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
	HL100023	A. BUILDING: ______ B. WING ______	10/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITRUS MEMORIAL HOSPITAL	**502 W HIGHLAND BLVD INVERNESS, FL 34452**

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H 000	INITIAL COMMENTS An unannounced Risk Management survey was conducted on October 29-31, 2018 at Citrus Memorial Hospital, license #4233. Deficient practice was identified as a result of this survey.	H 000		
H 404	395.0197(1)(b)1, F.S.; 59A-10.0055(1) FS Approp Measure - Education & Training 395.0197(1)(b)1, F.S. 1. Risk management and risk prevention education and training of all nonphysician personnel as follows: a. Such education and training of all nonphysician personnel as part of their initial orientation; and b. At least 1 hour of such education and training annually for all personnel of the licensed facility working in clinical areas and providing patient care, except those persons licensed as health care practitioners who are required to complete continuing education coursework pursuant to chapter 456 or the respective practice act. 59A-10.0055(1) FAC (1) INCIDENT REPORTING. An incident reporting system shall be established for each facility. Procedures shall be detailed in writing and disseminated to all employees of the facility. All new employees, within 30 days of employment, shall be instructed about the operation of the system and responsibilities of it. At least annually all nonphysician personnel of the facility working in clinical areas and providing patient care shall receive 1 hour risk management and risk prevention education and training including the importance of accurate and timely incident reporting. This Statute or Rule is not met as evidenced by:	H 404		

AHCA Form 3020-0001

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

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H 404	Continued From page 1 Based on facility documentation, interview and policy review, it was confirmed the facility failed to ensure the mandated 1-hour annual Risk Management education was provided for 3 of 5 contracted staff of a total 15 sampled personnel records, Personnel K, L and M. Findings: A review of 15 personnel records were reviewed beginning on 10/30/2018 at 10:56 AM and again on 10/31/2018 at 8:48 AM with the Risk Manager and Interim Human Resources Director. It was confirmed with the staff the facility had no documentation for the mandated 1-hour employee/personnel annual updates for Risk Management. The review included: Contracted Personnel K ((Dialysis Registered Nurse) hired on 10/05/2015 confirmed with no 1-hour annual Risk Management update having been completed. Contracted Personnel L ((Dialysis Registered Nurse) hired on 2/13/2012 confirmed with no 1-hour annual Risk Management update having been completed. Contracted Personnel M ((Dialysis Registered Nurse) hired on 8/27/2012 confirmed with no 1-hour annual Risk Management update having been completed. A review of the facility Risk Management Policy #RM-004 #9 revealed: "At a minimum of annually, all employees shall receive one hour of risk management and risk prevention education and training including the importance of accurate and timely incident reporting."	H 404		

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H 404	Continued From page 2 During an interview on 10/31/2018 at 9:16 AM, it was confirmed the 1-hour of mandated Risk Management education annually is for both hospital staff and contracted personnel, and there was no evidence of Personnel K, L, or M having received the required annual update training.	H 404		
H 412	59A-10.0055(2)(c)-(e), FAC INCIDENT REPORTING SYSTEM - Reports (c) Whether or not a physician was called; and if so, a brief statement of said physician's recommendations as to medical treatment, if any; (d) A listing of all persons then known to be involved directly in the incident, including witnesses, along with locating information for each; (e) The name, signature and position of the person completing the reports, along with date and time that the report was completed This Statute or Rule is not met as evidenced by: Based on incident review, interview and facility policy, it was confirmed the facility failed to ensure incident documentation was thoroughly completed to include the names of those involved including any witnesses to the event along with notification to the physician with recommendations documented if made for 8 of 20 incident reviews, RM's (Risk Management) #2, #3, #4, #9, #10, #11, #18 and #20. Findings: A review of the incident reviews for content and thoroughness was conducted with the Risk Manager on 10/29/2018 beginning at 11:00 AM. Reports were found to have missing names of	H 412		

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H 412	Continued From page 3	H 412		

witnesses and all personnel involved in the incident named as well as thoroughly completed with the physician notification documented with any recommendations. The reports included:

RM #2.) The patient complaint of a nurse "playing with her and it made her feel uncomfortable." Details indicated that while transferring to the bed-side commode, her monitor leads became loose and kept coming off, needing readjustment. The report was submitted as a misconduct.

It was confirmed during an interview with the Risk Manager on 10/29/2018 at 11:29 AM, there was no documentation regarding the notification of the physician of the event.

RM #3.) Labs were drawn for and testing. The lab draw was found to be contaminated with and needed to be redrawn.

An interview was conducted with the Risk Manager on 10/29/2018 at 11:37 AM confirming there is no documentation as to the physician notification of the incident.

RM #4.) The patient (RM #4) was found to have had a still applied to her after an extended period of time. The was found when the patient complained of in her Upon assessment, the had been applied approximately two hours earlier. Immediate relief identified by patient, once released.

It was confirmed with the Risk Manager on 10/29/2018 at 11:53 AM, the investigation was not thoroughly completed as there was never an

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identification of all staff involved in the incident.

RM #9.) The report indicated a patient with a , which had been programmed inappropriately. The was to run at 7 ml's per hour instead it ran at 7.5 ml's per hour. It was confirmed the person completing the report was noted but the individuals involved in the incident were not identified.

Interview with the Risk Manager on 10/29/2018 at 1:03 PM confirmed the report had not been completed thoroughly.

RM #10.) Patient received . The investigation concluded the nurse failed to follow proper protocol for mediation administration.

It was confirmed during an interview with the Risk Manager on 10/29/2018 at 1:12 PM, the incident reporting system fails to identify the notification of the physician regarding the incident.

RM #11.) The report indicated the patient had lab results. An order for was placed on hold for 1 hour. The was turned back on at an improperly ordered rate.

An interview was conducted with the Risk Manager on 10/29/2018 at 1:16 PM. It was confirmed the incident reporting system does not indicate the physician notification regarding the error in the administration rate.

RM #18.) The patient had dosing of and disregarding Physician's orders.

In a review of RM #18 with the Risk Manager on 10/29/2018 at 1:30 PM, it was confirmed the report fails to identify all witnesses or staff

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H 412	Continued From page 5 involved in the eventual of the patient related to the medication administration. RM #20.) A review of the documentation for RM #20 revealed had been accidentally left on a patient while undergoing a ( ) procedure. The patient had stated he was feeling during the treatment, resulting in and . It was confirmed with the Risk Manager on 10/29/2018 at 2:43 PM, the witnesses or those involved were not documented in the incident report. A review of the policy for the completion of the incident reporting, Policy RM-004.doc included: "All hospital departments, employees and medical staff are required to report. Occurrence detail: Witness: Individual name and credentials/title/position within the facility. Reported by: Individual name and credentials/title/position within the facility. Physician Name: Name of physician notified. Recommendations: To be completed when a physician has been notified."	H 412		
H 417	395.0197(9), F.S. SEXUAL MISCONDUCT (9) The internal risk manager of each licensed facility shall: (a) Investigate every allegation of sexual misconduct which is made against a member of the facility's personnel who has direct patient contact, when the allegation is that the sexual misconduct occurred at the facility or on the grounds of the facility. (b) Report every allegation of sexual misconduct to the administrator of the licensed facility. (c) Notify the family or guardian of the victim, if a	H 417		

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minor, that an allegation of sexual misconduct has been made and that an investigation is being conducted.
(d) Report to the Department of Health every allegation of sexual misconduct, as defined in chapter 456 and the respective practice act, by a licensed health care practitioner that involves a patient.

This Statute or Rule is not met as evidenced by:
Based on incident review and interview, it was confirmed the facility failed to ensure the proper notification was initiated to the Department of Health, per regulation, for all allegations of ... misconduct for 2 of 2 reports reviewed, RM (Risk Management) #1 and RM#2.

Findings:

A review of the facility incidents with the Risk Manager on 10/29/2018 beginning at 11:00 AM, included two allegations of ... misconduct.

During an interview on 10/29/2018 at 11:00 AM, it was confirmed the proper notification to include the Department of Health for the identified staff had not occurred.

RM #1.) The patient was brought to Emergency Department as ... enforcement. The report indicated she woke up and was attempting to leave. RM #1 was being held down by staff to prevent and from staff. A nurse was holding her so that she could not kick. Patient stated, "you are in for it, you touched my ... ." Patient while staring at the staff member stated, "Don't touch me there, Let me go. You're in for it if you don't let me go." Patient was fully clothed during the incident.

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H 417	Continued From page 7 There was no contact between the nurse and the patient's , per the report. Security was at the bedside. It was confirmed with the Risk Manager during an interview on 10/29/2018 at 11:10 AM, the incident had been identified as misconduct in the reporting system. Additional questions were asked to determine who had been contacted regarding the incident. She confirmed the Florida Department of Health was not documented as having been notified. RM #2.) The patient complaint of a nurse "playing with her and it made her feel uncomfortable." Details of the incident indicated that while transferring RM #2 to the bed-side commode, her monitor leads became loose and kept coming off, needing readjustment. It was confirmed during an interview with the Risk Manager on 10/29/2018 at 11:29 AM, there is no documentation of the notification of the facility Administration or to the Department of Health per regulation regarding the allegations of misconduct.	H 417		
H 505	395.301(2) FS Price Transparency - Patient Liaison Phone (2) Each itemized statement or bill must prominently display the telephone number of the medical facility's patient liaison who is responsible for expediting the resolution of any billing dispute between the patient, or the patient's survivor or legal guardian, and the billing department. This Statute or Rule is not met as evidenced by: Based on review of patients' itemized billing	H 505		

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H 505	Continued From page 8 statements and interview, it was confirmed the facility failed to "prominently display the telephone number of the medical facility's patient liaison who is responsible for expediting the resolution of any billing dispute between the patient, or the patient's survivor or legal guardian, and the billing department" for 11 of 11 patient billing statements reviewed by the surveyor. Findings: A review of 11 patient's billing statements revealed a lack of the "prominently displayed" telephone number of the medical facility's "patient liaison" who is responsible for expediting the resolution of any billing dispute between the patient, or the patient's survivor or legal guardian, and the billing department. It was confirmed there was a telephone number listed on the last page of the statement in an approximately eight pitch font (very small) which is the same size as the address for the facility on the front of the statement (top left hand corner). All other print on the document to include the patient's name and address is larger. Additional information is provided on the statement which is in even a larger print and bold style font. The statements failed to address the "facility patient liaison who is responsible for expediting the resolution of any billing disputes" The form indicated, "For more information, please call (phone number listed)." An interview was conducted with the Risk Manager and the Director of Patient Services (Business Office) on 10/31/2018 at 10:45 AM. It was confirmed the form is a corporate hospital format and all corporate hospitals follow the same billing and statement practices. It was confirmed	H 505		

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H 505	Continued From page 9 there is a Central Billing Department which is responsible for handling all patient billing inquiries and it is not located at the facility, specific to "the medical facility's patient liaison" who can assist them with any problems.	H 505		