

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL100243	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2020
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NAME OF PROVIDER OR SUPPLIER BRANDON REGIONAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 119 OAKFIELD DR BRANDON, FL 33511
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H 000	<p>INITIAL COMMENTS</p> <p>A complaint survey (#2020015487, 2020015325, 2020013336, 2020018888, 2020017434, 2020017426) was conducted at Brandon Regional Hospital on to Deficiencies were identified at the time of survey.</p>	H 000		
H 021	<p>59A-3.254(1)(e) FAC PATIENT RIGHTS & CARE - Indiv Treatment Plan</p> <p>(e) An individualized treatment plan shall be developed for each patient based upon the initial assessment and other diagnostic information as appropriate.</p> <p>This Statute or Rule is not met as evidenced by: Based on the facility policy and procedure, medical record review and staff interview, the facility failed to provide an individualized treatment plan for one (#3) of eleven sampled patients.</p> <p>Findings include: Review of the policy and procedure title, ""Assessment and Reassessment", Policy # WFD.PC.002 Revised found the assessment of the care or treatment required to meet the needs of the patient shall be ongoing throughout the patient's hospital stay, with the assessment process individualized to meet the needs of the patient ... The plan of care shall be reviewed regularly in consultation with the patient/significant other and revised as patient's condition or diagnosis changes...</p> <p>Review of Patient #3's medical record revealed that on the plan of care was initiated. The problem was identified as modification of skin condition. The outcomes/ Goals identified as</p>	H 021		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 024	59A-3.254(3)(b) FAC; 395.1053 FS PATIENT RIGHTS & CARE - Discharge Instruction 59A-3.254 (3) Patient and Family Education. (b) Each hospital shall provide the patient and family with education specific to the patient's assessed needs, capabilities, and readiness. Such education shall include when indicated: 3. Information about any discharge instructions given to the patient or family shall be provided to the organization or individual responsible for providing continuing care. 4. Each hospital shall plan and support the provision and coordination of patient and family education activities by ensuring that: a. Educational resources required are identified and made available; and b. The educational process is interdisciplinary, as appropriate to the plan of care. 395.1053 Postpartum education.--A hospital that provides birthing services shall incorporate information on safe sleep practices and the possible causes of Sudden Unexpected ... into the hospital's postpartum instruction on the care of ... and provide to each parent the informational pamphlet on ... and	H 024		

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H 024	Continued From page 3 record.	H 024		
H 094	<p>59A-3.241(13), FAC PHARMACY - Administration of Drugs</p> <p>(13) Administration of drugs shall be undertaken only upon the orders of authorized members of the professional staff, where the orders are verified before administration, the patient is identified, and the dosage and medication is noted in the patient's chart or medical record.</p> <p>This Statute or Rule is not met as evidenced by: Based on medical record review and staff interview it was determined the facility failed to ensure nursing verified the medication and noted the correct dosage in the medical record prior to administration for one (#9) of eleven patients sampled.</p> <p>Findings included:</p> <p>Review of the medical record for patient #9 revealed a physician order for ... (a loop used to reduce extra fluid in the body). The order on ... at 12:43 pm was for 2 mg (milligrams) per ... (kilogram) by ... times one dose. Review of the MAR (Medication Administration Record) revealed the ... was administered at 2:49 pm on ...</p> <p>Review of the physician progress notes, dated ..., stated a dose of ... was incorrectly ... and the patient received an overdose of the prescribed amount. The physician documented the patient's (a minor) father was informed of the error. The patient was monitored with no adverse effect noted.</p>	H 094		

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H 094	Continued From page 4 Review of the nursing notes found no evidence nursing documented the administered dose of _____ was incorrect, nor the physician notified immediately. An interview was conducted with the Clinical Nursing Director of _____ Services on _____ at 11:30 am at which time she confirmed the above findings.	H 094		
H 120	59A-3.243(5), FAC NURSING SERVICE - Care Process (5) The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge. (a) Each patient's nursing needs shall be assessed by a registered nurse at the time of admission or within the period established by each hospital's policy. (b) Nursing goals shall be consistent with the _____, prescribed by the responsible member of the organized medical staff. (c) Nursing intervention and patient response, and patient status on discharge from the hospital, must be noted on the medical record. This Statute or Rule is not met as evidenced by: Based on policy and procedure, medical record review and staff interview, the facility failed to have nursing interventions in place to prevent _____ or further breakdown of skin alterations, in one (#3) of eleven sampled patients. Findings include: Review of the Policy and Procedure title, " _____ Prevention", Policy # 2.600.168	H 120		

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H 120	<p>Continued From page 5</p> <p>Reveals that ... it is recommended that patients identified as "at risk" for ... and/or those with ... will have referrals based on their assessment to ... care, nutrition ... and ... Prevention of ... include ...turn, position, move, shift and protection of bony prominences ...turn patient at least every two hours ...rotating to a 30 degree lateral position from right then left then supine.</p> <p>Review of Patient #3's medical record found that on ... Patient #3 was admitted into the facility. Patient #3 had a ... to the left ... on admission. On ... a nursing documentation revealed a new ... on the Patient's ... Patient #3 was discharged on ... to a skilled nursing facility. Upon extensive review from ... to ... the medical record revealed patient was turned a total of 6 times during hospitalization.</p> <p>An interview on ... at 1:00 PM with the Quality Coordinator confirmed the above findings.</p>	H 120		
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 record review and facility documentation and interview, it was determined</p>	H 229		

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H 229	<p>Continued From page 6</p> <p>the facility failed to ensure the quality of all health care provided to patients in the facility for one (#1) of eleven patients sampled.</p> <p>Findings include,</p> <p>A review of facility policy titled, " [.] Risk Assessment," stated, Purpose is to identify patients at risk for VTE [.] and initiate early prophylaxis to prevent complications. All patients 18 years and older will have VTE assessment completed and documented in the EMR & ORMR at the time of admission, change in level of care, each shift until, and upon discharge. The attending physician will write orders for VTE prophylaxis upon patient admission. If VTE prophylaxis is not ordered by the physician must document a reason why the patient does not need VTE prophylaxis for both mechanical and pharmacological prophylaxis in the VTE prophylaxis section of their progress notes. Pharmacological prophylaxis must be administered day of or day after admission and thereafter as ordered.</p> <p>Procedure: Assess all patients upon admission to the inpatient care areas for risk factors of VTE and orders for VTE prophylaxis based on risk assessment.</p> <p>A review of the Certificate for Patient #1 (date filed on) listed cause of as and of left lower extremity.</p> <p>A review of Patient #1's medical record documented patient was admitted through emergency department on and had history of and history of talking No documentation was present</p>	H 229		
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H 229	Continued From page 7 that the policy was followed for risk assessment and for the initiation of prophylaxis to prevent complications.	H 229		
H 231	59A-3.276(1), FAC MAINTENANCE - Preventive Plan (1) Each hospital shall develop, implement, and maintain a written preventive maintenance plan, in conjunction with the policies and procedures developed by the _____ control committee, to ensure that the facility is maintained in accordance with the following: (a) The interior and exterior of buildings shall be in good repair, free of hazards, and painted as needed. (b) All patient care equipment shall be maintained in a clean, properly calibrated, and safe operating condition; (c) All plumbing fixtures shall be maintained in good repair to assure proper functioning, and provided with _____ flow prevention devices, when required, to prevent contamination from entering the water supply; (d) All mechanical and electrical equipment shall be maintained in working order, and shall be accessible for cleaning and inspection; (e) Loose, cracked, or peeling wallpaper or paint shall be promptly replaced or repaired to provide a satisfactory finish; (f) All furniture and furnishings, including mattresses, pillows, and other bedding; window coverings; including curtains, blinds, shades, and screens; and cubicle curtains or privacy screens, shall be maintained in good repair; and (g) The grounds and buildings shall be maintained in a safe and sanitary condition and kept free from refuse, litter, and vermin breeding or harborage areas.	H 231		

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H 231	<p>Continued From page 8</p> <p>This Statute or Rule is not met as evidenced by: Based on facility document review and interviews it was determined the facility failed to maintain plumbing to ensure patient bath temperatures were at a safe and comfortable temperature to allow patients to have a comfortable bath/shower for two (4th floor and 5th floor) of five floors in Tower A.</p> <p>Findings include</p> <p>On _____ at 0915, escorted by the Director of Facilities, a tour of Tower A 5th floor Orthopedics found hot water temperatures in patient care bathroom/shower . . . # . . . and # 516 reached a maximum of 88 and 89.1 degrees Fahrenheit, respectively.</p> <p>The tour of Tower A continued to the 4th floor Medical Surgical and revealed hot water temperature in patient care bathroom/showers, # _____ reached a maximum of 83.1 degrees Fahrenheit.</p> <p>According to the Mayo Clinic at www.mayoclinic.org, bath water should be 100 degrees Fahrenheit/38 degrees Celsius (generally between 100 and 112 degrees Fahrenheit / 38 and 44 degrees Celsius) to provide a safe and comfortable bath/shower.</p> <p>A review of the work order stated, diagnosing hot water issues on Tower A, that nurses stated, "it's been an issue for "5 to 6 years." The work order stated the heat exchanger was checked on the 1st floor and nobody knows how to turn in up...chasing hot water pipes to find anything that could be dropping the temperature."</p>	H 231		

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H 231	<p>Continued From page 9</p> <p>Further review of the work order documented the date completed was at 1615. However, there was no documented resolution for ensuring hot water on the 4th and 5th floor for Tower A.</p> <p>During an interview on during the tour with the Director of Facilities, the staff member stated a work order was initiated on to research the problem, but had not been corrected at this point in time.</p>	H 231		

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H 094	<p>59A-3.241(13), FAC PHARMACY - Administration of Drugs</p> <p>(13) Administration of drugs shall be undertaken only upon the orders of authorized members of the professional staff, where the orders are verified before administration, the patient is identified, and the dosage and medication is noted in the patient's chart or medical record.</p> <p>This Statute or Rule is not met as evidenced by: Based on medical record review and staff interview it was determined the facility failed to ensure nursing verified the medication and noted the correct dosage in the medical record prior to administration for one (#9) of eleven patients sampled.</p> <p>Findings included:</p> <p>Review of the medical record for patient #9 revealed a physician order for ... (a loop used to reduce extra fluid in the body). The order on ... at 12:43 pm was for 2 mg (milligrams) per ... (kilogram) by ... times one dose. Review of the MAR (Medication Administration Record) revealed the ... was administered at 2:49 pm on ...</p> <p>Review of the physician progress notes, dated ..., stated a dose of ... was incorrectly ... and the patient received an overdose of the prescribed amount. The physician documented the patient's (a minor) father was informed of the error. The patient was monitored with no adverse effect noted.</p>	H 094		

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H 094	Continued From page 4 Review of the nursing notes found no evidence nursing documented the administered dose of _____ was incorrect, nor the physician notified immediately. An interview was conducted with the Clinical Nursing Director of _____ Services on _____ at 11:30 am at which time she confirmed the above findings.	H 094		
H 120	59A-3.243(5), FAC NURSING SERVICE - Care Process (5) The nursing process of assessment, planning, intervention and evaluation shall be documented for each hospitalized patient from admission through discharge. (a) Each patient's nursing needs shall be assessed by a registered nurse at the time of admission or within the period established by each hospital's policy. (b) Nursing goals shall be consistent with the _____, prescribed by the responsible member of the organized medical staff. (c) Nursing intervention and patient response, and patient status on discharge from the hospital, must be noted on the medical record. This Statute or Rule is not met as evidenced by: Based on policy and procedure, medical record review and staff interview, the facility failed to have nursing interventions in place to prevent _____ or further breakdown of skin alterations, in one (#3) of eleven sampled patients. Findings include: Review of the Policy and Procedure title, " _____ Prevention", Policy # 2.600.168	H 120		

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H 120	Continued From page 5 Reveals that ... it is recommended that patients identified as "at risk" for ... and/or those with ... will have referrals based on their assessment to ... care, nutrition ... and ... Prevention of ... include ...turn, position, move, shift and protection of bony prominences ...turn patient at least every two hours ...rotating to a 30 degree lateral position from right then left then supine. Review of Patient #3's medical record found that on ... Patient #3 was admitted into the facility. Patient #3 had a ... to the left ... on admission. On ... a nursing documentation revealed a new ... on the Patient's ... Patient #3 was discharged on ... to a skilled nursing facility. Upon extensive review from ... to ... the medical record revealed patient was turned a total of 6 times during hospitalization. An interview on ... at 1:00 PM with the Quality Coordinator confirmed the above findings.	H 120		
H 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 record review and facility documentation and interview, it was determined	H 229		

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H 229	<p>Continued From page 6</p> <p>the facility failed to ensure the quality of all health care provided to patients in the facility for one (#1) of eleven patients sampled.</p> <p>Findings include,</p> <p>A review of facility policy titled, " [.] Risk Assessment," stated, Purpose is to identify patients at risk for VTE [.] and initiate early prophylaxis to prevent complications. All patients 18 years and older will have VTE assessment completed and documented in the EMR & ORMR at the time of admission, change in level of care, each shift until, and upon discharge. The attending physician will write orders for VTE prophylaxis upon patient admission. If VTE prophylaxis is not ordered by the physician must document a reason why the patient does not need VTE prophylaxis for both mechanical and pharmacological prophylaxis in the VTE prophylaxis section of their progress notes. Pharmacological prophylaxis must be administered day of or day after admission and thereafter as ordered.</p> <p>Procedure: Assess all patients upon admission to the inpatient care areas for risk factors of VTE and orders for VTE prophylaxis based on risk assessment.</p> <p>A review of the Certificate for Patient #1 (date filed on) listed cause of as and of left lower extremity.</p> <p>A review of Patient #1's medical record documented patient was admitted through emergency department on and had history of and history of talking No documentation was present</p>	H 229		
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H 229	Continued From page 7 that the policy was followed for risk assessment and for the initiation of prophylaxis to prevent complications.	H 229		
H 231	59A-3.276(1), FAC MAINTENANCE - Preventive Plan (1) Each hospital shall develop, implement, and maintain a written preventive maintenance plan, in conjunction with the policies and procedures developed by the _____ control committee, to ensure that the facility is maintained in accordance with the following: (a) The interior and exterior of buildings shall be in good repair, free of hazards, and painted as needed. (b) All patient care equipment shall be maintained in a clean, properly calibrated, and safe operating condition; (c) All plumbing fixtures shall be maintained in good repair to assure proper functioning, and provided with _____ flow prevention devices, when required, to prevent contamination from entering the water supply; (d) All mechanical and electrical equipment shall be maintained in working order, and shall be accessible for cleaning and inspection; (e) Loose, cracked, or peeling wallpaper or paint shall be promptly replaced or repaired to provide a satisfactory finish; (f) All furniture and furnishings, including mattresses, pillows, and other bedding; window coverings; including curtains, blinds, shades, and screens; and cubicle curtains or privacy screens, shall be maintained in good repair; and (g) The grounds and buildings shall be maintained in a safe and sanitary condition and kept free from refuse, litter, and vermin breeding or harborage areas.	H 231		

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H 231	<p>Continued From page 8</p> <p>This Statute or Rule is not met as evidenced by: Based on facility document review and interviews it was determined the facility failed to maintain plumbing to ensure patient bath temperatures were at a safe and comfortable temperature to allow patients to have a comfortable bath/shower for two (4th floor and 5th floor) of five floors in Tower A.</p> <p>Findings include</p> <p>On _____ at 0915, escorted by the Director of Facilities, a tour of Tower A 5th floor Orthopedics found hot water temperatures in patient care bathroom/shower . . # . . and # 516 reached a maximum of 88 and 89.1 degrees Fahrenheit, respectively.</p> <p>The tour of Tower A continued to the 4th floor Medical Surgical and revealed hot water temperature in patient care bathroom/showers, # _____ reached a maximum of 83.1 degrees Fahrenheit.</p> <p>According to the Mayo Clinic at www.mayoclinic.org, bath water should be 100 degrees Fahrenheit/38 degrees Celsius (generally between 100 and 112 degrees Fahrenheit / 38 and 44 degrees Celsius) to provide a safe and comfortable bath/shower.</p> <p>A review of the work order stated, diagnosing hot water issues on Tower A, that nurses stated, "it's been an issue for "5 to 6 years." The work order stated the heat exchanger was checked on the 1st floor and nobody knows how to turn in up...chasing hot water pipes to find anything that could be dropping the temperature."</p>	H 231		

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H 231	<p>Continued From page 9</p> <p>Further review of the work order documented the date completed was at 1615. However, there was no documented resolution for ensuring hot water on the 4th and 5th floor for Tower A.</p> <p>During an interview on during the tour with the Director of Facilities, the staff member stated a work order was initiated on to research the problem, but had not been corrected at this point in time.</p>	H 231		