DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/28/2020 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	7. 0938-039
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		100206	B. WING			1	/27/2020
NAME OF PR	ROVIDER OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				29	01 W SWANN AVE		
MEMORIA	L HOSPITAL OF TAMPA			TA	MPA, FL 33609		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERÊNCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS		А	000			
	was conducted on at Tampa Community Memorial Hospital for of Participation for Pa	2020014214/FL00141374, through Hospital - A Campus of the review of the Condition titent Rights and QAPI.					
A 115	482.13 Conditions of Rights.	compliance with CFR Participation for Patient	A	115			
	A hospital must prote patient's rights.	ct and promote each					
A 116	Based on a review o policies and procedu staff interview, it was to protect patients 'rig provide a written dess Persons to the patien our (#5. #6, #7. #8) of (Refer to A116). The consent for , administering the dru patients sampled (Re failed to provide a wri petition for the Writ of 147) of eight patients S The facility failed to a investigation for an ene (#2) of eight patients.		А	116			
	Patients' Rights: Not	ice of Rights					

Any deficiency statement ending with an asteriak (1) 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 disclossable 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 disclossable 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 prooram participant.

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

(X6) DATE

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CENTERS FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-0391		
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	100206	B. WING _		08/27/2020		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
			2901 W SWANN AVE			
MEMORIAL HOSPITAL OF TAMPA			TAMPA, FL 33609			
(VALID SUMMARY STA	STEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	050		

		100206	B. WING			08/2	27/2020
NAME OF PE	ROVIDER OR SUPPLIER			STE	REET ADDRESS, CITY, STATE, ZIP CODE		
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MEMORIA	L HOSPITAL OF TAMPA			та	MPA, FL 33609		
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					DEFICIENCY)		
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A 116	C						
AIIO	Continued From page	, ,	A 11	16			
		ot met as evidenced by:					
		nedical records and staff					
	interview it was deter	mined the facility failed to					
	provide a written desc	cription of the Rights of					
1	Persons to the patien	t and/or the health care					
	proxy in four (#5, #6,	#7, and #8) of eight patients					
	sampled.						
	Findings included:						
	Review of the form, "I	Rights of Persons in Mental					
	Health Facilities and I	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 ma	ust be given to the person					
	and to any authorized	decision-maker for persons					
		by age or					
		, , ,					
	Review of the medica	l record for Patient #5					
	revealed that on	at 1:48 AM, the					
	patient signed the Ric	ints of Persons in Mental					
	Health facilities form	with the bottom section not					
	filled out to indicate if	the patient received a copy.					
		5 AM, Patient #5 was					
		to provide express and					
		I therefore an authorized					
		equired. Further review of					
	the medical record re						
		advocate gave telephone					
		n of persons' rights in a					
	mental health facility.						
		vealed no indication the					
		as provided a written copy of					
	the patient's rights.	ss provided a writter copy of					
	ure pauerit's rights.						
	Paviau of the modion	I record for Patient #6					
	revealed that on	at 5:35 PM, the				- 1	

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		

2901 W SWANN AVE

MEMORIAL HOSPITAL OF TAMPA TAMPA, FL 33609 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 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. at 2:00 PM with the Interview on

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/28/2/202 CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0938-0391 STATEMENT OF REPICEMENTS. USA PROVIDERSHEDIE BERLIA (22) MILITIPE CONSTRUCTION (23) DES LISTRY

CENTERS FOR MEDICARE & I	MEDICAID SERVICES	1	OMB NO. 0938-0391
ATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
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	100206	B. WING	08/27/2020
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS CITY STATE ZIP CODE	

2901 W SWANN AVE MEMORIAL HOSPITAL OF TAMPA TAMPA, FL 33609 SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 116 Continued From page 3 A 116 Director of Patient Safety confirmed the above findings. A 117 PATIENT RIGHTS: NOTICE OF RIGHTS A 117 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 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 medication administration. Further review of the medical

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ENTERS FOR MEDICARE & I	MEDICAID SERVICES		OMB NO. 0938-039
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08/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

2901 W SWANN AVE MEMORIAL HOSPITAL OF TAMPA TAMPA, FL 33609 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY) Continued From page 4 A 117 Interview on at 2:00 PM with the Director of Patient Safety confirmed the above findings. A 121 PATIENT RIGHTS: GRIEVANCE PROCEDURES A 121 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.

AND

Facility ID: HL100206

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CENTERS FOR MEDICARE & MEDICAID SERVICES O							
ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED				
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	100206	B. WING	08/27/2020				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 W SWANN AVE MEMORIAL HOSPITAL OF TAMPA TAMPA, FL 33609 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 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 A 145 /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) / ; (6) department

directors are responsible for reviewing all patient

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DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE &				FORM APPROVED OMB NO. 0938-0391
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	100206	B. WING_		08/27/2020
NAME OF PROVIDER OR SUPPLIER MEMORIAL HOSPITAL OF TAMPA			STREET ADDRESS, CITY, STATE, ZIP C 2901 W SWANN AVE TAMPA, FL 33609	:ODE
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE COMPLETION THE APPROPRIATE DATE
and documenting find within 15 days; (?) th Director/Risk Manager reports within 60 day the Patient Safety DIM Manager/designee wanalysis and process Event Notification Re the patient safety dire is responsible; (a) for review of Patient Notification Re the patient safety directive of Patient Notification Review of Patient Notification Review of Patient Notification of the patient log revealed an even was received by the / Supervisor on mother of sampled prevealed an even was received by the / Supervisor on the Behavas alleged the patient on the Behavas leged the patient of the patien	orts to which they are a thorough investigation ings in the notification report e Patient Safety pridesignee will complete s; (B) Event Follow-up (3) rector/Risk ill track statistical data for improvement purposes; (C) port Review and Analysis: sctor/risk manager/designee the regular and systematic filication event reports and sming body with quarterly in maintaining summary data notification event reporting t, described as a grievance, Administrative Nursing at 3:00 pm from the attent #2. Documentation was admitted from urioral Health Unit (BHU). It in twas molested and she was going to report documents (emails) at 3:00 pm the Nursing he information to the Chief o) and Director of BHU. A scument, dated at a	A	145	

telephone call was placed to the patient's mother and a voicemail left. At 2:37 pm documentation

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DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE &			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
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100206 08/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER			2901 W SWANN AVE			
MEMORIAL HOSPITAL OF TAMPA				TAMPA, FL 33609		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
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 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 by the denied any wrong doing. The employee was placed on temporary suspension while the investigation was completed. At 40 pm the facility made a report to Department of Children & Family (DCF) and at 4:39 m a report to the Sheriff's office was made. Documentation revealed a Sheriff's office was made. Documentation stated the deputy called the patient's mother and she reported the patient's mother and she reported the patient received multiple lext messages from the employee (specific first name used and same as the employee (specific first name used and same as the employee interviewed.) The deputy was provided with the phone number of the	Α	144	5		

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CENTERS FOR MEDICARE & MEDICAL	DSERVICES					
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	/IDER/SUPPLIER/CLIA TRICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION IG	(X	(X3) DATE SURVEY COMPLETED	
	100206	B. WING _			C 08/27/2020	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
			2901 W SWANN AVE			
MEMORIAL HOSPITAL OF TAMPA			TAMPA, FL 33609			
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call from an Adult Protective in Investigator requested addition information on another male et working at the time of the allege incident. Documentation states Resources provided the reque Documentation stated the emp interviewed but he denied any behavior. The employee was a time pending completion of the Documentation stated the dete requested the personal contact	written by the the eective conducting was provided two well as staffing o. written by the at 9:40 dinator fielded a vestigator. The lall employee mployee that was led information looke was then inappropriate suspended at that investigation. The laft information for the facility received in a second of the facility received in the VP of Human sted information for the facility received in a facility received in the	A1	45			

improvements to ensure all patients were free from all forms of The VP of Quality was

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/28/2020 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING 100206 R MING 08/27/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 W SWANN AVE MEMORIAL HOSPITAL OF TAMPA TAMPA, FL 33609 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 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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CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
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STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

MEMORIAL HOSPITAL OF TAMPA			2901 W SWANN AVE				
			TAMPA, FL 33609				
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A 286	Continued From page 10 (#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.	A 286					
	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; (8) 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	for three years. On at appr requested document administrative staff w alleged or neg documentation of inv implemented. The fac of or neglect. C VP of Patient Safety i investigation the facility which allege against an employee Unit (BHU). Review of the patient log revealed an even was received by the 2 Supervisor on mother of sampled prevealed the patient on the BHU was moleste she was going to rep with Vice President of 150 pm confirmed th had a category for employee entered the at 3:00 pm.	maintaining summary data oximately 9.15 am a list of swas provided to facility hich included a list of learning the data of list of learning the data of list of learning the data of list of list of list of	A	286			

reviewed, and to check all patients and staff with

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A 286	and a voicemail left. revealed the patient's and interviewed via te mother stated it was 'her daughter. She premployee and that her (the patient) on e Review of the facility Investigation', reveal Director of BHU interquestion and reviewe documentation of the state of the commentation of the commentation of the provide a copy of the Review of the documentation of the provide a copy of the President of Quality, employee was intervidoing. The employee suspension while the completed. At 4:09 pm a report to the Country of the Country of the Country of the state of the president of Child 4:39 pm a report to the Documentation reveal presented to the faciliand a police report we Documentation states.	orted. At 10:06 am a caced to the patient's mother at 2:37 pm documentation mother was called again lephone. The patient's an employee' that molested vided a description of the was assigned to 'watch' ther the 6th. 7th or 8th. document, 'Employee at on. the CNO and riewed employees in the CNO and riewed employees were etails of the interviews, and the video tape review. The produce the video to view or video. ent, 'Employee at 3:55 pm d das the potential idea of the interviews, and the video tape review. The produce the video to view or video. ent, 'Employee at 3:55 pm d das the potential idea of the potential of the second of the potential of the potent	A	286	Б		

employee (specific first name used and same as the employee interviewed). The deputy was

		ID HUMAN SERVICES MEDICAID SERVICES					M APPROVED O. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		100206	B. WING				C 1/27/2020
NAME OF P	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIA	L HOSPITAL OF TAMPA			1	2901 W SWANN AVE TAMPA, FL 33609		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPT DEFICIENCY)	BE	(X5) COMPLETION DATE
A 286	alleged, when compared with employee which was did not match. Review of a facility do Director of BHU, reve Director of BHU, reve Director of BHU met when we will be a sheets, and a copy of Seview of a facility do Director of BHU, reve am, the Concell from an Adult Pro Investigator requeste information on anothe working at the time of incident. Documental Resources provided to Revolution Resources and Revolution Revolution Resources and Revolution Revolutio	ne number from which the as texting the patient from. the phone number of the interviewed by the facility it becament, written by the aled on the with a detective conducting detective was provided two names as well as staffing the video. becament, written by the aled on a 19 40 trol Coordinator fielded a tective Investigator. The d additional employee or male employee that was the alleged assault ion stated the VP of Human he requested information, the employee was then nied any inappropriate eee was suspended at that ion of the investigation. It he detective called and al contact information for the facility received rom AHCA for this atton revealed the employee due to AHCA	A	286	3		
	procedures, and the f	acility investigation revealed					1

lack of evidence a comprehensive and thorough investigation was completed with documentation of findings; analysis of the investigation with

Facility ID: HL100206

PRINTED: 09/28/2020 DEPARTMENT OF HEALTH AND HUMAN SERVICES STA

DEPARTMENT OF HEALTH AND HUMAN SERVICES					
ENTERS FOR MEDICARE & MEDICAID SERVICES					
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
			C		
	100206	B. WING	08/27/2020		

		100206	B. WING			08/	27/2020
NAME OF P	ROVIDER OR SUPPLIER			s'	TREET ADDRESS, CITY, STATE, ZIP CODE		
MEMORIAL HOSPITAL OF TAMPA		1	29	901 W SWANN AVE			
AEMORIA	IL HUSPITAL OF TAMPA			T	AMPA, FL 33609		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ę	(X5) COMPLETIO DATE
A 286	potential for process i preventative actions a all patients were free VP of Quality was into 1:50 pm and confirme that all documents ref	mprovements and and mechanisms to ensure from all forms of The	A	286			