

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL23960112	(X3) DATE SURVEY COMPLETED 11/14/2018
NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHAB HOSPITAL AN AFFILIATE OF	STREET ADDRESS, CITY, STATE, ZIP CODE 5850 SE COMMUNITY DR STUART, FL 34997	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - INITIAL COMMENTS

An unannounced Risk Management Survey was conducted on [redacted] at Encompass Health Rehab Hospital an Affiliate of Martin, License #4512. The facility had deficiencies at the time of the visit.

0404 - Approp Measure - Education & Training - 395.0197(1)(b)1, F.S.; 59A-10.0055(1) FS

Based on facility document review, staff interview and review of the Risk Management Program and Plan, it was determined the facility failed to ensure risk management orientation and annual risk prevention education was completed for 2 of 2 employees (Employee #F and #G).

The findings included:

Risk Management Program, reviewed [redacted], documents "The Director of Quality/Risk Management has the responsibility to orient new employees to risk management and risk prevention and provide risk management and risk prevention training annually for all non physician personnel of the facility."

Personnel Record review conducted on [redacted] revealed [redacted] Employees #F and #G, Nurses, with hire date of [redacted] and [redacted], respectively, had no evidence of risk management orientation.

Employees #F and #G completed orientation on [redacted] and [redacted]. Documents titled "Physicians, Licensed Independent Practitioners, Vendors and Contractors General and Safety Orientation, dated [redacted] and [redacted] and signed by both employees, did not include risk prevention orientation.

Furthermore, the facility had no evidence the [redacted] employees completed the required annual risk prevention education since date of hire.

Interview with The Director of Quality/Risk Management conducted on [redacted] at 11:39 AM revealed [redacted] employees do not receive the annual risk prevention education. The Director explained there have been some changes in the education department and was not sure if the [redacted] employees participated in the live orientation session. The Director confirmed the orientation provided for Employee #F and #G does not include risk prevention.

0410 - RM Prog - Incident Reporting System - 395.0197(1)(e) FS; 59A-10.0055(2)(a-b)

Based on facility document review, staff interview and review of the Risk Management Program and

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Plan, it was determined the facility failed to ensure the Forms utilized for Incident/Event Reporting document all required elements as evidenced by failure to document diagnoses on 9 of 15 reports (Reports #6, #8, #9, #10, #11, #14, #15, #17 and #20).

The findings included:

Electronic review of sampled Incident Reports #6, #8, #9, #10, #11, #14, #15, #17 and #20 conducted on _____, while accompanied by The Director of Quality/Risk Management and The Chief Nursing Officer, revealed the documents failed to document the admitting diagnosis.

Interview with The Director of Quality and The Chief Nursing Officer conducted on 11/13/18 starting at 12:38 PM revealed after review of the reports identified above, the forms do not capture admitting diagnosis. The Director explained the system only documents service code as the facility is a rehabilitation hospital.

0412 - INCIDENT REPORTING SYSTEM - Reports - 59A-10.0055(2)(c)-(e), FAC

Based on facility document review, staff interview and review of the Risk Management Program and Plan, it was determined the facility failed to ensure the Forms utilized for Incident/Event Reporting document all witnesses and all persons then known to be involved directly in the incidents. This failure is evident in 6 of 15 sampled records reviewed (Report #6, #7, #10, #13, #16 and #20).

The findings included:

Electronic review of sampled Incident Reports #6, #7, #10, #13, #16 and #20 conducted on _____, while accompanied by The Director of Quality/Risk Management and The Chief Nursing Officer, revealed the documents lack the required information related to listing of all persons then known to be involved directly in the incidents and witnesses.

Interview with The Director of Quality and The Chief Nursing Officer conducted on 11/13/18 starting at 12:38 PM revealed after review of the reports identified above, it was confirmed the staff failed to document all of the witnesses and persons involved in the identified reports.