

PRINTED: 11/07/2012
FORM APPROVED
OMB NO 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 104073 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/06/2012 |
| NAME OF PROVIDER OR SUPPLIER EMERALD COAST BEHAVIORAL HOSPITAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1940 HARRISON AVE PANAMA CITY, FL 32405 | |
| (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) COMPLETION DATE |

A 000

INITIAL COMMENTS

A000

By submitting this Plan of Correction, the facility does not admit that it violated the rules. The Facility also reserves the right to amend the Plan of Correction as necessary and to contest the deficiencies, findings, conclusions, and actions of the agency.

A 115

482.13 PATIENT RIGHTS

A 115

The Chief Nursing Officer, Risk Manager, and Director of Clinical Services reviewed and revised the policy "Special Precautions Guidelines" to clarify the observations level definitions.

11/5/12

A hospital must protect and promote each patient's rights.

This CONDITION is not met as evidenced by: Based on staff interviews, record review and facility policy review the facility failed to implement a physician ordered intervention (for patient #4) that resulted in sexual abuse for 1 of 5 sampled patients (#5).

The findings include:

Review of the patient #4's clinical record was conducted on 11/2/2012. The nurse's notes by the Intensive Care Unit Registered Nurse (ICU RN) dated 10/27/2012 7 AM -11 PM stated patient #4 was seen giving oral sex to peer. The patient was transferred to the female unit to possibly decrease his acting out. The physician orders for patient #4 dated 10/24/2012 0100 stated constant observation 24/7-when patient is in his room he has to be observed by camera and no roommate. The physician orders dated 10/25/2012 at 1100 stated add sexual aggression to precautions. The orders were not discontinued and still current at the time of the incident on 10/27/2012.

The nurse's note by the ICU RN dated

The Chief Nursing Officer and Risk Manager reviewed and revised the policy "Sexual Aggression Prevention" to modify guidelines for identifying potential victims of sexual aggression to include patients with dementia and similar disorientation/confusion.

11/12/12

The Medical Executive Committee and Governing Body met on 11/16/12 to review and approve the revised policy and affirm the plan of correction.

11/16/12

Keppel
11/21/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Cheryl Bennett* TITLE *Director, Quality & Risk* (X6) DATE *11-21-12*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| A 115 | <p>Continued From page 1</p> <p>10/27/2012 7 AM-11 PM stated patient #5 was found in peers room receiving oral sex from peer. Further notes by the RN on 10/27/2012 revealed patient #5 stated the incident was not consensual. The physician admission assessment dated 10/23/2012 revealed patient #5 had an admitting diagnosis of Alzheimer's Disease and was confused. The assessment also stated he was disoriented to time, place and situation. The RN nurse's note dated 10/27/2012 revealed he was oriented person only.</p> <p>Review of the Risk Manager (RM) investigation documentation was conducted on 11/2/2012. The RM documentation revealed the date of the incident was 10/27/2012 at approximately 4:30 PM. The investigation revealed the ICU RN on duty phoned the RM on 10/27/2012 at approximately 4:30 PM and stated she had witnessed patient #4 having oral sex with patient #5. The physician and police were notified by the RN. The RM documentation on 10/30/2012 revealed she viewed the camera recording and documented as follows: 9:29 AM mental health technician takes male patients out to smoke leaving patient #4 and 5 on the unit together and RN is at the nurse's station. 9:50AM Patient #5 walked into patient #4's room, his door was open. Patient #5 walks over to patient 4's bed and lies across the foot. Patient #4 was lying with his head towards the foot of the bed on his stomach. Patient #4 proceeds to rub patient #5's back. He puts his hand under his shirt and down his pants. Patient #4 appears to kiss patient #5's side twice. 9:56AM The mental health technician walks in and finds the two together in bed. 12:43-12:47 mental health technician is seen rounding on ICU men's side. 12:51 PM Patient #5 walks into</p> | A 115 | <p>The Chief Nursing Officer and Risk Manager reviewed and reaffirmed that the policy "Patient Observations" includes requirements for a handoff of patient observation responsibilities whenever the assigned individual leaves the unit for any peri The Chief Nursing Officer, Risk Manager, and Staff Development Coordinator have provided re-training to all nursing staff (RNs, LPNs, and MHTs) in group and/or individual settings on the revised/reaffirmed policies of "Special Precautions Guidelines", "Sexual Aggression Prevention", and "Patient Observation". Additionally, training included measures to prevent sexual aggression and a review of patient observation expectations. Particular instructions were provided in the areas of:</p> <ul style="list-style-type: none"> - identification of sexual aggression victims, including patients with dementia - policy on how special precautions are renewed/discontinued (MD order is required to discontinue or modify any special precautions without any automatic discontinuation). -communication of special precautions in written form on assignment sheets, observation round sheets, and in oral form through shift report | 11/5/12 |

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| A 115 | <p>Continued From page 2</p> <p>patient #4's room and kneels down at the foot of the far side of the bed. He then gets on the bed. The camera then skips forward until 1:07 PM and patient #5 is seen on his back with his shirt and pants open. 12:55 PM-1:13PM mental health technician takes male patients out to smoke leaving patients #4 and 5 on the unit together. The RN is at the nurse's station and then helps out another nurse on the women's side with a patient needing assistance with moving from a wheelchair to a chair. 1:10 PM The mental health technician starts to round on the ICU men's side. 1:11 PM The mental health technician tried to go into patient #4's room but it is locked. He returns to the nurse's station, looks at the camera and apparently sees the two men in the bed together. The RN and the technician then went to the room and removed patient #5 from the room.</p> <p>A telephone interview was conducted with the ICU RN on 11/4/2012 at approximately 12:35 PM. She stated she had observed resident #4 and 5 on 10/27/2012 as she told the RM. She stated when they looked at the camera monitor on 10/27/2012 patient #4 was observed with his head on the genital area of patient #5. She stated patient #4 was wearing a hospital gown and patient #5 had his pants down and was exposed. She stated patient #4 did not have an order for constant observation at the time of the incident. She stated all physician orders must be renewed every 24 hours. She stated patient #4 was only on every 15 minute checks.</p> <p>An interview was conducted with the mental health technician on 11/2/2012 at approximately 3:21 PM. He stated he was working when the incident occurred, Staff were doing every 15</p> | A 115 | <p>- expectation for patient room doors to remain closed/locked when unoccupied and wide open whenever a patient is in a room</p> <p>- guidelines for staff interventions to prevent incidents of sexual aggression</p> <p>- expectations for hand-off of patient rounds when assigned staff if off the unit or otherwise occupied</p> <p>The Risk Manager and Staff Development Coordinator are responsible for providing training to the Intake and Social Services staff on the revised policy related to "Sexual Aggression Prevention" with specific focus on identification of patients with potential for sexual victimization.</p> <p>The 11-7 Nursing Supervisors and 11-7 nursing staff are responsible for monitoring each medical record nightly to ensure that the correct precautions and observations</p> | <p>11/26/12</p> <p>11/17/12 and on going</p> |

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| A 115 | <p>Continued From page 3</p> <p>minute checks on patient #4 on 10/27/2012 and he was not sure if he was on constant observation on that day. He stated patient #4 was in his room and being monitored by camera when the incident occurred. He stated he took other patients out to smoke and left the ICU RN to watch the camera. When he came back in he did not see patient #5 who was in the day room when he left. he attempted to open patient #4's door and his key would not work. He returned to the nurse's station and saw patient #4 and 5 in patient #4's room on the camera screen. He and the RN went to the room, unlocked the door and separated the patients.</p> <p>An interview was conducted with the Chief Executive Officer on 11/6/2012 at approximately 9:10AM. He stated is was not the facility policy for physician orders to only be effective for 24 hours. he stated they are in effect until the physician changes or discontinues the order. He stated this was a breakdown in communication.</p> <p>The facility policy for Special Precautions Guidelines (policy# PC.027) was reviewed on 11/6/2012. The policy stated a special precaution is defined as an intensified level of staff awareness and attention to patient safety/security needs requiring the initiation of specific protocols and supplemental documentation. An order for the appropriate level of precautions is documented in the physician's order section of the medical record, and the Precaution record is initiated by the Charge nurse or designee. A physician order is required to decrease or discontinue a special precaution level. Constant observation is included in the special precaution guidelines and stated the patient is within visual</p> | A 115 | <p>Levels are transcribed onto the assignment sheets, observations records, nursing report sheets, and progress notes.</p> <p>For the next 90 days, the 11-7 Nursing supervisor is providing a report daily to the Chief Nursing Officer regarding the accuracy and communication of the precautions and levels based on a sampling of medical records. The Chief Nursing Officer provides an aggregate report on the data to the Quality Council and MEC on a monthly basis.</p> <p>For at least the next 90 days, a member of the senior management team or Nursing Supervisor conduct a walk-through of each unit each shift to ensure that nursing staff are following the appropriate measures and levels of observation ordered for patients with special precautions orders. Aggregated results of these walk-throughs are presented to the Quality Council and MEC on a monthly basis. Immediate reinstruction is provided for any staff member not in compliance and corrective action is taken if indicated.</p> | 11/28/12 and on-going | 11/28/12 and on-going |

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| A 115 | Continued From page 4 range of the assigned staff at all times, preferably not more than ten feet away. The staff education materials for sexual abuse were also reviewed. They defined sexual abuse as nonconsensual sexual contact of any kind or sexual contact with a person incapable of giving consent. | A 115 | | |
| A 145 | 482.13(c)(3) PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT The patient has the right to be free from all forms of abuse or harassment. This STANDARD is not met as evidenced by: Based on staff interviews, record review and facility policy review the facility failed to implement a physician ordered intervention (for patient #4) that resulted in sexual abuse for 1 of 5 sampled patients (#5). The findings include: Review of the patient #4's clinical record was conducted on 11/2/2012. The nurse's notes by the Intensive Care Unit Registered Nurse (ICU RN) dated 10/27/2012 7 AM -11 PM stated patient #4 was seen giving oral sex to peer. The patient was transferred to the female unit to possibly decrease his acting out. The physician orders for patient #4 dated 10/24/2012 0100 stated constant observation 24/7-when patient is in his room he has to be observed by camera and no roommate. The physician orders dated 10/25/2012 at 1100 stated add sexual aggression to precautions. The orders were not discontinued and still current at the time of the incident on 10/27/2012. Review of patient #5's clinical record was | A 145 | The Chief Nursing Officer, Risk Manager, and Director of Clinical Services reviewed and revised the policy "Special Precautions Guidelines" to clarify the observations level definitions. The Chief Nursing Officer and Risk Manager reviewed and revised the policy "Sexual Aggression Prevention" to modify guidelines for identifying potential victims of sexual aggression to include patients with dementia and similar disorientation/confusion. The Medical Executive Committee and Governing Body met on 11/16/12 to review and approve the revised policy and affirm the plan of correction. | 11/5/12 11/12/12 11/16/12 |

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| A 145 | <p>Continued From page 5</p> <p>conducted on 11/2/2012. The nurse's note by the ICU RN dated 10/27/2012 7 AM-11 PM stated patient was found in peers room received oral sex from peer. Further notes by the RN on 10/27/2012 revealed the patient stated the incident was not consensual. The physician admission assessment dated 10/23/2012 revealed the patient had an admitting diagnosis of Alzheimer's Disease and was confused. The assessment also stated he was disoriented to time, place and situation. The RN nurse's note dated 10/27/2012 revealed he was oriented person only.</p> <p>Review of the Risk Manager (RM) investigation documentation was conducted on 11/2/2012. The RM documentation revealed the date of the incident was 10/27/2012 at approximately 4:30 PM. The investigation revealed the ICU RN on duty phoned the RM on 10/27/2012 at approximately 4:30 PM and stated she had witnessed patient #4 having oral sex with patient #5. The physician and police were notified by the RN. The RM documentation on 10/30/2012 revealed she viewed the camera recording and documented as follows: 9:29 AM mental health technician takes male patients out to smoke leaving patient #4 and 5 on the unit together and RN is at the nurse's station. 9:50AM Patient #5 walked into patient #4's room, his door was open. Patient #5 walks over to patient 4's bed and lies across the foot. Patient #4 was lying with his head towards the foot of the bed on his stomach. Patient #4 proceeds to rub patient #5's back. He puts his hand under his shirt and down his pants. Patient #4 appears to kiss patient #5's side twice. 9:56 AM The mental health technician walks in and finds the two together in bed. 12:43-12:47</p> | A 145 | <p>The Chief Nursing Officer and Risk Manager reviewed and reaffirmed that the policy "Patient Observations" includes requirements for a handoff of patient observation responsibilities whenever the assigned individual leaves the unit for any period. The Chief Nursing Officer, Risk Manager, and Staff Development Coordinator have provided re-training to all nursing staff (RNs, LPNs, and MHTs) in group and/or individual settings on the revised/reaffirmed policies of "Special Precautions Guidelines", "Sexual Aggression Prevention", and "Patient Observation". Additionally, training included measures to prevent sexual aggression and a review of patient observation expectations. Particular instructions were provided in the areas of:</p> <ul style="list-style-type: none"> - identification of sexual aggression victims, including patients with dementia - policy on how special precautions are renewed/discontinued (MD order is required to discontinue or modify any special precautions without any automatic discontinuation). -communication of special precautions in written form on assignment sheets, observation round sheets, and in oral form through shift report | 11/5/12 |

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| A 145 | Continued From page 6 mental health technician is seen rounding on ICU men's side. 12:51 PM Patient #5 walks into patient #4's room and kneels down at the foot of the far side of the bed. He then gets on the bed. The camera then skips forward until 1:07 PM and patient #5 is seen on his back with his shirt and pants open. 12:55 PM-1:13 PM mental health technician takes male patients out to smoke leaving patients #4 and 5 on the unit together. The RN is at the nurse's station and then helps out another nurse on the women's side with a patient needing assistance with moving from a wheelchair to a chair. 1:10 PM The mental health technician starts to round on the ICU men's side. 1:11 PM The mental health technician tried to go into patient #4's room but it is locked. He returns to the nurse's station, looks at the camera and apparently sees the two men in the bed together. The RN and the technician then went to the room and removed patient #5 from the room. A telephone interview was conducted with the ICU RN on 11/4/2012 at approximately 12:35 PM. She stated she had observed resident #4 and 5 on 10/27/2012 as she told the RM. She stated when they looked at the camera monitor on 10/27/2012 patient #4 was observed with his head on the genital area of patient #5. She stated patient #4 was wearing a hospital gown and patient #5 had his pants down and was exposed. She stated patient #4 did not have an order for constant observation at the time of the incident. She stated all physician orders must be renewed every 24 hours. She stated patient #4 was only on every 15 minute checks. An interview was conducted with the mental health technician on 11/2/2012 at approximately | A 145 | - expectation for patient room doors to remain closed/locked when unoccupied and wide open whenever a patient is in a room - guidelines for staff interventions to prevent incidents of sexual aggression - expectations for hand-off of patient rounds when assigned staff if off the unit or otherwise occupied The Risk Manager and Staff Development Coordinator are responsible for providing training to the Intake and Social Services staff on the revised policy related to "Sexual Aggression Prevention" with specific focus on identification of patients with potential for sexual victimization. The 11-7 Nursing Supervisors and 11-7 nursing staff are responsible for monitoring each medical record nightly to ensure that the correct precautions and observations levels are transcribed onto the assignment sheets, observations records, nursing report sheets, and progress notes. | 11/26/12 11/7/12 and on-going | |

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| A 145 | <p>Continued From page 7</p> <p>3:21 PM. He stated he was working when the incident occurred. Staff were doing every 15 minute checks on patient #4 on 10/27/2012 and he was not sure if he was on constant observation on that day. He stated patient #4 was in his room and being monitored by camera when the incident occurred. He stated he took other patients out to smoke and left the ICU RN to watch the camera. When he came back in he did not see patient #5 who was in the day room when he left. he attempted to open patient #4's door and his key would not work. He returned to the nurse's station and saw patient #4 and 5 in patient #4's room on the camera screen. He and the RN went to the room, unlocked the door and separated the patients.</p> <p>An interview was conducted with the Chief Executive Officer on 11/6/2012 at approximately 9:10AM. He stated is was not the facility policy for physician orders to only be effective for 24 hours. he stated they are in effect until the physician changes or discontinues the order. He stated this was a breakdown in communication.</p> <p>The facility policy for Special Precautions Guidelines (policy# PC.027) was reviewed on 11/6/2012. The policy stated a special precaution is defined as an intensified level of staff awareness and attention to patient safety/security needs requiring the initiation of specific protocols and supplemental documentation. An order for the appropriate level of precautions is documented in the physician's order section of the medical record, and the Precaution record is initiated by the Charge nurse or designee. A physician order is required to decrease or discontinue a special precaution level. Constant</p> | A 145 | <p>For the next 90 days, the 11-7 Nursing supervisor is providing a report daily to the Chief Nursing Officer regarding the accuracy and communication of the precautions and levels based on a sampling of medical records. The Chief Nursing Officer provides an aggregate report on the data to the Quality Council and MEC on a monthly basis.</p> <p>For at least the next 90 days, a member of the senior management team or Nursing Supervisor conduct a walk-through of each unit each shift to ensure that nursing staff are following the appropriate measures and levels of observation ordered for patients with special precautions orders. Aggregated results of these walk-throughs are presented to the Quality Council and MEC on a monthly basis. Immediate reinstruction is provided for any staff member not in compliance and corrective action is taken if indicated.</p> | 11/28/12 and on-going | 11/28/12 and on-going |

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| A 145 | Continued From page 8 observation is included in the special precaution guidelines and stated the patient is within visual range of the assigned staff at all times, preferably not more than ten feet away. The staff education materials for sexual abuse were also reviewed. They defined sexual abuse as nonconsensual sexual contact of any kind or sexual contact with a person incapable of giving consent. | A 145 | | | |

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite. 4T20
Atlanta, Georgia 30303-8909



November 7, 2012

Administrator
Emerald Coast Behavioral Hospital
1940 Harrison Avenue
Panama City, Florida 32405

Re: Medicare Certification Control Number: 10-4073

Dear Administrator:

Section 1865 of the Social Security Act and implementing regulations (42 CFR 488.5) provide that a hospital accredited by Joint Commission (JC) will be “deemed” to meet all the Medicare Conditions of Participation. Section 1864 of the Act requires the Secretary of Health and Human Services to conduct a survey of an accredited hospital participating in the Medicare program if there are “substantial allegations” indicating serious deficiencies that could potentially affect the health and safety of patients. If the survey finds the hospital not in compliance with the Medicare Conditions of Participation, we are required to keep the hospital under the State Agency’s survey jurisdiction until the hospital is in compliance with all the Medicare Conditions of Participation.

A complaint investigation was completed at your hospital on November 6, 2012 by the Florida Agency for Healthcare Administration (AHCA). The Condition of Patient Rights (42 CFR 482.13) was found to be out of compliance. A complete listing of all deficiencies found by AHCA is enclosed. You are not required to submit a plan of correction to CMS at this time.

In accordance with Section 1865(b) of the Social Security Act, we have asked AHCA to conduct a full Medicare survey of your hospital to assess compliance with all the Medicare conditions of participation. The full survey will be conducted within 60 days from the date of this letter. If the full survey determines the hospital meets all Conditions of Participation, the hospital’s deemed status will be restored. However, if the hospital remains out of compliance, AHCA will request a plan of correction for any deficiencies cited. An acceptable plan of correction must contain the following elements:

- 1) The plan of correcting the specific deficiency cited. The plan should address the processes that lead to the deficiency cited;

- 2) The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- 3) The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- 4) The title of the person responsible for implementing the acceptable plan of correction.

The requirement to submit a plan of correction does not affect the hospital's accreditation, Medicare payments, or status as a participating Medicare provider. Under CMS regulations 42 CFR498.3, this notice of findings is an administrative action, not an initial determination by the Secretary, and therefore formal reconsideration and hearing procedures do not apply.

If you have any further questions, please contact Jackie Whitlock at 404-562-7437 or Jacqueline.whitlock@cms.hhs.gov.

Sincerely,

/s/

Sandra M. Pace
Associate Regional Administrator
Division of Survey and Certification

Enclosures - CMS 2567 Statement of Deficiencies

cc: Joint Commission
AHCA



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

November 8, 2012

Administrator
Emerald Coast Behavioral Hospital
1940 Harrison Ave
Panama City, FL 32405

Re: CCR #2012011980

Dear Administrator:

The purpose of this letter is to officially advise you of the findings of a complaint survey conducted at your facility on November 6, 2012 by representative(s) of this office. Compliance with the requirements was discussed with you and/or your representative at the facility during the exit conference following the completion of the survey.

You have been notified by the Centers for Medicare and Medicaid Services regarding the federal portion of this survey. Attached is the state citation relating to the complaint. Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than December 6, 2012.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162