

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL23960162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2022
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 3840 ATMORE GROVE DR LUTZ, FL 33548
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 000	<p>INITIAL COMMENTS</p> <p>A complaint survey (complaint number 2022008687) was conducted at Encompass Health Rehabilitation Hospital of North Tampa on Deficiencies were identified at the time of survey.</p>	H 000		
H 206 SS=1	<p>59A-3.271(3), FAC QUALITY IMPROVEMENT - Data Assessment Process</p> <p>(3) Each hospital shall have a process to assess data collected to determine:</p> <p>(a) The level and performance of existing activities and procedures,</p> <p>(b) Priorities for improvement, and,</p> <p>(c) Actions to improve performance.</p> <p>This Statute or Rule is not met as evidenced by: Based on the facility log, hospital documents, and staff interviews, the facility failed to ensure actions to improve performance were put into effect to prevent in the facility.</p> <p>Findings included: Review of the facility logs for the last 12 months reveals a trend of increasing number of in patients at the facility. The document shows:</p> <p>. - 6 - 7 - 7 - 10 - 10 - 8 - 11 - 14 - 9 - 9 - 11 - 13</p>	H 206		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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H 206	<p>Continued From page 1</p> <p>and from _____ through _____ 10 .</p> <p>Review of the facility documents reveals that the facility created an action plan for the training of supervisors on the post huddle process, and use of the post huddle form and the expectation of doing a post huddle form even when a patient is sent out to a higher level of care due to injury. No evidence was provided that it was completed.</p> <p>Further review of the facility document action plan reveals the facility was unable to provide evidence the staff was educated on the process and expectation.</p> <p>On _____ at 10:24 AM an interview was conducted with staff A. revealed that the facility did not know that they needed evidence that training was completed.</p> <p>On _____ at 1:05 PM an interview with Staff B. shows that she does not have sign in sheets for the education that was provided and no other evidence that it had been done.</p>	H 206		