Agency f	or Health Care Adminis	stration				0: 06/04/201 MAPPROVE	
Agency for Health Care Administra STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HL103038	B. WING		04/1	16/2019	
	ROVIDER OR SUPPLIER	TATION HOSPITAL C 20601 O	DDRESS, CITY, STA LD CUTLER RD L 33189	TE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
Н 000	Hospital of Miami loca Road, Miami, Florida Encompass Health R	te complaint survey 2019004738, and nducted on ppass Health Rehabilitation ated at 20601 Old Cutter 33189. ehabilitation Hospital of es identified at the time of	H 000				
H 022	Coord of Care (2) Coordination of C. develop and impleme on discharge planning (a) Identification of paplanning;	are. Each hospital shall onto policies and procedures g which address: attents requiring discharge arge planning on a timety	H 022				

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Based on interview and record review the facility LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Statute or Rule is not met as evidenced by:

(c) Evaluation of prescription medications, ensuring the continued availability of medications for at least three days after discharge; (d) The role of the physician, other health care givers, the patient, and the patient's family in the

discharge planning process; (e) Documentation of the discharge plan in the patient's medical record including an assessment of the availability of appropriate services to meet identified needs following hospitalization.

> TITLE (X6) DATE

PRINTED: 06/04/2019 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 HL103038 04/16/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD ENCOMPASS HEALTH REHABILITATION HOSPITAL C MIAMI, FL 33189 (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 022 Continued From page 1 H 022 failed to ensure the patient's right to availability of appropriate services to meet the transfer needs of one (SP #1) of 3 sampled patients (SP) who was inappropriately transferred to another facility. Findings include: Review of the Physician Progress Notes electronically authenticated by the PA (Physician Assistant) on , and by the medical attending physician on showed sample patient (SP) #1 was seen in room with AMS (.....), refusing, refusing medications, refusing to drink or eat, w/ (with) worsening . . . function. Plan: transfer patient (,) to acute setting, , is noncompliant with . . . , , , medication, refuses food or drink, with AMS today and worsening function. Review of SP #1 Order Entry Date/Timed: at 22:28 PM, authored by the Physician Assistant showed Transfer to Acute Care Facility- unplanned complications. Order comments: AMS and AKI (Acute Insufficiency) --- transfer to Facility A. Phone interview on at 11:20 AM with

B.

the Communication Manager for the ambulance service that transported SP #1 on Facility A, stated: I am reading the report of the ambulance trip. We received call for transfer. Arrived on scene at (name of this hospital) Hospital at 14:15 PM. Arrived at 16:29 PM at the (Long-Term Acute Care (LTAC) hospital)-Facility A. The patient was not accepted. Arrived at Facility B: 16:52 PM. The packet and the patient belonging was given to the Nurse at the Acute Care Hospital ER (Emergency Room)-at Facility

Agency f	or Health Care Adminis	tration				0: 06/04/2019 1 APPROVED
Agency for Health Care Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HL103038	B. WING		04/1	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE	E, ZIP CODE		
ENCOMP	ASS HEALTH REHABILIT	ATION HOSPITAL C 20601 OLD MIAMI, FL	CUTLER RD 33189			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE	(X5) COMPLETE DATE	
H 022	Continued From page	2	H 022			
	an order by the Physicapatient to where was the Long-Term A hospital-Facility A. The ambulance arrived at the ambulance EMT (Technician) that they patient because they facility. The Charge Is the Physician As the ambulance told he then told her to send hospital which is Facil The Risk Managemer at 1.36 Pl discussed and addres clinical huddle with the aptured in the meetifacility A-(Long-Term. Lessons learned wor the Physicians from (It is further discussed the Clinical Physician Interview with the Me at 11:01 AM revealed topic of discussions w The chart will be furth admitted to this hospital to which a solution of the control o	M revealed she was given cian Assistant to send patient came from and that cute Care (LTAC) en as soon as the Facility A, she was called by Emergency Medical don't want to accept the are not an Acute Care vurse - staff B then called sistant and told him what sr. The Physician Assistant the patient to the nearest lity B (Acute Care Hospital). At Coordinator on M, stafed this case was seed in the daily morning e Medical Director. It was go Medical Director. It was go well as the staff of the Medical group), with the RNs (nurses) and s during daily clinical huddle, dicial Director on this case will be taken for rith the other Physicians.				

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 Agency for Health Care Administration

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

HL103038

B. WHKG

04/16/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

20601 OLD CUTLER RD

ENCOMPASS HEALTH REHABILITATION HOSPITAL C MIAMI, FL 33189						
(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 022	Continued From page 3 Other corrective actions undertaken were an acknowledgement from each staff stating they received education on the Acute Care Transfer. This was started by the CNO (Chief Nursing Officer) on (during the survey). Thirteen (13) day shift staff received this information and signed the acknowledgement. The night shift, the CNO stade will be next. The Hospital Educator has printed list of all LTACs and posted these copies on (during the survey) at the Doctor's dictation room, the nurse's station, the nursing supervisor office, and the Nursing Office.	H 022				
Н 229	59A-3.275(1), FAC ORGANIZED MEDICAL STAFF (1) Each hospital shall have an organized medical staff organized under written by-laws approved by the governing body and responsible to the governing body of the hospital for the quality of all health care provided to patients in the facility and for the ethical and professional practices of its members. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to oversee the allied staff (Physician Assistant) to ensure quality of health care is provided to one (SP #1) of 3 sampled patients (SP) who was inappropriately transferred to another facility. Findings include: Review of the Physician Progress Notes electronically authenticated by the PA (Physician Assistant) on and by the medical	H 229				

AHCA Form 3020-0001

PRINTED: 06/04/2019 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 HL103038 04/16/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD ENCOMPASS HEALTH REHABILITATION HOSPITAL C MIAMI, FL 33189 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) H 229 Continued From page 4 H 229 attending physician on . . . showed sample patient (SP) #1 was seen in room with AMS (.....), refusing refusing medications, refusing to drink or eat, w/

Review of SP #1 Order Entry Date/Timed: at 22:28 PM, authored by the Physician Assistant showed Transfer to Acute Care Facility- unplanned complications. Order comments: AMS and AKI (Acute Insufficiency) --- transfer to Facility A.

Phone interview on

(with) worsening function, Plan: transfer patient (,) to acute setting, , is noncompliant with _____, medication, refuses food or drink, with AMS today and worsening

the Communication Manager for the ambulance service that transported SP #1 on Facility A, stated: I am reading the report of the ambulance trip. We received call for transfer. Arrived on scene at (name of this hospital) Hospital at 14:15 PM. Arrived at 16:29 PM at the (Long-Term Acute Care (LTAC) hospital)-Facility A. The patient was not accepted. Arrived at Facility B: 16:52 PM. The packet and the patient belonging was given to the Nurse at the Acute Care Hospital ER (Emergency Room)-at Facility

at 11:20 AM with

Interview with Charge Nurse -Staff B on at 9:28 AM revealed she was given an order by the Physician Assistant to send to where patient came from and that was the Long-Term Acute Care (LTAC) hospital-Facility A. Then as soon as the ambulance arrived at Facility A, she was called by the ambulance EMT (Emergency Medical Technician) that they don't want to accept the patient because they are not an Acute Care

PRINTED: 06/04/2019 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 HL103038 04/16/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD ENCOMPASS HEALTH REHABILITATION HOSPITAL C MIAMI, FL 33189 (X433F) 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 229 Continued From page 5 H 229 Facility. The Charge Nurse -staff B then called the Physician Assistant and told him what the ambulance told her. The Physician Assistant then told her to send the patient to the nearest hospital which is Facility B (Acute Care Hospital). The Risk Management Coordinator on at 1:36 PM, stated this case was discussed and addressed in the daily morning clinical huddle with the Medical Director. It was captured in the meeting. We are not familiar with facility A-(Long-Term Acute Care (LTAC) hospital). Lessons learned were shared to Quality, including the Physicians from (name of the Medical group). It is further discussed with the RNs (nurses) and the Clinical Physicians during daily clinical huddle. Interview with the Medical Director on at 11:01 AM revealed this case will be taken for topic of discussions with the other Physicians. The chart will be further reviewed why he was admitted to this hospital. at 12:56 PM, the PI (Performance Improvement)/ Quality/RM (Risk Management) Director stated: This event will be presented on

received education on the Acute Care Transfer. This was started by the CNO (Chief Nursing Officer) on (during the survey). Thirteen (13) day shift staff received this information and signed the acknowledgement. The night shift, the CNO stated will be next. The Hospital Educator has printed list of all

our Safety committee meeting on . . . , in the Quality Committee meeting on the MEC (Medical Executive Committee) on , and in the GB (Governing Body) meeting on Other corrective actions undertaken were an acknowledgement from each staff stating they

PRINTED: 06/04/2019 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 HL103038 04/16/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD ENCOMPASS HEALTH REHABILITATION HOSPITAL C MIAMI, FL 33189 (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 229 Continued From page 6 H 229 LTACs and posted these copies on (during the survey) at the Doctor's dictation room. the nurse's station, the nursing supervisor office. and the Nursing Office. H 415 395,0197(4), F.S. DEVELOPMENT OF H 415 CORRECTIVE PROCEDURES (4) ... As a part of each internal risk management program, the incident reports shall be used to develop categories of incidents which identify problem areas. Once identified, procedures shall be adjusted to correct the problem areas. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility Risk Management Program failed to use the incident to implement procedures to correct the problem areas in one (SP #1) of 3 sampled patients (SP) who was inappropriately transferred to another facility.

Findings include:

Assistant) on , and by the medical attending physician on showed sample patient (SP) #1 was seen in room with AMS (.), refusing refusing medications, refusing to drink or eat, w/ (with) worsening function. Plan: transfer patient (,) ... to acute setting, , . is noncompliant with _____, medication, refuses food or drink, with AMS today and worsening . . function.

Review of SP #1 Order Entry Date/Timed:

Review of the Physician Progress Notes electronically authenticated by the PA (Physician

at 22:28 PM, authored by the

PRINTED: 06/04/2019 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 HL103038 04/16/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD ENCOMPASS HEALTH REHABILITATION HOSPITAL C MIAMI, FL 33189 (X433F) 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 415 Continued From page 7 H 415 Physician Assistant showed Transfer to Acute Care Facility- unplanned complications. Order comments: AMS and AKI (Acute Insufficiency) --- transfer to Facility A. Phone interview on at 11:20 AM with the Communication Manager for the ambulance service that transported SP #1 on Facility A. stated: I am reading the report of the ambulance trip. We received call for transfer. Arrived on scene at (name of this hospital) Hospital at 14:15 PM. Arrived at 16:29 PM at the (Long-Term Acute Care (LTAC) hospital)-Facility A. The patient was not accepted. Arrived at Facility B: 16:52 PM. The packet and the patient belonging was given to the Nurse at the Acute Care Hospital ER (Emergency Room)-at Facility Interview with Charge Nurse -Staff B on at 9:28 AM revealed she was given an order by the Physician Assistant to send patient to where patient came from and that was the Long-Term Acute Care (LTAC)

hospital-Facility A. Then as soon as the ambulance arrived at Facility A, she was called by the ambulance EMT (Emergency Medical Technician) that they don't want to accept the patient because they are not an Acute Care Facility. The Charge Nurse -staff B then called the Physician Assistant and told him what the ambulance told her. The Physician Assistant then told her to send the patient to the nearest hospital which is Facility B (Acute Care Hospital). The Risk Management Coordinator on at 1:36 PM, stated this case was discussed and addressed in the daily morning clinical huddle with the Medical Director. It was captured in the meeting. We are not familiar with facility A-(Long-Term Acute Care (LTAC) hospital). Lessons learned were shared to Quality, including

STATE FORM caso 4EWS11 If continuation sheet 8 of 9

Agency fo	or Health Care Adminis	stration					: 06/04/2019 1 APPROVED
STATEMENT	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
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		HL103038		B. WING		04/1	6/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
FNOOND	ASS HEALTH REHABILIT	TION HOOPITH O	20601 OLD	CUTLER RD			
ENCOMP	ASS HEALTH KEMABILIT	ATION HOSPITAL U	MIAMI, FL	33189			
(X4) ID		ATEMENT OF DEFICIENCIES		1D	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)				(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
1110				1,00	DEFICIENCY)		
H 415	Continued From page	8		H 415			
		name of the Medical gre					
		with the RNs (nurses)					
	the Clinical Physician Interview with the Me	s during daily clinical hu	iddle.				
		this case will be taken	for				
		vith the other Physicians					
		er reviewed why he wa	s				
	admitted to this hospi	tal.					
	Improvement)/ Quality Director stated: This our Safety committee Quality Committee me the MEC (Medical Ex-	56 PM, the PI (Perform y/RM (Risk Managemer event will be presented meeting on, in eeting on, in ecutive Committee) on Governing Body) meetin	nt) on the , in				
	acknowledgement fror received education or This was started by the Officer) on Thirteen (13) day shift information and signe The night shift, the CI The Hospital Educate LTACs and posted the (during the survey) at	at staff received this staff received this staff received this staff will be next. For has printed list of all ease copies on the Doctor's dictation receiving supervisor of	er. t.				

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