		ID HUMAN SERVICES MEDICAID SERVICES					M APPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY
		100212	B. WING				/17/2022
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
HCA FLOR	RIDA OCALA HOSPITAL				31 SW 1ST AVE CALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
{A 000}	INITIAL COMMENTS		{A ((000			
	verify the implementa Jeopardy Removal PI Immediate Jeopardy 1 The on-site revisit is for 2022002797 at HCA located at 1431 SW 1 34474. The immediate jeopa The Chord West Jeopardy 1 The Allocated at 1431 SW 1 34474. The immediate jeopa The Chord West Jeopardy was informe PM and an Immediate was requested. The Removal Plan was repeated to the Sased on observation interviews conducted on site revisit, it was 1 Jeopardy was remove the Immediate Jeopardy was remove the Immediate Jeopardy was removed from the Sased on observation interviews conducted on site revisit, it was 1 Jeopardy was remove the Immediate Jeopardy was removed from the Sased on observation of the Immediate Jeopardy was removed from the Immediate Jeopardy Removed Conditions of Particip Patient Rights, 42 CF Cassessment and Programme The Immediate Jeopardy Removed France Sasessment and Programme The Immediate Jeopardy Removed The Immediate Jeopard	an and removal of the only on or complaint number or complaint was conducted on at HCA Florida fically for review of the attorn or 42 CFF 482 13 k 482.21 Quality gram Improvement (QAPI).					
	Immediate Jeopardy. The on-site revisit is f 2022002797 at HCA I located at 1431 SW 1 34474. The immediate jeopal Advance of the following form of the following foll	only on or complaint number or complaint number Florida Ocala Hospital st Avenue, Ocala, Florida, ordy was identified to exist on chief Executive Officer or friorin Hospital, an affiliated do a st. 1:11 separate years of the control of the control Hospital, an affiliated of the control of t					

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.

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

(X6) DATE

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI				LETED
							-C
ALLANC OF D	ROVIDER OR SUPPLIER	100212	B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	03/	17/2022
MANIE OF FE	(OVIDER OR SUPPLIER			1	431 SW 1ST AVE		
HCA FLOR	RIDA OCALA HOSPITAL				CALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI- DEFICIENCY)		(X5) COMPLETION DATE
{A 000}	Continued From page	e 1	{A 0	1003			
,	An Immediate Jeopar		1	1001			
		survey at A115 Patient					
		Assurance and performance					
		885 Nursing Services. On 1 PM, the Chief Executive					
		a West Marion Hospital, an					
	affiliated hospital, was						
		nd given the IJ Template. rdy began on					
	, with the lack of						
		and unwitnessed with					
	injuries. The patient s	suffered a eriorbital hematoma, and					
		The immediate jeopardy was					
	determined to be ong						
	Immediate Jeopardy	means a situation in which					
		opliance with one or more					
		ation has caused, or is likely					
	to cause, serious inju- to a patient.	ry, harm, , , or					
	to a patient.						
		in compliance with the					
	Condition of Participa Patient Rights, 42 CF	ation for 42 CFR 482.13					
		gram Improvement, 42 CFR					
	482.23 Nursing Servi	ces, Requirements for					
	Hospitals.						
{A 115}	PATIENT RIGHTS CFR(s): 482.13		{A 1	15)			
	011(0). 402.10						
	A hospital must prote	ct 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.

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JEPARTMENT OF HEALTH AN	D HUMAN SERVICES		FORM APPROVE
ENTERS FOR MEDICARE & I	MEDICAID SERVICES		OMB NO. 0938-039
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
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	100212	B. WING	03/17/2022
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		100212	B. WING			03/	17/2022
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	ND 4 00 41 4 11000NT41			1,	431 SW 1ST AVE		
HCA FLOI	RIDA OCALA HOSPITAL			0	CALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)		(X5) COMPLETION DATE
(A 115)	Based on record revie and policy and procee Jeopardy was found to during the revis Refer to A144 - Patier Setting An Immediate Jeopan identified during the string identified determination of L. The immediate jeopan, with the lack of telemetry monitoring a diripries. The patient shematoma, and immediate jeopardy wongoing. The hospital failed to honored for care in a patients, Patient #1. Current standards of paxerienced an unwith without vital signs, an emergency department to implement the physule leiemetry mor the patient being left in the hospital setting.	w, interview, observation, fure review, the Immediate o be removed on it on at Rights-Care in a Safe of the safe o	{A 1	1115}	OBFIGENCT)		
	HCA Florida Ocala Ho	ospital was not in Condition of Participation for					

		D HUMAN SERVICES					M APPROVED
		MEDICAID SERVICES	T				D. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		PLE CONSTRUCTION		E SURVEY PLETED
			74. 55725	,,,,,	<u> </u>	F	R-C
		100212	B. WING	_		03	/17/2022
NAME OF PE	ROVIDER OR SUPPLIER			Γ	STREET ADDRESS, CITY, STATE, ZIP CODE		
HCA FLOR	RIDA OCALA HOSPITAL				1431 SW 1ST AVE OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
{A 115}	42 CFR 482.13 Patier Hospitals and Code of 42, Part 482 Condition Hospitals. Refer to A144 - Patier	nt Rights, Requirements for f Federal Regulations (CFR)	{A	11:	5)		
{A 144}	CFR(s): 482.13(c)(2)	ARE IN SAFE SETTING	{A ·	14	4}		
	setting. This STANDARD is r	ght to receive care in a safe not met as evidenced by: removal of the Immediate					
	was placed in the em continuous m nursing station to cov to provide appropriate patients which include and monitoring logs te every six hours. The provided a Safety Ale understanding to all de understanding to all de safety and the safety Ale understanding to all de safety Ale understanding to a	nd competent staff member ergency department (ED) for onlitoring at the main er 24 hours 7 days a week er monitoring of es appropriate notifications include rates and rhythm Chief Nursing Office (CNO) rt memorandum of epartments describing the emergency department					
	Alerts require immedi acknowledgement an	rety Alerts to the care team. ate response and d are escalated up the chain dance with Policy Telemetry,					

When a patient with a monitoring order is

Facility ID: HL100212

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

DEFAILT	WENT OF HEALTHAN	ID HOWAIN SERVICES					FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				(OMB NO.	0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONST	RUCTION		(X3) DATE SI COMPLE	
		100212	B. WING _				R-C 03/17	; //2022
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD	E		
HCA FLO	RIDA OCALA HOSPITAL			1431 SW OCALA,	1ST AVE FL 34471			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
{A 144}	transported out of the staff must be notified transported with Audits will continue u compliance for two co of all education trackiplan monitoring will b to Quality Council, Mand Board of Trustee daily at Safety Huddi Executive Leader atta Report which is distri include audit data. Education was devele Department Leaders's working that day regs Monitoring." The edu ED and Free-Slandin staff to be completed	ED the monitoring and the patient will be monitoring.	(A 1-	44)				
	Leadership to all avail working that day rega Response." This edu and tracked for comp	oped and conducted by ED lable ED staff that were rdding "Alarm Fatigue & scation will be disseminated liance. Education has been r hire and contract staff						
	Findings for the remo jeopardy included:	val of the immediate						
	of monitors and a Mo	scted on showed there was a bank nitor Technician (MT) seated e were four patients on						

telemetry at the time of the observations. Nursing

		ID HUMAN SERVICES					RM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB	NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		ATE SURVEY OMPLETED
		100212	B. WING			(R-C 03/17/2022
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
					1431 SW 1ST AVE		
HCA FLO	RIDA OCALA HOSPITAL				OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICZENCY)	BE	(X5) COMPLETION DATE
(A 144)	9:25 AM the MT radio was in the room with At 9:40 AM all loud all station related to Pat at the nurse's station went toward Patient's Nurse (RN) communities Monitor Technician Nurse (RN) communities Monitor Technician approache telemetry box for the for a computed provided a telemetry box for the for a computed provided a telemetry box for the for a computed provided a telemetry computed provided a telemetry computed provided a telemetry computed provided a telemetry computed to a temper of the thind that the telemetry form become at bedside imm Medical Technicians instructed the RN to in becompleted a patient was placed or transported to by the RN and physic returned to the CT may be patient was placed or transported to by the RN and physic returned to the CT may be patient was placed or transported at 12:02 Ph strip and place in the PM the patient in attempting to get out	the patients' rooms. At heed the nurse that patient in as off telemetry. The nurse within 20 seconds that she patient replacing the leads, arm was heard at the nurses' tent #3. Two staff who were immediately got up and #3s room, as the Registered cated via two-way radio to natient #3s room, as the Registered cated via two-way radio to natient #3s room, as the Registered cated via two-way radio to natient #3s room, as the Registered cated via two-way radio to natient #3s room, as the Registered cated via two-way radio to not but the use as the way as the same and physician eliated with two Emergency (EMT's). The physician clately with two Emergency (EMT's). The physician clately with two Emergency (EMT's). The physician clately with two Emergency (EMT's). The physician clatel with the RN who placed the monitor and at 11:28 AM accompanied the RN who placed the monitor. The MT was to obtain a thythm patient's record. At 12:15	(A.	144			

observed on a stretcher that was in the low

		ID HUMAN SERVICES					M APPROVED
		MEDICAID SERVICES	1	_			0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		PLE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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	ļ	100212	B. WING	_			17/2022
NAME OF PE	ROVIDER OR SUPPLIER			Γ	STREET ADDRESS, CITY, STATE, ZIP CODE		
HCA EL OE	RIDA OCALA HOSPITAL				1431 SW 1ST AVE		
HUA FLUR	IIDA UCALA NOSTITAL				OCALA, FL 34471		
(X4) ID		ATEMENT OF DEFICIENCIES	1D	_	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
1/10		,			DEFICIENCY)		
				_			
(A 144)	Continued From page	9 6	{A ·	144	4}		
	position, the patient h	ad a yellow armband in					
		ng yellow non skids socks.					
		ons between 9:10 AM and					
	12:30 PM staff was pr	resent at the bank of nd the RN staff responded					
	as needed to all telen						
	40 1100000 12 2 12.2	nouy oncoite.					
	During an observation						
		it showed there were 18					
		in the ED. The Monitor					
		rved to print out					
	nurses.	violity these surps to the					
		r Technician schedule for the					
	period of	through as a Monitor Technician on					
		s a day seven days a week.					
	Review of the audits of	of the telemetry log for the					
		through					
		ompliance with answering					
	and/or deviation in rhy the chart except dated	ythm and telemetry strips in d with 96%					
		umented no response; staff					
	present at code.	imoned no response, sa					
	,						
	Review of audits for the						
		documented safety					
	leadership. Information	ted daily to include all on for staff included					
		the ED, patients in the					
	emergency departme						
		s, equipment problems and					
		formation was reported to all					
	staff.						

Review of the HealthStream training documented

. . . . : Fifty seven of 58 ED staff,

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DEPARTMENT OF HEALTH AN	ID HUMAN SERVICES			FORM APPROVE
CENTERS FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-039
FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
	100212	B. WING		R-C 03/17/2022
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

PREFIX

TAG

1431 SW 1ST AVE

OCALA, FL 34471

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION

DATE

(A 144) Continued From page 7 {A 144} 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. 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

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION).

HCA FLORIDA OCALA HOSPITAL

PREFIX

TAG

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DEPARTMENT OF REALTRAN	ID HUMAN SERVICES			FORM APPROVE
CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				R-C
	100212	B. WING		03/17/2022
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
			1431 SW 1ST AVE	

HCA FLORIDA OCALA HOSPITAL			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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION		
(A 144)	Continued From page 8 Nursing Officer at 12:25 PM, the Chief Medical Officer at 12:25 PM, and the RN Director of CVICU ({A 14	4}			
ODM OMS SE	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 for 200 physical versions closelves.		Facility ID: HL 100212	If continuation sheet Page 9 of 53		

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DEFARTIMENT OF HEALTHAN	D HOMMIN SERVICES		FORM A				
CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED				
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100212 B. WING		B. WING		03/17/2022			
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
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AME OF PROVIDER OR SUPPLIER			Г	STREET ADDRESS, CITY, STATE, ZIP CODE			
0.4 F. ODIDA 00.4. A HOODITAL				1431 SW 1ST AVE			
CA FLORIDA OCALA HOSPITAL				OCALA, FL 34471			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
(A 144) Continued From pags systemic failure cons Jeopardy situation. Findings: Review of the medice revealed the patient popartment (ED) on past medical history condition where the as well as it should), , , of the , , of the , , , , , , , , , , , , , , , , , , ,	a 9 Il record for Patient #1 presented to the Emergency at 6:30 AM with a of	{A 1		DEFICIENCY)			
Review of the labs co	liected dated at						

		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE COMP	
		100212	B. WING				17/2022
NAME OF PE	ROVIDER OR SUPPLIER		•	Γ	STREET ADDRESS, CITY, STATE, ZIP CODE		
HCA FLOF	RIDA OCALA HOSPITAL			1431 SW 1ST AVE OCALA, FL 34471			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{A 144}	6:59 AM reported Review of Patient #1' patient was admitted at 10:14 AM and rem department awaiting to	2.9 as a critical low. s records revealed the to the hospital on ained in the emergency and placement.	{A 1	144	0		
	from CT [N), reads, "Patient arrived]. Tech states the patient while trying to be placed on					
	Review of the nursing at 8:50 AM authored in "Unable to get and not following com-	by Staff A, RN, reads, is patient is too					
	at 9:35 AM reads, "Unsuccessful	documentation dated l authored by Staff A, RN, attempts x 2 without th assistance. Veins keep assistance for a line."					
	at 11:30 Al reads, "Another nurse	successful x 3. Contact					
	at 12:15 PM	documentation dated authored by Staff A, RN, scan performed [milliliters]."					

Review of the nursing documentation dated ... at 1:10 PM authored by Staff B, RN,

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/20/2022

DEFAILT	VICINI OF HEALTHAN	ID HOWAIN SERVICES				FORM	M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY
		100212	B. WING				-C 17/2022
NAME OF PR	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
			- 1	14	31 SW 1ST AVE		
HCA FLOF	RIDA OCALA HOSPITAL			0	CALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
(A 144)	reads, "This RN assis, who was noted to unresponsive. to not have a 1.15 Staff A name] RN st. Called immediately," Review of the physicia authored by Registered Nurse) repatient on the floor w called the nurse who called the nurse who will be suffered to the staff of the staff	sted RN [Staff A name] with be on the ground from her noted finis RN held C while arted]. Code Blue an progress note dated APRN (Advanced Practice ads, "Event. I found the lith over her checked the patient, no tarted. Code Blue called and note and took over care." strips provided by the facility justice and took over care." strips provided by the facility justice and took over care." strips provided was on en there was no 06 PM when the telemetry No nonitoring strips were y. In on at 9:50 AM ere were four staff members a station, three registered secretary. The telemetry present at the nurse's pur patients on telemetry value in telemetry staff members to let members a station, three registered secretary. The telemetry in present at the nurse's pur patients telemetry inging in No staff attended to the	(A 1	44}			

several meetings related to this event and did an

						FOR	M APPROVED	
	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					OMB NO. 0938-0391		
	ITERS FOR MEDICARE & MEDICAID SERVICES WENT OF DEFICIENCIES AN OF CORRECTION (1) PROVIDER SUPPLIENCIA IDENTIFICATION NAMER 100212 107 107 107 107 107 107				LE CONSTRUCTION	(X3) DATE SURY COMPLETE		
			A. BUILD	ING	'			
IDENTIFICATION NU NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL SUMMARY STATEMENT OF DEFICIENCY (ACA) ID PREFIX TAG (ACA) EPICIENCY NUST BE PRECEDED BY RESOLATIONY OR LSC IDENTIFYING INFOMM (ACA) SEA (Serious event analysis). We have no finished our analysis of the event and fully implemented the corrective actions. We a meeting to complete the process. We are nich having centralized telemetry monitor patients but that will take time. We do not dedicated monitor technician in the ED (Emergency Department) as of right now, discuss doing this, but neither telemetry r ED could provide the resources. There he no initiation of telemetry boxes in the eme department. There has been training relat and precautions, the use of bed a and completing assessments and hourly		100212	B. WING				R-C	
ALLAND OF D	DOMEST OF CURNIES	100212		Е	STREET ADDRESS, CITY, STATE, ZIP CODE	03	/17/2022	
WANE OF F	ROVIDER OR SUPPLIER				1431 SW 1ST AVE			
HCA FLO	RIDA OCALA HOSPITAL			OCALA, FL 34471				
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
{A 144}	SEA (serious event an finished our analysis implemented the corr meeting to complete tinto having centralize patients but that will be dedicated monitor tec (Emergency Departm discuss doing this, but Decould provide the no initiation of teleme department. There ha and precautic and completing asses rounding. There has trelated to telemetry metalet of the telemetry meta	nalysis]. We have not of the event and fully clicked with a clicked actions. We are still the process. We are looking of telemetry monitor for the ake time. We do not have a chinician in the ED ent] as of right now. We did to neither telemetry nor the resources. There has been try boxes in the emergency is been training related to ons, the use of bed alarms isments and hourly been no additional training ontiforing for the ED staff. early. I see that we may not tential of this happening e you might think that. No,	{A 1	144	0			
	During an interview o Emergency Departme have been meeting to come up with a sol working on telemetry, been put into place. staff assigned to wate responsible to make a telemetry. The nurses telemetry monitoring it. We don't currently understand that does implemented any cha alarms and checking this could happen again.	n at 10:05 AM, the ent Director stated, "We ver since this event occurred ution to this. They are but currently nothing has We do not currently have a the telemetry. The nurses are sure that they watch continue to provide for any patients that require have the process in place. I						

not implemented any changes related to

		ID HUMAN SERVICES MEDICAID SERVICES				0	FORM APPROVED MB NO. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ONSTRUCTION		(3) DATE SURVEY COMPLETED
		100212	B. WING				R-C 03/17/2022
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
				143	1 SW 1ST AVE		
HCA FLO	RIDA OCALA HOSPITAL			oc	ALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRIATE	
(A 144)	events prior to this re On that day, we were couldn't dedicate a nutlelemetry tech. We sit resources. We neede technician to do the je patient care to be cor training was provided precautions and hour always at the desk. To telemetry monitoring, meeting related to the original control of the control hospital. We do have policy for the hospital also. I don't really know that the control hospital will be control to do the control hospital will be control to do the control hospital also. I don't really know the control hospital also. I don't really know did not have the othe strips from the mechant for any problem During an interview of Chief Nursing Officer had several meetings come up with solution telemetry is not an og implement any new pithis from occurring ag watch the monitors in conducted our root or what needs to be impleed to cour in the are. Our investigation were details that were	We have not had any major lated to monitoring patients, over raits of so staffing. I urse to do the job of a mply don't have the da telemetry monitor ob as we have staffing for occurred about. Additional of a refresher of ly rounding. A secretary is hey are not trained on I was involved in the s. It was discussed to have nonitoring and that the ED is ized monitoring for the a telemetry monitoring of the patient was e having trouble printing any did take photographs, but ompany come and retrieve mintor. I did not review the	(A 1	44}			

to the monitoring and we should have.

		ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		PLETED
		100212	B. WING				-C 17/2022
NAME OF P	ROVIDER OR SUPPLIER			Г	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.	
					1431 SW 1ST AVE		
HCA FLO	RIDA OCALA HOSPITAL				OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPT DEFICIENCY)	BE	(X5) COMPLETION DATE
(A 144)	There was some difficted monitor. I'm not is representative was care During an interview of Staff C, RN, stated, "I was a staffing and what we are all competent to ACLS [Advanced but with ratios above impossible to watch a patients if we are in originative or a staffing and what we are all competent or horizons. I was a staffing and what we are all to myself with ratios above impossible to watch a patients if we are in originated was at the desk all the time review the monitor at else can respond to that [Patient #1's nam halls were full that da and alerts and alerts and was in her room seve patient was very rest of bed. We were havin her and I attempte While I was in there, concerns that she wo and was on the monitor tech we are able to safely every day when we are able to safely every day when we a us that we would be questioned.	culty retrieving the data from ure if the company alled to retrieve the data." In	{A	1144	,		

It was a very busy day with We were

DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		100212	B. WING	_			-C 17/2022
NAME OF P	ROVIDER OR SUPPLIER			Г	STREET ADDRESS, CITY, STATE, ZIP CODE		
					1431 SW 1ST AVE		
HCA FLOI	RIDA OCALA HOSPITAL				OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE
					DEFICIENCY)		
(A 144)	Continued From page understaffed for the v had. You can't watch multiple other respondifficulty with another for us to be responsit we are taking care of watching the telement all the time. Alarm me alarm with certain rhy have to count on our them and let us know During an interview o A. Registered Nurse i very busy that day. I hallway where she [P very altered She lost her access She lost her access] scan with page 1. I knew she nortical labs and need elevated ammonia let very busy had to a US they were too busy. I coworker who is an ecouldrit get a line on admitted around 10.3.	color of patients that we monitors when you have sibilities, or if you are having patient. It is really not safe lie for the volume of patients and be responsible for y. We can't have on it initiors are set to go off and thms. If we are busy, we coworkers to respond to if there is a problem." ———————————————————————————————————	{A ·		DEFICIENCY)		
	did a scan on last time that I saw he another patient when Nurse Practitioner car the bed and found he the room, and she wa next to the bed and called for help, got on	ther and I think that is the er. I was taking care of the admitting physicians me by and didn't see her in r on the floor. I went into so on the floor, down					

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES	_			OMB	NO. 0938-0391	
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		LE CONSTRUCTION		ATE SURVEY IMPLETED	
		100212	B. WING			(R-C 03/17/2022	
NAME OF P	ROVIDER OR SUPPLIER	•			STREET ADDRESS, CITY, STATE, ZIP CODE			
				l	1431 SW 1ST AVE			
HCA FLO	RIDA OCALA HOSPITAL				OCALA, FL 34471			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFULTED TO THE APPR	TION SHOULD BE THE APPROPRIATE		
(A 144)	when I entered the ro the monitor when I er to the monitor when I er we got her on the mo [raring or seeing any alarms from. The patient was not on thereof the room and when nitor. She was in I don't know how long for when she or when we alarms were not finging at rese's station when I was saking with the APR's edgistered Nursea and there off at all. It is a struggle to patient. We cannot always tients when we are in its no good answer to this, or yield with the APR's when we altents that may take up to 100 yet what they need done. On staff when there are in the them of the APR's was the nurse that lient #1 name] after she differ and onded to the room and so down on the floor and ton telemetry when I on to know if she pulled it off sected when she I don't not know how long she had We stabilized her and and she she in I don't not know if she pulled it off sected when she I don't not know how long she had We stabilized her and and she she in I don't now how long she had We stabilized her and and she she in I don't now how long she had We stabilized her and and she was not the stabilized her an	{A.	444	,			

patients and ... alerts. We usually have

		ID HUMAN SERVICES					APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0938-0391
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		100212	B. WING				-C 17/2022
NAME OF PE	ROVIDER OR SUPPLIER			Г	STREET ADDRESS, CITY, STATE, ZIP CODE		
				ı	1431 SW 1ST AVE		
HCA FLOR	RIDA OCALA HOSPITAL			L	OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
(A 144)	sure that patients are the ED on the monito be able to see the tel that other nurses will We really aren't able when we are working what is happening at we do need additional the time based on hor Review of Policy #393 of Patient, Monitoring reads, "Scope: All HC providers involved in services to patients renointoring at Ocala in provide guidelines for patients. I dentify requiring provider not being monitored on cobserved by a Telemis competent in arrythmia detection. Fittersteining arrythmia detection. Fittersteining arrythmia the responded to in a signal interrupts monitone guidelines for the requiring the patients of the Telepister Policy monitors of the Policy Telepister Policy Tele	k. It can be hard to make watched when they are in r. If you get busy you won't emetry and have to hope follow up on any alarms. to view patients monitors on others. We can't see all times. I would say that I monitor tech in the ED all w busy we always are." 25285 tilted "Telemetry, Care", approved on A Health-care staff and providing care, treatment or squifing care, treatment or squifing care, treatment or squifing care, treatment or squifing care, treatment or squifing. The staff and providing care, treatment or squifing the staff and providing care, treatment or squifing the staff and providing care, treatment or squifing the elemetry monitoring of the staff and providing care, treatment or hythmic changes fiffication. Policy: Patients ontinuous telemetry will be stry Technician or Nurse who rhythm interpretation & Rhythm changes, life s, and/or loss of signal will immediate manner. Loss of toring, placing the telemetry aliable 24 hours a day, 7 on physician order for intoring in accordance with bed in this policy. II. Patients II have their rhythm at and documented at its as described below. III. 18 (RN) assumes nitiation and management of include placement of the	{A··	44			
	monitoring to						

validation of capture of rhythm and

	EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES					PRINTED: 05/20/2022 FORM APPROVED OMB NO. 0938-0391		
STATEMENT (ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		100212	B. WING				-C 17/2022	
NAME OF P	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE			
HCA FLOR	RIDA OCALA HOSPITAL				1431 SW 1ST AVE DCALA, FL 34471			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
{A 144}	rhythm interpretation related to Guidelines: a. A provi telemetry monitoring. Guidelines: a. A provi telemetry monitoring incentry monitoring indication: association (AH telemetry monitoring. Indication: documented as a: Claunti normalization of QAPI CFR(s): 482.21 The hospital must demaintain an effective, data-driven quality as improvement program. The hospital's govern the program reflects thospital's operations govern the program reflects thospital's operations of the program reflects to hospital departments those services furnist arrangement); and for to improved health ou and reduction of med. The hospital must mae evidence of its QAPI of the CONDITION is in the condition of the conditio	and patient education interioring. Telemetry Initiation der order is required for When ordering telemetry vented indication for should align with American A) guidelines for . Patient population or . imbalances as I (should be performed) velop, implement and ongoing, hospital-wide, sessment and performance how the performed in the performance in the pe		(444)				

Based on record review, interview, observation, and policy and procedure review, the Immediate

Facility ID: HL100212

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/20/2022

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEPICIENCIES (XI) PROVIDERSUPPLEY IDENTIFICATION NUMBER A BUILDING B. WING STREET ADDRESS. CITY. STATE, ZIP CODE 1431 WI ST AVE HCA FLORIDA OCALA HOSPITAL (X2) MULTIPLE CONSTRUCTION A BUILDING COMPLETED R-C 03/17/2022 STREET ADDRESS. CITY. STATE, ZIP CODE 1431 WI ST AVE 1431 WI ST AVE 1431 WI ST AVE 1431 WI STAVE (ACA CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (A 263) Continued From page 19 Jeopardy was found to be removed on, during the revisit on	DEFAITINE	HENT OF HEALTHAN	AD HOMMIN SERVICES					FORM APPROV	/ED
AND PLAN OF CORRECTION DENTIFICATION NUMBER A. BUILDING B. WING COMPLETED	CENTERS F	FOR MEDICARE &	MEDICAID SERVICES				O	MB NO. 0938-03	391
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA OCALA HOSPITAL CA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG (A 263) CONTINUED FROM USE OF DEFICIENCY MUST BE PRECEDED BY PULL TAG (A 263) CONTINUED FROM USE OF DEFICIENCY MUST BE PRECEDED BY PULL TAG (A 263) Jeopardy was found to be removed on						NSTRUCTION	(X		
HCA FLORIDA OCALA HOSPITAL 1431 SW 1ST AVE OCALA, FL 34471			100212	B. WING _					
HCA FLORIDA OCALA HOSPITAL OCALA, FL 34471 (XX) 1D SUMERICIBRY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX TAG (EACH DEFICIENCY) PROPRIATE OAME (A 263) Continued From page 19 Jeopardy was found to be removed on	NAME OF PROV	OVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE			
OCALL, E. 34471 OCALL,				1	1431	SW 1ST AVE			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAGS REGULATORY OR LSC IDENTIFYING INFORMATION) [A 263] Continued From page 19 Jeopardy was found to be removed on	HCA FLORIDA	IDA OCALA HOSPITAL			OCA	LA, FL 34471			
Jeopardy was found to be removed on,	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFI	<	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE	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 HCAF Iorida 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 telementy monitoring and unwitnessed with injuries. The patient suffered an unwitnessed	Recorded to the control of the contr	Jeopardy was found during the revision of August 1 and	to be removed on	{A 2	63)				

(A 283) QUALITY IMPROVEMENT ACTIVITIES

{A 283}

		ID HUMAN SERVICES					APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES	_			OMB NO	. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE COMP	LETED
		100212	B. WING				-C 17/2022
NAME OF PE	ROVIDER OR SUPPLIER		_	-	STREET ADDRESS, CITY, STATE, ZIP CODE		
					1431 SW 1ST AVE		
HCA FLOR	RIDA OCALA HOSPITAL			-	OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
(A 283)	(c) Program Activities (1) Identify opport changes that will lead (c) Program Activities (1) The hospital mus performance improve (i) Focus on high-problem-prone areas; (ii) Consider the in severity of problems is (iii) Affect health o quality of care. (3) The hospital mus performance improve implementing those a measure its success, ensure that improverr	(ii), (c)(1), (c)(3) st use the data collected to - unities for improvement and to improvement. It set priorities for its ment activities that- isk, high-volume, or cidence, prevalence, and in those areas; and utcomes, patient safety, and take actions aimed at ment and, after cidins, the hospital must and track performance to ments are sustained. hot met as evidenced by: removal of the Immediate and Plan read: "Serious ation, Notification, and	(A 2 A)	283			
	Management education [Vice President] Qual	on was provided by the VP ity to the Executive zing the Serious Safety lotification, and					

Serious Safety Event Identification Notification

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DEPARTMENT OF HEALTH AND HUMAN SERVICES					
CENTERS FOR MEDICARE & I	MEDICAID SERVICES		OMB NO. 0938-039		
FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
			R-C		
	100212	B. WING	03/17/2022		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			

STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE HCA FLORIDA OCALA HOSPITAL OCALA, FL 34471 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (A 283) Continued From page 21 {A 283} 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. 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. 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 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. 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. Results of all education tracking, audit results. and action plan monitoring will be reported at

least monthly to Quality Council, Medical

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DEFACTMENT OF THEALTH AND HOMAN SCIENTIGES					
CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039		
NO DI AN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
			R-C		
	100212	B. WING	03/17/2022		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			

					R-C
		100212	B. WING		03/17/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
	DID 4 0041 4 1100DIT41			1431 SW 1ST AVE	
HUA FLO	RIDA OCALA HOSPITAL		1	OCALA, FL 34471	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
{A 283}		, and Board of Trustees.	{A 28	3)	
	huddles were conduct leadership. Informati- telemetry patients in to emergency department telemetry, any events	documented safety ted daily to include all on for staff included he ED, patients in the			
	dated to include leadership Do No Harm, / assessments and do telemetry monitoring responsibilities and N alarms/call system, si immediate notification	orocess, Monitor Technician urse responsibilities, bed erious safety event a, alarm fatigue and and clinical alarm hazards			
	leadership staff to inc 12:10 PM, the ED Me Vice President of Qua Nursing Officer at 12: Officer at 12:25 PM, a CVICU (Telemetry at 3:45 PM interviewees discusse	A through 3:45 PM with the lude a Medical Doctor at dical Director at 12:25 PM, litly at 3:10 PM, the Chief 25 PM, the Chief Medical and the RN Director of			

new policies and procedures related to telemetry

		D HUMAN SERVICES				APPROVED
		MEDICAID SERVICES				0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION	 LETED
		100212	B. WING			-C 17/2022
NAME OF P	ROVIDER OR SUPPLIER		_		STREET ADDRESS, CITY, STATE, ZIP CODE	
				١.	1431 SW 1ST AVE	
HCA FLO	RIDA OCALA HOSPITAL			1	OCALA, FL 34471	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
(A 283)	the training of the ED ilkelihood of any adve unnoticed while we ta and stated their commander of the best clinical personal provided in the state of the best clinical personal provided in the state of the state o	ig, involvement in the ient practice, participating in staff which reduces the rise events going ke care of urgent patients nitment to ongoing patient evaluations in this process ident outcomes. Idity Assurance Performance g minutes dated presentation of the survey as were reviewed and of Trusteed meeting minutes documented the RCA (Root Cause Analysis), measures implemented, with the safety team. The fulled for event for the meeting and noted the SEA and rock of identified	ĮA.	283		

meeting dated documented the audit

Facility ID: HL100212

		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		100212	B. WING			1	17/2022	
	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE	,	,	
HCA FLOR	RIDA OCALA HOSPITAL				OCALA, FL 34471			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
(A 283)	compliance was presidocumentation, telem assessment, inter precautions observed identified as high risk compliance, bed alar reach and belongings position, locked and a Based on the verifical removal actions and knowledge/competen knowledge/competen	ented for	{A 2	283	3)			
	event analysis review an effective and acce was developed and fi- high-risk, high-volume when the tacility failet taken to provide conti- Lelemetry mor patients reviewed. (P. Findings include: Review of the medica presented to the Eme at 6:30 AM does not pump	and problem prone area d to ensure actions were inuous observation of nitoring for 1 out of 3 attent #1). Il record revealed Patient #1 regency Department (ED) on with a past medical history of (a condition where the as well as it should),,, ajor of the						

ູ (open

surgery), (an irregular heartbeat), and .

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DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES			FORM	1 APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	. 0938-0391
ND DLAN OF CORRECTION DESCRIPTION NUMBER		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		100212	B. WING			-C 17/2022
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
HCA FLORIDA OCALA HOSPITAL		1	1431 SW 1ST AVE DCALA, FL 34471			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
(A 283)	Continued From page	25	{A 283}			

Review of the Emergency Screening note dated at 6:39 AM reads, "Per __fpatient] 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." Focused physical exam under general/const [Constitutional] reads, "Awake, alert. No acute distress. Well appearing, Neurologic; mental status read Review of the labs collected dated 6:59 AM reported 2.9 as a critical low. 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. 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 white trying to be placed on CT causing a . . . on right lower . . . and pulled out ." 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." Review of the nursing documentation dated

		D HUMAN SERVICES					M APPROVED
		MEDICAID SERVICES					0. 0938-0391
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		LE CONSTRUCTION		PLETED
		100212	B. WING			1	I-C (17/2022
NAME OF PE	ROVIDER OR SUPPLIER			Т	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1	1431 SW 1ST AVE		
HCA FLOR	RIDA OCALA HOSPITAL			L	OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΊX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
{A 283}	reads, "Unsuccessful assistance and x 1 wi blowing. Requested a Review of the nursing at 11:30 Al reads, "Another nurse started, by provider. Awaiting or Review of the nursing at 12:15 PM reads, "Still not and retaining 526 mls Review of the nursing at 1:10 PM. reads, "Till RN assis, who was noted to burnesponsive. to not have a, Till Staff A' namej RN still called immediately." Review of the physicial authored by Registered Nurse) reading the floor with a start of the floor with a	authored by Staff A, RN, attempts x 2 without th assistance. Veins keep sissistance for a line." I documentation dated wauthored by Staff A, RN, attempted again to get successful x 3. Contact ters." I documentation dated authored by Staff A, RN, scan performed [millitiers]." I documentation dated authored by Staff B, RN, ted RN [Staff A name] with see on the ground grown be on the ground grown be on the ground grown be on the ground grown beautiful and a staff A name]. Code Blue	{A.7	283	33		

.. at 12:57 when there was no .

		ID HUMAN SERVICES					M APPROVED
		MEDICAID SERVICES					0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	1	PLETED
		100212	B. WING			1	I-C /17/2022
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	RIDA OCALA HOSPITAL			1	431 SW 1ST AVE		
HCA FLOI	RIDA UCALA HUSPITAL			c	OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
(A 283)	rhythm and then at 1: strip showed additional telemetry in provided by the facility and obtained and the control of the contro	06 PM when the telemetry No nonlotring strips were y No no at 9-50 AM erece were four staff members a station, three registered secretary. The telemetry present at the nurse's our patients on telemetry attentions to the didention occurred on Patient Sately Director] met ector immediately after the the occurrence of a irrector to collect additional RCA with leam, The event reviewed umentation, staffing, The event reviewed umentation, staffing in the property of the prop	{A.2	283}			

did not recognize the risk: The staff did not

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CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
				R-C
	100212	B. WING		03/17/2022
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

		100212	B. WING			17/2022
NAME OF PR	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
				١,	431 SW 1ST AVE	
HCA FLOR	RIDA OCALA HOSPITAL			(DCALA, FL 34471	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)	(X5) COMPLETION DATE
	Continued From page recognize the risk of a not complete the risk of a not complete the risk of a not complete the risk patient was not at before the Implen Risk Mitigation strates provided to all ED sta expectations of compatients and the propequipment. Education expectation that hour assessment is complemedical record within Thirty random chart a documentation of precautions and hour compliance is 100%	28 Jatient falling, the staff did isk evaluation as per policy, tempting to sex the bed pentation date jeies: Education will be if members on the eting a . assessment for er use and location of all will also include the yrounding and inpatient sted and documented in the the policy timeframe. udlis will be conducted on assessment, application of yrounding and application of yrounding. The expected implementation date alarms or safety: The equipment chanisms were			CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
	monitoring of telemetra centralized monitori include the addition of addition of tele boxes [Full Time Equivalent] Implementation date: adequate compared to	Staffing was not				

EPARTMENT OF HEALTH AND HUMAN SERVICES						
CENTERS FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-03		
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				R-C		
	100212	B. WING		03/17/2022		
IAME OF PROVIDER OR SUPPLIER			STREET ADDRESS CITY STATE ZIP CODE			

		ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES	_			OMB NO	0. 0938-0391
STATEMENT OF DEFICIENCIES UND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY PLETED
		100212	B. WING				-C 17/2022
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1	431 SW 1ST AVE		
HCA FLO	RIDA OCALA HOSPITAL			c	DCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{A 283}	IDA OCALA HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) Continued From page 30 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." 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 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 tendecking telemetry as to the year of the telemetry tendenting the control of the top to day to the control of the control of the control of the telemetry tendenting the control of the top to day telemetry tendenting the control of the top to day telemetry tendenting the control of the top to day 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 monitoring. We have not had any major events prior to this related to the plot of a telemetry tendential to the plot of a telemetry monitoring. We have not had any major events prior to this related to the side that we 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. The		{A}	283}			
		lized monitoring for the a telemetry monitoring					

policy for the hospital, and it does apply to the ED

		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED		
TATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		100212	B. WING			R-C 03/17/2022			
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE				
				10	131 SW 1ST AVE				
HCA FLO	RIDA OCALA HOSPITAL			0	CALA, FL 34471				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
(A 283)	also. I don't really kno off telemetry. We wer data after the event. I we did not have the c the strips from the mchart for any problem of the strips from the mchart for any problem. Office President of Question of the patients was the strips from the mchart for any problem. We were recipitated the owns after the fact that event also. We were precipitated the owns after the fact that was a few the fact that event also. We were talso, the strips of the fact that the strips. I did not for any other concern focused on prever focused on prever the strips with the strips of the strips of the strips we should have the strips, we should have thorough record. If we could not strips, we should have thorough record. If we could not strips, we should have thorough record. If we could not strips, we should have thorough record. If we could not strips, we should have thorough record. If we could not strips, we should have thorough record. If we could not strips, we should have thorough record.	ow how long the patient was e having trouble printing any did take photographs, but ompany come and retrieve mintor. I did not review the s." at 3:10 PM. The allity stated, "We did not do a rimine what the exact cause s. We were initially told that told that no one knew what rithe	(4)	283}					

Chief Nursing Officer (CNO) stated, "We did not

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FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _

			A. BUILDING		1		
			B. WING		R-C		
		100212	B. WING_			03/	17/2022
NAME OF PROVIDER OR SUPPLIER			- 1		FADDRESS, CITY, STATE, ZIP CODE		
HCA FLORIDA OCALA HOSPITAL				1431 S	W 1ST AVE		
HCA FLORIDA OCALA HOSFITAL				OCAL.	A, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
(A 283)	Continued From page	, 99	{A 2	221			
[[, ,		10.5	337			
		SEA. We were not aware of					
		ne patients stay. I was					
		as any problem getting the					
	telemetry strips printe	t fully. We did consider the					
		t a dedicated telemetry					
		he cause, but failed to					
		lace staff in that position					
		afternative means to monitor					
	patients while in the E						
		afety measure and we didn't.					
	This is not us as an o						
		. 3					
	During an interview o	n at 8:30 AM, the					
	Chief Medical Officer						
	actively involved in th	e 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 looke	d at the plan and I failed to					
		were. I was not aware that					
		rough investigation and that					
		not sure how we missed					
		entered and safety focused.					
		rst priority. Although I am					
		edical Staff, I also partner					
	with [CNO's name] in	all aspects of care delivery."					
	Review of Policy #10	186067 titled "Organizational					
	Performance Improve	ment Plan", approved on					
		countability for Performance					
	Improvement and Pat	ient Safety: The governing					
	body and the hospital	and medical staff leaders					
	are accountable for the	ne development,					
	implementation, moni	toring and evaluation of the					
	performance improve	ment and patient safety plan					
		t support it. The leaders will:					
	Establish a planned,	systematic, organization					

wide approach to process design redesign,

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 05/20/2022 M APPROVED D: 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ECONSTRUCTION	1	PLETED
		100212	B. WING				-C 17/2022
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HCA FLOR	RIDA OCALA HOSPITAL				431 SW 1ST AVE DCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
(A 283)	safety and quality of rimprovement activitie quality and patient sa activities are evaluated activities are evaluated as activities are activities and activities and activities are activities and activities are activities and activities are activities and activities and activities are activities and activities are activities and activities and activities and activities are subsequent performa and risk of an immedia to our patients." NURSING SERVICE CFR(s): 482.23 The hospital must have activities activit	ement, analysis and the health outcomes, patient tare; Ensure performance is address priorities for fety, and that improvement dt; Develop specific, jettleva and targets for ment, clinical outcomes and sh process to assure on medical/healthcare errors, affected patients, and preservation of factual quent analysis; Assign high ety in the design or redesign is or services; Define onding to the various types errious event analysis, in I event or for conducting on activities; Use the yisis to establish and support is, functions and services in duce the probability of the s; Measure and track noe to ensure stained; Provide care, did an environment that pose te threat to health or safety	{A2				
	The nursing services supervised by a regis						

This CONDITION is not met as evidenced by: The revisit is for the removal of the Immediate

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/20/2022

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO	O. 0938-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		100212	B. WING _			R-C 1/17/2022	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
				1431 SW 1ST AVE			
HCA FLOR	RIDA OCALA HOSPITAL			OCALA, FL 34471			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
(A 385)		ondition continues. ew, interview, observation, dure review, the Immediate to be removed on	3E A}	.5)			
	Based on medical recopolicy and procedure have adequate numb nurses and other per care in a safe setting (Patient #1). The hos standards of practice experienced an unwit without vital signs an failure to implement t telemetry monitoring patient being left in at the hospital setting. The adequate number nurses and other quaurising care in a safe patients (Patient #1). constitutes an Immediate positions and patients (Patient #1).	Inessed , was found d was unresponsive. The he hospital's protocol resulted in the unsafe situation while in he hospital failed to ensure so filcensed registered liffed personnel to provide settling for 1 out of 3. This systemic failure liate Jeopardy situation.					
{A 392}	STAFFING AND DEL CFR(s): 482.23(b) The nursing service numbers of licensed in practical (vocational) to provide nursing cal)E A}	(2)			

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

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		100212	B. WING			I-C /17/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1431 SW 1ST AVE OCALA, FL 34471	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE 'HE APPROPRIATE	(X5) COMPLETION DATE
(A 392)			(A 392			
	Care of Patient, Moni	_				
	transported out of the	monitoring order is ED the monitoring and the patient will be monitoring.				
	of all education tracki plan monitoring will b	ntil there is 100% onsecutive months. Results ng, audit results, and action a reported at least monthly adical Executive Committee,				

and Board of Trustees. Results will be reported

DEPARTMENT OF REALTH AN	D HUMAN SERVICES			FORM APPROVE
CENTERS FOR MEDICARE & I	MEDICAID SERVICES			OMB NO. 0938-039
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
	100212	B. WING		R-C
	100212	D. WING		03/17/2022
VAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

		100212	B. WING			03/17/2022	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MCA ELO	RIDA OCALA HOSPITAL			1.	431 SW 1ST AVE		
HCA FLOR	RIDA OCALA HOSPITAL			0	CALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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)	Executive Leader atte Report which is distrik include audit data. Education was develo Department Leadersh that were working tha of _ risk assessmen interventions, and me requirements. The etelestimeters are dissemination and transport of the requirements of the requirements. The etelestimeters are dissemination and transport of the requirements and contract staff edu. Installation of wall-moconnected to nurse department rooms wa portable alarms are at a rear and the requirement of the records that trigger as ensure insk assess appropriate interventit the nurse caring for the non-compliance will be one education. CNO have oversight of ass Audits will continue ure for two consecutive meducation tracking, a monitoring will be reputational. Medical in tracking, a monitoring will be reputational.	e. Safety Huddle includes indance. The daily Safety survived vias email will also oped and conducted by ED ip to all available ED staff t day regarding completion its, appropriate dical record documentation ducation will be placed in the liton system) for cking of compliance (king of compliance). When the complete dical record documentation ducation will be placed in the liton system) for cking of compliance. SERI staff to be completed. Dender the catterion. SERI staff to be completed, nocroporated into new hire cation. In unted bed alarms all emergency is completed. Dedicated valiable for hallway patients. Vobservations consisting of day conducted of ED patient is "potential risk" to sment as completed and ones were implemented by the patient. Any areas of eadfressed through one on (Chief Nursing Officer) will urance if auditing schedule, mill there is 100% compliance.	(A3	92)			

DEPARTMENT OF HEALTH AN	ID HUMAN SERVICES			FORM APPROVE
CENTERS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				R-C
	100212	B. WING		03/17/2022
VAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

		100212	B. WING			03/	17/2022
NAME OF PI	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
				1.	431 SW 1ST AVE		
HCA FLOR	RIDA OCALA HOSPITAL			c	CALA, FL 34471		
-	0.000000000	TELEPOR OF BERNOWN AND		_	PROVIDER'S PLAN OF CORRECTION		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFI	x	(EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIATI		DATE
					DEFICIENCY)		
(A 392)	Continued From page	37	{A 3	921			
		. Safety Huddle includes	V	,			
	Executive Leader atte						
		v VPQ [Vice President					
		ee. The daily Safety Report					
		a email will also include					
	audit data.						
	Education was develo	pped and conducted by ED					
	Leadership to all avail	lable ED staff that were					
	working that day rega	rding "Alarm Fatigue &					
		cation will disseminated and					
		e. Education has been					
		hire and contract staff					
	education.						
	en						
	Findings for the remove	val of the immediate					
	jeopardy included:						
	An observation condu	eted on					
		showed there was a bank					
		nitor Technician (MT) seated					
		e were four patients on					
		of the observations. Nursing					
		the patients' rooms. At					
	9:25 AM the MT radio	ed the nurse that patient in					
	ED 16 (Patient #2) wa	s off telemetry. The nurse					
	responded via radio w	vithin 20 seconds that she					
	was in the room with	patient replacing the leads.					
	At 9:40 AM a loud ala	rm was heard at the nurses'					
	station related to Patie	ent #3. Two staff who were					
		immediately got up and					
		3's room, as the Registered					
		cated via two-way radio to					
		n she was assisting Patient					
		At 10:15 AM a					
		d the MT and requested a					
		patient in to go to					
		, , (CT) scan. The MT					
	provided a telemetry t	oox. The nurse and					

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DEFAILT	WENT OF HEALTHAN	ID HOMMIN SERVICES				FOR	RM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		DISTRUCTION		E SURVEY IPLETED
		100212	B. WING				R-C 3/17/2022
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
				1431	SW 1ST AVE		
HCA FLO	RIDA OCALA HOSPITAL			oc	ALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
(A 392)	placed the patient on radioed the MT to cor rhythm prior transported to the CT responded to a emergency room bed were at bedside imm Medical Technicians: instructed the RN to in the completed a patient was placed or transported to by the RN and physic returned to with patient on the observed at 12:02 PN strip and place in the PM the patient in externity to get out sounded loudly, staff PM to check on the posserved on a stretch possible, the patient in place, and was wear During the observed to all telen During an observation at 2:45 PM it showed telemetry in the ED observed to print out providing these strips	went to Patient #2, the telementy box and infirm the presence of a or the patient being room. At 11:25 AM an RN alert that presented to The nurse and physician ediately with two Emergency (EMT's). The physician monitor while assessment. The a portable monitor and at 11:28 AM accompanied aion. At 12:00 PM the patient the RN who placed the monitor. The RN who placed the monitor. The MT was a baserved of the bed, the bed alarm entered the room at 12:16 attent. The patient was enter that was in the low ad a yellow armband in ng yellow non skids socks. In the shall be shall be shall be and of the the shall of the s	{A3	92)			

documented there was a Monitor Technician on

		ID HUMAN SERVICES					MAPPROVED
		MEDICAID SERVICES					0. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		PLETED
		100212	B. WING				I-C /17/2022
NAME OF P	ROVIDER OR SUPPLIER			П	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1	1431 SW 1ST AVE		
HCA FLO	RIDA OCALA HOSPITAL				OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
(A 392)	Continued From page the schedule 24 hour	e 39 s a day seven days a week.	(A)	392	2)		
	period of documented 100% or and/or deviation in rh the chart except date	of the telemetry log for the through ompliance with answering yithm and telemetry strips in d with 96% the through the strips in the strip in the strips					
	leadership. Informati telemetry patients in t emergency departme telemetry, any events	documented safety ted daily to include all on for staff included the ED, patients in the					
	dated to include leadership Do No Harm, / assessments and do telemetry monitoring responsibilities and N alarms/call system, simmediate notification	process, Monitor Technician lurse responsibilities, bed erious safety event n, alarm fatigue and and clinical alarm hazards					
	period of documented complian 25 audits being comp	for assessments for the through					

		ID HUMAN SERVICES MEDICAID SERVICES			APPROVED 0. 0938-0391		
STATEMENT (OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI B. WING		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED -C
		100212	B. WING	_		03/	17/2022
	ROVIDER OR SUPPLIER RIDA OCALA HOSPITAL				STREET ADDRESS. CITY, STATE, ZIP CODE 1431 SW 1ST AVE OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
(A 392)	Review of the inte observed by nursing for the period of documented 10 Review of HealthStre. In for documented 89.65%, completed the training Interviews were cond beginning at 9:15 AM a Monitor Technician, Paramedio/Emergenc related to the implem the immediate jeopan was verified a MT has in the ED continuousl alarms that are part owill alarm when a pati bed unassisted. The they had received training the strength of the first part of the fi	rventions, precautions and bed alarm compliance	{A3	\$92)			

12:10 PM, the ED Medical Director at 12:25 PM, Vice President of Quality at 3:10 PM, the Chief

		ND HUMAN SERVICES					RM APPROVED	
	S FOR MEDICARE & OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GLIA			ONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY		
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		ONSTRUCTION	COI	MPLETED	
		100212	B. WING			R-C 03/17/2022		
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE			
	ND 4 00 41 4 1100001741			143	1 SW 1ST AVE			
HCA FLORIDA OCALA HOSPITAL				oc	ALA, FL 34471			
(X4) ID PREFIX TAG				x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
(A 392)	Officer at 12:25 PM, CVICU (Telemetry at 3:45 PM interviewees discussinely provided and/or assit new policies and promoitoring and trainir resolution of the deficit the training of the ED likelihood of any advunnoticed willie we tand stated their comes safety, and continues for the best clinical provided to the continues of th	25 PM, the Chief Medical and the RN Director of	£ A}	92)				
	Review of the medica	al record for Patient #1						

revealed the patient presented to the Emergency

PRINTED: 05/20/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND BLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING R-C 100212 R MING 03/17/2022

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1431 SW 1ST AVE HCA FLORIDA OCALA HOSPITAL OCALA, FL 34471 SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (A 392) Continued From page 42 {A 392} past medical history of condition where the ... does not pump . . . as well as it should), , , (high ,), . . . , (the major of the are damaged or surgery). (an irregular heartbeat), and (a .). 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. 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." Focused physical exam under general/const (Constitutional) reads, "Awake, alert, No acute distress. Well appearing. Neurologic: mental status read Review of the labs collected dated 6:59 AM reported 2.9 as a critical low. level is 3.6 to 5.2 Normaliv. your 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

Facility ID: HL100212

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		100212	B. WING			R-C 03/17/2022	
NAME OF PR	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
HCAFLOR	RIDA OCALA HOSPITAL			143	31 SW 1ST AVE		
HCA FLOR	CIDA OCALA HOSPITAL			00	CALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
(A 392)	mally%2C%20your% evel,and%20requires attention.) Review of Patient #1' patient was admitted at 10:14 AM and rem department awaiting: Review of the nursing at 7:55 AM Registered Nurse (RI from CT (was thrashing around CT causing a pulled out ." Review of the nursing at 8:50 AM authored "Unable to get and not following con Review of the nursing at 8:35 AM reads, "Unsuccessful assistance and x 1 w blowing. Requested a Review of the nursing at 11:30 AI	sym	{A.S	892)			
	provider. Awaiting ord	nsuccessful x 3. Contact iers." glocumentation dated					

reads, "Still not

scan performed

		ID HUMAN SERVICES				FORM	# APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		100212	B. WING	_			-C 17/2022
NAME OF PE	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
MCV EL OE	RIDA OCALA HOSPITAL				1431 SW 1ST AVE		
TICA FLOR	IDA OCALA NOSFITAL				OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
(A 392)	Continued From page	e 44	{A 3	392)		
	at 1:10 PM ireads, "This RN says had so to unresponsive. to not have a	"from her noted This RN held C., while arted J. Code Blue ian progress note dated APRN (Advanced Practice ads, "Event: I found the th over her checked the patient, no					
	Review of telemetry s showed no (available within the m at 12:55 PM. The nex at 12:57 who	kt strip provided was on en there was no :06 PM when the telemetry , . No nonitoring strips were					
	present in the nurse's nurses and one unit s bank of monitors was station. There were for monitoring with one p	ere were four staff members station, three registered secretary. The telemetry present at the nurse's pur patient's netternetry indicated the second					

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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-		
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
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		100212	B. WING			03/	17/2022
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				1	431 SW 1ST AVE		
HCA FLOR	RIDA OCALA HOSPITAL			۰	CALA, FL 34471		
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PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	^	CROSS-REFERENCED TO THE APPROPRIATI		DATE
1110					DEFICIENCY)		
(A 392)	C+: F	45					
(A 392)	Continued From page		{A 3	92)			
		n at 9:50 AM, the					
		r stated, "We have had					
	several meetings rela	ted to this event and did an					
	SEA [serious event ar	nalysis]. We have not					
	finished our analysis of	of the event and fully					
	implemented the corre	ective actions. We are still					
	meeting to complete t	he process. We are looking					
	into having centralized	d telemetry monitor for the					
	patients but that will to	ake time. We do not have a					
	dedicated monitor tec	hnician in the ED					
	[Emergency Departm	ent] as of right now. We did					
	discuss doing this, but	t neither telemetry nor the					
	ED could provide the	resources. There has been					
	no initiation of teleme	try boxes in the emergency					
	department. There ha	s been training related to					
		ns, the use of bed alarms					
	and completing asses						
		peen no additional training					
		onitoring for the ED staff.					
		early. I see that we may not					
		lential of this happening					
		e you might think that. No,					
		any changes immediately					
	to prevent this for hap						
	to provent and for map	pening again.					
	During an interview or	n at 10:05 AM, the					
		ent Director stated, "We					
		ver since this event occurred					
	to come up with a sol						
		but currently nothing has					
		We do not currently have a					
		h telemetry. The nurses are					
	responsible to make s						
	telemetry. The nurses						
		or any patients that require					
		have the process in place. I					
	understand that does						
		nges beyond training on					
	alarms and checking	telemetry. It is possible that					

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		MEDICAID SERVICES					0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		100212	B. WING				-C 17/2022
NAME OF P	ROVIDER OR SUPPLIER		-		STREET ADDRESS, CITY, STATE, ZIP CODE		
				1	1431 SW 1ST AVE		
HCA FLORIDA OCALA HOSPITAL				1	OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
(A 392)	have no good answere not implemented any telemetry monitoring, events prior to this rei On that day, we were couldn't dedicate a ni telemetry tech. We si resources. We neede technician to do the jo patient care to be contraining was provided precautions and hour always at the desk. Telemetry monitoring, meeting related to this dedicated telemetry not part of the central hospital. We do have policy for the hospital also. I don't really knot off telemetry. We were data after the event. I we did not have the othe strips from the mochart for any problem. During an interview o Chief Nursing Officer had several meetings come up with solution telemetry is not an og implement any new p this from occurring as watch the monitors in conducted our root ce	ain if the day were busy. I in place as to why we have changes related any major ated to changes related any major ated to monitoring patients. Over ratios for staffing. I use to do the job of a mply don't have the d at telementy monitor by as we have staffing for cerned about. Additional of a refresher about. Additional of a refresher amended in the place of a refresher of a refresher of a refresher of the place and the place of a refresher of of the place of the pla	{A}	392			

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		100212	B. WING				-C 17/2022
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
				10	431 SW 1ST AVE		
HCA FLO	RIDA OCALA HOSPITAL			0	CALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRU DEFICIENCY)		(X5) COMPLETION DATE
(A 392)	During an interview o Staff C, RN, stated, " than normal and that staffing and what wa are all competent to r ACLS (Advanced but with ratios above impossible to watch a patients if we are in the staffing and watch a patients if we are in the desk at the desk all the tim review the monitors at the desk all the tim review the monitor at that (Patient #1's nam halls were full that da and alerts and was in her room seve patient was very restli while it was in their common seven to be a staff the staff patient was on the monitor at watch was in her nom seven patient was on the monitor bed was on the monitor tech as the was on the monitor tech as a staff we would be given y day when we are able to safely every day when we as us that we would be given the staff of the was the was the staff of the was the staff of the was	at 12:12 PM, The patient ratios are higher really does impact our can do as ED nurses. We want to as ED nurses. We want to as ED nurses. We want to a series of the series	(A 3	:92)			

difficulty with another patient. It is really not safe

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		PLETED
		100212	B. WING				-C 17/2022
NAME OF P	ROVIDER OR SUPPLIER			Ι.	STREET ADDRESS, CITY, STATE, ZIP CODE		
					1431 SW 1ST AVE		
HCA FLORIDA OCALA HOSPITAL				1	OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
(A 392)	we are taking care of watching the telemetr all the time. Alarm me alarm with certain rhy have to count on our them and let us know the count of the country	the for the volume of patients and be responsible for when you was an expensible for the same	{A:	392			

we got her on the monitor. She was in

		ID HUMAN SERVICES					APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		PLETED
		100212	B. WING				-C 17/2022
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	00/	11/LULL
				1	1431 SW 1ST AVE		
HCA FLO	RIDA OCALA HOSPITAL			1	OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
(A 392)	she was off the monits got to her room. The the monitor at the nur sitting at it. I was spe [Advanced Practice R were no alarms gold have a critical or sick see the monitored pa another room. There We cannot effectively are carring for other pa nhour of our time to We are always short more patients coming During a telephone in PM, Staff B, RN, state took over care of [Pat coded. I was assigned at the control of the patients was alway. I rest. [Patient #1 name] was centered the room. I do or it became disconnermember hearing an entered the room. I do rit became disconnermember hearing and the room disconnermember hearing and disconnermember hearin]. I don't know how long or when she or when we alarms were not ringing at se's station when I was aking with the APRN registered Nurse] and there for at all. It is a struggle to patient. We cannot always tients when we are in is no good answer to this view the monitors when we attents that may take up to get what they need done. On staff when there are into the ED." Let view to	{A:	392])		

be able to see the telemetry and have to hope

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DEFAIL	MENT OF HEALTHAN	ID HOMAN SERVICES				FORM	M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTR	RUCTION	(X3) DATE COMP	SURVEY PLETED
		100212	B. WING _			1	t-C /17/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET AL	DDRESS, CITY, STATE, ZIP CODE		
			1	1431 SW 1	IST AVE		
HCA FLOR	RIDA OCALA HOSPITAL			OCALA,	FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION]	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE .	(X5) COMPLETION DATE
(A 392)	We really aren't able- when we are working what is happening at we do need addition the time based on hor During an interview o Vice President of Que thorough SEA to dete of the patients wa it was a We were precipitated the or was after the fact thatevent also. W rhythm strips. I did no for any other concern focused on prever for any other concern focused on prever peartment. I know it continuous telemetry problem. We did disc centralized monitoring develop. We did not of a nurse to watch mon event. The investigati completed, so we we all of the details involu- pation. We should he thorough investigation During an interview o Chief Nursing Officer complete a thorough some key factors in it unaware that there w telemetry strips printe timessigate that aspec	follow up on any alarms. to view patients monitors on others. We can't see all times. I would say that all monitor tech in the ED all we busy we always are." In at 3:10 PM, The allity stated, "We did not do a trimine what the exact cause s. We were initially told that told that no one knew what rithe	(A3	92)			

technician as part of the cause, but failed to

DEPARTMENT OF REALTH AND HOWAN SERVICES						
CENTERS FOR MEDICARE & MEDICAID SERVICES CONTROL OF THE PROPERTY OF THE PROPER						
ID BLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
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100212 B. WE				03/17/2022		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			

1431 SW 1ST AVE HCA FLORIDA OCALA HOSPITAL OCALA, FL 34471 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (A 392) Continued From page 51 {A 392} 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." 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." 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 auidelines 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 & arrythmia detection. Rhythm changes, life threatening arrythmias, 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

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		100212	B. WING	_		1	17/2022
NAME OF P	ROVIDER OR SUPPLIER	•			STREET ADDRESS, CITY, STATE, ZIP CODE		
HCA FLORIDA OCALA HOSPITAL				1	1431 SW 1ST AVE		
				Ľ	OCALA, FL 34471		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{A 392}	G# F	- 50					
(A 392)	Continued From page	e 52 ed and documented at	{A:	392)	(
		als as described below, III,					
	The Registered Nurse						
		nitiation and management of					
		include placement of the the patient including the					
	validation of capture of						
		and patient education					
		nitoring. Telemetry Initiation ider order is required for					
		When ordering telemetry					
	monitoring the docum	ented indication for					
		should align with American					
	association (AH telemetry monitoring.	IA) guidelines for					
	Indication:	or imbalances					
		ass I (should be performed)					
	until normalization of	, ."					