

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL23960115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2019
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NAME OF PROVIDER OR SUPPLIER ENCOMPASS HEALTH REHABILITATION HOSPITAL C	STREET ADDRESS, CITY, STATE, ZIP CODE 831 S STATE RD 434 ALTAMONTE, FL 32714
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(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
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H 000	INITIAL COMMENTS Complaint Investigation #2019005755 was conducted on ... Encompass Health Rehabilitation Hospital had a deficiency at the time of the visit.	H 000		
H 201	59A-3.250(3) FAC SURVEIL/PREVEN/CONTROL OF Content (3) The policies and procedures devised by the control program shall be approved by the governing body, and shall contain the following: (a) Specific policies for the shelf life of all stored sterile items. (b) Specific policies and procedures related to occupational exposure to ... and ... (c) Specific policies and procedures related to admixture and drug reconstitution, and to the manufacture of ... and irrigating fluids. (d) Specific policies related to the handling and disposal of biomedical waste as required by Chapter 64E-16, F.A.C., OSHA 29 CFR Part 1910.1030, Bloodborne ... (e) Specific policies related to the selection, storage, handling, use and disposition of disposable items. (f) Specific policies related to decontamination and sterilization activities performed in central services and throughout the hospital, including a requirement that steam gas (ETO) and hot air sterilizers be tested with live ... spores at least weekly. (g) Specific policies regarding the indications for universal precautions, body substance isolation, CDC isolation guidelines, or equivalent and the types of isolation to be used for the prevention of the transmission of ... (h) A requirement that soiled linen is collected in	H 201		

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

TITLE

(X8) DATE

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H 201	<p>Continued From page 1</p> <p>such a manner as to minimize microbial dissemination into the environment.</p> <p>(i) A requirement that all cases of communicable as set forth in Chapter 64D-3, F.A.C., be promptly and properly reported as required by the provisions of that rule.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview, record review and a review of facility documentation, the facility failed to ensure that policies and procedures of the control program involving the storage of soiled linens for patients on contact isolation precautions and the entrance of rooms of patients on contact isolation precautions were followed for 2 of 7 sampled patients (#1 & 7).</p> <p>Findings:</p> <p>1. During observation patient #1's room on at 10:55 AM, it was noted that the room had signage which indicated that contact precautions were in force. The container for used linen was not in the patient's room. Instead, it was just outside of the door. At this time, the Director of Nursing (DON) confirmed the observation.</p> <p>Patient #1's medical record revealed that she had a diagnosis of "Clostridioides (also known as C. diff) is a bacterium that causes and (an of the)." (cdc.gov). A review of facility process "Handling and Transportation of Soiled Linen" read, "Soiled linen should be placed in a covered linen bag or cart to transport from the room. Laundry collection containers are to remain covered when not in use. They are not to be left in hallways unless in use." Thus, the</p>	H 201		
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H 201	<p>Continued From page 2</p> <p>facility was not in compliance with this approved process. During an interview of the DON on at 1:50 PM, she confirmed the finding.</p> <p>2. During observation of the vacant room of patient #7 on at 10:58 AM, signage indicated that Contact Precautions was in place. The text of the sign read, "Wear gown and gloves prior to touching the patient or their environment. Remove and discard in room before exiting." At this time, environmental services aide (ESA) A entered the room. He did not put on any personal protective equipment, such as a disposable gown and gloves. During an interview of ESA A on at 11:01 AM, he stated that he had been trained to put on personal protective equipment upon entering rooms which had signage indicating that contact precautions were in place.</p> <p>ESA A's personnel file revealed that he was hired on, and was trained on prevention on Regarding the justification for patient #7's room having contact precautions, a review of her medical record revealed that she had a diagnosis of in the " line." " (abbreviated as) are found in the environment, foods, and of people and animals." (cdc.gov). ESA A was in violation of the posted requirement to wear gown and gloves prior to touching the patient or the patient's environment.</p> <p>On at 1:50 PM, the DON confirmed the finding.</p>	H 201		
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