

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

PRINTED: 03/18/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>100248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/11/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>LARGO MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 14TH ST SW</b> <b>LARGO, FL 33770</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  A complaint survey #2021002221/FL0015484 and # 2021002214/ FL0015488, was conducted on _____ at Largo Medical center for the review of the Condition of Participation for Patient Rights and Nursing Services. The facility was in compliance with CFR 482.13 and CFR 482.23 Requirements for Hospitals. The following standard level deficiencies were identified at the time of survey.	A 000			
A 395	RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3)  A registered nurse must supervise and evaluate the nursing care for each patient.  This STANDARD is not met as evidenced by: Based on medical record review and staff interview the facility failed to properly assess /reassess and initiate appropriate interventions to evaluate patient outcome in one (#1) of nine sampled patients.  Findings include:  Review of Patient #1's medical record reveals that the patient arrived to the progressive care unit (PCU) on _____ at 10:54 PM, status post Open approach Inspection of Lower _____ for possible _____ (surgery). Further review of Patient #1's Medical record reveals that the _____ ( ) on arrival was with a _____ rate ( , , , , ). An extensive review of the Patient's clinical record failed to show that the doctor was notified of the elevated _____ and HR. No interventions were found in Patient #1's medical record in an attempt to reduce the _____ and HR or find the cause of elevation. No	A 395			

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 395	Continued From page 1 reassessment was found in the record that the and HR came down. Patient #1's medical record reveals the nurse went to get a second set of vital signs at 5:15 AM and found the patient without a .....  Interview with the Director of Critical Care on at 9:00 AM confirmed the above findings.	A 395			