Agency for Health Care Administration

STATEMENT OF DEFICIENCIES (X1) PROVIDER'SUPPLIERICLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IPSENTIEICATIONI NI IMPERI	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	HL110013	B. WING	09/23/2019	
AND AT DOMESTIC OR ALTON TO				

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ENCOMPASS HEALTH REHAB HOSPITAL OF SARASI				
(X4) ID PREFIX TAG	SARASC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	fA, FL 34240 fD PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	INITIAL COMMENTS	H 000		
	An unannounced complaint survey for #2019010007 was conducted on at Encompass Health Rehab Hospital of Sarasota, a rehabilitation hospital in Sarasota, Florida.			
	Complaint #2019010007 was substantiated with deficiency at H120.			
	The following is a description of the deficiency.			
H 120	59A-3.243(5), FAC NURSING SERVICE - Care Process	H 120		and
	(5) The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge. (a) Each patient's nursing needs shall be assessed by a registered nurse at the time of admission or within the period established by each hospital's policy. (b) Nursing goals shall be consistent with the prescribed by the responsible member of the organized medical staff. (c) Nursing intervention and patient response, and patient status on discharge from the hospital, must be noted on the medical record.			
	This Statute or Rule is not met as evidenced by: Based on observation, interview, and policy and record review, the hospital failed to ensure 2 (Patient #1 and #2) of 3 patients sampled were assessed and care planned for interventions ordered by the physician. Patient #1 had a potential for and clots related to stockings stockings not being initiated and had a potential for and related to protectors not being initiated. Patient #2 had a potential for injury from			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

09/23/2019

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING:

NAME OF PROVIDER OR SUPPLIER

HL110013

B. WING ____ STREET ADDRESS, CITY, STATE, ZIP CODE

ENCOMPASS HEALTH REHAB HOSPITAL OF SARASI SARASOTA, FL 34240					
(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)	(XS) COMPLETE DATE	
H 120	Continued From page 1	H 120			
	failure to use a abductor pillow positioning device.				
	The findings included:				
	Hospital policy #230 "Care Planning" (effective) revealed, "It is the policy of the hospital that each paleint admitted will have an IPOC [individualized interdisciplinary plan of care] developed, which will be based on his/her assessed individual needs 4. Each body system or functional area with identified problems will be followed by specific interventions designed to meet the needs of the patient. 5. IDT [interdisciplinary team] will initiate all applicable interventions"				
	1. Review of clinical records showed on Patient #1 was admitted to the hospital with a of the right (bone' ,). A physician order sheet datednoted: "Protectors' as a constant order, protectors are used to preventand to thearea. A physician's order datednoted, "_graduatedstocking' as constant orderstocking' as eused to preventstocking' as eused to preventand they also decreaseswhich can preventclots from forming.				
	On at 10:25 a.m., Patient #1 was observed lying in the bed with regular socks on both of her. There was a large -aid observed on the patient's left and small scabbed were observed on both elbows. In an interview at this time, Patient #1 said she had used stockings prior to coming into the hospital but she had not had				

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STATE FORM 6550 O3H111 If continuation sheet 2 of 4

PRINTED: 10/06/2023 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING HL110013 09/23/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6400 EDGELAKE DR ENCOMPASS HEALTH REHAB HOSPITAL OF SARASI SARASOTA, FL 34240 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 120 Continued From page 2 H 120 stocking since being admitted on Patient #1 said she had not been given since she was admitted; she had thought the -aid on her left was a protector. . at 10:30 a.m., Registered Nurse (RN), Staff A was observed to search for the the , stockings and ... protectors in the patient's cabinets and drawers. RN Staff A verified the stockings and ____ protectors were not in the patient's room. RN Staff A said they were available in the hospital's central supply and she would go and obtain them. At 11:10 a.m., the Nurse Manager Staff B said the aides would be responsible to assist the patient with applying stockings and Staff B said aides would receive the information from the nurse verbally in report. Staff B verified the stockings and . . . protectors had not been added as interventions to Patient #1's individualized care plan. 2. Review of clinical records showed on .

Patient #2 was admitted to the hospital after having surgery for a right and a

A physician order sheet dated noted "... " ordered on

Review of Patient #2's care plan, and medication record review, and skilled nursing notes show no documentation an abduction pillow was ever used while Patient #2 was in the hospital. A abduction pillow is a device used to prevent the from moving out of the after surgery.

at 12:45 a.m., Nurse

injury.

In an interview on

Precautions. abduction pillow while in bed.

Agency f	or Health Care Adminis	stration			PRINTED: 10/06/2 FORM APPRO	
STATEMENT OF DEFICIENCIES (X1) PROVIDER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HL110013	B. WING		09/23/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
ENCOMP	ASS HEALTH REHAB HO	SPITAL OF SARASI	ELAKE DR TA, FL 34240			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	OULD BE COMP	
H 120	Continued From page	3	H 120			
	not been care planne verified there was no	ied an abductor pillow had d for Patient #2. Staff B documentation an abductor used with Patient #2 while al.				

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