

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL110021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/23/2020
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 RIGGINS RD TALLAHASSEE, FL 32308
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(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) COMPLETE DATE
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H 000	<p>INITIAL COMMENTS</p> <p>On _____ an unannounced complaint survey 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.</p>	H 000		
H 120	<p>59A-3.243(5), FAC NURSING SERVICE - Care Process</p> <p>(5) The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge.</p> <p>(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.</p> <p>(b) Nursing goals shall be consistent with the _____ prescribed by the responsible member of the organized medical staff.</p> <p>(c) Nursing intervention and patient response, and patient status on discharge from the hospital, must be noted on the medical record.</p> <p>This Statute or Rule is not met as evidenced by: 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)</p> <p>The findings include:</p> <p>On _____ a record review was conducted for Patient #6. The Transitional Chief Nursing Officer assisted with electronic record navigation. Patient #6 was admitted on _____ following</p>	H 120		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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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

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.
- - no entry for either shifts
- - 03:00AM-2:59PM - Intermittent High Off - Patient Out of bed;
- 3:00PM-2:59AMm - Intermittent High On
- - 03:00AM-2:59PM - Intermittent High On; 3:00PM-2:59AM - no entry
- : 03:00AM-2:59PM - Intermittent High Off - Patient Out of bed;
- 3:00PM-02:59AM - Intermittent . . . High on with 2 entries.
- : 03:00AM -2:59PM - no entry;
- 3:00PM-02:59AM - Intermittent High On
- : 03:00AM-2:59PM - Intermittent High On; 3:00PM-2:59AM - Intermittent High On
- - 3:00AM-2:59PM - no entry;
- 3:00PM-02:59AM - Intermittent . . . High On
- - 3:00AM-2:59PM - no entry;
- 3:00PM-02:59AM Intermittent . . High On
- - no entries
- - no entries
- - no entries
- - no entries
- - no entries
- - 3:00AM-2:59PM - no entry;
- 3:00PM-2:59AM - Intermittent High On
- - 3:00AM-2:59PM - no entry;
- 3:00PM-2:59AM - Intermittent High On

H 120

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H 120	<p>Continued From page 2</p> <ul style="list-style-type: none"> - - no entries - - no entries - - 3:00AM-2:59PM - no entry; 3:00PM-2:59AM - Intermittent High On - - 3:00AM-2:59PM - no entry; 3:00PM-2:59AM - Intermittent High On - - 3:00AM-2:59PM - no entry; <p>Patient discharged on ..</p> <p>The hospital was not able to demonstrate the application and removal of the Intermittent High Sequential device, to ensure that physician orders were followed. Per interview with Transition Chief Nursing Officer, at the time of the record review, confirmed there was no other way this information was documented, and that some of the entries were not completed.</p>	H 120		