PRINTED: 09/16/2022

| | | ID HUMAN SERVICES MEDICAID SERVICES | | | | | M APPROVED D. 0938-0391 |
|--------------------------|---|--|------------------------|-----|---|-----|---|
| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDI | | LE CONSTRUCTION | COM | SURVEY PLETED C |
| | | 100213 | B, WING | | | | /31/2022 |
| | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2020 59TH ST W BRADENTON, FL 34209 | | |
| (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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | 8E | (XS) COMPLETION DATE |
| A 000 | INITIAL COMMENTS | | A | 000 | 0 | | |
| | was conducted on at HCA Florida Blake in compliance with Cl CFR 482.23. An Immediate Jeopat beginning on | Hospital. The facility was not FR 482.13, CFR 482.21, and rdy (IJ) was identified at 12:45 PM. The Vice and Patient Safety was | | | | | |
| | rhythm and escalate | ecognize a change in | | | | | |
| | care for a patient with | rovide immediate nursing a change in rhythm ng resulting in the patient's .0392. | | | | | |
| | | rovide qualified nursing ry monitoring. Refer to tag | | | | | |
| | monitoring at risk of it | , and resulted in | | | | | *************************************** |
| | | of these systemic failures cation of Immediate Jeopardy telemetry. | | | | | |

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.

TITLE

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/16/2022

| | | MEDICALD CEDITIONS | | | | M APPROVED |
|--------------------------|--|---|---------------------|--|-----------------------------|-----------------------------|
| | | MEDICAID SERVICES | | | | O. 0938-0391 |
| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING | LE CONSTRUCTION | | E SURVEY PLETED |
| | | 100213 | B. WING | | 08 | C 3/31/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP COD | Œ | |
| HCA FLO | RIDA BLAKE HOSPITAL | | | 2020 59TH ST W BRADENTON, FL 34209 | | |
| (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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE EAPPROPRIATE | (XIS) COMPLETION DATE |
| A 000 | provided by the facilit included: All telementy staff are telementy mo audible alarms and b and prior to any onco Completed with staff surveyors. Education working is ongoing. Fattestation of staff was attestation of staff was attestation of staff was moved to central teletechnicians, complete telementy monitoring other units moved to areas wher monitoring other units patients with alarms or Alarms turned on for monitoring and staff or change completed or ongoing. Verification completed. Tracking of staff significance in the staff of staff significance in the staff or staff and staff or staff and the staff or staff and staff or staff and the staff or staff significance in the staff or staff significant or staff not signed into staff not signed into staff not signed into staff not signed into staff and staff and staff or staff significant or staff and staff significant or staff and staff or staff significant or staff and staff or staff significant or staff and staff and staff or staff significant or staff and staff significant or staff significan | dy action removal plan yon which required to review the intoring process regarding e validated on current shift ming staff working their shift, onsite and observed by for additional staff prior to teview of documentation and s completed. telemetry monitoring was metry visible to telemetry dd . Observation of room was done, monitors e staff are currently s. Observation of | A 00 | | | |
| | | of the facilities immediacy education, review of physical | | | | |

changes in the telemetry room, and monitoring of

PRINTED: 09/16/2022

| | | ID HUMAN SERVICES | | | | | APPROVED |
|-------------|---|--|------------|-------|--|-------------------|--------------------|
| | | MEDICAID SERVICES | 1 | | | | 0. 0938-0391 |
| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | CONSTRUCTION | (X3) DATE COMP | |
| AND PLAN OF | CORRECTION | IDENTIFICATION NUMBER: | A. BUILDIR | ۷G_ | | l | |
| | | 100213 | B. WING | | | 000 | 31/2022 |
| NAME OF DE | ROVIDER OR SUPPLIER | 100210 | D. 10010 | - | STREET ADDRESS, CITY, STATE, ZIP CODE | 1 08/ | 31/2022 |
| MANIE OF FE | (OVIDER OR SOFFCIER | | | | 920 59TH ST W | | |
| HCA FLOR | RIDA BLAKE HOSPITAL | | | | BRADENTON, FL 34209 | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID. | | PROVIDER'S PLAN OF CORRECTION | | (X5) COMPLETION |
| PREFIX | | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFD | × | (EACH CORRECTIVE ACTION SHOULD 8 CROSS-REFERENCED TO THE APPROPRI | | DATE |
| TAG | REGOLATOR FOR I | .SO IDENTIF THO INFORMATION | TAG | | DEFICIENCY) | NIE. | |
| | | | | | 4 | | |
| A 000 | Continued From page | | AC | 000 | | | |
| | | eceive telemetry notification | | | | | |
| | | 6 PM resulted in the | | | | | |
| | Immediate Jeopardy | being removed. | | | | | |
| A 115 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Α' | 115 | | | |
| | CFR(s): 482.13 | | | | | | |
| | A hospital must protei | ct and promote each patient's | | | | | |
| | rights. | ot and promote each patient s | | | | | |
| | ngitto | | | | | | |
| | This CONDITION is | not met as evidenced by: | | | | | |
| | Based on facility poli | cy, medical record review, | | | | | |
| | observation, and inter | rviews it was determined the | | | | | |
| | facility failed to provid | te safe setting for patients on | | | | | |
| | | lemetry monitoring in one | | | | | |
| | | andred and fifty-one patients | | | | | |
| | | monitors on and | | | | | |
| | | | | | | 1 | |
| | | (), 5 South | | | | - | |
| | | hospital Units of 11 units | | | | | |
| | A0144. | monitoring. Refer to | | | | | |
| A 144 | | ARE IN SAFE SETTING | Α.1 | 144 | | | |
| A 144 | CFR(s): 482.13(c)(2) | | ^' | 1-4-4 | | | |
| | 01 11(3). 402.10(0)(2) | | | | | | |
| | The patient has the ri | ight to receive care in a safe | | | | | |
| | setting. | | | | | | |
| | This STANDARD is r | not met as evidenced by: | | | | | |
| | | icy, medial record review, | | | | | |
| | | views it was determined that | | | | | |
| | | sure patients received | | | | | |
| | | monitoring in a safe setting | | | | | |
| | | one hundred and fifty-one | | | | | |
| | patients on te | elemetry monitors and in 3 | | | | | |
| | l North | (CVICU), 5 (), 5 South | | | | | |
| | | hospital units of 11 units | | | | | |
| | mounosi | moopius unita or re unita | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARE SOURCES OMB NO. 0938-0391

| CENTERS FOR MEDICARE & I | MEDICAID SERVICES | | | OMB NO. 0938-0391 |
|---|---|----------------------|------------------------------------|-------------------------------|
| FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | TIPLE CONSTRUCTION ING | (X3) DATE SURVEY COMPLETED |
| | | | | С |
| | 100213 | B, WING | | 08/31/2022 |
| NAME OF PROVIDED OR SUPPLIED | | | STREET ADDRESS CITY STATE 710 CODE | |

| | | 100213 | B. WING | | | 08/ | 31/2022 |
|--------------------------|--------------------------------|--|--------------------|-----|--|-----|----------------------------|
| | ROVIDER OR SUPPLIER | | | 2 | TREET ADDRESS, CITY, STATE, ZIP CODE 020 59TH ST W | | |
| | | | | 8 | RADENTON, FL 34209 | | |
| (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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (XS) COMPLETION DATE |
| A 144 | Continued From page | 3 | А | 144 | | | |
| | being monitored. | | | | | | |
| | Findings included: | | | | | | |
| | | Policy and Procedure titled, | | | | | |
| | | lonitoring", #WFD.PC.023, | | | | | |
| | Revised . continuous telemetry | Patient being monitored on | | | | | |
| | | or nurse who is competent | | | | | |
| | | rpretation & | | | | | |
| | detection changes | | | | | | |
| | | pected life threatening | | | | | |
| | | etelemetry technician will | | | | | |
| | immediately initiate th | ne following process- activate | | | | | |
| | a code blue response | to the patient's bedside, | | | | | |
| | notify the primary RN | [Registered Nurse] or charge | | | | | |
| | RN[CNC], document | on the facility approved | | | | | |
| | | telemetry event notifications, | | | | | |
| | | re with interpretation and | | | | | |
| | send to unitnon-let | | | | | | |
| | | call the primary nurse,, if no | | | | | |
| | contact made or no re | | | | | | |
| | | Within 2 minutes a nurse | | | | | |
| | | tient and contact the monitor | | | | | |
| | | n update on patient status | | | | | |
| | and/or assure the pat | d notification: if not resolution | | | | | |
| | | minutes from time of initial | | | | | |
| | | or tech should call the units | | | | | |
| | | otification time in log. The | | | | | |
| | | he patient status or assure | | | | | |
| | | ssessed and contact the | | | | | |
| | | d given Third notification if | | | | | |
| | | minutes from time of initial | | | | | |
| | | or technician should initiate a | | | | | |
| | | rhead broadcasting should be | | | | | |
| | | 41 17 1 16 | | | | | |

used as a last resort ... At no time during the

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/18/2022 CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 OMB NO. 0938-0391

| CENTERS FOR MEDICARE & | MEDICAID SERVICES | | | OMB NO. 0938-039 |
|---|---|--|---------------------------------------|-------------------------------|
| STATEMENT OF DEFICIENCIES UND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED |
| | | | | С |
| | 100213 | B. WING | | 08/31/2022 |
| NAME OF PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | |

| | | 100210 | D. 11/11/0 | _ | | 98/ | 31/2022 |
|-----------|-------------------------|---|------------|-----|--|-----|--------------------|
| NAME OF P | ROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | | | | 1 | 2020 59TH ST W | | |
| HCA FLO | RIDA BLAKE HOSPITAL | | | | BRADENTON, FL 34209 | | |
| | | | 1 | _ | 1 | | |
| (X4) ID | | NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREF | *** | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE | | (X5) COMPLETION |
| PREFIX | | SC IDENTIFYING INFORMATION) | TAG | | CROSS-REFERENCED TO THE APPROPRIATI | | DATE |
| 1703 | MEGOLATOTT OTT | SO IDEITH THO RE CHMATION | ind. | • | DEFICIENCY) | | |
| | | | | | JET 1812-1817 | | |
| A 144 | Continued From page | . 4 | | 144 | | | |
| 74 1-1-1 | , , | | _ A | 144 | • | | |
| | | uld alarms be turned off or | | | | | |
| | silenced. | | | | | | |
| | Review of Patient #1 | medical record reveals: | | | | | |
| | 1. On a | t 18:01 PM the telemetry | | | | | |
| | strips showed / | () paced | | | | | |
| | rhythm with S | T elevation (2 points | | | | | |
| | recognized in a heart | beat that when elevated can | | | | | |
| | indicate . | or also | | | | | |
| | known as a |). | | | | | |
| | | t 6:18 PM the telemetry strips | | | | | |
| | | thm (abnormally slow | | | | | |
| | | | | | | | |
| | | the end of life. It should be | | | | | |
| | | (no electrical activity of the | | | | | |
| |) and should be | treated with . , , , | | | | | |
| |) | | | | | | |
| | | ips reviewed for Patient #1 | | | | | |
| | from . at 6: | 01 PM through at | | | | | |
| | 6:42 PM reveals the a | alarms were off on 13 | | | | | |
| | telemetry strips and s | ilenced on 6 telemetry strips | | | | | |
| | out of 23 telemetry st | rips reviewed for Patient #1. | | | | | |
| | This indicates that the | audible alarms notifying the | | | | | |
| | telemetry technician o | of an abnormality in the | | | | | |
| | rhythm were silenced | | | | | | |
| | , | - 12.112.2 | | | | | |
| | Pavian of facility doc | uments reveals that there is | | | | | |
| | | emetry log being completed | | | | | |
| | | | | | | | |
| | | :00 AM through 6:30 PM for | | | | | |
| | | ical unit, in which Patient #1 | | | | | |
| | | as started at 6:30PM with the | | | | | |
| | | ne telemetry log reveals that | | | | | |
| | | etry tech attempted to notify | | | | | |
| | nursing Staff M with n | o answer by the RN. The | | | | | |
| | telemetry tech attemp | ted to call the nursing | | | | | |
| | station at 6:32 PM wit | h no answer. On 6:33 PM | | | | | |
| | the telemetry tech has | d done an overhead | | | | | |
| | | atient #1. At 6:36 PM the | | | | | |
| | | overhead page again. At | | | | | |
| | toomon, teer did ar | oromoda pago agam. At | | | | | |

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| CENTERS FOR MEDICARE & | | OMB NO. 0938-039 | | | | |
|---|---|--|---------------------------------------|-------------------------------|--|--|
| TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
| | 100213 | B. WING | | 08/31/2022 | | |
| NAME OF PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
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| NAME OF PROVIDER OR SUPPLIER STREET ADDRES | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
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| HCA FLORIDA BLAKE HOSPITAL | | | | |
| BRADENTON | , FL 34209 | | | |
| PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EA | PROVIDER'S PLAN OF CORRECTION (MS) CCH CORRECTIVE ACTION SHOULD BE COMPLETION SS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | |
| A 144 Continued From page 5 6:40 PM a rapid response was called to Patient #1's room and at 6:47 PM a code blue called to Patient #1's room and at 6:47 PM a code blue called to Patient #1's room Patient #1 expired at 6:54 PM. Facility documents revealed staff 0, who was monitoring Patient #1's telemetry from 6:45 AM to 6:30 PM, had no current competency for basic Interview on at 10:20 AM with staff B reveals that Staff member 0 has been removed from the telemetry monitoring position. Staff B interview on at 12:00 PM revealed the telemetry does not alarm for ST changes or ST elevation (2 points recognized in a heartbeat that when elevated can indicate or also known as a) Observation on at 12:35 PM reveals there were 3 telemetry monitor technicians in the telemetry monitorins with 3 monitor screens on the right and left with the middle station having 4 screens. Staff F on the middle screens left the room and returned approximately 2 minutes later. Observed 3 monitor screens with on the wall with no technician monitoring from nor any chair in front of them. (Photo evidence obtained.) On at 12:50 PM an interview with Staff B confirms no one was watching the () monitors. Staff B stated if the alarms go off the nurse in will answer it at bedside. | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/16/2022 CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

| CENTERS FOR MEDICARE & MEDICAID SERVICES | | | | | |
|---|---|--|---------------------------------------|-------------------------------|--|
| TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
| | 100213 | B. WING | | 08/31/2022 | |
| NAME OF PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |

| NAME OF PROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE | | |
|------------------------------|---|---------------------|-----|---|---|--|
| HCA FLORIDA BLAKE HOSPITAL | | | | 2020 59TH ST W BRADENTON, FL 34209 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFI) TAG | - | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X8) COMPLETION DATE | |
| A 144 | Continued From page 6 On at 1:35 PM an interview with Staff I confirms no telemetry tech is assigned to watch monitors. On at 12:00 PM an interview with Staff B confirms that there is no person watching the telemetry monitors in 's. Staff B disclosed | A 1 | 144 | | | |
| A 263 | 's have a charge nurse who sits at the desk, but she has extra duties and will leave the nursing station to provide care. QAPI CFR(s): 482.21 | A 2 | 263 | | | |
| | The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. | | | | | |
| | The hospital's governing body must ensure that the program reflects the, of the hospital's organization and services; finvivolves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. | | | | | |
| | The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS. | | | | | |
| | This CONDITION is not met as evidenced by: Based on facility documents, Quality and Patient Safety Plan, and interviews the facility failed to ensure that clear expectations for patient safety were implemented by a Quality Assurance Performance Improvement (QAPI) program unique | | | | 000000000000000000000000000000000000000 | |

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| | | ID HUMAN SERVICES MEDICAID SERVICES | | | | | APPROVED 0. 0938-0391 |
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| ATEMENT (| OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILD | | PLE CONSTRUCTION G | (X3) DATE COMP | |
| | | 100213 | B, WING | _ | | 08/ | 31/2022 |
| | ROVIDER OR SUPPLIER RIDA BLAKE HOSPITAL | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2020 59TH ST W BRADENTON, FL 34209 | | |
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| A 321 | to adverse incidents in implement measures occurrences after mu failures that resulted it to telemetry recognitilethal rhythms. The condition is not in failure to maintain a finivestigate, track and measures to prevent facility based on adve SYSTEM QAPI HOSI CFR(s): 482.21(f)(f1). The unified and integestablished in a manneach member hospitize any significant differe and services offered in This STANDARD is read services offered in This STANDARD is read services offered in the services of the facility beformance Improve to the hospital to prevocess failures in on Findings included: Review of the facility program in place doe | DAPI system failed to react and failed to develop and to prevent further titple systemic process in deaths of patients related on and nursing notification of s. Refer to A0321. The due to the systemic unclinding QAPI system to trend, and implement harm to patients in their unclinding QAPI system to trend, and implement harm to patients in their unclinding QAPI system to trend, and implement harm to patients in their unclinding QAPI program is ner that takes into account it's unique circumstances and noes in patient populations in each hospital; and to met as evidenced by: ument, Quality and Patient views the facility failed to e Quality Assessment and ment (QAPI) program unique ent multiple systemic e of one QAPI program. QAPI program reveals the so to services offered to focus | A | 32 | | | |

continuous telemetry monitoring.

| | | ID HUMAN SERVICES MEDICAID SERVICES | | | | PRINTED: 09/16/ FORM APPRO DMB NO: 0938-0 | VED |
|--------------------------|--|---|----------------------|--|-----------------------------|---|-----|
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| NAME OF P | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP COD 2020 59TH ST W | DE | | |
| HCA FLOR | RIDA BLAKE HOSPITAL | | | BRADENTON, FL 34209 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | N SHOULD BE E APPROPRIAT | (X8) COMPLET DATE | |
| A 321 | the quality improve organization-wide sys measure, evaluate at and operational performance of the Chief Medical Off President (VP) of Quality retrend and analyze the deaths in the last 12: telemetry monitoring safety, notifications, s. NURSING SERVICE-CFR(s): 482.23 The hospital must has service that provides nursing services mus by a registered nurse in Service that provides nursing services must by a registered nurse Service that provides nursing services must be a registered nurse service that provides nursing services must be a registered nurse service that provides nursing services must be a registered nurse service that provides nursing services must be a registered nurse service that provides nursing services must be a registered nurse service that provides nursing services must be a registered nurse service services must be a registered nurse service services must be a registered nurse service services must be a registered nurse services and registered nurse services must be | country & Patient Safety Plan ment plan (QI) provides an stemic approach to plan, and improve clinical outcomes manage. And improve clinical outcomes of the country of the Vice of | | 321 | | | |

monitoring. Refer to A0397.

B. Qualified nursing personnel for telemetry

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| | | MEDICAID SERVICES | | | | | M APPROVED O. 0938-0391 |
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| | | 100213 | B. WING | | | 01 | C 3/31/2022 |
| | ROVIDER OR SUPPLIER RIDA BLAKE HOSPITAL | | • | 202 | REET ADDRESS, CITY, STATE, ZIP CODE 20 59TH ST W LADENTON, FL 34209 | , | |
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| A 392 A 392 | Continued From page STAFFING AND DEL CFR(s): 482.23(b) | | | 392 392 | | | |
| | of licensed registered (vocational) nurses, a control of the contr | not met as evidenced by: icy, medical record review, oservation and interviews it acility failed to provide | | | | | |
| | Revised detectedthe monitor nurse, if no contact minmediately escalate Coordinator (CNC). Vishould assess the patechnician and give a and/or assure the pater transmittedSecond from a nurse within 2 | to the Clinical Nurse Vithin 2 minutes a nurse tient and contact the monitor in update on patient status | | | | | |

CNC and enter the notification time in log ... Third notification if no response within 4 minutes from

| | | ID HUMAN SERVICES MEDICAID SERVICES | | | | FORM | 0: 09/16/2022 MAPPROVED 0: 0938-0391 |
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| | | 100213 | B. WING | | | 1 | 31/2022 |
| | ROVIDER OR SUPPLIER | | • | 26 | REET ADDRESS, CITY, STATE, ZIP CODE 120 59TH ST W RADENTON, FL 34209 | • | |
| (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) | | (XIS) COMPLETION DATE |
| A 392 | time of initial notificat should initiate a Teler broadcasting should I no time during should I no time during the me be turned off or silend A. Review of Patient #1 at 6:33 P hospital provided phoresponse was called at 6:42 P Patient #1 expired at Review of the facility | ion, the monitor technician netry Alert overhead be used as a last resort At pritoring phase should alarms sed. medical record that on M a telemetry alert sent via ne and at 6.41 PM a rapid to patient #1 room. On M a code blue was initiated. | Α: | 392 | | | |

for Patient #1.

condition. B. The

#1 from

at 5:30 PM the Patient Care

telemetry strips reviewed for Patient

at 6:01 PM through at 6:42 PM reveals the alarms were turned off on 13 telemetry strips and silenced on 6 telemetry strips out of 23 telemetry strips reviewed

Technician (PCT) informed staff M that Patient #1 and the PCT applied

on Patient #1. Staff M failed to reassess the patient. Further review of the facility documents reveals that the facility provided phone was not answered when the telemetry technician called for notification of status change in Patient #1

Review of Patient #1 Telemetry notification log reveals that there is no evidence of log being

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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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) MULT A. BUILDI | | CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
| | | 100213 | B. WING | | | 08/ | 31/2022 |
| NAME OF PE | ROVIDER OR SUPPLIER | | | 9 | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | | | | | 920 59TH ST W | | |
| HCA FLOR | RIDA BLAKE HOSPITAL | | | E | BRADENTON, FL 34209 | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID. | | PROVIDER'S PLAN OF CORRECTION | | (X5) COMPLETION |
| PREFIX | | Y MUST BE PRECEDED BY FULL. "SC IDENTIFYING INFORMATION) | PREFI | × | (EACH CORRECTIVE ACTION SHOULD 8 CROSS-REFERENCED TO THE APPROPRIA | | DATE |
| 1703 | ALGODATOR! OR | SO IDEITI THO RECTIMENTOR | iAG | | DEFICIENCY) | | |
| A 392 | Continued From page | 11 | Δ. | 392 | | | |
| | completed on | from 6:00 AM through | | o o z. | | | |
| | | elemetry log reveals that on | | | | | |
| | | v technician attempted to | | | | | |
| | | answer by the RN. The | | | | | |
| | telemetry technician a | attempted to call the nursing | | | | | |
| | | th no answer. On 6:33 PM | | | | | |
| | | done an overhead broadcast | | | | | |
| | | ent #1. At 6:36 PM the | | | | | |
| | | verhead page again. At 6:40 | | | | | |
| | | was called to Patient #1 a code blue called to Patient | | | | | |
| | #1 room. | a code blue called to Patient | | | | | |
| | #1 Idolli. | | | | | | |
| | Observation on | at 12:35 PM reveals | | | | | |
| | | y monitors technicians in the | | | | | |
| | | room. There were 3 stations | | | | | |
| | | with 3 monitor screens on | | | | | |
| | | the middle station having 4 e middle screens left the | | | | - | |
| | | pproximately 2 minutes later. | | | | | |
| | Observed 3 monitor s | | | | | | |
| | | ing them nor any chair in | | | | | |
| | front of them. (Photo | | | | | | |
| | 0 140 | 70 DM | | | | | |
| | | 50 PM an interview with Staff | | | | | |
| | B confirms no one wa | itors along the wall. | | | | | |
| | | arms go off the nurse in | | | | | |
| | will answer it at bedsi | | | | | | |
| | | | | | | | |
| | | 5 PM an interview with Staff I | | | | | |
| | | tech is assigned to watch | | | | | |
| | monitors. | | | | | | |
| | On at 12: | 00 PM an interview with Staff | | | | | |
| | D confirms that there | ie no person watching the | | | | | |

telemetry monitors in . Staff B disclosed

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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| | | MEDICAID CEDVICES | | | | | APPROVED |
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| | | MEDICAID SERVICES | | | | | 0.0938-0391 |
| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILD | | CONSTRUCTION | l | LETED |
| | | 100213 | B, WING | | | 08/ | 31/2022 |
| NAME OF PR | ROVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| HCA FLOF | RIDA BLAKE HOSPITAL | | | | 020 59TH ST W BRADENTON, FL 34209 | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID. | | PROVIDER'S PLAN OF CORRECTION | | (X5) COMPLETION |
| PREFIX | | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREF | | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA | | DATE |
| mo | | | | | DEFICIENCY) | | |
| A 392 | Continued From page | e 12 | A | 392 | | | |
| | have a charge nurse | who sits at the desk, but she | | | | | |
| | | will leave the nursing station | | | | | |
| | to provide care. | | | | | | |
| | Staff B interview on | at 12:00 PM | | | | | |
| | | v does not alarm for ST | | | | | |
| | | cognized in a heartbeat that | | | | | |
| | when elevated can in | * | | | | | |
| 4 007 | also known | | | 207 | | | |
| A 397 | PATIENT CARE ASSI CFR(s): 482.23(b)(5) | | A | 397 | | | |
| | 011((3). 402.23(0)(0) | | | | | | |
| | A registered nurse mi | ust assign the nursing care of | | | | | |
| | each patient to other | | | | | | |
| | | patient's needs and the ons and competence of the | | | | | |
| | nursing staff available | | | | | | |
| | | | | | | | |
| | | not met as evidenced by: | | | | | |
| | | cy, medical record review, | | | | | |
| | | nd interviews the facility failed for monitor the | | | | | |
| | | n one (staff O) out of four | | | | | |
| | staff files reviewed. | | | | | | |
| | Findings included: | | | | | | |
| | | | | | | | |
| | | policy and procedure title, | | | | | |
| | Revised . | Ionitoring", # WFD.PC.023, Monitor Technician | | | | | |
| | | ient will be monitored by a | | | | | |
| | , , | someone with equivalent | | | | | |
| | competencies of basi | ic. , | | | | | |
| | Equility degrees | vegled as suidenes that -+-# | | | | | |
| | | evealed no evidence that staff rhythm interpretation & | | | | | |
| | | | | | | | |

detection.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED. 09/18/2022 CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

| CENTERS FOR MEDICARE & I | MEDICAID SERVICES | | | OMB NO. 0938-039 |
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| FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | TIPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED C |
| | 100213 | B. WING | | 08/31/2022 |
| NAME OF PROVIDER OR SUPPLIER | | | STREET ADDRESS CITY STATE 7ID CODE | |

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| | | 100213 | B. WING | | 08/31/2022 | |
| AME OF PE | ROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | | | | 2020 59TH ST W | | |
| CA FLOR | RIDA BLAKE HOSPITAL | | - 1 | | | |
| | | | | BRADENTON, FL 34209 | | |
| (X4) ID | SUMMARY ST | VIEWENT OF DEFICIENCIES | di di | PROVIDER'S PLAN OF CORRECTION | (X5) | |
| PREFIX | (EACH DEFICIENC) | MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE | COMPLETE | |
| TAG | REGULATORY OR I | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO THE APPROPRIAT | E DATE | |
| | | | | DEFICIENCY) | | |
| | | | | | İ | |
| A 397 | Continued From page 13 | | A 397 | , | | |
| | , , | our roll page to | | | | |
| | Interview on | at 10:20 AM with staff B | | | | |
| | | nber O has been removed | | | | |
| | | | | | | |
| | from the telen | netry monitoring position. | 1 | | | |
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| CENTER | S FOR MEDICARE & | MEDICAID SERVICES | | | | OMB N | O. 0938-0391 |
| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTI A. BUILDIN | | ONSTRUCTION | | E SURVEY MPLETED |
| | | 100213 | B. WING _ | | | 0 | C 8/31/2022 |
| NAME OF PE | ROVIDER OR SUPPLIER | | | STR | EET ADDRESS, CITY, STATE, ZIP CODE | | |
| | | | 1 | 202 | 0 59TH ST W | | |
| HCA FLOR | RIDA BLAKE HOSPITAL | | | BR | ADENTON, FL 34209 | | |
| (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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| A 000 | INITIAL COMMENTS | | Α0 | 100 | | | |
| | was conducted on at HCA F facility was not in con CFR 482.21, and CFI | | | | | | |
| | An Immediate Jeopar beginning on President of Quality a notified of Immediate 4:00PM. | at 12:45 PM. The Vice and Patient Safety was | | | | | |
| | The facility failed to re rhythm and escalate resulting in a patient | ecognize a change in process of notification . Refer to Tag A144 | | | | | |
| | care for a patient with | ng resulting in the patient's | | | | | |
| | | rovide qualified nursing ry monitoring. Refer to tag | | | | | |
| | These placed monitoring at risk of is unidentified the Condition of Particompliance. | , and resulted in | | | | | |
| | The effect resulted in the identifi Jeopardy for those pa | | | | | | |
| | An Immediate Jeopas provided by the facilit | dy action removal plan y on which | | | | | |

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

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| ELITATION OF THE CHITTED TOUR OF CENTION | | | | | |
|--|---|--|-------------------------------|--|--|
| ENTERS FOR MEDICARE & I | MEDICAID SERVICES | | OMB NO. 0938-039 | | |
| TEMENT OF DEFICIENCIES PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | (X3) DATE SURVEY COMPLETED | | |
| | 100213 | B. WING | С | | |
| | 100213 | D. WING | 08/31/2022 | | |

08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

2020 59TH ST W HCA FLORIDA BLAKE HOSPITAL BRADENTON, FL 34209 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE

PREFIX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 000 Continued From page 1 A 000 included: All telemetry staff are required to review the telemetry monitoring process regarding audible alarms and be validated on current shift and prior to any oncoming staff working their shift. Completed with staff onsite and observed by surveyors. Education for additional staff prior to working is ongoing. Review of documentation and attestation of staff was completed. telemetry monitoring was moved to central telemetry visible to telemetry . Observation of technicians, completed telemetry monitoring room was done. monitors moved to areas where staff are currently monitoring other units. Observation of patients with alarms not silenced completed. Alarms turned on for ST elevation on telemetry monitoring and staff oriented to change. Alarm change completed onsite Education ongoing. Verification with telemetry staff completed. Tracking of staff signing into the hospital provided phones to receive telemetry alerts. Reports verified by surveyor. Monitoring ongoing, Review of current staff not signed into hospital provided phones with explanations done with management. Verified reports are done a half hour after each shift begins. Based on verification of the facilities immediacy removal action plan, education, review of physical changes in the telemetry room, and monitoring of nursing staff able to receive telemetry notification on at 6:06 PM resulted in the Immediate Jeopardy being removed.

AND

Facility ID: HL100213

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| CENTERS FOR MEDICARE & | MEDICAID SERVICES | | OMB NO. 0938-0391 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | (X3) DATE SURVEY COMPLETED |
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| | 100213 | B. WING | 09/31/2022 |

08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

2020 59TH ST W HCA FLORIDA BLAKE HOSPITAL

| | | BR | ADENTON, FL 34209 | |
|--------------------------|--|---------------------|--|---------------------------|
| (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) COMPLETIO DATE |
| A 115 | PATIENT RIGHTS CFR(s): 482.13 | A 115 | | |
| | A hospital must protect and promote each patient's rights. | | | |
| A 144 | This CONDITION is not met as evidenced by: Based on facility policy, medical record review, observation, and interviews it was determined the facility failed to provide safe setting for patients on continuous telemetry monitoring in one (Patient #1) of one hundred and fifty-one patients on telemetry monitors on and three [(CVICU), 5 North (), 5 South Medical hospital Units of 11 units with patients on monitoring. Refer to AD144. PATIENT RIGHTS: CARE IN SAFE SETTING | A 144 | | |
| | CFR(s): 482.13(c)(2) The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: Based on facility policy, medial record review, observation and interviews it was determined that the facility failed to ensure patients received continuous telementy monitoring in a safe setting in one (Patient #1) of one hundred and fifty-one patients on telemetry monitors and in 3 [North (),5 South Medical] hospital units of 11 units being monitored. | | | |
| | Findings included: Review of the facility Policy and Procedure titled, "Tellemetry Monitoring", #WFD.PC.023, RevisedPatient being monitored on | | | |

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| DEPART | MENT OF HEALTH AN | ID HUMAN SERVICES | | | | | M APPROVED |
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| CENTER | S FOR MEDICARE & | MEDICAID SERVICES | | | | OMB NO | D. 0938-0391 |
| | DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPL(ER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | | PLE CONSTRUCTION | COM | E SURVEY PLETED |
| | | 100213 | B. WING | _ | | | C /31/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | • | | Τ | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| | ND 4 DI 4VE HOODITAL | | | l | 2020 59TH ST W | | |
| HCA FLUE | RIDA BLAKE HOSPITAL | | | l | BRADENTON, FL 34209 | | |
| (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 144 | Continued From page | | А | 1. | 44 | | |
| | continuous telemetry | will be observed by a | | | | | |
| | | or nurse who is competent | | | | | |
| | in rhythm inte | | | | | | |
| | detection changes | | | | | | |
| | | suspected life | | | | | |
| | | detected thetelemetry iately initiate the following | | | | | |
| | | ode blue response to the | | | | | |
| | patient's bedside, not | | | | | | |
| | [Registered Nurse] or | | | | | | |
| | | lity approved process for | | | | | |
| | | vent notifications, print copy | | | | | |
| | of disclosure with inte | erpretation and send to unit | | | | | |
| | non-lethal | is detectedthe monitor | | | | | |
| | tech will call the prima | ary nurse,, if no contact | | | | | |
| | | immediately escalate to the | | | | | |
| | | es a nurse should assess | | | | | |
| | | ct the monitor technician | | | | | } |
| | | n patient status and/or | | | | | |
| | | ythm is being transmitted | | | | | |
| | | not resolution from a nurse | | | | | |
| | | time of initial notification, ald call the units CNC and | | | | | |
| | | time in log. The CNC should | | | | | |
| | | atus or assure the patient | | | | | |
| | | d contact the monitor | | | | | |
| | | Third notification if no | | | | | |
| | | nutes from time of initial | | | | | |
| | | or technician should initiate | | | | | |
| | | verhead broadcasting should | | | | | |
| | be used as a last reso | ortAt no time during the | | | | | |
| | monitoring phase sho | ould alarms be turned off or | | | | | |
| | silenced. | | | | | | |
| | | medical record reveals: | | | | | |
| | | t 18:01 PM the telemetry | | | | | |
| | strips showed / | () paced | | | | | |
| | rhythm with S | T elevation (2 points | | | | | 1 |

recognized in a heartbeat that when elevated can indicate , or also

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| CENTERS FOR MEDICARE & | MEDICAID SERVICES | | | OMB NO | 0.0938-0391 |
|--|---|----------|---|----------|----------------------------|
| FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | SURVEY LETED |
| | 100213 | B. WING_ | | I | 31/2022 |
| NAME OF PROVIDER OR SUPPLIER HCA FLORIDA BLAKE HOSPITAL | | | STREET ADDRESS. CITY, STATE, ZIP CODE 2020 59TH ST W BRADENTON, FL 34209 | | |
| PREFIX (EACH DEFICIENC | REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | PROVIDER'S PLAN OF CORF X (EACH CORRECTIVE ACTION S CROSS-REFERÊNCED TO THE AF DEFICIENCY) | HOULD BE | (XS) COMPLETION DATE |

| | ROVIDER OR SUPPLIER | - 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 2020 59TH ST W BRADENTON, FL 34209 | | | | |
|--------------------------|--|---------------------|--|----------------------------|--|--|--|
| CA FLO | RIDA BLAKE HOSPITAL | BRA | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | | | |
| A 144 | Continued From page 4 | A 144 | | | | | |
| | known as a). | A 197 | | | | | |
| | On at 6:18 PM the telemetry | | | | | | |
| | strips showed an agonal rhythm (abnormally slow | | | | | | |
| | rhythm that occurs at the end of life. It | | | | | | |
| | should be regarded as (no electrical | | | | | | |
| | activity of the) and should be treated with | | | | | | |
| | activity of the / and should be treated with | | | | | | |
| | The telemetry strips reviewed for Patient #1 | | | | | | |
| | from at 6:01 PM through | | | | | | |
| | at 6:42 PM reveals the alarms were off on 13 | | | | | | |
| | telemetry strips and silenced on 6 telemetry strips | | | | | | |
| | out of 23 telemetry strips reviewed for Patient #1. | | | | | | |
| | This indicates that the audible alarms notifying | | | | | | |
| | the telemetry technician of an abnormality in the | | | | | | |
| | rhythm were silenced or turned off. | | | | | | |
| | My ann were broned or torred on: | | | | | | |
| | Review of facility documents reveals that there is | | | | | | |
| | no evidence of the telemetry log being completed | | | | | | |
| | on from 6:00 AM through 6:30 PM for | | | - | | | |
| | 3rd floor medical surgical unit, in which Patient #1 | | | | | | |
| | was present. A log was started at 6:30PM with the | | | | | | |
| | oncoming shift and, the telemetry log reveals that | | | | | | |
| | on 6:32 PM the telemetry tech attempted to notify | | | | | | |
| | nursing Staff M with no answer by the RN. The | | | | | | |
| | telemetry tech attempted to call the nursing | | | | | | |
| | station at 6:32 PM with no answer. On 6:33 PM | | | | | | |
| | the telemetry tech had done an overhead | | | | | | |
| | broadcast to check Patient #1. At 6:36 PM the | | | | | | |
| | telemetry tech did an overhead page again. At | | | | | | |
| | 6:40 PM a rapid response was called to Patient | | | | | | |
| | #1's room and at 6:47 PM a code blue called to | | | | | | |
| | Patient #1's room. Patient #1 expired at 6:54 PM. | | | | | | |
| | Facility documents revealed staff O, who was | | | | | | |
| | monitoring Patient #1's telemetry from | | | | | | |
| | 6:45 AM to 6:30PM, had no current competency | | | | | | |
| | for basic | | | | | | |
| | Intensiow on at 10:20 AM with staff R | | | | | | |

Facility ID: HL100213

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| CENTERS FOR MEDICARE & MEDICAID SERVICES | | | | | | OMB NO | . 0938-0391 |
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| | OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | , , | | CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
| | | 100213 | B. WING | | | 1 ' | 31/2022 |
| NAME OF PROVIDER OR SUPPLIER HCA FLORIDA BLAKE HOSPITAL | | | 20 | TREET ADDRESS, CITY, STATE, ZIP CODE 020 59TH ST W RADENTON, FL 34209 | | | |
| (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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 144 | reveals that Staff mer | 9 5 mber O has been removed metry monitoring position. | А | 144 | | | : |

changes or ST elevation (2 points recognized in a heartbeat that when elevated can indicate ... or also known as a

revealed the telemetry does not alarm for ST

at 12:00 PM

Staff B interview on

there were 3 telemetry monitor technicians in the telemetry monitoring room. There were 3 stations of telemetry monitors with 3 monitor screens on the right and left with the middle station having 4 screens. Staff F on the middle screens left the room and returned approximately 2 minutes later. Observed 3 monitor screens with . wall with no technician monitoring them nor any chair in front of them. (Photo evidence obtained.)

On at 12:50 PM an interview with Staff B confirms no one was watching the (....) monitors. Staff B stated if the alarms go off the nurse in will answer it at bedside.

I confirms no telemetry tech is assigned to watch . . monitors.

On at 12:00 PM an interview with Staff B confirms that there is no person watching the telemetry monitors in ... 's. Staff B disclosed 's have a charge nurse who sits at the desk, but she has extra duties and will leave the nursing station to provide care.

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| OMB NO. 0938-039 |
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| UCTION (X3) DATE SURVEY COMPLETED |
| С |
| 08/31/2022 |
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| NAME OF PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
|------------------------------|---|---------------------|---|--|--|--|
| HCA FLORIDA BLAKE HOSPITAL | | | 2020 59TH ST W | | | |
| | | | BRADENTON, FL 34209 | | | |
| (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 (MS) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) | | | |
| A 263 | Continued From page 6 | A 26 | 53 | | | |
| A 263 | QAPI CFR(s): 482.21 | A 26 | | | | |
| | The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. | | | | | |
| | The hospital's governing body must ensure that the program reflects the of the hospital's organization and services; involves all hospital departments and services (including those services trinshed under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. | | | | | |
| | The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS. | | | | | |
| | This CONDITION is not met as evidenced by: Based on facility documents, Quality and Patient Safety Plan, and interviews the facility failed to ensure that clear expectations for patient safety were implemented by a Quality Assurance Petformance Improvement (QAPI) program unique to the hospital. The QAPI system failed to react to adverse incidents and failed to develop and implement measures to prevent further occurrences after multiple systemic process failures that resulted in deaths of patients related to telemetry recognition and nursing notification of lethal | | | | | |
| | The condition is not met due to the systemic | | | | | |

failure to maintain a functioning QAPI system to investigate, track and trend, and implement measures to prevent harm to patients in their

Facility ID: HL100213

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| CENTERS FOR MEDICARE & | MEDICAID SERVICES | | OMB NO. 0938-03 |
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | (X3) DATE SURVEY COMPLETED |
| | 100213 | B. WING | 08/31/2022 |

| | 100213 | | B. WING | | | 08/31/2022 | |
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| NAME OF P | ROVIDER OR SUPPLIER | | | 8 | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| HOA ELO | DID A BLAKE HORBITA | | | 2 | 020 59TH ST W | | |
| nua FLOS | RIDA BLAKE HOSPITAL | | | 8 | RADENTON, FL 34209 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | STEMENT OF DEFICIENCIES 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) COMPLETIC E DATE | |
| A 263 | Continued From page | | Α: | 263 | | | |
| A 321 | CFR(s): 482.21(f)(1) | PITAL CIRCUMSTANCES | Α- | 321 | | | |
| | each member hospital and any significant dift populations and service and This STANDARD is no Based on facility doct. Safety Plan, and interimplement an effective Performance Improve unique to the hospital | rer that takes into account is unique circumstances ferences in patient zes offered in each hospital; of met as evidenced by: ument, Qualify and Patient views the facility failed to Qualify Assessment and ment (QAPI) program | | | | | |
| | program in place does | | | | | | |
| | the quality improven organization-wide syst measure, evaluate and and operational perfor by the Chi the Chief Medical Office | lef Executive Officer (CEO), | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/26/2022 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING 100213 R MING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2020 59TH ST W HCA FLORIDA BLAKE HOSPITAL BRADENTON, FL 34209 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 321 Continued From page 8 A 321 Director of Quality reveals the facility had failed to trend and analyze the reported incidents from 3 deaths in the last 12 months related to telemetry monitoring for patient care, patient safety, notifications, and outcomes, A 385 NURSING SERVICES A 385 CFR(s): 482.23 The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse. This CONDITION is not met as evidenced by: Based on observation, medical record reviews, facility policy review, and interviews it was determined the facility failed to provide: A. Immediate nursing care for a patient with a change in rhythm on telemetry monitoring resulting in the patient's Refer to A0392 B. Qualified nursing personnel for telemetry monitoring. Refer to A0397. A 392 STAFFING AND DELIVERY OF CARE A 392 CFR(s): 482.23(b) The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when

needed, the immediate availability of a registered

nurse for care of any patient. This STANDARD is not met as evidenced by: Based on facility policy, medical record review,

Facility ID: HL100213

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| DEFACTIVE OF THE ACTIVATE TIONARY SECURIOES | | | | | | | |
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| CENTERS FOR MEDICARE & | MEDICAID SERVICES | | OMB NO. 0938-03 | | | | |
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | (X3) DATE SURVEY COMPLETED | | | | |
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B. WING 100213 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

PREFIX

TAG

BRADENTON, FL 34209

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

(X5) COMPLETION DATE

2020 59TH ST W HCA FLORIDA BLAKE HOSPITAL

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

| IAG | REGULATOR ESC IDENTIFYING INFORMATION | IAG | DEFICIENCY) | |
|-------|--|-------|-------------|--|
| A 392 | Continued From page 9 facility documents, observation and interviews it was determined the facility failed to provide immediate care for a patient on monitoring that had a change in frythm in one (Patient#1) out of one hundred and fifty-one on telemetry being monitored on | A 392 | | |
| | Findings included: Review of the facility Policy and Procedure title, ". Telemetry Monitoring", # WFD.PC.023, Revised | | | |
| | hospital provided phone and at 6:41 PM a rapid response was called to patient #1 room. On at 6:42 PM a code blue was initiated. Patient #1 expired at 6:54 PM. | | | |

(X4) ID

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TAG

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FORM APPROVED OMB NO 0938-0391

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| FATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUL A. BUILD | TIPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED C |
| | 100213 | B. WING | | 08/31/2022 |
| NAME OF PROVIDER OR SUPPLIER | | | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| | | | 2020 59TH ST W | |

| | | 100213 | | _ | | 08/ | 31/2022 |
|------------------------------|--|--|--------------------|---------------------------------------|--|-----|----------------------------|
| NAME OF PROVIDER OR SUPPLIER | | | Т | STREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| HCAFLO | DIDA DI AVE NOGRITAL | | | | 2020 59TH ST W | | |
| HUA FLO | RIDA BLAKE HOSPITAL | | | 1 | BRADENTON, FL 34209 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | ΊX | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY) | | (X5) COMPLETION DATE |
| A 392 | Review of the facility staff M failed to comp of Patient #1 during it (12-hour shift). On Patient Care Technicit that Patient #1 was applied on Pareassess the patient. documents reveals th phone was not answe technician called for ni Patient #1 condition. B. The telement #1 condition at 16-47 the month of the patient #1 the month of the patient #1 the month of the patient #1 reveals that there is no completed on 6:30 PM. Patient #1 reveals that there is no completed on 6:30 PM. Patient #1 the first patient #1 the monitor tech had the first patient #1 the monitor tech patient #1 the first patient #1 the monitor tech patient #1 the first patient #1 the patient #1 the monitor tech patient #1 the patie | documents revealed that lete a nursing assessment no | A | 39 | | | |

| | | ID HUMAN SERVICES | | | | FORM | 0: 09/26/2022 MAPPROVED |
|--|--|--|--------------------|--------------|---|------|----------------------------|
| | | MEDICAID SERVICES | _ | | | | 0. 0938-0391 |
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUILD | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
| | | 100213 | B. WING | | | | 31/2022 |
| NAME OF P | ROVIDER OR SUPPLIER | | • | 8 | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| HCA FLOR | RIDA BLAKE HOSPITAL | | | | 920 59TH ST W BRADENTON, FL 34209 | | |
| (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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| A 392 | the right and left with screens. Staff F on the room and returned at Observed 3 monitors in technical monitor front of them. (Photo On at 12: Staff B confirms no on wall. Staff B staff nurse in will answorm of the confirms no telemeter monitors. On at 12: Staff B confirms no telemeter monitors. On at 12: Staff B confirms that it the telemetry monitor have a charge in but she has extra dubut she has extra dustation to provide custom to provide custom to provide custom the confirms that it the telemetry monitor have a charge in but she has extra dubut she has extra dustation to provide custom to provide custom to provide custom to provide custom confirms that it the telemetry monitor in the confirms that it the telemetry monitor in the custom that it is not that | with 3 monitor screens on the middle station having 4 e middle screens left the proximately 2 minutes later. creens on the wall with ing them nor any chair in evidence obtained) 50 PM an interview with se was watching the) monitors along the ed if the alarms go off the ver it at bedside. 5 PM an interview with Staff y tech is assigned to watch 00 PM an interview with here is no person watching is in Staff B disclosed irse who sits at the desk, eas and will leave the nursing a. at 12:00 PM y does not alarm for ST cognized in a heartbeat that dicate who as a) | | 392 | | | |
| | | ust assign the nursing care | | | | | |

nursing staff available.

accordance with the patient's needs and the specialized qualifications and competence of the

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| DEPARTMENT OF HEALTH AND HUMAN SERVICES | | | | FORM APPROVE |
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| 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 NG | (X3) DATE SURVEY COMPLETED |
| | | | | С |
| | 100213 | B. WING | | 08/31/2022 |
| NAME OF PROVIDER OR SUPPLIER | | | STREET ADDRESS CITY STATE ZIP CODE | |

STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

2020 59TH ST W HCA FLORIDA BLAKE HOSPITAL BRADENTON, FL 34209 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 397

A 397 Continued From page 12

This STANDARD is not met as evidenced by: Based on facility policy, medical record review, facility documents, and interviews the facility failed to have qualified staff to monitor the telemetry monitors. In one (staff O) out of four staff files reviewed.

Findings included:

competencies of basic

57 ΔÞ

> Review of the facility policy and procedure title, Telemetry Monitoring", # WFD.PC.023, RevisedMonitor Technician responsibilities a, patient will be monitored by a Monitor Technician or someone with equivalent

Facility documents revealed no evidence that

staff O is competent in ... rhythm detection. interpretation &

Interview on at 10:20 AM with staff B reveals that Staff member O has been removed from the telemetry monitoring position.