

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL23960042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/30/2022
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHAB HOSPITAL OF SPRING	STREET ADDRESS, CITY, STATE, ZIP CODE 12440 CORTEZ BLVD BROOKSVILLE, FL 34613
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H 000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint investigation complaint number 20Z2008728 was conducted on _____ at Encompass Health Rehabilitation Hospital of Spring Hill. The facility had deficiencies at the time of the survey.</p>	H 000		
H 119 SS=D	<p>59A-3.243(2), FAC NURSING SERVICE- ... of Practice & Policy/Proc</p> <p>(2) The nursing department shall have written standards of nursing practice and related policies and procedures to define and describe the scope and conduct of patient care provided by the nursing staff. These policies and procedures shall be reviewed annually, revised as necessary, dated to indicate the time of the last review, signed by the responsible reviewing authority, and enforced.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to adhere to standard of practice related to _____ control procedures and measures to prevent the spread of _____.</p> <p>Findings:</p> <p>A tour of the facility beginning at 11:50 AM on _____ with the Director of Quality Management (DQM) revealed eight (8) patients currently on isolation precaution. Isolations are for contact isolation for _____ (_____), Extended Spectrum Bet-Lactimase (ESBL) in _____, and _____ (_____), and one on Reverse / Neutropenic isolation.</p> <p>Observation on _____ beginning at 11:53 AM</p>	H 119		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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H 119	<p>Continued From page 1</p> <p>with the Chief Nursing Officer (CNO) and the Director of Quality Management (DQM) revealed the following observations:</p> <p>... has a contact isolation sign on the door, observed a portable vital sign machine on wheels in room (dynamap).</p> <p>... has a reverse / Neutropenic isolation sign on door. Did not observe a portable vital sign machine. At 12:05 PM on ..., DQM used a sanitizer, with mask on entered, checked around and near the patient for the vital sign machine, and confirmed none in room.</p> <p>... has a contact isolation sign at the door. When asked if the patient has a dedicated patient care equipment to take vital signs, CNO used a sanitizer, entered the patients' room with no personal protective equipment (PPE) at 12:10 PM, and confirmed none. CNO exited, used a sanitizer.</p> <p>... has a contact isolation sign. CNO entered room without donning any PPE at 12:11 PM, came out and confirmed no dedicated vital sign equipment in room.</p> <p>... has a contact isolation at door, CNO entered room without donning PPE at 12:13 PM and confirmed no vital sign machine. There is an unopened yellow stethoscope at the door.</p> <p>None of the isolation rooms have any large barrels to dispose off PPE before exiting the isolation rooms.</p> <p>Observation on ... at 3:55 PM revealed a female individual entered the facility's front lobby entrance, walked passed by the reception desk</p>	H 119		
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H 119	<p>Continued From page 2</p> <p>straight to the nursing station. During an interview with the Director of Quality Management (DQM) on _____ at 4:00 PM identified the female individual as one of the physicians' on staff. DQM stated, "employees / physicians that are does not need to be screened".</p> <p>During an interview on _____ at 11:15 AM, with the CNO was asked whether patients' on isolation has dedicated medical equipment in rooms, CNO replied, "every isolation room have the portable vital sign machine (Dynamapp)", "they are _____, cleaned when isolation is discontinued".</p> <p>During an interview on _____ at 4:16 PM, with Staff L, the Receptionist stated she is the Receptionist 5 days a week. Stated, "I make sure employees and visitors are screened when they enter the facility". When asked why she failed to screen the physician when she passed by the reception desk, Staff L replied, "the doctors get uptight if they are checked, half the time, they just go by their way".</p> <p>During an interview on _____ at 12:15 PM, with CNO who confirmed that five (5) of eight (8) isolation rooms has no dedicated vital sign machine and or disposable apparatus in rooms, and no large barrels. Further stated, "We do not have enough portable vital sign machines".</p> <p>During an interview on _____ at 2:48 PM, with the Control Preventionist () stated she is the _____ for the past 4 years. Stated she conducts _____ control surveillance to check for PPE supplies, _____ washing compliance. _____ stated, "I do surveillance twice per week, and report my findings to the QA Committee". When asked whether staff needs to don PPE when</p>	H 119		
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H 119	<p>Continued From page 3</p> <p>entering an isolation room, . . . replied, "yes, they are supposed to put on PPE when they enter the room about 6 . . . from the door, or just passed the sink, even with no direct patient contact, as they can be touching on things in the room". "We utilize a large trash can to discard out PPE in the isolation room". "All the isolation rooms should have dedicated medical equipment such as a cuff, stethoscope, disposable thermometers", . . . confirmed " the isolation rooms did not have the dedicated medical equipment yesterday and today". "the staff probably have the habit of throwing them out".</p> <p>Review of Policy # 230- Title: Neutropenic / Protective Precaution reviewed on reads: Purpose: In addition to Standard Precautions, patients with conditions making them highly susceptible to, e.g., Neutropenic or Leukopenic conditions, may need to receive protective care measures. The protective measures are intended to reduce the risk of cross- from contact with patients, personnel, visitors, and environmental sources. Guidelines # 6 reads: Masks, gloves (and gowns for any direct care) must be worn by persons entering the room.</p> <p>Review of Policy # 200 - Title: Standard and Transmission-Based Precautions with last reviewed date of Policy reads: Purpose: To provide a safe environment through minimizing the risk of transmission of (. . . -borne,, etc.). Precautions are designed to reduce the risk transmission of microorganisms from both recognized and unrecognized sources of in the hospital.</p> <p>Page II - Contact Precautions equipment reads: 2. Patient care items to dedicate to individual use: cuff, stethoscope. Use disposable thermometers, single patient use thermometer, or</p>	H 119		
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H 119	Continued From page 4 dedicate an electronic thermometer for individual use. 3. Waste disposal barrel / can.	H 119		