

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HL110049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2012
NAME OF PROVIDER OR SUPPLIER MANATEE PALMS YOUTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 4480 51 ST STREET WEST BRADENTON, FL 34210		
(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	INITIAL COMMENTS HOSPITAL INTENSIVE RESIDENTIAL TREATMENT PROGRAM 2/15/12 COMPLAINT SURVEY CCR# 2012000560 Manatee Palms Youth Services had no deficiencies found at the time of the visit. CCR# 2011013909 Manatee Palms Youth Services had deficiencies found at the time of the visit.	H 000		
H 410	395.0197(1)(e), F.S. PROGRAM REQUIREMENT The internal risk management program shall include: (e) The development and implementation of an incident reporting system based upon the affirmative duty of all health care providers and all agents and employees of the licensed health care facility to report adverse incidents to the risk manager, or to his or her designee, within 3 business days after their occurrence. S. 395.0197(1)(e), F.S. R. 59A-10.002(8), F.A.C. R. 59A-10.002(9), F.A.C. S. 395.0197(5), F.S. R. 59A-10.002(21), F.A.C.	H 410	HOSPITAL INTENSIVE RESIDENTIAL TREATMENT PROGRAM COMPLAINT SURVEY CCR# 2011013909 395.0197(1)(e), F.S. PROGRAM 1. The Director of Risk Management will ensure that there is an internal incident report documented on all events reported directly to her. 2. The Director of Risk Management has provided re-training to all nurses regarding incident report completion and medical record documentation. 3. All nurses have signed acknowledgement of understanding for incident report completion and medical record documentation training.	03/15/2012 03/15/2012 03/15/2012

*Accepted
3/5/12*

AHCA Form 3020-0001

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

TITLE

(X6) DATE

George Shopland, CPA
(cp)

3/3/2012

STATE FORM

FVB111

If continuation sheet 1 of 7

RECEIVED:

MAR 05 2012

AHCA HQA5/6

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H 410	<p>Continued From page 1</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, review of policy and procedure and staff interview it was determined the facility failed to implement the incident reporting policy and procedure for two (# 1, # 3) of eleven patients reviewed. This practice does not ensure all incidents are available for tracking and trending to improve patient care.</p> <p>Findings include:</p> <p>Review of the facility's policy entitled "Incident Reporting Incident Reporting Form (RM 301) with a revision date of 12/11 revealed: The responsibility for completing an Incident Report rests with any hospital staff member who witness, discovers or has direct knowledge of an adverse incident. Florida Risk Management Statutes require an affirmative duty of all healthcare providers to report an untoward or adverse incident within 3 business days. Company policy requires reporting before the end of the shift or work day.</p> <p>Definition: Adverse Incident: Any happening not consistent with the routine care and/or operation of the facility.</p> <p>Procedure 1.0: Any hospital staff member who witnesses, discovers or has direct knowledge of an adverse Incident should complete an Incident Report s soon as practical after the incident is witnessed or discovered, before the end of the shift/work day.</p> <p>1.1 Utilize a Manatee Palms Youth Services, Risk Management Incident Reporting Form</p> <p>1.3 The Milieu Supervisor will be</p>	H 410	<p>Person(s) Responsible: Director of Risk Management Director of Nursing All Nurses</p> <p>How Monitored:</p> <ol style="list-style-type: none"> All nurses will audit nursing progress notes at the end of each shift to ensure any event that occurred during the shift has an incident report completed and a progress note of the event documented. The Director of Risk Management and/or designee will perform a random weekly 10% audit of the medical records to assist in ensuring that any events documented have an incident report completed. 	03/15/2012
		H 412	<p>59-A10.0055(2), F.A.C. INCIDENT REPORTING SYSTEM</p> <ol style="list-style-type: none"> The Director of Risk Management and the Director of Nursing have trained all nurses that the physician response section of the internal incident report will be completed for every incident. All nurses have signed acknowledgement of understanding that incident reports will be completed in their entirety including the physician response section. <p>Person(s) Responsible: Director of Risk Management Director of Nursing All Nurses</p>	03/15/2012

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H 410	<p>Continued From page 2</p> <p>responsible for assuring that the required incident reports get completed for their specific shift. The Milieu Supervisor will assure that the nurse receives these incident reports so that they can complete their section of the reports. In incidents in which the nurse is directly involved, the nurse will be responsible for generating the incident report.</p> <p>2.0 An Incident Report should be filed for any adverse incident including but not limited to:</p> <p>2.2. An undesirable event occurs which appears inconsistent with normal patient care</p> <p>2.4 An unusual event which does or may result in personal and/or bodily injury.</p> <p>2.6 An incident involving hostile action by a patient, visitor or family member.</p> <p>2.7 Any threat of personal harm or injury voiced by a patient, visitor or family member.</p> <p>2.9 Any utilization of restraint and/or seclusion which includes any violation of established unit policy and/or one in which injury occurs</p> <p>2.10. Observed or alleged physical abuse of a patient by any staff member, such as any willful or threatened act that results in any physical, mental or sexual injury or harm that causes or is likely to cause the patient's physical, mental or emotional health to be significantly impaired.</p> <p>2.16 Property damage or loss or theft.</p> <p>4.0 All sections of the Incident Report should be completed, all incidents involving patients should be documented in the patient's medical record.</p> <p>1. Review of the facility's incident report log on 2/15/12 at 2:10 p.m. revealed there was an incident that occurred on 1/24/12 at 2:50 p.m. involving patient #9. The log showed that an</p>	H 412	<p>How Monitored:</p> <p>1. The Director of Risk Management will review all incident reports received to ensure the report is completed in its entirety, including the physician response section. If any incident reports received are not completed in their entirety, they will be returned to the individual who completed the report for immediate correction.</p>	03/15/2012
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H 410	<p>Continued From page 3</p> <p>abuse registry was called due to a Mental Health Technician (MHT) bending patient #9's hand backwards when attempting a restraint to stop the patient from punching another staff member.</p> <p>Review of the facility's incident report on 2/15/12 at 2:10 p.m. revealed the report had a log number on it, a date of incident, a sticky note with patient #9's name, a notation of improper restraint technique, and a notation of injury checked on the form. There was nothing else documented on the report.</p> <p>Interview with the Director of Nursing, on 2/15/12 at 3:00 p.m., revealed that an investigation was done and staff and other patients who witnessed the incident were interviewed.</p> <p>Interview with the Risk Manager, on 2/15/12 at 3:25 p.m., revealed that he interviewed the other patients who witnessed the incident. Other staff who witnessed the incident were interviewed, including the staff member that was being punched by patient #9.</p> <p>There was no evidence of the incident report being completely filled out as per facility policy and procedure.</p> <p>2. Review of the record for patient #1 revealed two nursing entries that were reviewed with the Director of Performance Improvement and Risk Management on 2/15/12. The Director stated that both incidents described in the nursing entries required that an incident report be completed.</p> <p>Review of the nursing entry for 2/5/12 at 6:20 p.m. revealed the patient had been a problem all day long necessitating to treat him as a 1-1 for</p>			

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H 410	<p>Continued From page 4</p> <p>approximately 2 hours. He did property destruction, climbed the fence, defied staff, swallowed flecks of paint, spit on staff and was nearly attacked by peers may times.</p> <p>Review of the incident log and incident reports for this date with the Director of Performance Improvement and Risk Manager confirmed that there was no incident report for this incident.</p> <p>Review of the nursing entry for 2/11/12 at 4: 30 p.m. revealed "patient defiant, cursing at staff and peers , threatening to disrobe. He almost fought outside then demanded to be taken to guardian who was in the building but not ready to see him. When told no, he banged on Plexiglas, hit head on Plexiglas,. He threw a ball in my face, threw punches at me, climbed on chairs, disrupted ceiling tiles then licked a marker tip and grabbed an alcohol wipe and licked it."</p> <p>Review of the incident log and incident reports for this date with the Director of Performance Improvement and Risk Manager confirmed there was no incident report for his incident.</p> <p>3/15/12</p>			
H 412	<p>59A-10.0055(2), F.A.C. INCIDENT REPORTING SYSTEM</p> <p>(c) Whether or not a physician was called; and if so, a brief statement of said physician's recommendations as to medical treatment, if any;</p> <p>(d) A listing of all persons then known to be involved directly in the incident, including witnesses, along with locating information for each;</p>			

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H 412	<p>Continued From page 5</p> <p>(e) The name, signature and position of the person completing the reports, along with date and time that the report was completed.</p> <p>R. 59A-10.0055(2), F.A.C.</p> <p>R. 59A-10.002(18), F.A.C.</p> <p>R. 59A-10.002(19), F.A.C.</p> <p>R. 59A-10.002(20), F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview it was determined there was no physician's response noted on incident reports for 2 (#10, #11) of 11 patients reviewed. This practice does not ensure quality and safety of patient care.</p> <p>Findings include:</p> <p>Review of the facility's Incident reports, on 2/15/12 at 2:10 p.m., revealed that an incident occurred on 1/25/12 at 7:00 p.m. were patient #10 hit patient #11's right foot with a door and partially ripped off patient #11's right great toenail. First aid was given to patient #11. The incident report noted the physician was notified on 1/25/12. The only note for the physician's response on the form stated "Message was left on Dr's extension."</p> <p>Review of Policy and Procedure RM 301 titled Incident Reporting/Incident Reporting Form, last reviewed 12/11, on 2/15/12 at 3:00 p.m. revealed Procedure 4.0 "All sections of the Incident Report should be completed."</p>			

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H 412	Continued From page 6 Interview with the Director of Nursing (DON) on 2/15/12 at 2:15 p.m. revealed that patient #11 had to have the right great toenail removed, the physician had been notified and orders were given. This was not reflected in the physician's response area of the incident report addendum. The DON stated that better documentation in the physician's response section of the incident report addendum was needed. 3/15/12				



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

February 23, 2012

Administrator
Manatee Palms Youth Services
4480 51st Street West
Bradenton, FL 34210

Re: CCR #2011013909 & 2012000560

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on February 15, 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

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 March 15, 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 Nila Perrone, RNC at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/sb
Enclosure(s)

Headquarters
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Tallahassee, FL 32308
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