

*Pennsylvania Department of Health*  
**BRADFORD REGIONAL MEDICAL CENTER**  
**Health Inspection Results**

Information about Acute and Ambulatory Care Inspections

**BRADFORD REGIONAL MEDICAL CENTER**  
**Health Inspection Results For:**

**There are 134 surveys for this facility. Please select a date to view the survey results.**

05/02/2023 

[Print Current Report](#)

**Surveys don't appear on this website until at least 41 days have elapsed since the exit date of the survey.**

[View Previous Reports](#)

**[Initial Comments:](#)**

This report is the result of a revisit survey initiated on January 26, 2023, with an unannounced onsite survey conducted on March 8, 2023, with review of additional information concluding on May 2, 2023, at Bradford Regional Medical Center as the result of a previous licensure survey (SU5N11) which was finalized on August 15, 2022. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998.

**[Plan of Correction:](#)**

**[§ 51.3\(a\) LICENSURE NOTIFICATION](#)**

**Name - Component - 00**

51.3 Notification

(a) A health care facility shall notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility.

**[Observations:](#)**

Based on review of facility documentation and employee interview (EMP), it was determined that the facility failed to notify the Department in writing at least 60 days

prior to the commencement of the following:

- 1) Telemedicine Services in the Inpatient Behavioral Health Unit and the Drug and Alcohol Unit;
- 2) Tele-Triage Pilot Program in the Emergency Department;
- 3) Telemedicine for Inpatient Services; and
- 4) Services for an out-of-state hospital in the Central Processing Department.

Findings include:

Review on March 8, 2023, at approximately 1:00 PM of the facility document "Statement of Policy," no policy number or date provided, revealed "Statement of Policy: Bradford Regional Medical Center (BRMC) will notify the PA Department of Health of any new service or change in offered services within the appropriate timeframe per the Department's regulations at 28 Pa. Code Chapter 51 [sic] require facilities to notify the Department in writing when specified events occur. A health care facility shall send notifications by email to the attention of the Division Chief with a 'cc' to your assigned Health Care Surveyor (HCS). The emailed shall be sent to The Division of Acute and Ambulatory Care (DAAC) resource [email address] All notification will be made through the administrative office and endorsed by either the President of Chief Administrative Officer. ..."

1. On January 26, 2023, during a scheduled Chapter 5100 Mental Health Procedures Act Survey, it was determined that the facility was providing Telehealth Services on the Inpatient Psychiatric Unit and Inpatient Drug and Alcohol Unit, effective July 19, 2021. During a virtual meeting conducted on February 24, 2023, EMP1 confirmed the use of Telemedicine for Psychiatric Services.

Review on January 30, 2023, at approximately 10:00 AM of the facility 's "Telemedicine Use: Behavioral Health Services," Effective date July 26, 2021, revealed, "... Statement of Policy: a. Behavioral Health Services use of telemedicine for psychiatric services at Bradford Regional Medical Center is only provided by the hospital's current contracted psychiatric agency. ... Services provided via telemedicine be confidential, efficient and will meet or exceed the quality of care provided at an in-person setting. ... 2. Designated Personnel: a. Psychiatrists b. Licensed Independent Practitioners (LIPs) c. BRMC Behavioral Health Services staff ..."

Review on January 30, 2023, at approximately 10:25 AM of the "Bradford Regional Medical Center Upper Allegheny Health System: Psychiatric Medical Services Agreement," effective July 7, 2016, revealed, "Agreement made as of the 7th day of July, 2016 by and between Bradford Regional Medical Center and [an out-of-state hospital] ... Telemedicine: The Practice may provide services by means of telemedicine provided that: (i) its Practitioners qualify under and comply with all applicable Hospital bylaws, rules, regulation, policies and procedures and regulatory guidelines governing the use of the same Hospital; ..."

Review on March 1, 2023, at approximately 1:00 PM of a report submitted to the Department on February 24, 2023, confirmed the facility had not provided the Department of Health (Department) with notification that inpatient Telemedicine services were being used.

Review on March 3, 2023, at approximately 2:30 PM of a letter of notification to the Department, received on March 3, 2023, revealed facility was requesting approval to provide Tele-Psychiatry Services.

On March 8, 2023, during an unannounced onsite survey, EMP1 confirmed this letter was sent to the Department after Telemedicine Services had already been implemented for Psychiatric Services.

Review on March 13, 2023, at approximately 10:45 AM of the "Telehealth Coverage Services Agreement," effective February 24, 2023, revealed "This Telehealth Coverage Services Agreement ("Agreement") is entered effective the 24th day Feb, 2023 ("Effective Date") by and between [OTH3] and [OTH4] ..." The covered locations and services included "Coverage Locations: Bradford Regional Medical Center; Type of Clinician: Psychiatrist; ... Short Term acute care hospital ... Encounter Definitions: Emergency Telephone Consult; Emergency Telephone Consult + Order(s); Emergency Video Encounter; Follow-Up Video Encounter; Inpatient Med Consult via Video ..."

EMP2 confirmed the out-of-state hospital provided tele-health services for Psychiatric Care.

2. Review on March 8, 2023, at approximately 12:00 PM of facility documents revealed no notification to the Department for the Tele-Triage Pilot Program, effective May 3, 2021, through November 30, 2022. EMP1 was unable to provide documentation of notification to the Department specific to the Tele-Triage Pilot Program within the Emergency Department.

3. On March 1, 2023, EMP1 responded to an email communication and was unable to provide documentation of notification to the Department that was specific to the utilization of Telemedicine for Inpatient Care, effective December 20, 2021.

Review on March 1, 2023, at approximately 1:00 PM of a report submitted to the Department on February 24, 2023, revealed the facility had not provided a letter of notification to the Department for inpatient the Telemedicine services that were being utilized for inpatient care, starting December 20, 2021.

4. Review on March 8, 2023, at approximately 12:06 PM of facility documents revealed no notification to the Department that BRMC's Sterile Processing Department employees were conducting Sterile Processing Department Services for an out-of-state hospital.

On March 23, 2023, EMP2 was unable to provide notification to the Department for the combined service in the Sterile Processing Department.

Cross reference  
Notification  
Correction of Deficiency  
Responsibilities

#### [Plan of Correction:](#)

1. Letter of notification will be sent to the PA DOH related to Tele-medicine services in the inpatient behavioral health unit and the drug and alcohol unit effective 7.19.2021.
2. Letter of notification will be sent to the PA DOH related to Tele-triage pilot program

in the Emergency Department effective on 5.3.2021.

3. Letter of notification will be sent to the PA DOH related to utilization of tele-medicine for inpatient medical services effective 12.20.2021

4. Letter of notification will be sent to the PA DOH related to Combined services provided by the sterile processing department.

A Notification policy was developed on 08/31/2022 related to Pa DOH regulation 51.3 that requires a health care facility to notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility. It includes all elements referenced in Chapter 51 Regulation 51.3. Notifications will be made through BRMC's Chief Administrative Officer, or designee.

The policy will be reviewed at the Board of Directors meeting scheduled in June, as well as with the administrative team and all department managers. A read and sign will be used for acknowledgement of the policy, and will be completed by July 30, 2023. The POC will be implemented and monitored by the Chief Administrative Officer.

The Chief Administrative Officer has scheduled a Monthly Regulatory Review Meeting to ensure completion and follow up on all PA DOH POC's. Any open POC's will be reviewed monthly at each meeting until final completion date for compliance is met. POC completions or non-compliance with completion will be discussed at each meeting.

### **51.3 (c) LICENSURE NOTIFICATION**

#### **Name - Component - 00**

#### 51.3 Notification

(c) A health care facility shall provide similar notice at least 60 days prior to the effective date it intends to cease providing an existing health care service or reduce its licensed bed complement.

#### **Observations:**

Based on review of facility documentation and employee interview (EMP), it was determined the facility failed to provide notice at least 60 days prior to the effective date it decreased the hours of operation in the Pharmacy, ceased the Tele-Triage Pilot Program in the Emergency Department, and ceased the Inpatient Telemedicine Services.

#### Findings include:

Review on March 8, 2023, at approximately 1:00 PM of the facility document "Statement of Policy," no policy number or date provided, revealed "Statement of Policy: Bradford Regional Medical Center (BRMC) will notify the PA Department of Health of any new service or change in offered services within the appropriate timeframe per the Department's regulations at 28 Pa. Code Chapter 51 [sic] require facilities to notify the Department in writing when specified events occur. A health care facility shall send notifications by email to the attention of the Division Chief with a 'cc' to your assigned Health Care Surveyor (HCS). The emailed shall be sent to The

Division of Acute and Ambulatory Care (DAAC) resource [email address] All notification will be made through the administrative office and endorsed by either the President of Chief Administrative Officer. ..."

1. During an interview on on March 8, 2023, at approximately 1:10 PM, EMP1 confirmed the Tele-Triage Program in the Emergency Department was no longer being offered as of November 30, 2022. EMP1 was unable to provide documentation the Department of Health (Department) was notified of the cessation of the service.

2. During an interview on on March 8, 2023, at approximately 1:17 PM, EMP2 confirmed the Pharmacy decreased the hours of operation, effective July 17, 2021. Information provided on March 8, 2023, revealed no notification to the Department for the decreased Pharmacy hours of operation. On March 23, 2023, EMP2 was unable to provide documentation of notification to the Department for the decreased Pharmacy hours of operation.

3. Review on April 21, 2023, at approximately 1:25 PM of an email communication from EMP2 revealed the facility ceased telemed services for inpatient medical service, as the facility received the rejection letter from the Department dated March 27, 2023.

Cross reference  
Notification  
Correction of Deficiency  
Responsibilities)

#### Plan of Correction:

1. Letter of notification will be sent to the PA DOH related to discontinuation of the tele-triage program in the Emergency Department on 11.30.2022

2. Letter of notification will be sent to the PA DOH related to the decrease in hours of operation for the pharmacy effective 7.17.2021.

3. Letter of notification will be sent to the PA DOH related to the discontinuation of tele-medicine services for inpatient medical services when the facility received the denial to our exception request on 3.27.2023.

A Notification policy was developed on 08/31/2022 related to Pa DOH regulation 51.3 that requires a health care facility to notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility. It includes all elements referenced in Chapter 51 Regulation 51.3. Notifications will be made through BRMC's Chief Administrative Officer, or designee.

The policy will be reviewed at the Board of Directors meeting scheduled in June, as well as with the administrative team and all department managers. A read and sign will be used for acknowledgement of the policy, and will be completed by July 30, 2023, The POC will be implemented and monitored by the Chief Administrative Officer.

The Chief Administrative Officer has scheduled a Monthly Regulatory Review Meeting

to ensure completion and follow up on all PA DOH POC's. Any open POC's will be reviewed monthly at each meeting until final completion date for compliance is met. POC completions or non-compliance with completion will be discussed at each meeting.

**101.111 LICENSURE**  
**CORRECTION OF DEFICIENCY**

**Name - Component - 00**

101.111 Policy

Whenever any hospital notifies the Department that it has completed a plan of correction and corrected its deficiencies, the Department will conduct a survey to ascertain completion of the plan of correction. Upon finding full or substantial compliance, as defined in 101.92(b), the Department may issue a regular license.

**Observations:**

Based on review of the facility's Plan of Correction (PoC), and documents provided by the facility, it was determined that the facility failed to follow the PoC's submitted to and accepted by the Department.

Finding include:

1. Review on March 8, 2023, at approximately 1:00 PM of Notification revealed the facility continued to be non-compliant with the regulation. The final anticipated completion date to be within compliance with the regulation that was included in the facility's approved PoC was September 30, 2022.

Review of the facility's accepted PoC, approved on August 15, 2022, revealed "... Letters of notification will be sent to the [Department] related to: 1. Tele-triage program effective 5.3.21 provided in the Emergency Department and subsequent initiation of a permanent Tele-medicine program in the Emergency Department. 2. Initiation of Telemedicine services being provided for Inpatient Care that were initiated 12.20.21 3. Initiation of services to provide Sterile Processing for [OTH1] through the BRMC's Sterile Processing Department, effective 4.1.21. A Notification policy is being developed related to [Department] regulation 51.3 that requires a health care facility to notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility. It will include all elements referenced in Chapter 51 Regulation 51.3. Notifications will be made through BRMC's Chief Administrative Officer, or designee. The policy will be reviewed at the Board of Directors meeting, as well as with the administrative team and all department managers. A read and sign will be used for acknowledgement of the policy and will be completed by September 30, 2022. The POC will be implemented and monitored by the Chief Administrative Officer. ..."

2. Review on March 8, 2023, at approximately 1:17 PM of Notification revealed the facility continued to be non-compliant with the regulation. The final anticipated completion date to be within compliance with the regulation that was included in the facility's approved PoC was September 30, 2022.

Review of the facility's accepted PoC, approved on August 15, 2022, revealed "... Letters of notification will be sent to the [Department] related to: 1. Reduction in BRMC Pharmacy hours effective 7.17.2021. 2. Reduction in bed count on Dual

Diagnosis by 1 bed on 6.15.22. A Notification policy is being developed related [Department] regulation 51.3 that requires a health care facility to notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility. It will include all elements referenced in Chapter 51 Regulation 51.3. Notifications will be made through BRMC's Chief Administrative Officer, or designee. The policy will be reviewed at the Board of Directors meeting, as well as with the administrative team and all department managers. A read and sign will be used for acknowledgement of the policy and will be completed by September 30, 2022. The POC will be implemented and monitored by the Chief Administrative Officer. ..."

3. Review on March 8, 2023, at approximately 1:17 PM of Responsibilities revealed the facility continued to be non-compliant with the regulation. The final anticipated completion date to be within compliance with the regulation that was included in the facility's approved PoC was September 30, 2022.

Review of the facility's accepted PoC, approved on August 15, 2022, revealed "... The Chief Administrative Officer (CAO) designated by the Chief Executive Officer of both [OTH1] and BRMC will devote [his/her] full time to the administration of BRMC, be responsible for the application and implementation of established policies in the operation of BRMC and for providing liaison among the governing body, the medical staff and the departments. The CAO will perform the functions required of a CEO with respect to the day-to-day operations of BRMC including those required by 28 PA. CODE 103.33 and have full authority to carry out those functions. The CAO will also be available in the event of an emergency at BRMC. The CAO will attend meetings of the [OTH1] Board of Directors and departmental managers at BRMC will report to [him/her] as designated by the exception letter from July 25, 2018. As a condition of the exception, the Department requires the Board to devote a designated part of each meeting to perform the governing body functions required in the Pennsylvania hospital regulations specifically with regard to BRMC. None of the regulatory functions or requirements applicable to the governing body are waived or excepted. Matters specific to BRMC will be specifically recorded in the Board meeting minutes as such. The hospitals are separately licensed, so BRMC will maintain separate meeting minutes which will be made available at BRMC. To the extent that there are issues which are pertinent to both facilities, it is expected that those minutes will be fully transcribed in the BRMC minutes. It is expected that all contracted services will be provided through an agreement between the hospital and the contracted provider. The CAO will ensure that all contracted services have a specific reference to Bradford Regional Medical Center, a Pennsylvania licensed facility. Furthermore, [he/she] will ensure that any and all 30- or 60-day notifications of events per the Notification Guidance are sent out to the [Department] as well as a 'cc' to the assigned Health Facility Quality Examiner. The current contract for Emergency Department Telemedicine will be revised to be specific to BRMC. A policy/scope of service is being drafted that will define the services that BRMC Sterile Processing Department will provide for [OTH1]. A log will be maintained through the administrative office with all new, terminated or changes in services that are provided through the facility. This will be instituted by September 30, 2022. The POC will be implemented and monitored by the Chief Administrative Officer. ..."

4. Review on March 8, 2023, at approximately 1:47 PM of General Provisions - Principle revealed the facility continued to be non-compliant with the regulation. The final anticipated completion date to be within compliance with the regulation that was included in the facility's approved PoC was September 30, 2022.

Review of the facility's accepted PoC, approved on August 15, 2022, revealed "... The Pharmacy, Psych unit, Dual Dx unit, sleep lab, respiratory department, Cardiac Rehab and [OTH5] have all had accumulated dust removed through thorough cleaning. The EVS staff are in the process of being educated regarding the Xanitos dusting policy and will all be required to sign off on the policy by September 30, 2022. Peeling wallpaper in the psych unit is in the process of being repaired by the plant services staff and should be completed by September 30, 2022. All identified drywall and paint issues are also being repaired by plant services and will be completed by October 28. All stained ceiling tiles have been replaced by plant services. A capital request for a roof replacement in the EVS area is in the approval process now and should be completed prior to the end of 2022, preparation related to paint scraping of that ceiling will begin by 9.30.22, and repainting will be completed after the roof replacement. A spotlight on safety including the importance of reporting dusty areas, stained ceiling tiles, chipped paint, and damaged drywall will be sent out to all staff via e-mail before 9.30.22. An environmental audit sheet for monitoring cleanliness, paint chips, drywall issues, ceiling and floor tile issues and leaks will be used by plant services to conduct weekly monitoring for three months, and then monthly monitoring to maintain a safe, clean environment. The results of this monitoring, and actions taken will be reported at the Infection Control Committee meeting every other month. The Director of EVS and the Manager of Plant Services will be responsible for implementation and monitoring. ..."

Cross reference

Notification

Notification

Responsibilities

General Provisions - Principle

### Plan of Correction:

The Chief Administrative Officer has scheduled a Monthly Regulatory Review Meeting to ensure completion and follow up on all PA DOH POC's. Any open POC's will be reviewed monthly at each meeting until final completion date for compliance is met. POC completions or non-compliance with completion will be discussed at each meeting.

A Notification policy was developed on 08/31/2022 related to Pa DOH regulation 51.3 that requires a health care facility to notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility. It includes all elements referenced in Chapter 51 Regulation 51.3. Notifications will be made through BRMC's Chief Administrative Officer, or designee.

The policy will be reviewed at the Board of Directors meeting scheduled in June, as



well as with the administrative team and all department managers. A read and sign will be used for acknowledgement of the policy and will be completed by July 30, 2023. The POC will be implemented and monitored by the Chief Administrative Officer.

### **103.4 (3) LICENSURE FUNCTIONS**

#### **Name - Component - 00**

(3) Take all reasonable steps to conform to all applicable Federal, State, and local laws and regulations.

#### **Observations:**

Based on review of facility documents, the Department of Health's database (Department), observation, and employee interviews (EMP), it was determined that the facility failed to conform to all applicable State Laws.

The facility was found to be non-compliant with the following State Law:

The Medical Care Availability and Reduction of Error Act 13 of 2002, Chapter 3, Section 313. "Medical Facility Reports and Notifications. (a) Serious event reports - A medical facility shall report the occurrence of a serious event to the department and the authority within 24 hours of the medical facility's confirmation of the occurrence of the serious event ... (c) Infrastructure failure reports - A medical facility shall report the occurrence of an infrastructure to the department within 24 hours of the medical facility's confirmation of the occurrence or discovery of the infrastructure failure."

This regulation was not met as evidenced by:

Based on review of facility documentation, the Department of Health's database (Department), observation, and employee interview (EMP), it was determined the facility failed to report an identified infrastructure failure within 24 hours of confirmation of the occurrence or discovery.

Findings include:

Review on April 28, 2023, at approximately 5:30 PM of "Patient Safety Plan, " revised March 2023, revealed "... REPORTING OF EVENTS RELATED TO PATIENT SAFETY INTERNAL REPORTING: ... The reporting of events should occur within 24 hours of the confirmation that the event has occurred. ... EXTERNAL REPORTING: ... All incidents, serious events and infrastructure events will be forwarded to the [out-of-state hospital] ... APPENDIX C REPORTING EVENTS TO THE PATIENT SAFETY AUTHORITY Any person identifying an event as defined in the plan - incident, serious event, or infrastructure failure - will report the event through the use of the existing event report system The event shall be forwarded to the Quality Department by the end of the shift or no later than 24 hours after the event. ..."

Review on April 28, 2023, at approximately 5:41 PM of Policy # 110.006, "EVENT (INCIDENT) REPORTING," revised September 2022, revealed "1) STATEMENT OF POLICY: a) Improve the safety and quality of care provided to patients by: 1. Collect Serious Event, Incidents, and Infrastructure Failure reports. ... 2) DEFINITIONS: ... c)

Infrastructure Failure: An undesirable, or unintended event, occurrence, or situation involving the infrastructure of a medical facility or the discontinuation or significant disruption of service which could seriously compromise patient safety ... 4)

PROCEDURE: ... a) Upon recognition that an event or near miss has occurred, an event notification will be initiated. b) Information regarding the event is entered into the Risk Management electronic patient notification system. ... f) An investigation, analysis and summary of the follow up actions will be documented on the events by the manager of the department where the event occurred with support from the Risk/Quality Department. ... i) Infrastructure Failures are submitted only to the Department of Health (Department) ..."

On March 8, 2023, at approximately 11:45 AM a tour of the Environmental Service Department revealed chipped paint consistently throughout the Department and a large hole in the ceiling surrounding existing pipes. EMP3 was unable to provide a definitive time when the hole was discovered.

Review on March 8, 2023, of the Department's database confirmed the hole in the ceiling in the Environmental Service Department was identified on March 1, 2023, and reported to the Department on March 8, 2023. The hole was caused by a leak from a steam pipe.

Cross reference  
Correction of Deficiency

#### Plan of Correction:

A spotlight on safety will be provided for all EVS and Plant Services employees to review defining infrastructure failures and the need to report within 24 hours of discovery through the chain of command to ensure compliance with events being entered into the event reporting system. EVS and Plant Services managers will be asked to review the spotlight on safety in department meetings/huddles and complete a staff sign off sheet for all staff.

Monday-Friday rounding will be completed until roof replacement is completed to identify new leaks or chipped paint. These rounds will be reported at Safety committee meetings. Any new issues will be reported to the plant services manager for schedule of repair. The plant services manager will report any new issues to the quality department through event reporting.

The Chief Administrative Officer has scheduled a Monthly Regulatory Review Meeting to ensure completion and follow up on all PA DOH POC's. Any open POC's will be reviewed monthly at each meeting until final completion date for compliance is met.

POC completions or non-compliance with completion will be discussed at each meeting.

**103.33 (b)(1-11) LICENSURE  
RESPONSIBILITIES**

**Name - Component - 00**

103.33

(b) The chief executive officer should be responsible for:

- (1) designation of an individual to act for him in his absence.
- (2) management of the hospital, commensurate with the authority conferred by him by the governing body and consonant with its expressed aims and policies;
- (3) attending all meetings of the governing body and appropriate meetings of the medical staff;
- (4) organizing the administrative functions of the hospital, delegating, and establishing formal means of accountability on the part of subordinates;
- (5) establishing such departments as are indicated, providing for departmental and interdepartmental meetings and attending or being represented at such meetings, and appointing hospital departmental representatives to medical staff committees where appropriate or when requested to do so by the medical staff;
- (6) appointing the heads of administrative departments;
- (7) reporting to the governing body and to the medical staff on the overall activities of the hospital as well as on appropriate Federal, State and local developments that affect health care in the hospital;
- (8) reviewing the annual audit of the financial operations of the hospital;
- (9) fiscal planning and financial management of the hospital; and
- (10) developing, in cooperation with the departmental heads and other appropriate staff, an overall organizational plan for the hospital

which will coordinate the functions, services, and departments of the hospital, when possible.

(11) Ensuring that the agreements with service providers -- that is, such as laundry, laboratory, and x-ray -- specifically indicate that compliance will be maintained with applicable State regulations as would apply to the same services if provided directly by the hospital.

### Observations:

Based on review of facility documentation and employee interview (EMP), it was determined the facility failed to ensure that all agreements with service providers were provided within compliance with applicable State regulations as they would apply to the same services if provided directly by the hospital when the facility utilized the following:

- 1) A Tele-Triage Program in the Emergency Department;
- 2) Telemedicine for Inpatient Care; and
- 3) Provided Central Processing Services for an out-of-state hospital.

Findings include:

1. Review on March 8, 2023, at approximately 1:00 PM of facility documentation revealed no contract for the use of a Tele-Triage Program in the Emergency Department. The Tele-Triage Program was in effect May 3, 2021, through November 30, 2022.

On March 23, 2023, EMP2 was unable to provide documentation of a contract for the Tele-Triage Program in the Emergency Department.

2. Review on March 13, 2023, at approximately 10:45 AM of the "Telehealth Coverage Services Agreement," effective February 24, 2023, revealed "This Telehealth Coverage Services Agreement ("Agreement") is entered effective the 24th day Feb, 2023 ("Effective Date") by and between [OTH3] and [OTH4] ..." The covered locations and services included "Coverage Locations: Bradford Regional Medical Center; Type of Clinician: Psychiatrist; ... Short Term acute care hospital ... Encounter Definitions: Emergency Telephone Consult; Emergency Telephone Consult + Order(s); Emergency Video Encounter; Follow-Up Video Encounter; Inpatient Med Consult via Video ..." The effective date of this Agreement was determined to be developed after the initiation of Telemedicine Services for Inpatient Care.

3. Review on March 8, 2023, at approximately 12:06 PM of facility documentation revealed no contract for the Bradford Regional Medical Center's Sterile Processing Department employees to be conducting Sterile Processing Department Services for an out-of-state hospital, effective beginning July 17, 2021.

On March 23, 2023, EMP2 was unable to provide documentation of a contract between the facility and the out-of-state hospital.

Cross reference

Notification  
Notification  
Correction of Deficiency

**Plan of Correction:**

1. A Keystone second amendment to hospital services agreement with an effective date of 11.01.2021 identifies Bradford Regional Medical Center, a Pennsylvania not for profit community hospital in the leading second amendment paragraph. This contract includes availability of Emergency Department Tele triage coverage.
2. The service identified in this citation was never implemented with the listed company. We continue to contract through Jamestown Psychiatric P.C., a professional services corporation.
3. As previously accepted in POC dated 8.15.2022 a policy scope of service has been revised to include services that BRMC sterile processing provides for OGH. In addition, a contract has been drafted and will remain on file at the facility.
4. A spreadsheet containing all new contracts is being developed and will be monitored by the quality department to ensure that all agreements with service providers are compliant with state regulations.
5. The Chief Administrative Officer has scheduled a Monthly Regulatory Review Meeting to ensure completion and follow up on all PA DOH POC's. Any open POC's will be reviewed monthly at each meeting until final completion date for compliance is met. POC completions or non-compliance with completion will be discussed at each meeting.

**147.1 LICENSURE**  
**GENERAL PROVISIONS - PRINCIPLE**

**Name - Component - 00**

147.1 Principle

A clean, safe environment shall be provided and maintained within the hospital in accordance with standards specified by the Department of Environmental Services in 25 Pa. Code 173.1-173.17, in addition to the provisions of this subpart.

**Observations:**

Based on review of facility documentation, observation, and employee interview (EMP), it was determined the facility failed to maintain a clean, safe environment in the Environmental Service Department.

Findings include:

1. On March 8, 2023, at approximately 11:45 AM a tour of the Environmental Service Department revealed chipped paint consistently throughout the Department and a large hole in the ceiling surrounding existing pipes. EMP3 was unable to provide a definitive time when the hole was discovered.

Review on March 8, 2023, of the Department's database confirmed the hole in the ceiling in the Environmental Service Department was identified on March 1, 2023, and reported to the Department on March 8, 2023. The hole was caused by a leak from a steam pipe.

2. Review on March 8, 2023, at approximately 12:10 PM revealed a capital expense request for a roof replacement was completed on February 9, 2023. There was an incomplete quote for a roof replacement. EMP1 confirmed in an email communication that the roof replacement had not been scheduled as of 8:23 AM on April 12, 2023.

Cross reference

Correction of Deficiency

#### **Plan of Correction:**

1. Chipped paint throughout the EVS department and the hole in the ceiling surrounding existing pipes is in the process of repair and will be completed by July 30, 2023.

2. A scheduled plan for roof replacement will be in place by July 30, 2023

Monday-Friday rounding will be completed until roof replacement is completed to identify new leaks or chipped paint. These rounds will be reported at Safety committee meetings. Any new issues will be reported to the plant services manager for schedule of repair. The plant services manager will report any new issues to the quality department through event reporting.

The Chief Administrative Officer has scheduled a Monthly Regulatory Review Meeting to ensure completion and follow up on all PA DOH POC's. Any open POC's will be reviewed monthly at each meeting until final completion date for compliance is met. POC completions or non-compliance with completion will be discussed at each meeting.