STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100206	A. BUILDING ______ B. WING ______	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL HOSPITAL OF TAMPA	**2901 W SWANN AVE TAMPA, FL 33609**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS A complaint survey #2020014214/FL00141374, was conducted on through at Tampa Community Hospital - A Campus of Memorial Hospital for the review of the Condition of Participation for Patient Rights and QAPI. The facility was not in compliance with CFR 482.13 Conditions of Participation for Patient Rights.	A 000		
A 115	PATIENT RIGHTS CFR(s): 482.13 A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: Based on a review of the facility's documents, policies and procedures, medical records, and staff interview, it was determined the facility failed to protect patients' rights. The facility failed to provide a written description of the Rights of Persons to the patient and/or health care proxy in four (#5, #6, #7, #8) of eight patients sampled (Refer to A116). The facility failed to obtain consent for , , , medication prior to administering the drugs for one (#8) of eight patients sampled (Refer to A117). The facility failed to provide a written copy of the rights to petition for the Writ of Habeus Corpus in two (#5, #7) of eight patients sampled (Refer to A121). The facility failed to adequately document the investigation for an allegation of ... for one (#2) of eight patients sampled (A145).	A 115		
A 116	PATIENT RIGHTS: NOTICE OF RIGHTS CFR(s): 482.13(a) Patients' Rights: Notice of Rights	A 116		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 116	Continued From page 1	A 116		

This STANDARD is not met as evidenced by:
Based on review of medical records and staff interview it was determined the facility failed to provide a written description of the Rights of Persons to the patient and/or the health care proxy in four (#5, #6, #7, and #8) of eight patients sampled.

Findings included:

Review of the form, "Rights of Persons in Mental Health Facilities and Programs," revealed a section, located at the bottom of the form, which stated to check when applicable and initial/date/time when a copy is provided. The form stated a copy must be given to the person and to any authorized decision-maker for persons [illegible] or [illegible] by age or [illegible].

Review of the medical record for Patient #5 revealed that on at 1:48 AM, the patient signed the Rights of Persons in Mental Health facilities form with the bottom section not filled out to indicate if the patient received a copy. On at 8:45 AM, Patient #5 was deemed [illegible] to provide express and informed consent and therefore an authorized decision-maker was required. Further review of the medical record revealed on at 6:11 AM, a guardian advocate gave telephone consent for notification of persons' rights in a mental health facility. Review of the bottom section of the form revealed no indication the guardian advocate was provided a written copy of the patient's rights.

Review of the medical record for Patient #6 revealed that on [illegible] at 5:35 PM, the

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A 116	Continued From page 2	A 116		

patient was unable/refused to sign the acknowledgement that the patient's rights were explained. Review of the bottom section of the form revealed no indication if the patient received a written copy. Review of the medical record revealed on at 7:00 AM, the patient's health care proxy provided telephone consent for notification of persons' rights in a mental health facility. Review of the bottom section of the form revealed no indication the patient's health care proxy was provided a written copy of the patient's rights.

A review of the medical record for Patient #7 revealed on .... at 3:30 AM signed the Rights of Persons in Mental Health Facilities and a written copy provided to the patient. Further review of the medical record revealed the health care proxy for Patient #7 provided telephone consent for acknowledgement of the patient's rights. Review of the bottom section of the form revealed no indication the patient's health care proxy was provided a written copy of the patient's rights.

A review of the medical record for Patient #8 revealed on .... at 7:50 PM, The Patient signed the acknowledgement of the Rights of Persons in Mental Health Facilities and documentation a written copy was provided. Further review of the medical record revealed the health care proxy for Patient #8 provided telephone consent for acknowledgement of the patient's rights. Review of the bottom section of the form revealed no indication the patient's health care proxy was provided a written copy of the patient's rights.

Interview on .... at 2:00 PM with the

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A 116	Continued From page 3 Director of Patient Safety confirmed the above findings.	A 116		
A 117	PATIENT RIGHTS: NOTICE OF RIGHTS CFR(s): 482.13(a)(1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible. This STANDARD is not met as evidenced by: Based on clinical record review and staff interview it was determined the facility failed to obtain consent for , , , medication administration prior to administration of the drugs in one (#8) of eight patients sampled. Findings included: Review of the medical record for Patient #8 revealed on . . . . at 10:00 AM Patient #8 was deemed , to provide express and informed consent by the psychiatrist. Review of the medical record for Patient #8 revealed on at 10:12 AM, the facility administered . . . . . and . . . . . . (, , medications) prior to obtaining consent for the . . . . medication administration. Further review of the medical record revealed the consent for Specific Authorization for , , Medication was obtained from the patient's health care proxy after the medications had already been administered. Review of the consent form revealed the proxy provided consent for administration on . . . . at 2:52 PM.	A 117		

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A 117	Continued From page 4 Interview on at 2:00 PM with the Director of Patient Safety confirmed the above findings.	A 117		
A 121	PATIENT RIGHTS: GRIEVANCE PROCEDURES CFR(s): 482.13(a)(2)(i) [At a minimum:] The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital. This STANDARD is not met as evidenced by: Based on medical record review and staff interview it was determined the facility failed to provide a written copy of the rights to petition for Writ of Habeas Corpus in two (#5 and #7) of eight patients sampled. Findings included: Review of the medical record for Patient #5 revealed no evidence the patient received written notice for the Writ of Habeas Corpus (information of his/her right to file a petition to question the cause and legality of a patient's detention). Further review revealed the facility's designee signed the form on at 1:48 AM with the section left blank on the individual that the facility provided a copy of the notice. A review of the medical record for patient #7 revealed no evidence the patient received written notice for Writ of Habeas Corpus. On at 12:15 AM, the facility's designee signed the form with the section left blank on the individual that the facility provided a copy of the notice.	A 121		

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A 121	Continued From page 5	A 121		

Interview on at 2:00 PM with the Director of Patient Safety confirmed the above findings.

A 145 PATIENT RIGHTS: FREE FROM . . . /HARASSMENT
CFR(s): 482.13(c)(3)

The patient has the right to be free from all forms of . . . . or harassment.

This STANDARD is not met as evidenced by:
Based on facility document review, policy and procedure review, medical record review, and staff interview it was determined the facility failed to adequately document the investigation for an allegation of for one (#2) of eight patients sampled.

Findings included:

Review of the facility policy, "Patient and Non-Patient Safety Event Notifications," stated the purpose was to establish the policy and outline procedures for reporting unusual and adverse or untoward patient related and non-patient related events, or potential patient safety related events, that occur within or around the hospital facility and property.

The policy stated under Procedure (A) Reporting: (5) other adverse/untoward incidents that are to be reported to the Patient Safety Director/Risk Manager/designee through the Meditech QM module Risk Management section include, but are not limited to issues/concerns involving: (a) allegations of / , ; (6) department directors are responsible for reviewing all patient

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A 145	Continued From page 6 notification event reports to which they are assigned, completing a thorough investigation and documenting findings in the notification report within 15 days; (7) the Patient Safety Director/Risk Manager/designee will complete reports within 60 days; (B) Event Follow-up (3) the Patient Safety Director/Risk Manager/designee will track statistical data for analysis and process improvement purposes; (C) Event Notification Report Review and Analysis: the patient safety director/risk manager/designee is responsible: (a) for the regular and systematic review of Patient Notification event reports and (c) providing the governing body with quarterly summary reports and maintaining summary data for three years. Review of the patient notification event reporting log revealed an event, described as a grievance, was received by the Administrative Nursing Supervisor on at 3:00 pm from the mother of sampled patient #2. Documentation revealed the patient was admitted from - on the Behavioral Health Unit (BHU). It was alleged the patient was , molested during her admission and she was going to report it to the police. Review of the facility documents (emails) revealed on at 3:00 pm the Nursing Supervisor reported the information to the Chief Nursing Officer (CNO) and Director of BHU. A handwritten facility document, dated at 9:00 am, by the Administrative Nursing Supervisor, stated the cameras were to be reviewed, and to check all patients and staff with the specific name reported. At 10:06 am a telephone call was placed to the patient's mother and a voicemail left. At 2:37 pm documentation	A 145		

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A 145	Continued From page 7 revealed the patient's mother was called again and interviewed via telephone. The patient's mother stated it was "an employee" that molested her daughter. She provided a description of the employee and that he was assigned to "watch" her (the patient) on either the 6th, 7th or 8th. Review of the facility document, "Employee Investigation", revealed on the CNO and Director of BHU interviewed employees in question and reviewed video tape. There was no documentation of which employees were interviewed nor any details of the interviews, and no documentation of the video tape review. The facility was unable to produce the video to view or provide a copy of the video. Review of the document, "Employee Investigation", revealed on at 3:55 pm an employee identified as the potential , , was interviewed by the Vice President of Operations, the Director of BHU, and Vice President of Quality. Documentation revealed the employee was interviewed but denied any wrong doing. The employee was placed on temporary suspension while the investigation was completed. At 4:09 pm the facility made a report to Department of Children & Family (DCF) and at 4:39 pm a report to the Sheriff's office was made. Documentation revealed a Sheriff's deputy presented to the facility on at 5:00 pm and a police report was completed. Documentation stated the deputy called the patient's mother and she reported the patient received multiple text messages from the employee (specific first name used and same as the employee interviewed). The deputy was provided with the phone number from which the alleged , , was texting the patient from. When compared with the phone number of the	A 145		

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A 145	Continued From page 8 employee which was interviewed by the facility it did not match. Review of a facility document, written by the Director of BHU, revealed on . . . . . the Director of BHU met with a detective conducting the investigation. The detective was provided two additional employee names as well as staffing sheets, and a copy of the video. Review of a facility document, written by the Director of BHU, revealed on at 9:40 am, the . . . . Control Coordinator fielded a call from an Adult Protective Investigator. The Investigator requested additional employee information on another male employee that was working at the time of the alleged . . . . assault incident. Documentation stated the VP of Human Resources provided the requested information. Documentation stated the employee was then interviewed but he denied any inappropriate behavior. The employee was suspended at that time pending completion of the investigation. Documentation stated the detective called and requested the personal contact information for the employee. On the facility received an . . . . notification from AHCA for this employee. Documentation revealed the employee was terminated on . . . . . . due to AHCA ineligible status. Review of the facility documents, policy and procedures, and the facilities investigation revealed lack of evidence a comprehensive and thorough investigation was completed with documentation of findings; analysis of the investigation with potential for process improvements to ensure all patients were free from all forms of . . . . . . The VP of Quality was	A 145		

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A 145 — Continued From page 9 — A 145

interviewed on .... at 1:50 pm and confirmed the above findings and that all documents related to the investigation and actions of the facility were provided at the time of the survey.

A 286 — PATIENT SAFETY — A 286

CFR(s): 482.21(a), (c)(2), (e)(3)

(a) Standard: Program Scope
(1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will ... identify and reduce medical errors.
(2) The hospital must measure, analyze, and track ...adverse patient events ...

(c) Program Activities .....
(2) Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital.

(e) Executive Responsibilities, The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following: ...
(3) That clear expectations for safety are established.
This STANDARD is not met as evidenced by:
Based on review of the facility policy and procedures, documents, medical records, and staff interview it was determined the facility failed to ensure an adverse patient event was analyzed, and preventive actions were implemented for one

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A 286	Continued From page 10	A 286		

(#2) of eight patients sampled; and failed to ensure the governing body, medical staff, and administrative officials were responsible and accountable for ensuring clear expectations for safety were established.

Findings included:

Review of the facility policy, "Patient and Non-Patient Safety Event Notifications," stated the purpose was to establish the policy and outline procedures for reporting unusual and adverse or untoward patient related and non-patient related events, or potential patient safety related events, that occur within or around the hospital facility and property.

The policy stated under Procedure (A) Reporting: (5) other adverse/untoward incidents that are to be reported to the Patient Safety Director/Risk Manager/designee through the Meditech QM module Risk Management section include, but are not limited to issues/concerns involving: (a) allegations of / , ; (6) department directors are responsible for reviewing all patient notification event reports to which they are assigned, completing a thorough investigation and documenting findings in the notification report within 15 days; (7) the Patient Safety Director/Risk Manager/designee will complete reports within 60 days; (B) Event Follow-up (3) the Patient Safety Director/Risk Manager/designee will track statistical data for analysis and process improvement purposes; (C) Event Notification Report Review and Analysis: the patient safety director/risk manager/designee is responsible: (a) for the regular and systematic review of Patient Notification event reports and (c) providing the governing body with quarterly

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A 286	Continued From page 11 summary reports and maintaining summary data for three years. On at approximately 9:15 am a list of requested documents was provided to facility administrative staff which included a list of alleged ..... or neglect with facility documentation of investigation and actions implemented. The facility reported no allegations of or neglect. On at 9:15 am the VP of Patient Safety stated upon further investigation the facility had a grievance on ...... which alleged ..... misconduct against an employee on the Behavioral Health Unit (BHU). Review of the patient notification event reporting log revealed an event, described as a grievance, was received by the Administrative Nursing Supervisor on at 3:00 pm from the mother of sampled patient #2. Documentation revealed the patient was admitted from - ...... on the BHU. It was alleged the patient was , molested during her admission and she was going to report it to the police. Interview with Vice President of Quality on at 1:50 pm confirmed the event reporting system had a category for and confirmed the employee entered the event received on at 3:00 pm as a grievance. Review of the facility documents (emails) revealed on ...... at 3:00 pm the Nursing Supervisor reported the information to the Chief Nursing Officer (CNO) and Director of BHU. A handwritten facility document, dated at 9:00 am, by the Administrative Nursing Supervisor, stated the cameras were to be reviewed, and to check all patients and staff with	A 286		

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the specific name reported. At 10:06 am a telephone call was placed to the patient's mother and a voicemail left. At 2:37 pm documentation revealed the patient's mother was called again and interviewed via telephone. The patient's mother stated it was "an employee" that molested her daughter. She provided a description of the employee and that he was assigned to "watch" her (the patient) on either the 6th, 7th or 8th. Review of the facility document, "Employee Investigation", revealed on ...... the CNO and Director of BHU interviewed employees in question and reviewed video tape. There was no documentation of which employees were interviewed nor any details of the interviews, and no documentation of the video tape review. The facility was unable to produce the video to view or provide a copy of the video.

Review of the document, "Employee Investigation", revealed on ...... at 3:55 pm an employee identified as the potential .... was interviewed by the Vice President of Operations, the Director of BHU, and Vice President of Quality. Documentation revealed the employee was interviewed but denied any wrong doing. The employee was placed on temporary suspension while the investigation was completed. At 4:09 pm the facility made a report to Department of Children & Family (DCF) and at 4:39 pm a report to the Sheriff's office was made. Documentation revealed a Sheriff's deputy presented to the facility on ...... at 5:00 pm and a police report was completed. Documentation stated the deputy called the patient's mother and she reported the patient received multiple text messages from the employee (specific first name used and same as the employee interviewed). The deputy was

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A 286	Continued From page 13 provided with the phone number from which the alleged , , was texting the patient from. When compared with the phone number of the employee which was interviewed by the facility it did not match. Review of a facility document, written by the Director of BHU, revealed on the Director of BHU met with a detective conducting the investigation. The detective was provided two additional employee names as well as staffing sheets, and a copy of the video. Review of a facility document, written by the Director of BHU, revealed on at 9:40 am, the Control Coordinator fielded a call from an Adult Protective Investigator. The Investigator requested additional employee information on another male employee that was working at the time of the alleged assault incident. Documentation stated the VP of Human Resources provided the requested information. Documentation stated the employee was then interviewed but he denied any inappropriate behavior. The employee was suspended at that time pending completion of the investigation. Documentation stated the detective called and requested the personal contact information for the employee. On the facility received an notification from AHCA for this employee. Documentation revealed the employee was terminated on due to AHCA ineligible status. Review of the facility documents, policy and procedures, and the facility investigation revealed lack of evidence a comprehensive and thorough investigation was completed with documentation of findings; analysis of the investigation with	A 286		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100206	A. BUILDING ______ B. WING ______	C 08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL HOSPITAL OF TAMPA	**2901 W SWANN AVE** **TAMPA, FL 33609**

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A 286	Continued From page 14 potential for process improvements and preventative actions and mechanisms to ensure all patients were free from all forms of ...... The VP of Quality was interviewed on at 1:50 pm and confirmed the above findings and that all documents related to the investigation and actions of the facility were provided at the time of the survey.	A 286		