

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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}	<p>INITIAL COMMENTS</p> <p>An unannounced on-site revisit was conducted to verify the implementation of the Immediate Jeopardy Removal Plan and removal of the Immediate Jeopardy only on The on-site revisit is for complaint number 2022002797 at HCA Florida Ocala Hospital located at 1431 SW 1st Avenue, Ocala, Florida, 34474.</p> <p>The immediate jeopardy was identified to exist on . The Chief Executive Officer of HCA Florida West Marion Hospital, an affiliated hospital, was informed on at 1:11 PM and an Immediate Jeopardy Removal Plan was requested. The Immediate Jeopardy Removal Plan was received on Based on the survey findings the Immediate Jeopardy started on</p> <p>Based on observations, record review, and interviews conducted during the on site revisit, it was determined the Immediate Jeopardy was removed . Refer to the Immediate Jeopardy removal verification findings.</p> <p>An unannounced complaint survey, complaint number 2022002797, was conducted on through at HCA Florida Ocala Hospital, specifically for review of the Conditions of Participation for 42 CFR 482.13 Patient Rights, 42 CFR 482.21 Quality Assessment and Program Improvement (QAPI), 42 CFR 482.23 Nursing Services, and 42 CFR 482.55 Emergency Services.</p>	{A 000}			
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.

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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}	Continued From page 1 An Immediate Jeopardy (IJ) situation was identified during the survey at A115 Patient Rights, A263 Quality Assurance and performance Improvement, and A385 Nursing Services. On at 1:11 PM, the Chief Executive Officer of HCA Florida West Marion Hospital, an affiliated hospital, was informed of the determination of IJ and given the IJ Template. The immediate jeopardy began on, with the lack of continuous telemetry monitoring and unwitnessed ... with injuries. The patient suffered a,, and periorbital hematoma, and on, . The immediate jeopardy was determined to be ongoing. Immediate Jeopardy means a situation in which the hospital's noncompliance with one or more conditions of participation has caused, or is likely to cause, serious injury, harm, . . . , or to a patient. The hospital was not in compliance with the Condition of Participation for 42 CFR 482.13 Patient Rights, 42 CFR 482.21 Quality Assessment and Program Improvement, 42 CFR 482.23 Nursing Services, Requirements for Hospitals.	{A 000}			
{A 115}	PATIENT RIGHTS CFR(s): 482.13 A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: The revisit is for the removal of the Immediate Jeopardy only, the condition continues.	{A 115}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 115}	<p>Continued From page 2</p> <p>Based on record review, interview, observation, and policy and procedure review, the Immediate Jeopardy was found to be removed on _____, during the revisit on _____.</p> <p>Refer to A144 - Patient Rights-Care in a Safe Setting</p> <p>An Immediate Jeopardy (IJ) situation was identified during the survey at A115 Patient Rights. On _____ at 1:11 PM, the Chief Executive Officer of HCA Florida West Marion Hospital, an affiliated hospital, was informed of the determination of IJ and given the IJ Template. The immediate jeopardy began on _____ with the lack of continuous _____ telemetry monitoring and unwitnessed _____ with injuries. The patient suffered an unwitnessed _____ and periorbital hematoma, and _____ on _____. The immediate jeopardy was determined to be ongoing.</p> <p>The hospital failed to ensure patient rights were honored for care in a safe setting for 1 of 3 patients, Patient #1. The hospital failed to follow current standards of practice when the patient experienced an unwitnessed _____, was found without vital signs, and was unresponsive in emergency department on _____. The failure to implement the physician's order and hospital's _____ telemetry monitoring protocol resulted in the patient being left in an unsafe situation while in the hospital setting. This systemic failure constitutes an Immediate Jeopardy situation.</p> <p>HCA Florida Ocala Hospital was not in compliance with the Condition of Participation for</p>	{A 115}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 115}	Continued From page 3 42 CFR 482.13 Patient Rights, Requirements for Hospitals and Code of Federal Regulations (CFR) 42, Part 482 Conditions of Participation for Hospitals.	{A 115}			
{A 144}	Refer to A144 - Patient Rights-Care in a Safe Setting. PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2) The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: The revisit is for the removal of the Immediate Jeopardy only. Review of the Removal Plan read: An appropriate trained and competent staff member was placed in the emergency department (ED) for continuous monitoring at the main nursing station to cover 24 hours 7 days a week to provide appropriate monitoring of patients which includes appropriate notifications and monitoring logs to include rates and rhythm every six hours. The Chief Nursing Office (CNO) provided a Safety Alert memorandum of understanding to all departments describing the responsibilities of the emergency department monitoring tech. Two-way radio use implemented for communication of Safety Alerts to the care team. Alerts require immediate response and acknowledgement and are escalated up the chain of command in accordance with Policy Telemetry, Care of Patient, Monitoring. When a patient with a monitoring order is	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 4</p> <p>transported out of the ED the monitoring staff must be notified and the patient will be transported with monitoring. Audits will continue until there is 100% compliance for two consecutive months. Results of all education tracking, audit results, and action plan monitoring will be reported at least monthly to Quality Council, Medical Executive Committee, and Board of Trustees. Results will be reported daily at Safety Huddle. Safety Huddle includes Executive Leader attendance. The daily Safety Report which is distributed via email will also include audit data.</p> <p>Education was developed and conducted by ED Department Leadership to all ED staff that were working that day regarding "Continuous Monitoring." The education was assigned to all ED and Free-Standing Emergency Room (FSER) staff to be completed. Education has been incorporated into new hire and contract staff education.</p> <p>Education was developed and conducted by ED Leadership to all available ED staff that were working that day regarding "Alarm Fatigue & Response." This education will be disseminated and tracked for compliance. Education has been incorporated into new hire and contract staff education.</p> <p>Findings for the removal of the immediate jeopardy included:</p> <p>An observation conducted on beginning at 9:10 AM showed there was a bank of monitors and a Monitor Technician (MT) seated at the monitors. There were four patients on telemetry at the time of the observations. Nursing</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	Continued From page 5 staff was observed in the patients' rooms. At 9:25 AM the MT radioed the nurse that patient in ED 16 (Patient #2) was off telemetry. The nurse responded via radio within 20 seconds that she was in the room with patient replacing the leads. At 9:40 AM a loud alarm was heard at the nurses' station related to Patient #3. Two staff who were at the nurses' station immediately got up and went toward Patient #3's room, as the Registered Nurse (RN) communicated via two-way radio to the Monitor Technician she was assisting Patient #3 to the bathroom. At 10:15 AM a technician approached the MT and requested a telemetry box for the patient in to go to for a computed (CT) scan. The MT provided a telemetry box. The nurse and technician went to Patient #2, placed the patient on the telemetry box and radioed the MT to confirm the presence of a rhythm prior to the patient being transported to the CT room. At 11:25 AM an RN responded to a alert that presented to emergency room bed 1. The nurse and physician were at bedside immediately with two Emergency Medical Technicians (EMT's). The physician instructed the RN to place a monitor while he completed a assessment. The patient was placed on a portable monitor and transported to at 11:28 AM accompanied by the RN and physician. At 12:00 PM the patient returned to with the RN who placed the patient on the monitor. The MT was observed at 12:02 PM to obtain a rhythm strip and place in the patient's record. At 12:15 PM the patient in was observed attempting to get out of the bed, the bed alarm sounded loudly, staff entered the room at 12:16 PM to check on the patient. The patient was observed on a stretcher that was in the low	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 6</p> <p>position, the patient had a yellow armband in place, and was wearing yellow non skids socks. During the observations between 9:10 AM and 12:30 PM staff was present at the bank of telemetry monitors and the RN staff responded as needed to all telemetry checks.</p> <p>During an observation on beginning at 2:45 PM it showed there were 18 patients on telemetry in the ED. The Monitor Technician was observed to print out rhythm strips and providing these strips to the nurses.</p> <p>Review of the Monitor Technician schedule for the period of through documented there was a Monitor Technician on the schedule 24 hours a day seven days a week.</p> <p>Review of the audits of the telemetry log for the period of through documented 100% compliance with answering and/or deviation in rhythm and telemetry strips in the chart except dated with 96% compliance with documented no response; staff present at code.</p> <p>Review of audits for the period of through documented safety huddles were conducted daily to include all leadership. Information for staff included telemetry patients in the ED, patients in the emergency department that are a risk, telemetry, any events, equipment problems and any safety issues. Information was reported to all staff.</p> <p>Review of the HealthStream training documented dated : Fifty seven of 58 ED staff,</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 7</p> <p>to include leadership staff, received training on Do No Harm, / precautions/bed alarms/ assessments and documentation, the new telemetry monitoring process, Monitor Technician responsibilities and Nurse responsibilities, bed alarms/call system, serious safety event immediate notification, alarm fatigue and telemetry monitoring, and clinical alarm hazards and strategizing solutions.</p> <p>Interviews were conducted on beginning at 9:15 AM to 11:55 PM with nine RNs, a Monitor Technician, and a Paramedic/Emergency Medical Technician related to the implementation of the removal of the immediate jeopardy and through interviews it was verified a MT has been monitoring telemetry in the ED continuously and there are new bed alarms that are part of the call light system that will alarm when a patient attempts to get out of bed unassisted. The interviewed staff verified they had received training on their and the MTs responsibilities. The training covered telemetry policies and to follow the guidelines. The MT has a radio and will call us and tell us that a patient has orders for telemetry, if they are off or if they have any We have to have a least one strip every six hours and the strips are provided to nursing, and training was completed on Do No Harm, Alarm Fatigue & Response, continuous monitoring, assessments, precautions, and neglect, and the new bed alarms.</p> <p>Interviews were conducted on beginning at 12:10 PM through 3:45 PM with the leadership staff to include a Medical Doctor at 12:10 PM, the ED Medical Director at 12:25 PM, Vice President of Quality at 3:10 PM, the Chief</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 8</p> <p>Nursing Officer at 12:25 PM, the Chief Medical Officer at 12:25 PM, and the RN Director of CVICU () and Telemetry at 3:45 PM. During the interviews the interviewees discussed the training they were provided and/or assisted in development with, the new policies and procedures related to telemetry monitoring and training, involvement in the resolution of the deficient practice, participating in the training of the ED staff which reduces the likelihood of any adverse events going unnoticed while we take care of urgent patients and stated their commitment to ongoing patient safety, and continued evaluations in this process for the best clinical patient outcomes.</p> <p>Verification was made regarding all telemetry staff complete education at the time of hire and are evaluated initially and yearly.</p> <p>Based on the verification of the implementation of the removal actions and staff knowledge/competency, the immediacy of jeopardy is removed with ongoing noncompliance at the standard level.</p> <p>.</p> <p>Based on medical record review, interview, and policy and procedure review, the hospital failed to ensure patient rights were honored for care in a safe setting for 1 of 3 patients, Patient #1; the hospital failed to follow current standards of practice when the patient experienced an unwitnessed , was found without vital signs, and was unresponsive. The failure to implement the hospital's telemetry monitoring protocol resulted in the patient being left in an unsafe situation while in the hospital setting. This</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 9</p> <p>systemic failure constitutes an Immediate Jeopardy situation.</p> <p>Findings:</p> <p>Review of the medical record for Patient #1 revealed the patient presented to the Emergency Department (ED) on _____ at 6:30 AM with a past medical history of _____ (a condition where the _____ does not pump _____ as well as it should), _____ (high _____), _____ (the major _____ of the _____ are damaged or _____), _____ (open surgery), _____ (an irregular heartbeat), and _____ (a _____).</p> <p>Review of the order record for [Patient #1's name] reads "Procedure - _____ Monitor, Order No. 0202-0141, Pri (Priority) Stat (immediately), Date _____, Time 0632 (6:32 AM), Signed by [Physician's Name] _____ 0632.</p> <p>Review of the Emergency Screening note dated _____ at 6:39 AM reads, "Per _____ [patient] family _____ was found wondering the house with acute AMS [_____], _____ was sleeping at 0430 [4:30 AM] when family left, and they returned at 0530[5:30AM] the _____ was up and walking around _____. Family states this is her usual way of acting when she gets a _____ [_____], which she gets frequently."</p> <p>Focused physical exam under general/const [Constitutional] reads, "Awake, alert. No acute distress. Well appearing. Neurologic: mental status read _____."</p> <p>Review of the labs collected dated _____ at _____</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 10 6:59 AM reported 2.9 as a critical low.</p> <p>Review of Patient #1's records revealed the patient was admitted to the hospital on at 10:14 AM and remained in the emergency department awaiting bed placement.</p> <p>Review of the nursing documentation dated at 7:55 AM authored by Staff A, Registered Nurse (RN), reads, "Patient arrived . . . from CT [. . .]. Tech states the patient was thrashing around while trying to be placed on CT causing a . . . on right lower . . . and pulled out ."</p> <p>Review of the nursing documentation on at 8:50 AM authored by Staff A, RN, reads, "Unable to get as patient is too and not following commands."</p> <p>Review of the nursing documentation dated at 9:35 AM authored by Staff A, RN, reads, "Unsuccessful attempts x 2 without assistance and x 1 with assistance. Veins keep blowing. Requested assistance for a line."</p> <p>Review of the nursing documentation dated at 11:30 AM authored by Staff A, RN, reads, "Another nurse attempted again to get started. Unsuccessful x 3. Contact provider. Awaiting orders."</p> <p>Review of the nursing documentation dated at 12:15 PM authored by Staff A, RN, reads, "Still not scan performed and retaining 526 mls [milliliters]."</p> <p>Review of the nursing documentation dated at 1:10 PM authored by Staff B, RN,</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 11</p> <p>reads, "This RN assisted RN [Staff A name] with . . . who was noted to be on the ground unresponsive. . . . from her noted to not have a This RN held C . . . while [Staff A' name] RN started . . . [. . .]. Code Blue called immediately."</p> <p>Review of the physician progress note dated authored by APRN (Advanced Practice Registered Nurse) reads, "Event: I found the patient on the floor with . . . over her . . . , called the nurse who checked the patient, no started. Code Blue called and team came on site and took over care."</p> <p>Review of telemetry strips provided by the facility showed no (. . .) strips available within the medical record until at 12:55 PM. The next strip provided was on at 12:57 when there was no rhythm and then at 1:06 PM when the telemetry strip showed No additional telemetry monitoring strips were provided by the facility.</p> <p>During an observation on at 9:50 AM through 10:20 AM, there were four staff members present in the nurse's station, three registered nurses and one unit secretary. The telemetry bank of monitors was present at the nurse's station. There were four patients on telemetry monitoring with one patient's telemetry ringing with an audible alarm. No staff attended to the monitor until 10:16 AM.</p> <p>During an interview on at 9:50 AM, the Patient Safety Director stated, "We have had several meetings related to this event and did an</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 12</p> <p>SEA [serious event analysis]. We have not finished our analysis of the event and fully implemented the corrective actions. We are still meeting to complete the process. We are looking into having centralized telemetry monitor for the patients but that will take time. We do not have a dedicated monitor technician in the ED [Emergency Department] as of right now. We did discuss doing this, but neither telemetry nor the ED could provide the resources. There has been no initiation of telemetry boxes in the emergency department. There has been training related to . . . and . . . precautions, the use of bed alarms and completing assessments and hourly rounding. There has been no additional training related to telemetry monitoring for the ED staff. They are all trained yearly. I see that we may not have removed the potential of this happening again. I can see where you might think that. No, we did not implement any changes immediately to prevent this for happening again."</p> <p>During an interview on at 10:05 AM, the Emergency Department Director stated, "We have been meeting ever since this event occurred to come up with a solution to this. They are working on telemetry, but currently nothing has been put into place. We do not currently have a staff assigned to watch telemetry. The nurses are responsible to make sure that they watch telemetry. The nurses continue to provide telemetry monitoring for any patients that require it. We don't currently have the process in place. I understand that does mean we have not implemented any changes beyond training on . . . alarms and checking telemetry. It is possible that this could happen again if the day were busy. I have no good answer in place as to why we have not implemented any changes related to</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 13</p> <p>telemetry monitoring. We have not had any major events prior to this related to monitoring patients. On that day, we were over ratios for staffing. I couldn't dedicate a nurse to do the job of a telemetry tech. We simply don't have the resources. We needed a telemetry monitor technician to do the job as we have staffing for patient care to be concerned about. Additional training was provided of a refresher of precautions and hourly rounding. A secretary is always at the desk. They are not trained on telemetry monitoring. I was involved in the meeting related to this. It was discussed to have dedicated telemetry monitoring and that the ED is not part of the centralized monitoring for the hospital. We do have a telemetry monitoring policy for the hospital, and it does apply to the ED also. I don't really know how long the patient was off telemetry. We were having trouble printing any data after the event. I did take photographs, but we did not have the company come and retrieve the strips from the monitor. I did not review the chart for any problems."</p> <p>During an interview on at 11:10 AM, The Chief Nursing Officer (CNO) stated, "We have had several meetings to discuss the event and come up with solutions to the problem. Additional telemetry is not an option at this time. We did not implement any new process in the ED to prevent this from occurring again. The nurses continue to watch the monitors in the ED. We have not fully conducted our root cause analysis to determine what needs to be implemented to make sure this does not occur in the future. This is not who we are. Our investigation was not complete. There were details that were not completed during the investigation. We do not have any details related to the monitoring and we should have.</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 14</p> <p>There was some difficulty retrieving the data from the monitor. I'm not sure if the company representative was called to retrieve the data."</p> <p>During an interview on at 12:12 PM, Staff C, RN, stated, "The patient ratios are higher than normal and that really does impact our staffing and what we can do as ED nurses. We are all competent to read telemetry. We're all ACLS [Advanced Life Support] certified, but with ratios above average, it can be impossible to watch a monitor and care for the patients if we are in other rooms doing other things. We never are assigned a monitor tech to watch the monitors and there is not a nurse sitting at the desk all the time. It is a group effort to review the monitor alarms. You hope someone else can respond to the alarms. It is impossible to watch the monitor at all times. I was on that day that [Patient #1's name] and coded. All the halls were full that day. We had multiple . . . and . . . alerts and ED hold patients that day. I was in her room several times that day. The patient was very restless, but not trying to get out of bed. We were having a hard time getting a line in her and I attempted to get an [. . .]. While I was in there, she never gave me concerns that she would . . . She was very weak and was on the monitor when I saw her. This is a problem. We need to be able to give care and we need a monitor tech all the time. I cannot say that we are able to safely monitor telemetry patients every day when we are overcapacity. They did tell us that we would be getting a monitor tech but that did not happen yet."</p> <p>During an interview on at 2:16 PM, Staff E, RN, stated, "I was on the day that this happen. It was a very busy day with We were</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 15</p> <p>understaffed for the volume of patients that we had. You can't watch monitors when you have multiple other responsibilities, or if you are having difficulty with another patient. It is really not safe for us to be responsible for the volume of patients we are taking care of and be responsible for watching the telemetry. We can't have _____ on it all the time. Alarm monitors are set to go off and alarm with certain rhythms. If we are busy, we have to count on our coworkers to respond to them and let us know if there is a problem."</p> <p>During an interview on _____ at 2:33 PM, Staff A, Registered Nurse (RN), stated, "We were very busy that day. I was assigned to the _____ hallway where she [Patient #1] was. She was a very _____ altered patient, who was very sick. She lost her _____ access in CT [Computerized _____] scan when it was pulled out by the patient. I knew she needed an _____. She had critical labs and needed _____, and she had elevated ammonia levels. I did not administer any _____ orally or _____ to her. I contacted the ED physician to do a US [_____ Guided] _____, but they were too busy. I tried twice and then another coworker who is an expert with _____ tried, but we couldn't get a line on her. I think she was admitted around 10:30 AM. I had been in there numerous times that morning and other nurses also were in there. She mostly stayed curled up. I did a _____ scan on her and I think that is the last time that I saw her. I was taking care of another patient when the admitting physicians Nurse Practitioner came by and didn't see her in the bed and found her on the floor. I went into the room, and she was on the floor, _____ down next to the bed and _____. She had no _____, I called for help, got on a C [_____] collar and backboard and then called a _____ alert/code</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	<p>Continued From page 16</p> <p>blue. I don't recall hearing or seeing any alarms when I entered the room. The patient was not on the monitor when I entered the room and when we got her on the monitor. She was in [.]. I don't know how long she was off the monitor when she or when we got to her room. The alarms were not ringing at the monitor at the nurse's station when I was sitting at it. I was speaking with the APRN [Advanced Practice Registered Nurse] and there were no alarms going off at all. It is a struggle to have a critical or sick patient. We cannot always see the monitored patients when we are in another room. There is no good answer to this. We cannot effectively view the monitors when we are caring for other patients that may take up to an hour of our time to get what they need done. We are always short on staff when there are more patients coming into the ED."</p> <p>During a telephone interview on at 4:15 PM, Staff B, RN, stated, "I was the nurse that took over care of [Patient #1 name] after she coded. I was assigned for and alerts that day. I responded to the room and [Patient #1 name] was down on the floor and She was not on telemetry when I entered the room. I do not know if she pulled it off or it became disconnected when she . . . I don't remember hearing any alarms ringing when I entered the room. I don't know how long she had been off the monitor. We stabilized her and moved her to her . . . , and she was not breathing. So, we checked her and started [.] and called a code/ alert to her room. We placed her on a backboard and moved her to the room. It was very busy that day with multiple patients and . . . alerts. We usually have . . .</p>	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	Continued From page 17 patients when we work. It can be hard to make sure that patients are watched when they are in the ED on the monitor. If you get busy you won't be able to see the telemetry and have to hope that other nurses will follow up on any alarms. We really aren't able to view patients monitors when we are working on others. We can't see what is happening at all times. I would say that we do need additional monitor tech in the ED all the time based on how busy we always are." Review of Policy #9925285 titled "Telemetry, Care of Patient, Monitoring", approved on _____, reads, "Scope: All HCA Health-care staff and providers involved in providing care, treatment or services to patients requiring _____ telemetry monitoring at Ocala Health. Purpose: I. To provide guidelines for telemetry monitoring of patients. Identify _____ rhythms changes requiring provider notification. Policy: Patients being monitored on continuous telemetry will be observed by a Telemetry Technician or Nurse who is competent in _____ rhythm interpretation & arrhythmia detection. Rhythm changes, life threatening arrhythmias, and/or loss of signal will be responded to in an immediate manner. Loss of signal interrupts monitoring, placing the telemetry patient at risk. I. Is available 24 hours a day, 7 days a week, based on physician order for _____ telemetry monitoring in accordance with the guidelines described in this policy. II. Patients requiring telemetry will have their _____ rhythm continuously monitored and documented at predetermined intervals as described below. III. The Registered Nurse (RN) assumes responsibility for the initiation and management of _____ monitoring to include placement of the leads, assessment of the patient including the validation of capture of _____ rhythm and	{A 144}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 144}	Continued From page 18 rhythm interpretation and patient education related to monitoring. Telemetry Initiation Guidelines: a. A provider order is required for telemetry monitoring. When ordering telemetry monitoring the documented indication for telemetry monitoring should align with American Association (AHA) guidelines for telemetry monitoring. Patient population Indication: or imbalances documented as a: Class I (should be performed) until normalization of ."	{A 144}			
{A 263}	QAPI CFR(s): 482.21 The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS. This CONDITION is not met as evidenced by: The revisit is for the removal of the Immediate Jeopardy only, the condition continues. Based on record review, interview, observation, and policy and procedure review, the Immediate	{A 263}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 263}	Continued From page 19 Jeopardy was found to be removed on _____, during the revisit on _____ Refer to A 283 Quality Improvement activities An Immediate Jeopardy (IJ) situation was identified during the survey at A263 QAPI. On _____ at 1:11 PM, the Chief Executive Officer of HCA Florida West Marion Hospital, an affiliated hospital, was informed of the determination of IJ and given the IJ Template. The immediate jeopardy began on _____, with the lack of continuous telemetry monitoring and unwitnessed _____ with injuries. The patient suffered an unwitnessed _____ and periorbital hematoma, and _____ on _____. The immediate jeopardy was determined to be ongoing. The hospital failed to ensure an effective and acceptable plan of correction was developed and fully implemented for a high-risk, high-volume and problem prone area when the facility failed to ensure actions were taken to provide continuous observation of _____ telemetry monitoring for 1 out of 3 patients reviewed (Patient #1). HCA Florida Ocala Hospital was not in compliance with the Condition of Participation for 42 CFR 482.21 Quality Assessment and Program Improvement, Requirements for Hospitals and Code of Federal Regulations (CFR) 42, Part 482 Conditions of Participation for Hospitals.	{A 263}			
{A 283}	Refer to A283 Quality Improvement Activities. QUALITY IMPROVEMENT ACTIVITIES	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 20</p> <p>CFR(s): 482.21(b)(2)(ii), (c)(1), (c)(3)</p> <p>(b) Program Data (2) [The hospital must use the data collected to -] (ii) Identify opportunities for improvement and changes that will lead to improvement.</p> <p>(c) Program Activities (1) The hospital must set priorities for its performance improvement activities that-- (i) Focus on high-risk, high-volume, or problem-prone areas; (ii) Consider the incidence, prevalence, and severity of problems in those areas; and (iii) Affect health outcomes, patient safety, and quality of care.</p> <p>(3) The hospital must take actions aimed at performance improvement and, after implementing those actions, the hospital must measure its success, and track performance to ensure that improvements are sustained.</p> <p>This STANDARD is not met as evidenced by: The revisit is for the removal of the Immediate Jeopardy only.</p> <p>Review of the Removal Plan read: "Serious Safety Event Identification, Notification, and Management education was provided by the VP [Vice President] Quality to the Executive Leadership Team utilizing the Serious Safety Event Identification, Notification, and Management Policy HCA.PSO.006.</p> <p>Serious Safety Event Identification Notification</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 21</p> <p>and Management education was provided by the VP Quality to the Director of Patient Safety, Director of Quality, and risk Manager, utilizing the Serious Safety Event Identification, Notification, Management Policy HCA.PSO.006.</p> <p>VP Quality created a "Serious Adverse Response Team" on WebExTeams, a secure messaging Group distribution list, to ensure timely notifications generated to Executive Leadership, and Patient Safety/Risk staff after event notification received.</p> <p>Education was developed by VP Quality and sent via email to all Directors/Managers regarding Serious Event Notification process. Validation of receipt of email will be through return receipt requested. This information was also shared in Safety Huddle on</p> <p>Education as developed and conducted by ED Department Leadership to all available ED staff that were working that day regarding "Do No Harm." This education will be placed in HealthStream (education system) for dissemination and tracking of compliance. Subsequently, the education was assigned to all ED and Free Standing FSER staff to be completed.</p> <p>Education was assigned through HealthStream related to " and Neglect." This education will be assigned in HealthStream (education system) to all ED staff for dissemination and tracking of compliance.</p> <p>Results of all education tracking, audit results, and action plan monitoring will be reported at least monthly to Quality Council, Medical</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 22</p> <p>Executive Committee, and Board of Trustees.</p> <p>Findings for the removal of the immediate jeopardy included:</p> <p>Review of audits for the period of through documented safety huddles were conducted daily to include all leadership. Information for staff included telemetry patients in the ED, patients in the emergency department that are a risk, telemetry, any events, equipment problems and any safety issues. Information was reported to all staff.</p> <p>Review of the HealthStream training documented dated : Fifty seven of 58 ED staff, to include leadership staff, received training on Do No Harm, precautions/bed alarms/ assessments and documentation, the new telemetry monitoring process, Monitor Technician responsibilities and Nurse responsibilities, bed alarms/call system, serious safety event immediate notification, alarm fatigue and telemetry monitoring, and clinical alarm hazards and strategizing solutions.</p> <p>Interviews were conducted on beginning at 12:10 PM through 3:45 PM with the leadership staff to include a Medical Doctor at 12:10 PM, the ED Medical Director at 12:25 PM, Vice President of Quality at 3:10 PM, the Chief Nursing Officer at 12:25 PM, the Chief Medical Officer at 12:25 PM, and the RN Director of CVICU () and Telemetry at 3:45 PM. During the interviews the interviewees discussed the training they were provided and/or assisted in development with, the new policies and procedures related to telemetry</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 23</p> <p>monitoring and training, involvement in the resolution of the deficient practice, participating in the training of the ED staff which reduces the likelihood of any adverse events going unnoticed while we take care of urgent patients and stated their commitment to ongoing patient safety, and continued evaluations in this process for the best clinical patient outcomes.</p> <p>Review of QAPI (Quality Assurance Performance Improvement) meeting minutes dated documented the presentation of the survey results and the findings were reviewed and discussed.</p> <p>Review of the Board of Trusteed meeting minutes dated documented the Presentation of new RCA [Root Cause Analysis], process improvement measures implemented, and audits reviewed with the safety team. The next meeting is scheduled for The agenda was reviewed for the meeting scheduled for and noted the SEA [Serious Event Analysis] and RCA of identified events is on the agenda.</p> <p>Review of the Medical Executive meeting minutes dated documented the presentation and discussion around the Serious Event Analysis, plan of correction, RCA and implemented of the corrective actions. Seven voting members out of a 11 per present with seven hospital staff. The presentation of survey findings was presented by the Medical Director. The presentation of the actions to mitigate harm were presented by the Chief Nursing Officer.</p> <p>Review of the Medical Executive Committee meeting dated documented the audit</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 24</p> <p>compliance was presented for documentation, telemetry monitoring, risk assessment, interventions documented, precautions observed by nursing, patients identified as high risk for, armband and sock compliance, bed alarm compliance, call light in reach and belongings in reach, bed in low position, locked and siderails up.</p> <p>Based on the verification of the implementation of removal actions and staff knowledge/competency, the immediacy of jeopardy is removed with ongoing noncompliance at the standard level.</p> <p>.....</p> <p>.....</p> <p>Based on observation, interview, and serious event analysis review, the facility failed to ensure an effective and acceptable plan of correction was developed and fully implemented for a high-risk, high-volume and problem prone area when the facility failed to ensure actions were taken to provide continuous observation of telemetry monitoring for 1 out of 3 patients reviewed. (Patient #1).</p> <p>Findings include:</p> <p>Review of the medical record revealed Patient #1 presented to the Emergency Department (ED) on at 6:30 AM with a past medical history of (a condition where the does not pump as well as it should), (high), (the major of the are damaged or), (open surgery), (an irregular heartbeat), and</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 25</p> <p>..... (a).</p> <p>Review of the Emergency Screening note dated at 6:39 AM reads, "Per , [patient] family was found wondering the house with acute AMS [.....], was sleeping at 0430 [4:30 AM] when family left, and they returned at 0530[5:30AM] the , was up and walking around . Family states this is her usual way of acting when she gets a [.....], which she gets frequently."</p> <p>Focused physical exam under general/const [Constitutional] reads, "Awake, alert. No acute distress. Well appearing. Neurologic: mental status read .."</p> <p>Review of the labs collected dated at 6:59 AM reported 2.9 as a critical low.</p> <p>Review of Patient #1's records revealed the patient was admitted to the hospital on at 10:14 AM and remained in the emergency department awaiting bed placement.</p> <p>Review of the nursing documentation dated at 7:55 AM authored by Staff A, Registered Nurse (RN), reads, "Patient arrived ... from CT [.....]. Tech states the patient was thrashing around while trying to be placed on CT causing a on right lower ... and pulled out .."</p> <p>Review of the nursing documentation on at 8:50 AM authored by Staff A, RN, reads, "Unable to get as patient is too and not following commands."</p> <p>Review of the nursing documentation dated</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 26</p> <p>..... at 9:35 AM authored by Staff A, RN, reads, "Unsuccessful attempts x 2 without assistance and x 1 with assistance. Veins keep blowing. Requested assistance for a line."</p> <p>Review of the nursing documentation dated at 11:30 AM authored by Staff A, RN, reads, "Another nurse attempted again to get started. Unsuccessful x 3. Contact provider. Awaiting orders."</p> <p>Review of the nursing documentation dated at 12:15 PM authored by Staff A, RN, reads, "Still not scan performed and retaining 526 mls [milliliters]."</p> <p>Review of the nursing documentation dated at 1:10 PM authored by Staff B, RN, reads, "This RN assisted RN [Staff A name] with who was noted to be on the ground unresponsive. from her noted to not have a This RN held C while [Staff A' name] RN started]. Code Blue called immediately."</p> <p>Review of the physician progress note dated authored by APRN (Advanced Practice Registered Nurse) reads, "Event: I found the patient on the floor with over her called the nurse who checked the patient, no started. Code Blue called and team came on site and took over care."</p> <p>Review of telemetry strips provided by the facility showed no (.....) strips available within the medical record until at 12:55 PM. The next strip provided was on at 12:57 when there was no</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 27</p> <p>rhythm and then at 1:06 PM when the telemetry strip showed . No additional telemetry monitoring strips were provided by the facility.</p> <p>During an observation on _____ at 9:50 AM through 10:20 AM, there were four staff members present in the nurse's station, three registered nurses and one unit secretary. The telemetry bank of monitors was present at the nurse's station. There were four patients on telemetry monitoring with one patient's telemetry ringing with an audible alarm. No staff attended to the monitor until 10:16 AM.</p> <p>Review of an untitled document provided by the facility on _____ at 3:10 PM reads, "Dates of review for 88735. Incident _____ occurred on _____ 1. PSD [Patient Safety Director] met in the ED with the director immediately after the _____ to briefly discuss the occurrence of a _____ patient in _____. Director to collect additional information. 2. _____, RCA with team, including RN involved. The event reviewed timeline, nursing documentation, staffing, possible _____ event/monitoring. Action Plan discussed. 3. Team met again _____ to discuss Action Planning for the event. 4. Team met again to discuss options for telemetry monitoring in the ED. Additional members included the Admit Director, Telemetry Director, IT director, and biomed. Performance improvement team formed. Meetings are scheduled biweekly as ongoing tele process improvement."</p> <p>Review of the Serious Event Analysis (SEA) provided by the facility on _____ at 4:30 PM reads, "Identified system or process failure: Staff did not recognize the risk; The staff did not</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	Continued From page 28 recognize the risk of patient falling, the staff did not complete the risk evaluation as per policy, the patient was not attempting to exit the bed before the . Implementation date Risk Mitigation strategies: Education will be provided to all ED staff members on the expectations of completing a . assessment for patients and the proper use and location of all equipment. Education will also include the expectation that hourly rounding and inpatient assessment is completed and documented in the medical record within the policy timeframe. Thirty random chart audits will be conducted on documentation of assessment, application of precautions and hourly rounding. The expected compliance is 100%. Implementation date Equipment, alarms or safety mechanisms were . : The equipment alarms and safety mechanisms were by staff. The staff did not assess the patient as a risk. Staff did not identify the need for bed alarm. Risk Mitigation Strategies: The appropriate use of bed alarms in the ED will be audited 30 random charts Implementation date Telemetry box was unavailable: The telemetry box for central monitor was not available, the telemetry monitor in use was not centrally monitored. The equipment in the ED does not connect with the central monitors. The monitors at the nursing station did not have designated staff observing it. Risk Mitigation Strategies: The monitoring of telemetry patients will be moved to a centralized monitoring system. This project will include the addition of telemonitoring licensing, addition of tele boxes and the addition of FTE [Full Time Equivalent] for monitoring. Implementation date: Staffing was not adequate compared to staffing grid/census: Staffing was not adequate compared to staffing	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 29</p> <p>grid/census, the hospital was full, and the ED was holding admitted patients, COVID-19 surge led to additional patients in the ED. Established policies and procedures were not followed: Established policies preventing . . . was not followed, the staff did not complete the risk assessment and place interventions such as bed alarms as indicated. The staff did not consider the patient a risk. Risk Mitigation Strategies: Education will be provided to all ED staff members on the expectations of completing a . . . assessment for patients and the proper use and location of all equipment utilized for . . . prevention. Education will also include the expectation that hourly rounding and inpatient assessment is completed and documented in the medical record within the policy timeframe. Implementation date: /20223."</p> <p>During an interview on . . . at 9:50 AM, the Patient Safety Director stated, "We have had several meetings related to this event and did an SEA [serious event analysis]. We have not finished our analysis of the event and fully implemented the corrective actions. We are still meeting to complete the process. We are looking into having centralized telemetry monitor for the patients but that will take time. We do not have a dedicated monitor technician in the ED [Emergency Department] as of right now. We did discuss doing this, but neither telemetry nor the ED could provide the resources. There has been no initiation of telemetry boxes in the emergency department. There has been training related to . . . and . . . precautions, the use of bed alarms and completing assessments and hourly rounding. There has been no additional training related to telemetry monitoring for the ED staff. They are all trained yearly. I see that we may not</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 30</p> <p>have removed the potential of this happening again. I can see where you might think that. No, we did not implement any changes immediately to prevent this for happening again."</p> <p>During an interview on at 10:05 AM, the Emergency Department Director stated, "We have been meeting ever since this event occurred to come up with a solution to this. They are working on telemetry, but currently nothing has been put into place. We do not currently have a staff assigned to watch telemetry. The nurses are responsible to make sure that they watch telemetry. The nurses continue to provide telemetry monitoring for any patients that require it. We don't currently have the process in place. I understand that does mean we have not implemented any changes beyond training on alarms and checking telemetry. It is possible that this could happen again if the day were busy. I have no good answer in place as to why we have not implemented any changes related to telemetry monitoring. We have not had any major events prior to this related to monitoring patients. On that day, we were over ratios for staffing. I couldn't dedicate a nurse to do the job of a telemetry tech. We simply don't have the resources. We needed a telemetry monitor technician to do the job as we have staffing for patient care to be concerned about. Additional training was provided of a refresher of precautions and hourly rounding. A secretary is always at the desk. They are not trained on telemetry monitoring. I was involved in the meeting related to this. It was discussed to have dedicated telemetry monitoring and that the ED is not part of the centralized monitoring for the hospital. We do have a telemetry monitoring policy for the hospital, and it does apply to the ED</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 31</p> <p>also. I don't really know how long the patient was off telemetry. We were having trouble printing any data after the event. I did take photographs, but we did not have the company come and retrieve the strips from the monitor. I did not review the chart for any problems."</p> <p>During an interview on _____ at 3:10 PM, The Vice President of Quality stated, "We did not do a thorough SEA to determine what the exact cause of the patients _____ was. We were initially told that it was a _____. We were told that no one knew what precipitated the _____ or the _____. It was after the fact that we found out there was a _____ event also. We should have obtained the rhythm strips. I did not review the patient's chart for any other concerns. Our initial meetings focused on _____ prevention while in the Emergency Department. I know that we discussed the lack of continuous telemetry monitoring as part of the problem. We did discuss additional resources for centralized monitoring but that takes time to develop. We did not place a monitor technician or a nurse to watch monitors in the ED after this event. The investigation into the events was not completed, so we were not completely aware of all of the details involved in the incident with the patient. We should have completed a more thorough investigation. We were meeting weekly or every other week to work through the analysis. I am not sure why or how this happened that we were not completely aware of all the details. We should have thoroughly reviewed the medical record. If we could not get the _____ telemetry strips, we should have had the companies technical support assist us in getting them."</p> <p>During an interview on _____ at 8:10 AM, the Chief Nursing Officer (CNO) stated, "We did not</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	<p>Continued From page 32</p> <p>complete a thorough SEA. We were not aware of some key factors in the patients stay. I was unaware that there was any problem getting the telemetry strips printed out and we did not investigate that aspect fully. We did consider the fact that there was not a dedicated telemetry technician as part of the cause, but failed to follow thorough and place staff in that position until we could get an alternative means to monitor patients while in the ED. We should have implemented these safety measure and we didn't. This is not us as an organization."</p> <p>During an interview on _____ at 8:30 AM, the Chief Medical Officer (CMO) stated, "I was actively involved in the serious event analysis. I fully understand your concern. We did look at and review the event, but we failed to have an immediacy to put a fix in place, so this would not happen again. I looked at the plan and I failed to see where the holes were. I was not aware that we did not have a thorough investigation and that _____ on all of us. I am not sure how we missed this. We are patient centered and safety focused. Patient safety is our first priority. Although I am responsible for the Medical Staff, I also partner with [CNO's name] in all aspects of care delivery."</p> <p>Review of Policy #10186067 titled "Organizational Performance Improvement Plan", approved on _____, reads, "Accountability for Performance Improvement and Patient Safety: The governing body and the hospital and medical staff leaders are accountable for the development, implementation, monitoring and evaluation of the performance improvement and patient safety plan and the initiatives that support it. The leaders will: Establish a planned, systematic, organization wide approach to process design redesign,</p>	{A 283}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 283}	Continued From page 33 performance measurement, analysis and improvement to affect health outcomes, patient safety and quality of care; Ensure performance improvement activities address priorities for quality and patient safety, and that improvement activities are evaluated; Develop specific, measurable goals, objectives and targets for performance improvement, clinical outcomes and patient safety; Establish process to assure immediate response to medical/healthcare errors, including care of the affected patients, containment of risk, and preservation of factual information for subsequent analysis; Assign high priority for patient safety in the design or redesign of processes, functions or services; Define mechanisms for responding to the various types of occurrences, e.g. serious event analysis, in response to a sentinel event or for conducting proactive risk reduction activities; Use the findings of error analysis to establish and support changes in processes, functions and services in order to prevent or reduce the probability of the reoccurrence of errors; Measure and track subsequent performance to ensure improvements are sustained; Provide care, treatment, services and an environment that pose no risk of an immediate threat to health or safety to our patients."	{A 283}			
{A 385}	NURSING SERVICES CFR(s): 482.23 The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse. This CONDITION is not met as evidenced by: The revisit is for the removal of the Immediate	{A 385}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 385}	Continued From page 34 Jeopardy only, the condition continues. Based on record review, interview, observation, and policy and procedure review, the Immediate Jeopardy was found to be removed on _____, during the revisit on _____. Refer to A 392- Staffing and Delivery of Care Based on medical record review, interview, and policy and procedure review, the hospital failed to have adequate numbers of licensed registered nurses and other personnel to provide nursing care in a safe setting for 1 out of 3 patients (Patient #1). The hospital failed to follow current standards of practice when the patient experienced an unwitnessed _____, was found without vital signs and was unresponsive. The failure to implement the hospital's telemetry monitoring protocol resulted in the patient being left in an unsafe situation while in the hospital setting. The hospital failed to ensure the adequate numbers of licensed registered nurses and other qualified personnel to provide nursing care in a safe setting for 1 out of 3 patients (Patient #1). This systemic failure constitutes an Immediate Jeopardy situation.	{A 385}			
{A 392}	Refer to A 0392 Staffing and delivery of care STAFFING AND DELIVERY OF CARE CFR(s): 482.23(b) The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 35</p> <p>each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for care of any patient.</p> <p>This STANDARD is not met as evidenced by: The revisit is for the removal of the Immediate Jeopardy only.</p> <p>Review of the Removal Plan read: An appropriate trained and competent staff member was placed in the emergency department (ED) for continuous monitoring at the main nursing station to cover 24 hours 7 days a week to provide appropriate monitoring of patients which includes appropriate notifications and monitoring logs to include rates and rhythm every six hours. The Chief Nursing Office (CNO) provided a Safety Alert memorandum of understanding to all departments describing the responsibilities of the emergency department monitoring tech.</p> <p>Two-way radio use implemented for communication of Safety Alerts to the care team. Alerts require immediate response and acknowledgement and are escalated up the chain of command in accordance with Policy Telemetry, Care of Patient, Monitoring.</p> <p>When a patient with a monitoring order is transported out of the ED the monitoring staff must be notified and the patient will be transported with monitoring.</p> <p>Audits will continue until there is 100% compliance for two consecutive months. Results of all education tracking, audit results, and action plan monitoring will be reported at least monthly to Quality Council, Medical Executive Committee, and Board of Trustees. Results will be reported</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 36</p> <p>daily at Safety Huddle. Safety Huddle includes Executive Leader attendance. The daily Safety Report which is distributed via email will also include audit data.</p> <p>Education was developed and conducted by ED Department Leadership to all available ED staff that were working that day regarding completion of . risk assessments, appropriate interventions, and medical record documentation requirements. The education will be placed in the HealthStream (education system) for dissemination and tracking of compliance. "Continuous Monitoring." The education was assigned to all ED and Free-Standing Emergency Room (FSER) staff to be completed. Education has been incorporated into new hire and contract staff education.</p> <p>Installation of wall-mounted bed alarms connected to nurse call system in all emergency department rooms was completed. Dedicated portable alarms are available for hallway patients.</p> <p>Random chart audits/observations consisting of at least 20 audits per day conducted of ED patient records that trigger as "potential . risk" to ensure risk assessment as completed and appropriate interventions were implemented by the nurse caring for the patient. Any areas of non-compliance will be addressed through one on one education. CNO [Chief Nursing Officer] will have oversight of assurance if auditing schedule. Audits will continue until there is 100% compliance for two consecutive months. Results of all education tracking, audit results, and action plan monitoring will be reported at least monthly to Quality Council, Medical Executive Committee, and Board of Trustees. Results will be reported</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 37</p> <p>daily at Safety Huddle. Safety Huddle includes Executive Leader attendance. Data will be reported by the Quality VPQ [Vice President Quality] and/or designee. The daily Safety Report which is distributed via email will also include audit data.</p> <p>Education was developed and conducted by ED Leadership to all available ED staff that were working that day regarding "Alarm Fatigue & Response." This education will disseminated and tracked for compliance. Education has been incorporated into new hire and contract staff education.</p> <p>Findings for the removal of the immediate jeopardy included:</p> <p>An observation conducted on _____ beginning at 9:10 AM showed there was a bank of monitors and a Monitor Technician (MT) seated at the monitors. There were four patients on telemetry at the time of the observations. Nursing staff was observed in the patients' rooms. At 9:25 AM the MT radioed the nurse that patient in ED 16 (Patient #2) was off telemetry. The nurse responded via radio within 20 seconds that she was in the room with patient replacing the leads. At 9:40 AM a loud alarm was heard at the nurses' station related to Patient #3. Two staff who were at the nurses' station immediately got up and went toward Patient #3's room, as the Registered Nurse (RN) communicated via two-way radio to the Monitor Technician she was assisting Patient #3 to the bathroom. At 10:15 AM a _____ technician approached the MT and requested a telemetry box for the patient in _____ to go to for a computed _____ (CT) scan. The MT provided a telemetry box. The nurse and</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 38</p> <p>....., technician went to, Patient #2, placed the patient on the telemetry box and radioed the MT to confirm the presence of a rhythm prior to the patient being transported to the CT room. At 11:25 AM an RN responded to a alert that presented to emergency room bed 1. The nurse and physician were at bedside immediately with two Emergency Medical Technicians (EMT's). The physician instructed the RN to place a monitor while he completed a assessment. The patient was placed on a portable monitor and transported to at 11:28 AM accompanied by the RN and physician. At 12:00 PM the patient returned to with the RN who placed the patient on the monitor. The MT was observed at 12:02 PM to obtain a rhythm strip and place in the patient's record. At 12:15 PM the patient in was observed attempting to get out of the bed, the bed alarm sounded loudly, staff entered the room at 12:16 PM to check on the patient. The patient was observed on a stretcher that was in the low position, the patient had a yellow armband in place, and was wearing yellow non skids socks. During the observations between 9:10 AM and 12:30 PM staff was present at the bank of telemetry monitors and the RN staff responded as needed to all telemetry checks.</p> <p>During an observation beginning at 2:45 PM it showed there were 18 patients on telemetry in the ED. The Monitor Technician was observed to print out rhythm strips and providing these strips to the nurses.</p> <p>Review of the Monitor Technician schedule for the period of through documented there was a Monitor Technician on</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 39</p> <p>the schedule 24 hours a day seven days a week.</p> <p>Review of the audits of the telemetry log for the period of _____ through _____ documented 100% compliance with answering and/or deviation in rhythm and telemetry strips in the chart except dated _____ with 96% compliance with documented no response; staff present at code.</p> <p>Review of audits for the period of _____ through _____ documented safety huddles were conducted daily to include all leadership. Information for staff included telemetry patients in the ED, patients in the emergency department that are a _____ risk, telemetry, any events, equipment problems and any safety issues. Information was reported to all staff.</p> <p>Review of the HealthStream training documented dated _____ : Fifty seven of 58 ED staff, to include leadership staff, received training on Do No Harm, _____ / precautions/bed alarms/ assessments and documentation, the new telemetry monitoring process, Monitor Technician responsibilities and Nurse responsibilities, bed alarms/call system, serious safety event immediate notification, alarm fatigue and telemetry monitoring, and clinical alarm hazards and strategizing solutions.</p> <p>Review of the audits for _____ assessments for the period of _____ through _____ documented compliance from 97% to 100% with 25 audits being completed daily with a _____ out intervention checked when 100% compliance was not achieved.</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 40</p> <p>Review of the . . . interventions, . . . precautions observed by nursing, and bed alarm compliance for the period of . . . through . . . documented 100% compliance.</p> <p>Review of HealthStream education system dated . . . for . . . and Neglect documented 89.65%, 52 of 58 staff, had completed the training.</p> <p>Interviews were conducted on . . . beginning at 9:15 AM to 11:55 PM with nine RNs, a Monitor Technician, and a Paramedic/Emergency Medical Technician related to the implementation of the removal of the immediate jeopardy and through interviews it was verified a MT has been monitoring telemetry in the ED continuously and there are new bed alarms that are part of the call light system that will alarm when a patient attempts to get out of bed unassisted. The interviewed staff verified they had received training on their and the MTs responsibilities. The training covered . . . telemetry policies and to follow the guidelines. The MT has a radio and will call us and tell us that a patient has orders for telemetry, if they are off or if they have any . . . We have to have a least one strip every six hours and the strips are provided to nursing, and training was completed on Do No Harm, Alarm Fatigue & Response, continuous monitoring, . . . assessments, precautions, and neglect, and the new bed alarms.</p> <p>Interviews were conducted on . . . beginning at 12:10 PM through 3:45 PM with the leadership staff to include a Medical Doctor at 12:10 PM, the ED Medical Director at 12:25 PM, Vice President of Quality at 3:10 PM, the Chief</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 41</p> <p>Nursing Officer at 12:25 PM, the Chief Medical Officer at 12:25 PM, and the RN Director of CVICU () and Telemetry at 3:45 PM. During the interviews the interviewees discussed the training they were provided and/or assisted in development with, the new policies and procedures related to telemetry monitoring and training, involvement in the resolution of the deficient practice, participating in the training of the ED staff which reduces the likelihood of any adverse events going unnoticed while we take care of urgent patients and stated their commitment to ongoing patient safety, and continued evaluations in this process for the best clinical patient outcomes.</p> <p>Verification was made regarding all telemetry staff complete education at the time of hire and are evaluated initially and yearly.</p> <p>Based on the verification of the implementation of removal actions and staff knowledge/competency, the immediacy of jeopardy is removed with ongoing noncompliance at the standard level.</p> <p>.</p> <p>Based on medical record review, interview, and policy and procedure review, the hospital failed to have adequate numbers of licensed registered nurses and other personnel to provide nursing care in a safe setting for 1 out of 3 patients (Patient #1).</p> <p>Findings include:</p> <p>Review of the medical record for Patient #1 revealed the patient presented to the Emergency</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 42</p> <p>Department (ED) on _____ at 6:30 AM with a past medical history of _____ (a condition where the _____ does not pump _____ as well as it should), _____ (high _____), _____ (the major _____ of the _____ are damaged or _____), _____ (open surgery), _____ (an irregular heartbeat), and _____ (a _____).</p> <p>Review of the order record for [Patient #1's name] reads "Procedure - _____ Monitor, Order No. 0202-0141, Pri (Priority) Stat (immediately), Date _____, Time 0632 (6:32 AM), Signed by [Physician's Name] _____ 0632.</p> <p>Review of the Emergency Screening note dated _____ at 6:39 AM reads, "Per _____ [patient] family _____ was found wondering the house with acute AMS [_____], _____ was sleeping at 0430 [4:30 AM] when family left, and they returned at 0530[5:30AM] the _____ was up and walking around _____ Family states this is her usual way of acting when she gets a _____ [_____], which she gets frequently."</p> <p>Focused physical exam under general/const [Constitutional] reads, "Awake, alert. No acute distress. Well appearing. Neurologic: mental status read _____."</p> <p>Review of the labs collected dated _____ at 6:59 AM reported _____ 2.9 as a critical low. Normally, your _____ level is 3.6 to 5.2 millimoles per liter (mmol/L). A very low _____ level (less than 2.5 mmol/L) can be life-threatening and requires urgent medical attention. (https://www.mayoclinic.org/symptoms/low-potass</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 44</p> <p>Review of the nursing documentation dated at 1:10 PM authored by Staff B, RN, reads, "This RN assisted RN [Staff A name] with who was noted to be on the ground unresponsive. from her noted to not have a This RN held C while [Staff A' name] RN started [.....]. Code Blue called immediately."</p> <p>Review of the physician progress note dated authored by APRN (Advanced Practice Registered Nurse) reads, "Event: I found the patient on the floor with over her called the nurse who checked the patient, no started. Code Blue called and team came on site and took over care."</p> <p>Review of telemetry strips provided by the facility showed no (.....) strips available within the medical record until at 12:55 PM. The next strip provided was on at 12:57 when there was no rhythm and then at 1:06 PM when the telemetry strip showed No additional telemetry monitoring strips were provided by the facility.</p> <p>During an observation on at 9:50 AM through 10:20 AM, there were four staff members present in the nurse's station, three registered nurses and one unit secretary. The telemetry bank of monitors was present at the nurse's station. There were four patients on telemetry monitoring with one patient's telemetry ringing with an audible alarm. No staff attended to the monitor until 10:16 AM.</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 45</p> <p>During an interview on _____ at 9:50 AM, the Patient Safety Director stated, "We have had several meetings related to this event and did an SEA [serious event analysis]. We have not finished our analysis of the event and fully implemented the corrective actions. We are still meeting to complete the process. We are looking into having centralized telemetry monitor for the patients but that will take time. We do not have a dedicated monitor technician in the ED [Emergency Department] as of right now. We did discuss doing this, but neither telemetry nor the ED could provide the resources. There has been no initiation of telemetry boxes in the emergency department. There has been training related to _____ and _____ precautions, the use of bed alarms and completing assessments and hourly rounding. There has been no additional training related to telemetry monitoring for the ED staff. They are all trained yearly. I see that we may not have removed the potential of this happening again. I can see where you might think that. No, we did not implement any changes immediately to prevent this for happening again."</p> <p>During an interview on _____ at 10:05 AM, the Emergency Department Director stated, "We have been meeting ever since this event occurred to come up with a solution to this. They are working on telemetry, but currently nothing has been put into place. We do not currently have a staff assigned to watch telemetry. The nurses are responsible to make sure that they watch telemetry. The nurses continue to provide telemetry monitoring for any patients that require it. We don't currently have the process in place. I understand that does mean we have not implemented any changes beyond training on alarms and checking telemetry. It is possible that</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 46</p> <p>this could happen again if the day were busy. I have no good answer in place as to why we have not implemented any changes related to telemetry monitoring. We have not had any major events prior to this related to monitoring patients. On that day, we were over ratios for staffing. I couldn't dedicate a nurse to do the job of a telemetry tech. We simply don't have the resources. We needed a telemetry monitor technician to do the job as we have staffing for patient care to be concerned about. Additional training was provided of a refresher of precautions and hourly rounding. A secretary is always at the desk. They are not trained on telemetry monitoring. I was involved in the meeting related to this. It was discussed to have dedicated telemetry monitoring and that the ED is not part of the centralized monitoring for the hospital. We do have a telemetry monitoring policy for the hospital, and it does apply to the ED also. I don't really know how long the patient was off telemetry. We were having trouble printing any data after the event. I did take photographs, but we did not have the company come and retrieve the strips from the monitor. I did not review the chart for any problems."</p> <p>During an interview on _____ at 11:10 AM, The Chief Nursing Officer (CNO) stated, "We have had several meetings to discuss the event and come up with solutions to the problem. Additional telemetry is not an option at this time. We did not implement any new process in the ED to prevent this from occurring again. The nurses continue to watch the monitors in the ED. We have not fully conducted our root cause analysis to determine what needs to be implemented to make sure this does not occur in the future."</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 47</p> <p>During an interview on at 12:12 PM, Staff C, RN, stated, "The patient ratios are higher than normal and that really does impact our staffing and what we can do as ED nurses. We are all competent to read telemetry. We're all ACLS [Advanced Life Support] certified, but with ratios above average, it can be impossible to watch a monitor and care for the patients if we are in other rooms doing other things. We never are assigned a monitor tech to watch the monitors and there is not a nurse sitting at the desk all the time. It is a group effort to review the monitor alarms. You hope someone else can respond to the alarms. It is impossible to watch the monitor at all times. I was on that day that [Patient #1's name] and coded. All the halls were full that day. We had multiple and alerts and ED hold patients that day. I was in her room several times that day. The patient was very restless, but not trying to get out of bed. We were having a hard time getting a line in her and I attempted to get an [.....]. While I was in there, she never gave me concerns that she would She was very weak and was on the monitor when I saw her. This is a problem. We need to be able to give care and we need a monitor tech all the time. I cannot say that we are able to safely monitor telemetry patients every day when we are overcapacity. They did tell us that we would be getting a monitor tech but that did not happen yet."</p> <p>During an interview on at 2:16 PM, Staff E, RN, stated, "I was on the day that this happen. It was a very busy day with We were understaffed for the volume of patients that we had. You can't watch monitors when you have multiple other responsibilities, or if you are having difficulty with another patient. It is really not safe</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 48</p> <p>for us to be responsible for the volume of patients we are taking care of and be responsible for watching the telemetry. We can't have _____ on it all the time. Alarm monitors are set to go off and alarm with certain rhythms. If we are busy, we have to count on our coworkers to respond to them and let us know if there is a problem."</p> <p>During an interview on _____ at 2:33 PM, Staff A, Registered Nurse (RN), stated, "We were very busy that day. I was assigned to the _____ hallway where she [Patient #1] was. She was a very _____ altered patient, who was very sick. She lost her _____ access in CT [Computerized _____] scan when it was pulled out by the patient. I knew she needed an _____. She had critical labs and needed _____, and she had elevated ammonia levels. I did not administer any _____ orally or _____ to her. I contacted the ED physician to do a US [_____ Guided] _____, but they were too busy. I tried twice and then another coworker who is an expert with _____ tried, but we couldn't get a line on her. I think she was admitted around 10:30 AM. I had been in there numerous times that morning and other nurses also were in there. She mostly stayed curled up. I did a _____ scan on her and I think that is the last time that I saw her. I was taking care of another patient when the admitting physicians Nurse Practitioner came by and didn't see her in the bed and found her on the floor. I went into the room, and she was on the floor, _____ down next to the bed and _____. She had no _____, I called for help, got on a C [_____] collar and backboard and then called a _____ alert/code blue. I don't recall hearing or seeing any alarms when I entered the room. The patient was not on the monitor when I entered the room and when we got her on the monitor. She was in _____</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 49</p> <p>[.]. I don't know how long she was off the monitor when she or when we got to her room. The alarms were not ringing at the monitor at the nurse's station when I was sitting at it. I was speaking with the APRN [Advanced Practice Registered Nurse] and there were no alarms going off at all. It is a struggle to have a critical or sick patient. We cannot always see the monitored patients when we are in another room. There is no good answer to this. We cannot effectively view the monitors when we are caring for other patients that may take up to an hour of our time to get what they need done. We are always short on staff when there are more patients coming into the ED."</p> <p>During a telephone interview on at 4:15 PM, Staff B, RN, stated, "I was the nurse that took over care of [Patient #1 name] after she coded. I was assigned for and alerts that day. I responded to the room and [Patient #1 name] was down on the floor and She was not on telemetry when I entered the room. I do not know if she pulled it off or it became disconnected when she . . . I don't remember hearing any alarms ringing when I entered the room. I don't know how long she had been off the monitor. We stabilized her and moved her to her . . . , and she was not breathing. So, we checked her , and started [.] and called a code/ alert to her room. We placed her on a backboard and moved her to the room. It was very busy that day with multiple patients and . . . alerts. We usually have patients when we work. It can be hard to make sure that patients are watched when they are in the ED on the monitor. If you get busy you won't be able to see the telemetry and have to hope</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 50</p> <p>that other nurses will follow up on any alarms. We really aren't able to view patients monitors when we are working on others. We can't see what is happening at all times. I would say that we do need additional monitor tech in the ED all the time based on how busy we always are."</p> <p>During an interview on _____ at 3:10 PM, The Vice President of Quality stated, "We did not do a thorough SEA to determine what the exact cause of the patients _____ was. We were initially told that it was a _____. We were told that no one knew what precipitated the _____ or the _____. It was after the fact that we found out there was a _____ event also. We should have obtained the rhythm strips. I did not review the patient's chart for any other concerns. Our initial meetings focused on _____ prevention while in the Emergency Department. I know that we discussed the lack of continuous telemetry monitoring as part of the problem. We did discuss additional resources for centralized monitoring but that takes time to develop. We did not place a monitor technician or a nurse to watch monitors in the ED after this event. The investigation into the events was not completed, so we were not completely aware of all of the details involved in the incident with the patient. We should have completed a more thorough investigation."</p> <p>During an interview on _____ at 8:10 AM, the Chief Nursing Officer (CNO) stated, "We did not complete a thorough SEA. We were not aware of some key factors in the patients stay. I was unaware that there was any problem getting the telemetry strips printed out and we did not investigate that aspect fully. We did consider the fact that there was not a dedicated telemetry technician as part of the cause, but failed to</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	<p>Continued From page 51</p> <p>follow thorough and place staff in that position until we could get an alternative means to monitor patients while in the ED. We should have implemented these safety measure and we didn't. This is not us as an organization."</p> <p>During an interview on at 3:25 PM, the Vice-President of Emergency Services stated, "On the day this happened on, we were at 109% capacity with 314 in patients and had 60 patients in the emergency department. By the next day, we were at 118% capacity. We were down 5 nurses and 1 medic on that day of the event. Staffing did play a role in this as well as the staff not completing expected documentation for risk assessments and for placing a bed alarm on the patient's stretcher while in the ED."</p> <p>Review of Policy #9925285 titled "Telemetry, Care of Patient, Monitoring", approved on, reads, "Scope: All HCA Health-care staff and providers involved in providing care, treatment or services to patients requiring telemetry monitoring at Ocala Health. Purpose: I. To provide guidelines for telemetry monitoring of patients. Identify rhythms changes requiring provider notification. Policy: Patients being monitored on continuous telemetry will be observed by a Telemetry Technician or Nurse who is competent in rhythm interpretation & arrhythmia detection. Rhythm changes, life threatening arrhythmias, and/or loss of signal will be responded to in an immediate manner. Loss of signal interrupts monitoring, placing the telemetry patient at risk. I. Is available 24 hours a day, 7 days a week, based on physician order for telemetry monitoring in accordance with the guidelines described in this policy. II. Patients requiring telemetry will have their rhythm</p>	{A 392}			

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(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 392}	Continued From page 52 continuously monitored and documented at predetermined intervals as described below. III. The Registered Nurse (RN) assumes responsibility for the initiation and management of monitoring to include placement of the leads, assessment of the patient including the validation of capture of rhythm and rhythm interpretation and patient education related to monitoring. Telemetry Initiation Guidelines: a. A provider order is required for telemetry monitoring. When ordering telemetry monitoring the documented indication for telemetry monitoring should align with American association (AHA) guidelines for telemetry monitoring. Patient population Indication: . . . or . . . imbalances documented as a: Class I (should be performed) until normalization of"	{A 392}			