

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

PRINTED: 04/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/28/2023
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA BAYONET POINT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 14000 FWAY RD HUDSON, FL 34667		
(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 000	INITIAL COMMENTS	A 000			
A 144	<p>PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2)</p> <p>The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: Based on interviews, medical record reviews, and policy review, it was determined that the facility failed to provide a safety during discharge, resulting in Patient #1's injury and rehospitalization, in 1 of 2 patient records reviewed.</p> <p>Findings included: Review of Patient #1's medical record reveals that patient was an _____, Spanish speaking patient with a history of _____, admitted for _____, (loss of _____ for a short time) and _____ (_____ from the _____) on _____. The Patient had orders for discharge with home health on _____.</p> <p>Review of the nursing assessment shows the RN (registered nurse) documented the patient was alert and oriented to person and place (A&Ox2). Further review shows that the patient was discharged to the hospital lobby and left unattended.</p> <p>In an interview with Risk Management, they stated the RN asked the patient if he needed to call family for a ride, the patient stated "I already called my daughter."</p>	A 144			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

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

PRINTED: 04/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/28/2023
NAME OF PROVIDER OR SUPPLIER HCA FLORIDA BAYONET POINT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 14000 FVAY RD HUDSON, FL 34667		
(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	<p>Continued From page 1</p> <p>Review of patient discharge instructions on at 10:00AM, there was no indication that any family member was notified. The discharge instructions were also noted to be in English, not Spanish.</p> <p>In an interview on at 1140 AM with Staff A/Charge Nurse, she disclosed that when she has a discharged patient, she will review the chart for any additional conditions holding up a discharge. If a patient is compromised such as wheelchair bound, or any other the patient is closely monitored. The Case Manager will notify the nurse if the patient has any conditions of discharge. The family or transport are notified, once the family arrives the patient is taken downstairs by the assigned nurse or tech for discharge.</p> <p>In an interview with Staff B/RN, she revealed that when she has a discharge order she would first see if there are any conditions (example: awaiting consult clearance) "holding the discharge. I then would clear all conditions and parameters and discharge patient. I then notify the next of kin to see if patient is being picked up or in need of transport." She stated they have a discharge lounge (designed for patients with no parameters, and a nurse is there at all times) however she does not discharge her patients there unless they are "walkie talkie" (Alert and oriented to person, place, time, and situation.) "When discharge is complete I or the PCT [Patient Care Technician] will bring the patient down in a wheelchair. We never leave them alone; we assist them in the vehicle as well."</p> <p>Interview on at 1:30PM with Vice</p>	A 144			

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

PRINTED: 04/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/28/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HCA FLORIDA BAYONET POINT HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 14000 FVAY RD HUDSON, FL 34667
---	--

(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	<p>Continued From page 2</p> <p>President of Quality and Director of 2Central disclosed that the facility does not have a policy for nursing staff on discharging patients. She stated there is no policy in place that we can find.</p> <p>Policy for Assessment and Reassessment dated 2022 states . . . the patient/significant other shall be involved in discharge. . .</p> <p>Review of a medical record from another local hospital reveals that Patient #1 was brought there on _____ at 5:01 PM by family after they were notified by law enforcement. Patient #1 was found sitting on a bus stop bench for over 24 hours after being discharged from the [facility]. The patient possibly injured his _____. He has an _____ to the right _____ region of his _____; he is also _____. Patient unable to elaborate further on any condition, he was pleasant and only oriented to self, not time or place. The patient is obviously _____ and _____. he was also very hungry. Food and drink were provided. The patient sustained sunburn to _____, cheeks, forehead, and _____.</p> <p>The diagnosis was Sunburn, Acute _____ injury, Rhabdomyolysis, Hyperkalemia, _____, and _____.</p>	A 144		