests positive for antigen/antibody (Ag/Ab), hospital participates in an a Policy 15.7: Open Variance Transplantation of Organs: Then transplant programs in 1. Explain the risks and obtained to the contract of the c	and Verification," effect Informed Consent of a 15.3.A General Risks of a 15.3.A General Risks of sease Transmission Tradidates of the general rist alignancies and disease lant program must do be seen risks and obtain informed consent in the candors with Risk Identified programs must meet the Table 15-1 below when as risk of disease transminant time any of the following the transmission of the following the transmission of the following the transmission of the following for the Recovery and from HIV NAT, and the transmission of the Recovery and from HIV Positive Donormust do all the following must do all the following the season of the following the fo	tive  of  nsplant ks of from oth of ormed y time didate's the ission owing owing:  V), HIV ansplant ding to  ors.				

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		399807				05/06/2022			
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE, P. O. BOX 850 HERSHEY, PA 17033						
(X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE IX MUST BE PRECEEDED BY FULL REGULATORY C			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
X 0156 AKO ALI	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE MUST BE PRECEEDED BY FULL REGULATORY OR LSC		ntial  7, or HCV ce (PHS)  2: ipient's t risk the e  (NAT) cid test t (NAT)	X 0156					
	days but no later than 56 da	•							

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:  399807			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/06/2022	EY
NAME OF PROVIDER OR SUPPLIER: MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER  STATE LICENSE NUMBER: P6IG0101			STREET ADDRESS, CITY, STATE, ZIP CODE: 500 UNIVERSITY DRIVE, P. O. BOX 850 HERSHEY, PA 17033				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
X 0156 AKO ALI	It was only during the transplant programs request of the LITR1 to have his/her post-transplant high-risk labs drawn did the recipient learn that he/she had received a high-risk organ.  In an interview on 05/06/22 at 2:50 PM, with the Anonymous Transplant Staff (ATS)1 stated that he/she knows of at least two recipients that have received high-risk organs without being properly consented prior to transplant by the transplant surgeon. This involved the ALI recipient described above and one Adult Kidney Only (AKO) recipient (see AKO X154).		X 0156				

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# **Certified End Page**

#### MILTON S HERSHEY MEDICAL CENTER - TRANSPLANT CENTER

STATE LICENSE NUMBER: P6IG0101 SURVEY EXIT DATE: 05/06/2022

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

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

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



THIS IS A CERTIFICATION PAGE

#### **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY