PRINTED: 12/22/2020 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B MING HL110021 11/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1675 RIGGINS RD ENCOMPASS HEALTH REHABILITATION HOSPITAL C TALLAHASSEE, FL 32308 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 000 INITIAL COMMENTS H 000 an unannounced complaint survey On for allegations contained within complaint numbers 2020002281 and 2020006430 was conducted at Encompass Health Rehabilitation Hospital of Tallahassee in Tallahassee, Florida. Deficient practice was identified at the time of the survey. H 120 59A-3,243(5), FAC NURSING SERVICE - Care H 120 Process (5) The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge. (a) Each patient's nursing needs shall be assessed by a registered nurse at the time of admission or within the period established by each hospital's policy. (b) Nursing goals shall be consistent with the , prescribed by the responsible member of the organized medical staff. (c) Nursing intervention and patient response, and patient status on discharge from the hospital. must be noted on the medical record This Statute or Rule is not met as evidenced by:

assisted with electronic record navigation. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

... a record review was conducted for Patient #6. The Transitional Chief Nursing Officer

Based on interviews, record reviews and interview the facility failed ensure that patients received the care and services needed to prevent clots) for one of six medical

records reviewed. (Patient #6) The findings include:

Patient #6 was admitted on

TITLE (X6) DATE

11/23/2020

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING \_\_\_

HL110021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ENCOMPASS HEALTH REHABILITATION HOSPITAL C 1675 RIGGINS RD TALLAHASSEE, FL 32308									
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H 120	Continued From page 1	н	120		A. C.				
	a . The medical record included an electronically entered physician order, for "Graduated Stockings, Constant Order, off one hour every shift." The facility staffs for 2 shifts (3:00AM-2:59PM and (3:00PM-2:59AM). A review of the patient's treatment record showed inconclusive documentation to demonstrate that the physician orders were followed. Entries dated:  - 3:00PM-2:59AM - Intermittent High On 0:3:00AM-2:59PM - Intermittent High Off - Patient Out of bed; 3:00PM-2:59AM - Intermittent High On 0:3:00AM-2:59PM - Intermittent High On; 3:00PM-2:59AM - Intermittent High On; 3:00PM-2:59AM - Intermittent High On with 2 entries 0:3:00AM-2:59PM - Intermittent High On; 3:00AM-2:59PM - Intermittent High On - 0:3:00AM-2:59PM - Intermitte								
	3:00PM-2:59AM - Intermittent High On								

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STATE FORM caso LW5D11 If continuation sheet 2 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION HIL10021  STREET ADDRESS, CITY, STATE, ZIP CODE 11723/2020  NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL O 1675 RIGGINS RD TALLAHASSEE, FL 32308  PROVIDER'S PLAN OF CORRECTION RECOLATION OF DEFICIENCIES RECHO DEFICIENCY OR IS DEPTIFYING INFORMATION RECOLATION OR INFORMATION RECOL	PRINTED: 12/22/2020 FORM APPROVED Agency for Health Care Administration											
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