

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>100002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/16/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOSPITAL EAST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2815 S SEACREST BLVD</b> <b>BOYNTON BEACH, FL 33435</b>		
(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  An unannounced federal complaint survey, CCR#2017004253, was conducted at Bethesda Hospital East on _____ through _____ specifically for the review of the Condition of Participation, 482.13 Patient Rights and 482.23 Nursing Services. The hospital was in compliance with 42 CFR 482.23, Conditions of Participation for Nursing Services. The hospital was not in compliance with 42 CFR 482.13, Conditions of Participation for Patient Rights. The following is a description of the noncompliance.	A 000			
A 117	482.13(a)(1) PATIENT RIGHTS: NOTICE OF RIGHTS  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 facility document review, staff interviews and review of the facility's policy and procedure for _____, it was determined the facility failed to ensure each patient's representative was notified when initiating _____ on 3 of 10 sampled patients (Patient # 7, 8, and 10).  The findings included:  Medical Record reviews conducted on _____ revealed _____ were initiated on Patients #7, 8, and 10. Review of the patient's records revealed the facility failed to notify the responsible party there was a change in condition of the patient and _____ were initiated.	A 117			

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

TITLE

(X8) 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>100002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/16/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHESDA HOSPITAL EAST</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2815 S SEACREST BLVD</b> <b>BOYNTON BEACH, FL 33435</b>		
(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 117	<p>Continued From page 1</p> <p>Interview with the Quality Outcomes Liaison on _____ at approximately 10:00 AM revealed, after review of the medical records, there is no evidence the patient's responsible parties were notified when there was a change in condition of the patients and _____ were initiated.</p> <p>Review of the facility's _____ Policy revealed that prior to the application of a _____ and as needed during use, the nurse will discuss with the patient and family (as applicable) the reason for the use of a _____, measures taken to protect patient dignity and rights, safety measures and criteria for the application and removal of _____.</p> <p>Interview with the Assistant Vice President of Patient Services on _____ at approximately 3:30 PM, revealed nursing staff is to notify family when there is a change in the patient's condition and _____ are initiated. The Assistant Vice President of Patient Services confirmed that attempting less restrictive alternatives prior to initiating a non-behavioral _____ on a patient is required and one of the first less restrictive attempts is to notify the family and ask if they would like to come and sit by the patient.</p>	A 117			