Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HL100248	A. BUILDING: _____ B. WING _____	03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HCA FLORIDA LARGO HOSPITAL	201 14TH ST SW LARGO, FL 33770

(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
H 000	INITIAL COMMENTS A complaint investigation (complaint numbers 2023002377, 2023002563, 2023002921 and 2023003204) was conducted at HCA Florida Largo Hospital on [redacted] thru [redacted]. The facility had deficiencies at the time of the survey.	H 000		
H 020 SS=D	59A-3.254(1)(c-d) FAC PATIENT RIGHTS & CARE - Reassessment (c) The hospital shall have policies and procedures to ensure that periodic reassessments of the patient are conducted based on changes in either the patient's condition, diagnosis, or response to treatment; (d) The hospital shall ensure that care and treatment decisions are based on the patient's identified needs and treatment priorities; This Statute or Rule is not met as evidenced by: Based on facility policies, medical record review and interviews it was determined the facility failed to reassess a patient after a change in [redacted] rhythm in 1 (#2) of 2 patients reviewed. Findings included: Review of the facility policy and procedures title, "[redacted] Telemetry Monitoring", #WFD.PC.023, review: [redacted], Purpose 1. To provide guidelines for [redacted] telemetry monitoring of patients. 2. To outline process for notification and documentation of rhythm changes 3. Identify which rhythm or [redacted] require RN notification/ intervention and identification of proper escalation procedures 4. Identify [redacted] rhythm changes requiring provider notification ... Review of the facility policy and procedure titled, "Assessment and Reassessment", #WFD.PC.002, reviewed [redacted] ...Patient needs will be reassessed throughout the course	H 020		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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H 020	Continued From page 1 of care, treatment, and services. There frequency of reassessment is based on his or her plan for care or changes in his or her condition ...Any change in the patient's condition shall require an immediate reassessment with changes in the plan of care reflecting the change in condition ... Review of the medical record for Patient #2 reveals that on [redacted] arrived to the ED (Emergency Department) with the diagnosis of [redacted] (temporary loss of [redacted] caused by a [redacted] in [redacted]) and [redacted] (can occur it the [redacted] cannot pump or fill adequately). Patient #2's medical record showed on [redacted] at 9:41 AM an order for [redacted] telemetry monitoring(to monitor a person's [redacted] rhythm remotely). On [redacted] at 12:15 AM Patient #2's telemetry strip (printed [redacted] rhythm) reveals a 13 beat run of [redacted] (A condition in which the lower chambers of the heartbeat very quickly). Review of the nursing notes reveals no assessment of patient after the change in rhythm. On [redacted] at 10:06 PM the nursing notes reveal the shift assessment was completed. Review of Patient #2's vital signs shows the last set of vital signs were done [redacted] at 7:29 PM as follows: [redacted] 15, [redacted], with no amount of [redacted] that patient #2 was receiving noted. On [redacted] at 4:03 AM a code blue ([redacted]) was initiated with the patient [redacted] rhythm as [redacted] (a cessation of electrical and mechanical activity of the [redacted]). Patient expired at 4:53 AM. No [redacted] telemetry strip was in the medical record for the change in rhythm. Review of the post code blue note reveals the patient was found unresponsive.	H 020		

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H 020	Continued From page 2 Review of the monitoring telemetry strips reveals the patient had a 13 beat run of ( ) on at 12:15 AM and at at 4:54 AM ./ .(- is a type of irregular rhythm during which the lower chambers contract in a very rapid and uncoordinated manner, resulting in the not pumping to the rest of the body.) Patient #2 code was called on at 4:03 AM no evidence that a telemetry strip was run at the start of the code. On 9:59 AM an interview was held with Staff F who disclosed that here is no nursing notes after the assessment around 10:00 AM for Patient #2. On at 4:22 PM an interview was held with the Chief Nursing Officer in which she disclosed that there were no telemetry strips for the change in rhythm or rate in Patient #2 medical record.	H 020		
H 116 SS=D	59A-3.243(1 & 4), FAC NURSING SERVICE - Management (1) The nursing department shall have a written organizational plan that delineates lines of authority, accountability and communication, and shall assure that the following nursing management functions are fulfilled: (a) Review and approval of policies and procedures that relate to qualifications and employment of nurses. (b) Establishment of standards for nursing care and mechanisms for evaluating such care. (c) Implementing approved policies of the nursing	H 116		

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H 116	Continued From page 3 department. (d) Assuring that a written evaluation is made of the performance of registered nurses and ancillary nursing personnel at the end of any probationary period and at a defined interval thereafter. (4) Each hospital shall employ a registered nurse on a full time basis who shall have the authority and responsibility for managing nursing services and taking all reasonable steps to assure that a uniformly optimal level of nursing care is provided throughout the hospital. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the nursing management failed to ensure the facility policy and procedures for "Assessment and Reassessment" and "Critical Values/Test Results" were implemented during the provision of care for one (Patient 1) out of two sampled [redacted] walked in patients from the Emergency Department. Findings: 1. a. Review of the facility policy and procedure titled "Assessment and Reassessment" dated [redacted] indicated, "Emergency Room (ER)...b. All patients entering the Emergency Room are triaged by an RN and assigned a priority based upon their presenting symptoms and the severity of illness. The priorities are categorized as follows: 1) Level 1 - [redacted] - Patients who require immediate life saving interventions. 2) Level 2 - Emergent - Patients who are in high risk situations, [redacted], and disoriented or in severe [redacted] or distress. 3) Level 3 - Urgent - Patients who are not in a	H 116		

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H 116	Continued From page 4 high risk situation but need two or more resources to diagnose and treat their condition. 4) Level 4 - Less Urgent - Patients who require one resource to diagnose and treat their condition. 5) Level 5 - Non-Urgent - Patients who require no resources to diagnose and treat their condition. ...h. Patients are reassessed based on triage priority. Nursing care is evaluated on a continual basis to determine the progress or lack of progress toward patient outcomes and patient goal attainment. Reevaluation is documented and plan of care is revised as appropriate...Reevaluation may include, but is not limited to recheck of vital signs, any change in status, and that there is no change in status from any previous evaluation. Patients are reassessed in the waiting area based on triage guidelines and patients are re-categorized as appropriate. 1) Reassessment prior to a medical screening exam (MSE) are performed by RNs according to acuity level: a) Level 1/Resuscitative will be performed continuously b) Level 2/Emergent will be performed every 60 minutes c) Level 3/Urgent will be performed every 60 minutes d) Level 4/Less Urgent will be performed every 60 minutes e) Level 5/Non-Urgent will be performed every 60 minutes ...i. Reassessments should be done anytime there is the following: 1) A change in the patient's condition 2) A significant change in the vital signs 3) To evaluate a treatment intervention..." b. Review of the facility policy and procedure	H 116		

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H 116	Continued From page 5 titled "Critical Values/Test Results" dated . . . indicated, "...Critical Values" are results that may necessitate immediate clinical intervention...Reporting "Critical Values" requires documentation. The Date, Time of call placed to physician or nurse, shall be documented in the patient medical record. Documentation of physician response and all interventions must also be done and complete..." c. On . . . . . Patient 1's medical record was reviewed with the Emergency Department Manager (EDM). The medical record indicated Patient 1 was a , male with history of . . . . . , history . . . . . that required . . . . . , , , ... and placement and , x3. The facility video recording from the ED lobby indicated Patient 1 walked into the facility ED on . . . . . at 17:22 with complaints of . . . Patient 1 was triaged as level 3 Urgent. Patient 1 was in the ED lobby until 20:57 (three and a half hours in the ED lobby/waiting room). The record further indicated: -"Emergency Provider Report" dated , 17:53 "...MSE Not Complete The medical screening exam is not complete. Further evaluation and/or treatment is required. The patient will be re-directed to the emergency department..." The document further indicated "...With significant history present to the ED with complaints of 2 episodes of midsternal , today...recently had a with . . . in . . . . . last year..." -Laboratory result for HS Troponin (high sensitive diagnostic test for detection of injury, normal <78 ng/L) dated . . . . . , 19:35 - 102 Critical High	H 116		

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H 116	Continued From page 6 -Laboratory result for HS Troponin dated [redacted], 20:51 - 98 Critical High. -There was no documentary evidence in Patient 1's record of RN reassessments conducted every 60 minutes while waiting in the ED lobby between 17:28 - 20:57 on -There was no documentary evidence in Patient 1's record of physician response to the critical high troponin levels resulted at 19:35 and 20:57. d. On at 2:11 p.m., Patient 1's record and the facility policy and procedures were reviewed with the Chief Nursing Officer (CNO) and Chief Operating Officer (COO). -Both agreed the medical screening exam (MSE) was not completed as documented by the ED provider during the time Patient 1 was waiting in the ED lobby from 17:28 - 20:57 on . The CNO stated since the MSE was not completed at the time Patient 1 was in the ED lobby reassessments should have been conducted by an RN every 60 minutes and documented as required by "Assessment and Reassessment" facility policy and procedure. -The CNO and COO stated Patient 1's troponin critical high values necessitated clinical intervention and required documentation of physician response. The COO stated there should, at the least, "Documentation of a reaction from the physician" as stated in the "Critical Values/Test Results" facility policy and procedure. -Both agreed there was delay in care. The CNO stated Patient 1 should have at least been on telemetry monitoring.	H 116		

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H 118 SS=F	59A-3.243(4)(b), FAC NURSING SERVICE - Education & Training (b) The registered nurse shall ensure that education and training programs for nursing personnel are available and are designed to augment nurses' knowledge of pertinent new developments in patient care and maintain current competence. training shall be conducted as often as necessary, but not less than annually, for all nursing staff members who cannot otherwise document their competence. This Statute or Rule is not met as evidenced by: Based on review of the facility policy, personnel files and staff interviews it was determined the facility failed to ensure the director of nursing services provided adequate supervision and evaluation of nursing personnel providing services for five (B, D, M, O, and P) out of six Register Nurses (RN) personnel files sampled. Findings included: Review of the facility policy and procedures titled, "Competency Assessment," effective , indicated contract staff will be held to the same standards as colleagues and the records must be maintained by the business entity. PURPOSE: To define mechanisms used to assess and maintain competency of colleagues as required for the position and by regulatory agencies...Competency: A competency refers to the knowledge, abilities, and behaviors required to perform assigned duties and responsibilities safely and aptly. Competency Assessment: Competency Assessment shall be conducted initially as a part of orientation and an ongoing basis thereafter...Ongoing Competency Assessment is an essential process for verifying	H 118		

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H 118	Continued From page 8 an individual's ability to perform their assigned job role by evaluating the ability to apply knowledge, perform skills and demonstrate critical thinking...An individual with the same education and licensure and who has the knowledge, and/or experience for the skills being reviewed should assess the validation of competency... Review of the facility policy, "Performance Evaluation," effective , stated the purpose was to provide guidelines to measure performance through formal performance evaluation at specific intervals, in a timely, fair, and equitable manner. Colleagues should receive a formal performance evaluation, at a minimum, on an annual basis. Review of the personnel file for Staff B a Register Nurse (RN) in the Progressive care Unit (PCU) reveals no competency assessment was completed. Review of the personnel file for Staff D a RN in the PCU indicated that Staff M was an agency nurse. The facility was unable to provide documentary evidence that a Competency Assessment was completed. Review of the personnel file for Staff M a RN in the PCU indicated that Staff M was an agency nurse. The facility was unable to provide documentary evidence that a Competency Assessment was completed. Review of personnel file for Staff O a RN in the Emergency Department (ED) reveals the last competencies completed was . Review of Personnel files for Staff P a RN in the ED reveals no evidence that a Competency	H 118		

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H 118	Continued From page 9 Assessment was completed. On . . . . . between 1:00 PM and 2:30 PM an interview was conducted with the Chief Nursing Officer (CNO) regarding staff competency. The CNO confirmed that the competency assessment are not completed because approximately 2 years ago the company started utilizing HealthStream (computerized continuing education program) and if they don't pass the assigned education then it remains incomplete until they pass it.	H 118		
H 119 SS=F	59A-3.243(2), FAC NURSING SERVICE- of Practice & Policy/Proc (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. This Statute or Rule is not met as evidenced by: Based on review of the facility policies, medical record, and staff interview it was determined the facility failed to enforce nursing practice standards policies and procedures in 1 (#2) of 2 patients reviewed. Findings included: Review of the facility policy and procedure titled, "Assessment and Reassessment", #WFD.PC.002, reviewed . . . .Patient	H 119		

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H 119	Continued From page 10 needs will be reassessed throughout the course of care, treatment, and services. There frequency of reassessment is based on his or her plan for care or changes in his or her condition ...Any change in the patient's condition shall require an immediate reassessment with changes in the plan of care reflecting the change in condition ... Review of the facility policy and procedure titled, " Telemetry Monitoring", #WFD.PC.023, review: ... To outline process for notification and documentation of rhythm changes ...Policy: Patient being monitored on continuous telemetry will be observed by a telemetry tech or nurse who is competent in rhythm interpretation & , detection. Rhythm changes, life-threatening , , and/or loss of signal will be responded to in an immediate manner ...Daily telemetry notification log will be used daily to record telemetry notifications by the monitor tech, calls placed to the care team and alerts or codes initiated from the monitoring station ...Changes in patients rate or rhythm ... The monitor tech should immediately notify the RN of changes in patient rhythm, monitor strips will be run to capture changes in rate or rhythm ... Review of the medical record for Patient #2 reveals that on arrived to the ED with the diagnosis of , , , (temporary loss of caused by a in ,) and (can occur it the cannot pump or fill adequately). Patient #2 medical record showed on at 9:41 AM an order for telemetry monitoring (monitoring a patients rhythm remotely). On at 12:15 AM Patient #2 telemetry strips (printed rhythm) shows a 13 beat run of , (A condition in	H 119		

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H 119	Continued From page 11 which the lower chambers of the heartbeat very quickly). Review of the nursing notes reveals no assessment of patient after the change in rhythm. On at 10:06 PM the nursing notes reveals the shift assessment was completed. Review of Patient #2 vital signs shows the last set of vital signs were done at 7:29 PM as follows: , , , 15, saturations 90% on . On at 4:03 AM a code blue (/) was initiated with the patient rhythm as (a cessation of electrical and mechanical activity of the). Patient expired at 4:53 AM. No telemetry strip was noted to be in the medical record for the change in rhythm. Review of the post code blue note reveals the patient was found unresponsive. Review of the facility telemetry logs - for Patient #2 reveals incomplete information (2 episodes with one episode on log and no time noted of the notification). Telemetry logs reviewed from , through shows incomplete logs and not all the telemetry technicians turn the logs in at the end of shift. On at 12:43 PM an interview with Staff E acknowledges that the telemetry logs are not complete, and all the telemetry staff is not turning them in. The expectation is to complete the telemetry logs and to follow the escalation process.	H 119		
H 121 SS=F	59A-3.243(4)(c), FAC NURSING SERVICE - Sufficient Staffing (c) The registered nurse shall be responsible for	H 121		

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H 121	Continued From page 12 determining the number of qualified registered nurses to be on duty at all times. The number of qualified nurses shall be sufficient to ensure immediate availability of a registered nurse for bedside care of any patient when needed, to assure prompt recognition of an untoward change in a patient's condition, and to facilitate appropriate intervention by nursing, medical or other hospital staff members. This Statute or Rule is not met as evidenced by: Based on the American Association of Critical Care Nurses, facility staffing grid, staffing schedules, job description, and interviews it was determined that the facility failed to provide supervisory oversight in the ( ) and the Progressive care units (PCU) to ensure the immediate availability of a Registered Nurse (RN) in three of three nursing care areas sampled. Findings included: Review of the facility staffing grids (tool to determine nurse to patient ratios) reveals that for the Medical (MICU) and /Surgical (NSICU) staffing grid is two patients for one Registered Nurse and a Clinical Care Coordinator/Charge Nurse (CNC) with no patients for both night shift and day shift. Review of the facility staffing grids reveals the Progressive Care Unit (PCU) with a census of 46 to 49 patients shows 2 charge nurse with no patients, 12 RN and 5 PCT for a RN ratio of 4:1. Review of the facility staffing schedules from three shifts on nights and three shifts on days reveals:	H 121		

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H 121	Continued From page 13 In the MICU: Nightshift . . . . . : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients . . . . . : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients . . . . . : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients Dayshift : census 6: 2 RN (2:1 ratio) 1 CN with 2 patients : census 6: 2 RN (RN 2:1) Charge nurse with 2 patients : census 6: 3 RN (2 RN 2:1 ratio, 1 RN 1 patient) 1 CN with 1 patient : census 6: 3 RN (2 RN 2:1 ratio, 1 RN 1 patient) 1 CN with 1 patient In the NSICU: Nightshift . . . . . : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients . . . . . : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients . . . . . : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients Dayshift : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients : census 8: 3 RN (2:1 ratio) 1 CN with 2 patients An interview with Staff C On . . . . . at 10:54 AM, Staff C disclosed the charge nurses have patients on both day and night shifts. PCU	H 121		

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	HL100248	A. BUILDING: _____ B. WING _____	03/02/2023

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H 121	Continued From page 14 dayshift census 47 9 RN, 3 PCT, +2 charge nurse with 3 to 4 patients census 47 9 RN, 1 PCT, +2 charge nurse with 3 to 4 patients census 47 9 RN, 3 PCT, + 2 charge nurse 3 to 4 patients nightshift census 47 10 RN, 3 PCT, +1 charge nurse with 4 patients census 46 9 RN, 3 PCT, +1 charge nurse with 5 patients census 47 9 RN, 1 PCT, + 1 charge nurse 5 patients On at 12:43 PM an interview with staff E disclosed the charge nurse has patients. Review of the Charge nurse coordinator job description states, Position summary: the clinical nurse coordinator (CNC) ensures and delivers high quality, patient-centered care and coordination of all functions in the unit/ department during the designated shift. In collaboration with other members of the management team, the CNC directs, monitors, and evaluates nursing care in accordance with established policies/ procedures, serves as a resource person for all staff, and models a commitment to the organization's vision/ mission/ values to support an unparalleled patient experience and clinical outcomes that contribute to overall departmental performance ...Page 2 ...supports the effort of the facility to improve engagement by operationalizing current nursing strategies, including employee rounding, hourly rounding ... On at 4:22 PM an interview was held with the Chief Nursing officer where she	H 121		

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H 121	Continued From page 15 disclosed that the Clinical Nurse Coordinator is the same as the Charge Nurse. Review of the American Association of Critical Care Nurses states, "Appropriate staffing ensures the effective match between patient and family needs and nurse knowledge, skills, and abilities. Evidence confirms that the likelihood of serious complications or . . . . increases when fewer registered nurses are assigned to care for patients. 8,10 A substantial body of evidence indicates better patient outcomes occur when registered nurses provide a higher proportion of care hours in healthy work environments."	H 121		
H 408 SS=D	395.0197(1)(c), F.S. RM Prog - Grievance Analysis (c) The analysis of patient grievances that relate to patient care and the quality of medical services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to analyze, conduct a thorough investigation and implement preventive action for one (Patient 1) of one sampled patient grievance. Findings: 1. a. On . . . . . , the Patient Safety Analysis Report related to Patient 1's grievance was reviewed with the Emergency Department Director. The document indicated: -Date Grievance/Complaint Filed: -Brief Objective Description: "DELAY IN CARE IN	H 408		

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H 408	Continued From page 16 THE ED" -Reporter Additional Comments: "PATIENT WITH CP ( ) IN THE ED UNRESOLVED AFTER TABS...RN DID NOT REEVALUATE PATIENT...PATIENT ENDED UP NEEDING 3 , DOES NOT FEEL THE STAFF TREATED THE PATIENT WITH URGENCY." -Investigator Notes: "Patient wife called and discussed concerns...Explained that new and throughout process to ensure Labs and and imaging are done should there be a delay in bed placement..." -Primary Contributing Factors: "Human Factors/Staff Factors...Lack of Resources" -Primary Action to Prevent Recurrence: "Standardize Equipment or Process" -Secondary Action to Prevent Recurrence was blank -Quality/Patient Safety/Risk Notes: "...Investigation Performed that identified throughout opportunities that resulted in the delayed care to patient. Process improvement underway...Patient and wife contacted by RM (Risk Manager) and Emergency Director...Attempted to discuss process improvement plan but they did not want to discuss further." b. On Patient 1's medical record was reviewed with the Emergency Department Manager (EDM). The medical record indicated Patient 1 was a male with history of , history that required , and placement and x3. The review further indicated: -Emergency Patient Record dated , "...CP (...Chief Complaint:	H 408		

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H 408	Continued From page 17 Related...Priority: 3...17:28 Reception...1811 Room Placement...2231 Disposition-Admit..." -"Emergency Provider Report" dated , 17:53 "...MSE Not Complete The medical screening exam is not complete. Further evaluation and/or treatment is required. The patient will be re-directed to the emergency department..." The document further indicated "...With significant history present to the ED with complaints of 2 episodes of midsternal , today...recently had a with ... in ... last year..." -Laboratory result for HS Troponin (high sensitive diagnostic test for detection of injury, normal <78 ng/L) dated ..., 19:35 - 102 Critical High -Laboratory result for HS Troponin dated ..., 20:51 - 98 Critical High. -There was no documentary evidence in Patient 1's record of RN reassessments conducted every 60 minutes while waiting in the ED lobby between 17:28 - 20:57 on -There was no documentary evidence in Patient 1's record of physician response to the critical high troponin levels resulted at 19:35 and 20:57. c. On at 2:30 p.m. the facility security video recording from the ED lobby on ... observed with the security officer and the Emergency Room Director (EDD). The video recording indicated Patient 1 walked into the facility ED door on ... at 17:22 and registered. Continued observation of the video recording indicated Patient 1 was in the ED lobby until 20:57 (three and a half hours in the ED	H 408		

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H 408	Continued From page 18 lobby/waiting room) and was brought . . . in to the ED floor for bed placement at 20:58 and NOT at 18:11 as indicated in Patient 1's medical record. d. On at 1 p.m., the EDM was interviewed about Patient 1's experience in the ED. The EDM stated she was not aware of Patient 1's concern and only reviewed chart today. e. On at 9 a.m., the Patient Safety Analysis report for Patient 1's grievance was reviewed with the Patient Safety Director (PSD). The PSD stated ED Director conducted the investigation and had details of identified opportunities that resulted in delayed care and the process improvement plan initiated. f. On at 9:10 a.m., the EDD was interviewed. The EDD stated he "Looked through the chart (of Patient 1)." -The EDD stated the only improvement opportunity he identified was "The troponin lab/ draw should have been done upon arrival after the . . ., which is best practice." -The EDD stated the process improvement plan included getting labs done right away with and looking at the staffing grid. -The EDD was not aware of the discrepancy in Room Placement time on Patient 1's record. The EDD was also not aware of the missing RN reassessments while Patient 1 was waiting in the lobby. -The EDD stated the investigation details were only in the Patient Safety report. The EDD stated	H 408		

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H 408	Continued From page 19 communication of improvement to staff was only "verbal". The EDD stated de did not have any documentary evidence of process improvement plan or audits initiated related to the event concerning Patient 1. g. On [redacted] at 2:11 p.m., the findings from Patient 1's medical record, ED lobby video recording, Patient Safety Analysis report and interview with the EDD were discussed with the Chief Nursing Officer (CNO) and Chief Operating Officer (COO). -Both agreed the medical screening exam (MSE) was not completed as documented by the ED provider during the time Patient 1 was waiting in the ED lobby from 17:28 - 20:57 on [redacted]. The CNO stated since the MSE was not completed at the time Patient 1 was in the ED lobby reassessments should have been conducted by an RN every 60 minutes and documented as required by "Assessment and Reassessment" facility policy and procedure. -The CNO and COO stated Patient 1's troponin critical high values necessitated clinical intervention and required documentation of physician response. The COO stated there should, at the least, "Documentation of a reaction from the physician" as stated in the "Critical Values/Test Results" facility policy and procedure. Both agreed there was delay in care. The CNO stated Patient 1 should have at least been on telemetry monitoring. -The COO stated there is system "data integrity" concern re: Room Placement documented time, and was not accurate representation of Patient 1's experience in the ED. The COO stated it looked like when patients are initially roomed in	H 408		

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H 408	Continued From page 20 the lobby, the "Arrival to Bed" time data, which the facility had been tracking and trending showed, ED patients arrival in the ED to bed placement time to be shorter than it really is. The CNO and the COO stated this has "Never been identified" by facility before.	H 408		
H 415 SS=D	395.0197(4), F.S. DEVELOPMENT OF CORRECTIVE PROCEDURES (4) ... As a part of each internal risk management program, the incident reports shall be used to develop categories of incidents which identify problem areas. Once identified, procedures shall be adjusted to correct the problem areas. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to analyze, conduct a thorough investigation and implement corrective actions for of two out of two events (Patient 1 and Patient 10) from the Emergency Department reviewed for the month of , . Findings: 1. a. On , the Patient Safety Analysis Report related to Patient 1's grievance was reviewed with the Emergency Department Director. The document indicated: -Date Grievance/Complaint Filed: ..... -Brief Objective Description: "DELAY IN CARE IN THE ED" -Reporter Additional Comments: "PATIENT WITH CP (,) IN THE ED UNRESOLVED AFTER TABS...RN DID NOT REEVALUATE PATIENT...PATIENT ENDED	H 415		

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H 415	Continued From page 21 UP NEEDING 3 . . . . DOES NOT FEEL THE STAFF TREATED THE PATIENT WITH URGENCY." -Investigator Notes: "Patient wife called and discussed concerns...Explained that new and throughout process to ensure Labs and and imaging are done should there be a delay in bed placement..." -Primary Contributing Factors: "Human Factors/Staff Factors...Lack of Resources" -Primary Action to Prevent Recurrence: "Standardize Equipment or Process" -Secondary Action to Prevent Recurrence was blank -Quality/Patient Safety/Risk Notes: "...Investigation Performed that identified throughout opportunities that resulted in the delayed care to patient. Process improvement underway...Patient and wife contacted by RM (Risk Manager) and Emergency Director...Attempted to discuss process improvement plan but they did not want to discuss further." b. On . . . . . Patient 1's medical record was reviewed with the Emergency Department Manager (EDM). The medical record indicated Patient 1 was a , male with history of . . . . . , history . . . . . that required . . . . , , , , and placement and , ... x3. The review further indicated: -Emergency Patient Record dated , "...CP (. . . . .Chief Complaint: . . . . . Related...Priority: 3...17:28 Reception... 1811 Room Placement...2231 Disposition-Admit..." -"Emergency Provider Report" dated . . . . . , 17:53 "...MSE Not Complete The medical	H 415		

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H 415	Continued From page 22 screening exam is not complete. Further evaluation and/or treatment is required. The patient will be re-directed to the emergency department..." The document further indicated "...With significant . . . . . history present to the ED with complaints of 2 episodes of midsternal . . . . , . . today...recently had a . . . . . with . . in . . last year..." -Laboratory result for HS Troponin (high sensitive diagnostic test for detection of . . . injury, normal <78 ng/L) dated . , 19:35 - 102 Critical High -Laboratory result for HS Troponin dated , 20:51 - 98 Critical High. -There was no documentary evidence in Patient 1's record of RN reassessments conducted every 60 minutes while waiting in the ED lobby between 17:28 - 20:57 on . . . . . . -There was no documentary evidence in Patient 1's record of physician response to the critical high troponin levels resulted at 19:35 and 20:57. c. On . . . . . at 2:30 p.m. the facility security video recording from the ED lobby on observed with the security officer and the Emergency Room Director (EDD). The video recording indicated Patient 1 walked into the facility ED door on at 17:22 and registered. Continued observation of the video recording indicated Patient 1 was in the ED lobby until 20:57 (three and a half hours in the ED lobby/waiting room) and was brought in to the ED floor for bed placement at 20:58 and NOT at 18:11 as indicated in Patient 1's medical record.	H 415		

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H 415	Continued From page 23 d. On [redacted] at 1 p.m., the EDM was interviewed about Patient 1's experience in the ED. The EDM stated she was not aware of Patient 1's concern and only reviewed chart today. e. On [redacted] at 9 a.m., the Patient Safety Analysis report for Patient 1's grievance was reviewed with the Patient Safety Director (PSD). The PSD stated ED Director conducted the investigation and had details of identified opportunities that resulted in delayed care and the process improvement plan initiated. f. On [redacted] at 9:10 a.m., the EDD was interviewed. The EDD stated he "Looked through the chart (of Patient 1)." -The EDD stated the only improvement opportunity he identified was "The troponin lab/[redacted] draw should have been done upon arrival after the [redacted], which is best practice." -The EDD stated the process improvement plan included getting labs done right away with [redacted] and looking at the staffing grid. -The EDD was not aware of the discrepancy in Room Placement time on Patient 1's record. The EDD was also not aware of the missing RN reassessments while Patient 1 was waiting in the lobby. -The EDD stated the investigation details were only in the Patient Safety report. The EDD stated communication of improvement to staff was only "verbal". The EDD stated de did not have any documentary evidence of process improvement plan or audits initiated related to the event concerning Patient 1.	H 415		

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H 415	Continued From page 24 g. On at 2:11 p.m., the findings from Patient 1's medical record, ED lobby video recording, Patient Safety Analysis report and interview with the EDD were discussed with the Chief Nursing Officer (CNO) and Chief Operating Officer (COO). -Both agreed the medical screening exam (MSE) was not completed as documented by the ED provider during the time Patient 1 was waiting in the ED lobby from 17:28 - 20:57 on . The CNO stated since the MSE was not completed at the time Patient 1 was in the ED lobby reassessments should have been conducted by an RN every 60 minutes and documented as required by "Assessment and Reassessment" facility policy and procedure. -The CNO and COO stated Patient 1's troponin critical high values necessitated clinical intervention and required documentation of physician response. The COO stated there should, at the least, "Documentation of a reaction from the physician" as stated in the "Critical Values/Test Results" facility policy and procedure. Both agreed there was delay in care. The CNO stated Patient 1 should have at least been on telemetry monitoring. -The COO stated there is system "data integrity" concern re: Room Placement documented time, and was not accurate representation of Patient 1's experience in the ED. The COO stated it looked like when patients are initially roomed in the lobby, the "Arrival to Bed" time data, which the facility had been tracking and trending showed, ED patients arrival in the ED to bed placement time to be shorter than it really is. The CNO and the COO stated this has "Never been identified"	H 415		

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H 415	Continued From page 25 by facility before. 2. a. On . . . . . at 2 p.m. the Patient Safety Analysis report for Patient 10 was reviewed with the PSD. The report indicated: -Date Reported: . . . . . . -Date of Event: -Delay Care in Care Issue: "Lack of Timely Response to Order" -Brief Objective Description: "ORDER FOR PLATELETS WAS PUT IN AT 0842. ORDER WAS ONLY CARRIED OUT WHEN RAPID NURSE AND ATTENDING GOT INVOLVED AT 1445 ...THIS RESULTED IN DELAY OF INTERVENTIONS ..." -Investigation Notes: " . . . . . Increase in occurrences. Will work with ER leadership Team to educate and monitor..... Platelets ordered for reversal due to ICH (. . . . .) with shift. Patient ended up going to Hospice... please provide: 1.) What caused this to occur (was it lack of knowledge, nurse busy, unable to interpret order, etc) 2.) Was this order communicated to the nurse when it was placed? Was there any delay on the lab's end 2.) (sic) What will be done to prevent this from happening again (specifically)?..." - On the EDD wrote "...High Acuity and census - patient was under care of Admit RN's (registered nurse) and ER RN's during stay. Education was sent to all staff and continuing to monitor." -Primary Contributing Factor: "Human Factors/Staff Factors...Volume Staffing Ratio" -Primary Action to Prevent Recurrence Increase in Staffing/Decrease Workload b. The PSD stated ED Director unable to provide	H 415		

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H 415	Continued From page 26 documentary evidence of "Education sent to all staff and monitoring." The PSD stated there was no documentary evidence the "Primary Action to Prevent Recurrence Increase in Staffing/Decrease Workload" indicated in the report or any corrective action was initiated. c. Review of the facility policy and procedure "Serious Safety Identification, Notification and Management" dated indicated, "...Perform a thorough and credible patient safety event analysis ...develop actions to eliminate or control the system hazards or vulnerabilities identified as contributing factors ... monitor implementation effectiveness and sustainability of actions ... act when monitoring indicates actions are not effective or sustained ..."	H 415		