Revised 7/27/12

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100187	A. BUILDING _____ B. WING _____	C 06/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMETTO GENERAL HOSPITAL	2001 W 68TH ST HIALEAH, FL 33016

(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 complaint investigation, for CCR# 2012005521, was done on 2012 through 2012, at Palmetto General Hospital, 2001 W 68th Street, Hialeah, FL 33016. The allegations (1 of 4) was able to be substantiated. Palmetto General Hospital was not in compliance with 42 CFR Part 482, related to the allegations reviewed, at the time of the visit.	A 000	This plan of correction is prepared in compliance with state and federal regulations and is intended as Palmetto General Hospital's (the "Hospital" or "PGH") credible evidence of compliance. The submission of the plan of correction is not an admission by the Hospital that it agrees that all the citations are correct or that it has violated the law.	
A 396	482.23(b)(4) NURSING CARE PLAN The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility nursing staff failed to develop, and keep current, a nursing care plan for 2 out of 10 sampled patients in : 1) ensuring a sacral pressure did not get worse for one sampled patient # 1, 2) preventing further for sampled patients #9 by implementing preventive measures. The findings include: 1) Clinical record review revealed that SP#1 presented to the facility 2012, via the emergency department with a chief complaint of at her home and slurred speech. Her diagnoses include (but are not limited to): cerebrovascular accident, atrial failure, The patient presented to the facility with no pressure ulcers and skin that was intact. There was a nursing skin assessment using a Braden scale, which scored SP#1 at nine (15); which according	A 396	A 396 PLAN OF CORRECTION: The Hospital has in place an extensive skin integrity program. This program identifies patients at risk for developing tissue integrity issues and/or pressure All patients receive an initial systematic tissue integrity assessment by Nursing upon admission. If any Unstageable or any Deep Tissue injuries are identified, a consultation from the Physical Center is requested and obtained. Reassessment of tissue integrity is performed every shift and when there is a change in a patient's condition. With regards to SP#1, this survey identified inconsistencies with regards to the measurement of wounds. Therefore, the hospital is re-in-servicing all appropriate staff on the Tissue and Management Policy and Procedure (Attachment 1). With regards to SP#9, in an attempt to reduce the number of hospital acquired wounds and the hospital discourages	7/27/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 7/27/12

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 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.

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A 396	Continued From page 1 to their legend places the patient at moderate risk for ... The patient was subsequently admitted to the facility, underwent multiple ... procedures, and a decline in medical status. Her length of stay at the facility was 56 days, some of which included admission in the intensive care unit. She was eventually discharged from the facility to a long term acute care facility on 6/15/2012. Review of the wound care notes, on 4/26/2012, reveal that SP#1 developed a ... pressure ... to the sacral area. The following are the characteristics and outcome of this ... prior to discharge from the facility: 5/10/2012: bilateral ... Length=2 centimeters; width=2 centimeters; depth= 0.2 centimeters; no additional characteristics were documented for this date. 5/18/2012: ... sacrum; no measurements and no ... characteristics were documented for this date. ... (20 days later): Sacrum ... measures: length= 3.1 centimeters; width= 3.2 centimeters; depth= " ? " characteristics: ... drainage and yellow/tan ... there was no stage data documented. ... Unstageable sacral ... measurements: length= 1.6 centimeters; width=3 centimeters; depth= 1.0 centimeters. Interview with the quality officer on ... at 10:44am, she confirms the above findings regarding Patient #3. 2) Observation of Patient #9 on ... at 12:48pm, revealed that she was in the emergency department, and had presented there	A 396	A-396 Continued from page 1: the use of adult incontinence briefs. To that end, the hospital is continually educating patients and families as to the risk factors of using adult incontinence briefs and explains alternate measures and interventions. In the case of SP#9, the physician ordered an insertion of a ... which was refused by the patient's family. The Nursing Staff attempted to educate the patient's family on the risk factors of using an adult incontinence brief; however, the family was insistent on the use of an incontinence brief. There is a process contained within the Tissue and Pressure ... Management Policy and Procedure (Attachment 1), by which the hospital will dispense adult incontinence briefs to patients when requested. It requires that the patient or designee sign a refusal of treatment form, where they assume the risk of potential ... development, and it further requires that the Chief Nursing Officer review the request and give final approval. However, in the case of SP#9, the request was not escalated in a timely manner. Therefore, the hospital is again re-in-servicing all nursing staff on the above policy. POLICIES AND PROCEDURES: A review was conducted of the PGH Tissue and ... Management Policy and Procedure and it was	

Defede CEO 7/27/12

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A 396	Continued From page 2 with a chief complaint of reaction. There was family at the bedside. Patient #9 was alert, her speech was unintelligible. The patient was lying in a stretcher and appeared distressed. There was an odor present: With the aid of the assigned nurse, Patient #9 was observed to be lying on 2 blue pads. These were visibly wet and soiled with a brown colored substance. There was a stack of 4 by 4 gauze pads in the perineal area. Upon further assessment, the patient was observed with a pink to red in the entire perineal area. The assigned nurse reported that this was not the skin care protocol nor was it the expected for prevention of skin breakdown. The nurse was then observed cleaning the patient 's perineal area, applying skin barrier cream, discarding the soiled pads and replacing them with dry ones and then placed an incontinence brief on the resident. He was then observed, with additional staff assistance, changing the resident from the stretcher to a patient bed. He reported that the patient had orders to be admitted to the facility. The family at the bedside voiced concern that the facility did not place an incontinence brief on the patient hours ago. She was visibly upset. Interview with the Chief Nursing Officer, who was present with this surveyor during the above observation, she reports that it is the facility 's policy to use incontinence brief minimally. She confirms that the above observation occurred and is not the facility ' s skin care protocol.	A 396	A 396 Continued from page 2: determined to be appropriate (Attachment 1). EDUCATION: All Nursing Staff will be re-in-serviced on the Tissue and Management Policy and Procedure to be completed by 2012. AUDITING AND MONITORING: To ensure that the measurement of all wounds are documented consistently and that the process for the provision of adult incontinence briefs is in place, each nursing unit will report monthly data to the hospital's Performance Improvement Committee for the next 90 days. Any trends or deficiencies identified will be addressed as appropriate by re-education and by taking disciplinary action according to the hospital's progressive disciplinary process. RESPONSIBLE INDIVIDUALS: All Clinical Area Directors	Ongoing
A 404	482.23(c) ADMINISTRATION OF DRUGS Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as	A 404	A404 PLAN OF CORRECTION: As shared with the surveyor at the time of the survey, the hospital had previously identified this issue and the investigation revealed that this was related to the inadequate documentation and follow up by one nurse. The Pharmacy Department, during routine auditing of the dispensing of controlled substances,	8/13/12

7/27/12
CEO

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A 404	Continued From page 3 specified under §482.12(c), and accepted standards of practice. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a physician order was in place, prior to administration of pain medication for 1 (Patient #3) out of 10 sampled patients (SP). The findings include: Clinical record review revealed that Patient # 3 presented to the facility via the emergency department with a chief complaint of chest pain. His diagnoses include (but are not limited to): hypertension, right effusion, artery disease, diabetes, chronic disease, and . He underwent thoracotomy with decortation surgery at the facility on . During his stay in the recovery , a staff nurse administered 4 milligrams via route, for pain. However there was no corresponding physician order for this medication, at this dosage on Patient #3 ' s medical record. Interview with the quality officer on 6/27/2012 at 10:44 am, she confirms the above findings regarding Patient #3.	A 404	A 404 Continued from page 3: identified that this nurse was dispensing without having written orders. As a result the hospital leadership conducted an investigation, suspended this employee, reported the identified nursing practice concerns to the Florida Department of Health Division of Medical Quality Assurance and has placed this employee on a performance management plan. POLICIES AND PROCEDURES: A review was conducted of the PGH Medication Administration, Pain Management, and Chain of Command Policies and Procedures and they were found to be appropriate. (Attachment 2) EDUCATION: The nurse at issue was re-in-serviced on the above mentioned Policies and Procedures. Additionally, the nurse at issue was required to complete continuing education on Medication Administration and Error Reduction. AUDITING AND MONITORING: Completion of the performance management plan and continued monitoring of the nurse at issue by the supervising Director. Additionally, the hospital will continue routine monitoring of pharmaceutical dispensing activities. RESPONSIBLE INDIVIDUAL: Surgical Services Director	6/27/12 and Ongoing

Acted CEO
7/27/12

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

AREA OFFICE 11

Guidelines for the Development of Plans of Correction (PoC)

The Plan of Correction (PoC) is intended to correct any systemic regulatory non-compliance found during the survey process and remediate any specific non-compliance that may have been identified for the individuals residing in the facility.

A PoC for the deficiencies must be submitted by 10 days after the facility receives its State Form. Failure to submit an acceptable Plan of Correction within the required time frame may result in the imposition of remedies 20 days after due date for submission.

Your Plan of Correction must contain the following:

1. What corrective action(s) will be accomplished for those residents/patients found to have been affected by the deficient practice;
2. How you will identify other residents/patients having the potential to be affected by the same deficient practice and what corrective action will be taken;
3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
5. The PoC must be specific and realistic, have reasonable periods based on dates discussed during the exit conference, and state exactly how the deficiency was/will be corrected. Stating "staff will be trained" is not acceptable. An acceptable PoC might state that "staff was trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, and staff will be monitored daily and in two months/quarterly".
6. PoCs should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an ..... problem.
7. Please ensure legibility in responses.

Note: Please provide your correction next to each Tag and date it on the far right column. Also please make sure that your Signature, Title and Date are on the bottom of the first page of every Form.

Please send all your correspondence to the Miami address located at the bottom right hand corner of this letter.

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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8333 N.W. 53rd Street
Suite 300
Doral, FL 33166

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Palmetto General Hospital
2001 W 68th St
Hialeah, FL 33016

Re: CCR #2012005521, 2012005174, 2012004782

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2012 by a representative of this office.

Attached is the provider's copy of the Form CMS-2567 & State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than 2012.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call Faith Randolph, Registered Nurse Consultant Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager, Area 11

Enclosures:Form CMS-2567 & State (3020) Form,

TBB2

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Tallahassee, FL 32308
http://ahca.myflorida.com

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8333 N.W. 53rd Street, Suite 300
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