

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD 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)	(X5) COMPLETE DATE
H 000	<p>INITIAL COMMENTS</p> <p>An unannounced state complaint survey (complaint numbers) 2019004738, and 2019003247, was conducted on _____ to _____ at Encompass Health Rehabilitation Hospital of Miami located at 20601 Old Cutler Road, Miami, Florida 33189.</p> <p>Encompass Health Rehabilitation Hospital of Miami had deficiencies identified at the time of the survey.</p> <p>Deficiencies were identified and cited for complaint number: 2019004738</p>	H 000		
H 022	<p>59A-3.254(2) FAC PATIENT RIGHTS & CARE - Coord of Care</p> <p>(2) Coordination of Care. Each hospital shall develop and implement policies and procedures on discharge planning which address:</p> <p>(a) Identification of patients requiring discharge planning;</p> <p>(b) Initiation of discharge planning on a timely basis;</p> <p>(c) Evaluation of prescription medications, ensuring the continued availability of medications for at least three days after discharge;</p> <p>(d) The role of the physician, other health care givers, the patient, and the patient's family in the discharge planning process;</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview and record review the facility</p>	H 022		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD 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)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 022	<p>Continued From page 1</p> <p>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.</p> <p>Findings include:</p> <p>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 non-compliant with _____ medication, refuses food or drink, with AMS today and worsening function.</p> <p>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.</p> <p>Phone interview on _____ at 11:20 AM with the Communication Manager for the ambulance service that transported SP #1 on _____ to 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 B.</p>	H 022		
-------	---	-------	--	--

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD 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)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 022	<p>Continued From page 2</p> <p>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 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.</p> <p>On at 12:56 PM, the PI (Performance Improvement)/ Quality/RM (Risk Management) Director stated: This event will be presented on our Safety committee meeting on , in the Quality Committee meeting on , in the MEC (Medical Executive Committee) on , and in the GB (Governing Body) meeting on .</p>	H 022		
-------	--	-------	--	--

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD 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)	(X5) COMPLETE DATE
H 022	<p>Continued From page 3</p> <p>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 stated will be next.</p> <p>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.</p>	H 022		
H 229	<p>59A-3.275(1), FAC ORGANIZED MEDICAL STAFF</p> <p>(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.</p> <p>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.</p> <p>Findings include:</p> <p>Review of the Physician Progress Notes electronically authenticated by the PA (Physician Assistant) on, and by the medical</p>	H 229		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD 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)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 229	<p>Continued From page 4</p> <p>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 non-compliant with medication, refuses food or drink, with AMS today and worsening function.</p> <p>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.</p> <p>Phone interview on at 11:20 AM with the Communication Manager for the ambulance service that transported SP #1 on to 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 B.</p> <p>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</p>	H 229		
-------	---	-------	--	--

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/16/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD 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)	(X5) COMPLETE DATE
H 229	<p>Continued From page 5</p> <p>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.</p> <p>On _____ at 12:56 PM, the PI (Performance Improvement)/ Quality/RM (Risk Management) Director stated: This event will be presented on our Safety committee meeting on _____, in the Quality Committee meeting on _____, in the MEC (Medical Executive Committee) on _____, and in the GB (Governing Body) meeting on _____.</p> <p>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 stated will be next.</p> <p>The Hospital Educator has printed list of all</p>	H 229		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD 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)	(X5) COMPLETE DATE
H 229	Continued From page 6 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 229		
H 415	<p>395.0197(4), F.S. DEVELOPMENT OF CORRECTIVE PROCEDURES</p> <p>(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.</p> <p>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.</p> <p>Findings include:</p> <p>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 non-compliant with _____ medication, refuses food or drink, with AMS today and worsening _____ function.</p> <p>Review of SP #1 Order Entry Date/Timed: _____ at 22:28 PM, authored by the _____</p>	H 415		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD 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)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H 415	<p>Continued From page 7</p> <p>Physician Assistant showed Transfer to Acute Care Facility- unplanned complications. Order comments: AMS and AKI (Acute Insufficiency) ---transfer to Facility A.</p> <p>Phone interview on at 11:20 AM with the Communication Manager for the ambulance service that transported SP #1 on to 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 B.</p> <p>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</p>	H 415		
-------	---	-------	--	--

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL103038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 20601 OLD CUTLER RD 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)	(X5) COMPLETE DATE
H 415	<p>Continued From page 8</p> <p>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.</p> <p>On at 12:56 PM, the PI (Performance Improvement)/ Quality/RM (Risk Management) Director stated: This event will be presented on our Safety committee meeting on , in the Quality Committee meeting on , in the MEC (Medical Executive Committee) on , and in the GB (Governing Body) meeting on .</p> <p>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 stated will be next.</p> <p>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.</p>	H 415		