PRINTED: 03/16/2010 FORM APPROVED OMB NO. 0938-0391

	int of deficiencies N of Correction	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUME 100179		A. BUILDING B. WING	COMPLE	ETED
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STATE, ZIP CODE	ECENTER	ZU10
	RIAL HOSPITAL JACKS	SONVILLE	3625 UN		R <b>3</b> I 2010	
(X4) ID	SUMMARY STATEM	MENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORPETED (EACH CORRECTIVE ACTION SHOULD	AN HOA	(X5)
PREFIX TAG	,	JST BE PRECEEDED BY FULL	PREFIX		ı	COMPLETION
	REGULATORY OR LSC I	DENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE DI	EFICIENCY)	DATE
A 000	INITIAL COMMENTS	<u> </u>	A 000			
	A full federal survey was conducted on March 1-4, 2010 as a result of non-compliance at the COP for Medical Staff noted during the investigation conducted on January 12-13, 2010.			On March 30, 2010, the Hospital's Ch Officer apprised the Board of Trustee deficiencies and the corrective actions Plan of Correction, which was receive Hospital on March 22, 2010. The Boapproved the plan of correction.	s of the s in the CMS d by Memorial	04/01/10
٩ 043	482.12 GOVERNING BO	ODY	A 043			
	body legally responsibl hospital as an institution have an organized gover legally responsible for	e an effective governing le for the conduct of the on. If a hospital does not erning body, the persons the conduct of the hospital ctions specified in this part erning body.		The Wound Care Program policy was revised by Nursing Administration on 2010, to reflect the following change: notification and initiation of wound caevaluation of all patients admitted wibreakdown.	March 24, s in process are nurse	03/24/10
	Based on observation, staff interviews, the go	t met as evidenced by: patient record reviews, and overning body failed to ensure cal care met the specific need cally for wound care.		Staffing for the wound care program revised by the Chief Nursing Officer of 2010, and is as follows: Current wou staffing levels include 1.0 FTE wound coordinator, 2.0 FTE wound care nur FTE wound care nurse, for a total of Further expansion includes recruitme additional 1.0 FTE nurse to bring the care program staffing to 4.75 FTE's.	on March 26, und care I care program ses and 0.75 3.75 FTE's. ent of an	04/01/10
	May 2, 2010, at 11:30 care for patients with breakdowns were not	re policies and procedures on A.M. revealed that nursing potential or actual skin being assessed unless a		An electronic report will be generated electronic medical record based on a assessment on all patients who were skin breakdown and a phone call will the wound care team to identify new seen.	dmission skin admitted with be placed to	04/01/10
	wound care consult w assessments were not basis but listed only as 1:30 P.M., an interview revealed that staffing approximately 1.7 FTE	as requested. Follow up completed on a scheduled s needed. On May 3, 2010, at w with wound care nurses for the wound care team was E's (full time employees), and or actual wound care patients	:	Every patient admitted with a pressu indicated by the report and/or phone evaluated by a wound care nurse or resource nurse, which is someone will completed wound care training and qualified through competencies, with	e call, will be wound care ho has deemed	04/01/10

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

during the survey was 132. The wound care nurses

assessment and treatment was conducted by staff

revealed that the majority of wound care

Director Rick Management

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.

admission.

nurses assigned to the

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO	. 0938-0391
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NUM 100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPL <b>03/04/</b>	ETED
	PROVIDER OR SUPPLIER  IAL HOSPITAL JACKS	SONVILLE	3625 UN	DDRESS, CITY, STATE, ZIP CODE NIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES  JST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULI REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETION DATE
A 043	Continued From pag medical and surgi nurses received on	cal units. These e hour of training in	A 043	After initial assessment by the wound wound care resource nurse and appr protocols are initiated, the staff nurse treatment plan.	opriate	04/01/10
	wound care. The system of treatment for wound care places patients at risk for additional medical complications. (See A38 A392, and A397, for more specific information).	s patients at risk for omplications. (See A386,		A wound care nurse will reassess pat pressure ulcers at least once a week treatment plan being followed is app patient.	to ensure the	04/01/10
				If the patient has a hospital acquired or the patient has now developed a series ressure ulcer the wound care team to re-evaluate the patient every 72 hinitiate new protocols.	stage III or IV will be notified	04/01/10
				All bedside nursing staff including th team were educated on the policy of protocols by reviewing the policy wit managers by April 1, 2010. Educati facilitated by the Nurse Directors and	nanges and new th the nurse on was	04/01/10
				Competency were done through onli courses "NDNQI Pressure Ulcer Train "Pressure Ulcer Prevention Module" after each module and monitored an compliance by the nursing unit Direct	ning" and the with post-test inually for	04/01/10
				New nurse staff orientation will inclusive specific wound care instruction, prescertified wound care nurse. Post-oricompetency will be evaluated at the the nurse director.	sented by a ientation	04/01/10
				The revised policy was reviewed and the Medical Executive Committee on 2010.		03/29/10
				The revised policy was approved by Trustees on March 30, 2010.	the Board of	03/30/10

CENTE	RS FOR MEDICARE & I	MEDICAID SERVICES			טאו פואיט	. 0936-0391
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLI	ER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE	SURVEY
	N OF CORRECTION	IDENTIFICATION NUM		A. BUILDING	COMPL	ETED
/	7 01 0011112011011	100179		B. WING		
		1002.7			03/04/	2010
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE		
		ONN/TI I E		NIVERSITY BLVD. SOUTH		
MEMOR	IAL HOSPITAL JACKS	ONVILLE	t	NVILLE, FL 32216		
(X4) ID	SUMMARY STATEM	IENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PREFIX		ST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETION
TAG	,	DENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE I		DATE
	REGODITORY ON EDG 11					<u> </u>
	T .					
				Responsible Person: Chief Nursing O Chief Nursing Officer, Department Dir managers.		04/01/10
				The Nursing Policy on Skin and Wour reviewed and revised by nursing adm reflect new wound staging and treatr on March 25, 2010.	inistration to	03/25/10
				Clinical nursing staff were educated of changes reflecting new staging and the protocols by reviewing the policy with director. This was completed on Apr	reatment the nurse	04/01/10
				Ongoing education will be provided or basis through online education course Pressure Ulcer Training" and the "Pre Prevention Module" with post-test after and monitored annually for compliant nursing unit Director.	es "NDNQI essure Ulcer er each module	04/01/10
				Re-designed 2010 Wound care completed annually and monitored compliance by the unit Director.		04/01/10
				New nursing staff orientation will include specific wound care instruction preseduration will be certified wound care nurse. Post-oried competency will be evaluated at the the nurse director.	nted by a entation	04/01/10
				The Medical Executive Committee ap changes to the policy on March 29, 2		03/29/10
				The Board of Trustees approved the policy on March 30, 2010.	changes to the	03/30/10

CENTER	RS FOR MEDICARE & I	VIEDICAID SERVICES			3110110	. 0550 0551
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	ER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUM		A. BUILDING	COMPLE	TED
ANDFLAN	VOI CORRECTION	100179		B. WING		
		100179		J. 11110	03/04/	2010
				ADDESC CITY STATE TIP CODE	03/04/	2010
	PROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE		
MEMOR	IAL HOSPITAL JACKS	ONVILLE	1	IVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID	SUMMARY STATEM	IENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX		ST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETION
TAG	<b>`</b>	DENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE I		DATE
	REGULATORY OR LSC II	DENTIFFING IN ORMATION)	170	REFERENCES TO THE ATTROPRESE	JEI 1012/101/	
			·- <del></del>	- I had the second seco		
						03/30/10
				Responsible Person: Chief Nursing O	fficer, Assistant	
				Vice President of Nursing, Departmen		
				Managers		04/01/10
				-		04/01/10
				The Assessment and Re-assessment		
				reviewed by nursing administration o	n March 23,	
				2010 and no revision was indicated.		03/23/10
				Clinical nursing staff were re-educate	d by unit	
				directors and managers on the proce		
				assessments including; upon admission		0.440.440
				will receive a skin assessment, Brade		04/01/10
				evaluation for skin breakdown risk fa		
				specialty bed placement or other pre-	vention	
				measures. This will be initiated by the	ne staff nurse	
				during the initial admission assessme	nt and	
				reassessment every shift.		1
				Upon assessment, the staff nurse wil	I implement the	04/01/10
				appropriate protocols as indicated by		
				wound staging and Treatment Protoc	.013.	
				All staff nurses involved in care of inp	oatients.	04/01/10
				including skin, wound and ulcer asse	ssments will	04/01/10
				complete education on National Data		1
				Nursing Quality Indicators Pressure U		
				and Pressure Ulcer Prevention through		
				training courses.		

CENTE	RS FUR MEDICARE & I	TEDICATO SERVICES				
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLI	ER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	N OF CORRECTION	IDENTIFICATION NUM	1BER:	A. BUILDING	COMPL	ETED
· · - · - ·		100179		B. WING		
					03/04/	2010
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE		
		ONIV/TI I E	1	VIVERSITY BLVD. SOUTH		
MEMOR	IIAL HOSPITAL JACKS	ONVILLE	1	NVILLE, FL 32216		
(X4) ID	SUMMARY STATEM	IENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX		ST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	D BE CROSS-	COMPLETION
TAG	`	DENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE		DATE
	REGOLATORI GRESCIA					
						1
				Ongoing education will be provided of basis through online education course Pressure Ulcer Training" and the "Pre Prevention Module" with post-test after and monitored annually for compliant nursing unit Director.	es "NDNQI essure Ulcer er each module	04/01/10
				Compliance Monitoring to assure that patients are identified on admission of follow-up by wound care team will be Director of Support Services and report Leadership Organizational Committee Executive Committee and the Board quarterly.	with timely e audited by the orted to the e, Medical	04/01/10
				Responsible Person: Chief Nursing C Chief Nursing Officer, Department Di Managers.		04/01/10

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES					OMB NO	. 0938-0391
-	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179		A. BUILDING CON			TE SURVEY IPLETED	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS	S, CITY, STATE, ZIP CODE		03/04/	2010
	IAL HOSPITAL JACKS	ONVILLE	3625 UN	IVER	SITY BLVD. SOUTH E, FL 32216			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES  ST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	•	PROVIDER'S PLAN OF EACH CORRECTIVE ACTION EFERENCED TO THE APPRO	SHOULD BE CRO		(X5) COMPLETION DATE
A 122	provision of a respor This STANDARD is n Based on facility receinterview, it was det failed to implement s	ss must specify time the grievance and the se.  ot met as evidenced by: ord review and staff ermined that the facility specific time frames for and providing written	A 122	revie 03/2 fram griev are r write it is a cons	Patient Grievance Resolut wed by the Director or Ri 2/10 and revised to include to follow-up with a writ rances and to clarify that not considered grievances as a written complaint on a complaint on the respondered a grievance.	isk manageme de a 45 day tir ten response t patient respons unless the pathe response card, it sho	nt on ne to all use cards tient card. If ould be	03/30/10
	Resolution policy on 3/2 complaint is always co According to the policy the complainant if t resolved or if the investompleted within 7 day follow-up with a writte Review of the facility the file for all complain	t, the hospital should inform he grievance cannot be		Mon resp by w to th	epartment directors responsive vances were educated larch 25, 2010 at the Depting.  Sitoring for compliance with conding in writing to any greekly audits by the risk new Leadership Organization cutive Committee and the terly.	on the policy of partment Direct characters of time frames grievance will be nanager and response committee,	for be done eported Medical	03/25/10
	were reviewed. Five of reviewed and responde	five (3) whiter grievances if five grievances were not ed to timely by the facility. tient #6 included a letter			ponsible Person: Direct agement	tor, Risk		04/01/10

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AND PLAI	(EACH DEFICIENCY MU	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179  ONVILLE  BENT OF DEFICIENCIES ST BE PRECEEDED BY FULL DENTIFYING INFORMATION)	STREET AD	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING  DRESS, CITY, STATE, ZIP CODE  IVERSITY BLVD. SOUTH  IVILLE, FL 32216  PROVIDER'S PLAN OF CORREC  (EACH CORRECTIVE ACTION SHOUL  REFERENCED TO THE APPROPRIATE	D BE CROSS-	ETED
A 122	concern/complaint for notes from hospital statelephone contact madiscuss concerns. Howeversponse from the facily written response from the facily written response from was provided after survival.  3. A grievance for Paticomplaint on a Patient 1/26/10. An internal patient 1/26/10. An internal patient was dated 1/27/1 regarding review of contact with the complaint from the hospital, date after surveyor inquiry.  4. A grievance for Paticomplaint for was received on 1/5 notes, emails, and a on 1/8/10. However, response from the lafter surveyor inquiry.  5. A grievance for Paticomplaint for with notes that staff 1/26/10. However, tresponse from the hospital surveyor inquiry. Howritten response from 3/3/10 after surveyor letter dated 1/28/10 concern/complaint for with a note dated 2 review of the chart.	12/1/09. An internal patient rm was dated 1/6/10 with ff dated 1/8/10 including ade with complainant to ever, there was no written lity at the time of review. A the hospital, dated 3/3/10, veyor inquiry.  Interpretation of the provided a written Response Card received atient concern/complaint to with notes from staff case, but there was no ainant. A written response da 3/2/10, was provided atient #8 included a letter ternal patient form indicated the letter form was no written nospital until 3/3/10 y. Patient #9 included a call to the complainant form was dated 1/25/10 spoke with spouse on here was no written ospital until 3/3/10 after wever, there was no in the hospital until	A 122			

Facility ID: HL 100179

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO	. 0938-0391	
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	COMPL	DATE SURVEY COMPLETED 3/04/2010	
1	PROVIDER OR SUPPLIER	ONVILLE	3625 UN	DDRESS, CITY, STATE, ZIP CODE IIVERSITY BLVD. SOUTH NVILLE, FL 32216			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES  IST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULI REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETION DATE	
A 122	7. Interviews with the Manager on 3/2/10 at 3/3/10 at 9:00 AM at the time frames in the that written response not provided timely.	after surveyor inquiry. The facility's Risk at 3:15 PM, and on and 10:30 AM, confirmed are current policy, and as to complainants were	A 122				
A 385	The hospital must have service that provides 2. The nursing services m supervised by a register. This CONDITION is not	e an organized nursing 4-hour nursing services. nust be furnished or ered nurse.	A 385	The Wound Care Program policy was revised by Nursing Administration on 2010, to reflect the following change notification and initiation of wound call evaluation of all patients admitted will breakdown.	March 24, s in process are nurse	03/24/10	
	interviews, facility provobservation, the facility patients who had skin risk for skin breakdown services specific to the of pressure ulcers. The safe and adequate nurnurses" leaving the daservices to staff nurses	breakdown or who were at n had nursing care and prevention and treatment e facility failed to ensure a		Staffing for the wound care program revised by the chief nursing officer of 2010, and is as follows: Current woustaffing levels include 1.0 FTE wound coordinator, 2.0 FTE wound care nur FTE wound care nurse, for a total of Further expansion includes recruitment additional 1.0 FTE nurse to bring the care program staffing to 4.75 FTE's.	n March 26, und care I care program ses and 0.75 3.75 FTE's. ent of an total wound	04/01/10	
	patients wound care m	nanagement was the nsibility and not the wound		An electronic report will be generated electronic medical record based on a assessment on all patients who were skin breakdown and a phone call will the wound care team to identify new seen.	dmission skin admitted with be placed to	04/01/10	
	was admitted on 2/25/ wounds including an ir sacrum area. The patic had daily treatments of seen by the wound can discharge on 3/1/10. F the facility on 2/22/10			Every patient admitted with a pressure indicated by the report and/or phone evaluated by a wound care nurse or resource nurse, which is someone will completed wound care training and completed through competencies, with admission.	e call, will be wound care ho has deemed	04/01/10	

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO.	0938-0391
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	PROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE		
MEMOR	IAL HOSPITAL JACKS	ONVILLE		IIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES  JIST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CF REFERENCED TO THE APPROPRIATE DEFICE		(X5) COMPLETION DATE
A 385	changes ordered. The wound care nurse did not see Patient #2 until 2/24/10 when a partial assessment was done, the wound care nurse returned on 2/26/10 to complete the assessment. The wound care nurse did not see Patient #2 again until 3/3/10 when an appointment was made by the surveyors to watch a dressing change. Patient #3 was admitted on 2/22/10 with a stage 3 wound, and was seen by the wound care nurse on 2/23/10 and not again through3/2/10. Patient #4 was admitted on 2/19/10 with multiple stage wounds, and was not seen by the wound care nurse through 3/4/10, with documentation being inconsistent for the number and locations of wounds. Patient #5, was admitted on 2/24/10 with an "infected wound". Documentation revealed an unstageable right heel wound, a left lower leg wound that was draining and a stage 1 of the buttocks. A physician's order dated 2/25/10, was written for a wound care consultation. The wound care nurse did not see or assess Patient #5 who was	A 385	After initial assessment by the wound care wound care resource nurse and appropriate protocols are initiated, the staff nurse will f treatment plan.  A Wound Care nurse will reassess patients pressure ulcers at least once a week to ens	e follow the with sure the	04/01/10	
			treatment plan being followed is appropriate patient.  If the patient has a hospital acquired press or the patient has now developed a stage of the patient has now developed a stage of the patient exercises a pre-evaluate the patient every 72 hours a initiate new protocols.	sure ulcer III or IV e notified	04/01/10	
			All bedside nursing staff including the would team were educated on the policy changes protocols by reviewing the policy with the managers by April 1, 2010. Education was facilitated by the Nurse Directors and charges.	and new nurse s	04/01/10	
	for more specific infor	(See A386, A392 and A397 mation).		Competency were done through online educourses "NDNQI Pressure Ulcer Training" a "Pressure Ulcer Prevention Module" with pafter each module and monitored annually compliance by the nursing unit Director.	and the ost-test	04/01/10
				New nurse staff orientation will include two specific wound care instruction, presented certified wound care nurse. Post-orientatic competency will be evaluated at the unit let the nurse director.	by a on	04/01/10
				The revised policy was reviewed and appropriate Medical Executive Committee on March 2010.		03/29/10
				The revised policy was approved by the Bo Trustees on March 30, 2010.	oard of	03/30/10
				Responsible Person: Chief Nursing Officer Chief Nursing Officer, Department Director managers.		04/01/10

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO	. 0938-0391
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	PROVIDER OR SUPPLIER  IAL HOSPITAL JACKS	SONVILLE	3625 UI	NIVERSITY BLVD. SOUTH	3070.9	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES  JST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETION DATE
				The Nursing Policy on Skin and Wour reviewed and revised by nursing adm reflect new wound staging and treatr on March 25, 2010.  Clinical nursing staff were educated of changes reflecting new staging and the protocols by reviewing the policy with director. This was completed on Apr	ninistration to ment protocols on the policy reatment on the nurse	03/25/10
				Ongoing education will be provided or basis through online education cours Pressure Ulcer Training" and the "Pre Prevention Module" with post-test aft and monitored annually for complian nursing unit Director.	on an annual es "NDNQI essure Ulcer ter each module	04/01/10
				Re-designed 2010 wound care competed annually and monitored for by the unit Director.		04/01/10
				New nursing staff orientation will include specific wound care instruction presedurified wound care nurse. Post-oried competency will be evaluated at the the nurse director.	nted by a entation	04/01/10
				The Medical Executive Committee ap changes to the policy on March 29, 2		03/29/10
				The Board of Trustees approved the policy on March 30, 2010.	changes to the	03/30/10
				Responsible Person: Chief Nursing C President of Nursing, Department Dir Managers		04/01/10
				The Assessment and Re-assessment reviewed by nursing administration of 2010 and no revision was indicated.		03/23/10

CENTE	RS FOR MEDICARE & I	VIEDICAID SERVICES			OI OI IVO	. 0930-0391
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLI	ER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	N OF CORRECTION	IDENTIFICATION NUM	1BER:	A. BUILDING	COMPLI	ETED
		100179		B. WING		
					03/04/	2010
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE		
MEMOR	IAL HOSPITAL JACKS	ONVILLE	1	NIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID	SUMMARY STATEM	ENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	LION	(X5)
PREFIX		ST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETION
TAG		DENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE D		DATE
	NEGOD WORLDON					
				Clinical nursing staff were re-educated directors and managers on the proces assessments including; upon admissio will receive a skin assessment, Brader evaluation for skin breakdown risk factorial specialty bed placement or other previous measures. This will be initiated by the during the initial admission assessment reassessment every shift.  Upon assessment, the staff nurse will appropriate protocols as indicated by wound staging and Treatment Protocols.	s of admission n all patients s Score tors and ention e staff nurse at and implement the the MHJ	04/01/10
				All staff nurses involved in care of inpincluding skin, wound and ulcer asses complete education on National Data Nursing Quality Indicators Pressure Uland Pressure Ulcer Prevention throughtraining courses.	sments will Base of Icer training	04/01/10
				Ongoing education will be provided or basis through online education course Pressure Ulcer Training" and the "Pres Prevention Module" with post-test after and monitored annually for compliance nursing unit Director.	s "NDNQI ssure Ulcer er each module	04/01/10
				Compliance Monitoring to assure that patients are identified on admission w follow-up by wound care team will be Director of Support Services and repo Leadership Organizational Committee Executive Committee and the Board of quarterly.	rith timely audited by the rted to the , Medical	04/01/10
				Responsible Person: Chief Nursing Of Chief Nursing Officer, Department Dir Managers.		04/01/10

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES		OMB NO	0. 0938-0391	
	nt of deficiencies Nof Correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179		A. BUILDING COMP B. WING	DATE SURVEY DMPLETED	
	PROVIDER OR SUPPLIER IAL HOSPITAL JACKS	ONVILLE	3625 UN	DDRESS, CITY, STATE, ZIP CODE IIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES  ST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 386	The hospital must have with a plan of administ delineation of responsions. The director of the nullicensed nurse. He or operation of the service types and number staff necessary to provareas of the hospital.  This STANDARD is not	bilities for patient care. rsing service must be a she is responsible for the rice, including determining s of nursing personnel and ride nursing care for all	A 386	The Wound Care Program policy was reviewed and revised by Nursing Administration on March 22, 2010, to reflect the following changes in process notification and initiation of wound care nurse evaluation of all patients admitted with skin breakdown.  Staffing for the wound care program has been revised by the Chief Nursing Officer on March 26, 2010, as follows: Current wound care staffing levels include 1.0 FTE wound care program coordinator, 2.0 FTE wound care nurses and 0.75 FTE wound care nurse, for a total of 3.75 FTE's. Further expansion includes recruitment of an additional 1.0 FTE nurse to bring the total wound care program staffing to 4.75 FTE's.	03/22/10	

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO	. 0938-0391	
_	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIF IDENTIFICATION NUM 100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPL <b>03/04/</b>	ETED	
	PROVIDER OR SUPPLIER	SONVILLE	3625 UI	DDRESS, CITY, STATE, ZIP CODE NIVERSITY BLVD. SOUTH NVILLE, FL 32216			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES JST BE PRECEEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE	
A 386	Continued From page of records with finding medical records, must facility provided docur the facility failed to eand well organized of provided to patient breakdown or patient breakdown. Wound completed if a consultation in a timely could only be cultured order for one to be of the wound care assess were being provided completed a one hou orientation. The facility an average daily ceremploys 642 full the only one point seven nurses who are assisted the Chief Nurfor all clinical practice personnel and for quandall nursing policies and approved by the Interview with the Chief Nurfor all clinical practice personsibility for all nursing policies and approved by the Interview with the Chief Nurfor all clinical practice personsibility for all nursing policies and approved by the Interview with the Chief Nurfor all clinical practice personsibility for all nursing policies and approved by the Interview with the Chief Nurfor all clinical practice personsibility for all nursing policies and approved by the Interview of policy and	pentifying information)  Itiple staff interviews, mentation and observation insure that appropriate for swith potential skin for skin breakdown fo		An electronic report will be generated electronic medical record based on a assessment on all patients who were skin breakdown and a phone call will the wound care team to identify new seen.  Every patient admitted with a pressur indicated by the report and/or phone evaluated by a wound care nurse or resource nurse, which is someone who completed wound care training and qualified through competencies, with admission.  After initial assessment by the wound wound care resource nurse and approprotocols are initiated, the staff nurse treatment plan.  A wound care nurse will reassess pat pressure ulcers at least once a week treatment plan being followed is appropriatent.  If the patient has a hospital acquired or the patient has now developed a sepressure ulcer the wound care team to re-evaluate the patient every 72 hinitiate new protocols.  All bedside nursing staff including the team were educated on the policy che protocols by reviewing the policy with managers by April 1, 2010. Education facilitated by the Nurse Directors and	I from the dmission skin admitted with be placed to patients to be re ulcer as call, will be wound care no has eemed in 24 hours of discare team or opriate e will follow the dients with to ensure the ropriate for the pressure ulcer stage III or IV will be notified ours and e wound care anges and new on the nurse on was I charge nurses.	04/01/10  04/01/10  04/01/10  04/01/10  04/01/10	
	physician is to be cons	sulted or if all patients who unds are to be assessed by		Competency were done through onlin courses "NDNQI Pressure Ulcer Train "Pressure Ulcer Prevention Module" v after each module and monitored and compliance by the nursing unit Direct	ing" and the vith post-test nually for	04/01/10	
L						l	

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		MEDICAID SERVICES				. 0936-039
	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPL	
		1001/3			03/04/	2010
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE		
	MEMORIAL HOSPITAL JACKSONVILLE		3625 UI	NIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID	SUMMARY STATEM	1ENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX	(EACH DEFICIENCY MU	ST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETIO
TAG	REGULATORY OR LSC IDENTIFYING INFORMA		TAG	REFERENCED TO THE APPROPRIATE D	DEFICIENCY)	DATE
A 386	Continued From page 6	- 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	A 386			
	nurse.  Interview with the Director of Supportive Services and the Wound Care Nurse on 3/2/10 at 1 pm, revealed there is only one full time wound care nurse; there are also 2 as needed wound care nurses who total work hours amounted to approximately to 20-30 hours per week. The wound care nurse can only assesses a patient			New nurse staff orientation will includ specific wound care instruction, prese certified wound care nurse. Post-orie competency will be evaluated at the uthe nurse director.	ented by a entation	04/01/10
				The revised policy was reviewed and the Medical Executive Committee on I 2010.		03/29/10
	after a consultation is received and then the wound care nurse has up to 2 business days to see the patient. It is the wound care nurse's judgment when her services are to be discontinued and who will provide wound care treatments to patients. Patients' wounds are only cultured after a physician assesses the patient and orders a culture.	s up to 2 business days		The revised policy was approved by the Trustees on March 30, 2010.	he Board of	03/30/10
			Responsible Person: Chief Nursing Of Chief Nursing Officer, Department Dir Managers.		04/01/10	
		physician assesses the		The Nursing Policy on Skin and Woun reviewed and revised by nursing adm reflect new wound staging and treatn	inistration to	03/25/10
	an hour of education of Wound Care. Review of Nursing Orientation Ha	evealed all nurses have luring orientation on of the facility's General andbook for Nurses 2010 -		Clinical nursing staff were educated or changes reflecting new staging and to protocols by reviewing the policy with director. This was completed on Apri	reatment the nurse	04/01/10
	Wound Care & You, revealed photographs which are not clear, written text with the photographs is blurry and unable to be read, printing of directions such as, Initiate Appropriate Treatment & Orders, are so small it is unreadable.  Facility provided documentation revealed 132	text with the photographs be read, printing of itiate Appropriate are so small it is		Ongoing education will be provided o basis through online education course Pressure Ulcer Training" and the "Pre Prevention Module" with post-test aft and monitored annually for compliant nursing unit Director.	es "NDNQI essure Ulcer er each module	04/01/10
	Care/Ulcer/High Risk S Interview with the Dire and the Wound Care N revealed not all patien	kin Breakdown Report". ector of Supportive Services Jurse on 3/2/10 at 11am, ts listed on this report		Re-designed 2010 wound care compectompleted annually and monitored for by the unit Director.	etencies to be or compliance	04/01/10
	have current skin breakdown, but the facility was unable to provide (requested patients identified from 3/1/10 thru 3/4/10) documentation of those patients who actually did have skin breakdown.	o provide (requested m 3/1/10 thru 3/4/10) se patients who actually did		New nursing staff orientation will incl specific wound care instruction prese certified wound care nurse. Post-orie competency will be evaluated at the	nted by a entation	04/01/10
	2. Medical record reviewere identified on the revealed:	ew of five patients who Wound Care Report		the nurse director.		

Facility ID: HL 100179

CENTE	RS FOR MEDICARE & I	MEDICAID SERVICES			OMB NO	. 0938-0391		
	nt of deficiencies N of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPLE 03/04/	ETED		
	PROVIDER OR SUPPLIER	ONVILLE	3625 UN	STREET ADDRESS, CITY, STATE, ZIP CODE 3625 UNIVERSITY BLVD. SOUTH				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATE  The Medical Executive Committee appropriate of the policy on March 29, 2	D BE CROSS- DEFICIENCY)	(X5) COMPLETION DATE  03/29/30		
	non-blanching right sed fungal rash of the sad and groin area. Patient wound care nurse on 2 order and not again un Documentation revealed	ral ankle; a dark reddened cond toe; and a extensive crum, peri-rectum, thighs #1 was assessed by the 1/26/10 as per physician's till discharge on 3/1/10. It do ordered daily dressing the wound vac were done by		The Board of Trustees approved the policy on March 30, 2010.  Responsible Person: Chief Nursing (Assistant Vice President of Nursing, Directors and Managers	Officer,	03/30/10		
	Patient #2, was admitt assessment done by revealed wounds of t which were unstageat scales for risk of skin t 21. After a physician's wound care nurse as on 2/23/10. The woun Patient #2's wounds as leg, a wound on the lef nurse did not stage, bi	ole (stage 4), Braden oreakdown varied from 18-s order on 2/22/10, the sessed Patient #2's wound d care nurse assessed a stage III on the right tell tell which the wound care lateral heels at being at ound of the abdomen. After the wound care nurse ultiple treatments to be		The Assessment and Re-assessment reviewed by nursing administration 2010 and no revision was indicated.  Clinical nursing staff were re-educat directors and managers on the proceassessments including; upon admiss will receive a skin assessment, Brad evaluation for skin breakdown risk for specialty bed placement or other promeasures. This will be initiated by the during the initial admission assessment every shift.	ed by unit ess of admission sion all patients en Score actors and evention the staff nurse	03/23/10		
	Patient # 3 who was c unit was readmitted or cardiac arrest at anoth to this facility. The prir #3's skin concerns, doc on the buttocks, back			Upon assessment, the staff nurse wappropriate protocols as indicated be wound staging and Treatment Protocol.  All staff nurses involved in care of including skin, wound and ulcer assection on National Data Nursing Quality Indicators Pressure and Pressure Ulcer Prevention throutraining courses.	y the MHJ ocols. npatients, essments will a Base of Ulcer training	04/01/10		
		inner thigh, a 9x7 black ble wound below that one,		Ongoing education will be provided basis through online education cour Pressure Ulcer Training" and the "Prevention Module" with post-test a and monitored annually for complianursing unit Director.	ses "NDNQI ressure Ulcer fter each module	04/01/10		

CENTE	RS FOR MEDICARE & I	MEDICAID SERVICES			OMB NO	. 0938-0391
	nt of deficiencies Nof Correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPLI	ETED
AND PLAN OF CORRECTION  IDENTIFICATION NUMBER: 100179  A . BUILDING B. WING  WING  STREET ADDRESS, CITY, STATE, ZIP CODE  MEMORIAL HOSPITAL JACKSONVILLE  STREET ADDRESS, CITY, STATE, ZIP CODE  MEMORIAL HOSPITAL JACKSONVILLE  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A 386  Continued From page 8  and an unstageable wound that is 6x2.5 on the right upper thigh. The patient had a large unstageable hole that is 8x3x2 that is black on the inside; the left upper thigh had 2 other small areas that are 75% neurotic unstable wounds that are small round areas that are 1x1 and 2x2. A consult for a wound care nurse was completed and the wound care nurse was completed and the wound care nurse was completed and the wound care nurse assessed Patient #3 on 2/24/10 but was unable to do a full assessment due to the patient receiving dialysis at the time of the assessment. The wound care nurse did not return to finish the assessment until 2/26/10. The only other time the wound care nurse had seen Patient #3 was on 3/3/10 after a physician's order on 3/3/10 at 12 noon was		03/04/	/ 2010			
PREFIX	(EACH DEFICIENCY MU	ST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	(X5) COMPLETION DATE
A 386	and an unstageable woright upper thigh. The unstageable hole that i inside; the left upper the areas that are 75% new are small round areas to consult for a wound care and the wound care nu 2/24/10 but was unabled due to the patient recethe assessment. The wreturn to finish the asses The only other time had seen Patient #3 wiphysician's order on written, stating that the do the wound dressing (which was the time the made an appointment wobserve the dressing very intensive wound being done from 2/22/nurses.  Patient #4 was admidiagnosis that would make the would make the would be an appointment wobserve the dressing very intensive wound being done from 2/22/nurses.	bund that is 6x2.5 on the patient had a large is 8x3x2 that is black on the high had 2 other small surotic unstable wounds that that are 1x1 and 2x2. A re nurse was completed irse assessed Patient #3 on it to do a full assessment iving dialysis at the time of ound care nurse did not essment until 2/26/10. The wound care nurse as on 3/3/10 after a in 3/3/10 at 12 noon was ne wound care nurse is to changes at 1500 (3pm) it is surveyor at previously with the floor nurse to change). Patient #3 did ulcers treatments were 10 thru 3/2/10 by floor in the diabetes and cerebral ited diabetes and cerebral	A 386	patients are identified on admission w follow-up by wound care team will be Director of Support Services and report Leadership Organizational Committee, Executive Committee and the Board or quarterly.  Responsible Person: Chief Nursing Of Vice President of Nursing, Department	ith timely audited by the rted to the Medical f Trustees	04/01/10
	stage one wounds loca spine and bilateral hee the floor nurses were of were inconsistent as to ranged from 13-16, ar from 1-4. Patient #4 w Care/Ulcer/High Risk S was not evaluated b	ry floor nurse as having 4 ted in the sacral area, the els. Assessments done by completed every shift but to the Baden scale which and the number of wounds has identified on the Wound kin Breakdown Report but y the wound care nurse y from 2/19/10 thru 3/3/10.				

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CENTE	RS FOR MEDICARE &	MEDICAID SERVICES		C	MB NO. 0938-0391
	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL PLAN OF CORRECTION IDENTIFICATION NU  100179			A. BUILDING B. WING	3) DATE SURVEY COMPLETED 03/04/2010
	PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE  AL HOSPITAL JACKSONVILLE  3625 UNIVERSITY BLVD. SOUTH  JACKSONVILLE, FL 32216			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES  ST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	· ·	
A 386	failure to thrive. Patien Wound Care Report an wound care consultat The initial assessment nurse revealed a stage tissue injury on the rig Documentation was cowho revealed a Baden the right buttock wour open left calf wound wheel wound being unstag	ed on 2/24/10 with an infected wound, and it #5 was identified on the d a physician's order for a cion was done on 2/25/10. completed by the floor of 1 on the right buttock, a hit heel and left calf. Impleted by the floor nurses scales range of 14-18, and d remaining a stage 1, an with drainage, and the right eable on 2/25/10. Patient by the wound care nurse	A 386		
A 392	The nursing service menumbers of licensed repractical (vocational) to provide nursing caneeded. There must be personnel for each depressions.	egistered nurses, licensed nurses, and other personnel		The Wound Care Program policy was reviewed revised by Nursing Administration on March 2 2010, to reflect the following changes in procunotification and initiation of wound care nurse evaluation of all patients admitted with skin breakdown.	2, ess
	a registered nurse for This STANDARD is not Based on medical reco interviews, facility provi observation the facility was an adequate num nurses to provide wou treatment to those par skin breakdown, were breakdown or develop hospitalized. Although doing treatments on the	met as evidenced by: and review, multiple staff ded documentation and a failed to ensure that there ber of qualified registered and care management/ cients who were at risk for admitted with skin bed a pressure ulcer while Registered Nurses were an units, the wound care ently return to check on the		Staffing for the wound care program has been revised by the Chief Nursing Officer on March 2010, as follows: Current wound care staffing include 1.0 FTE wound care program coordina 2.0 FTE wound care nurses and 0.75 FTE wou care nurse, for a total of 3.75 FTE's. Further expansion includes recruitment of an addition FTE nurse to bring the total wound care prog staffing to 4.75 FTE's.  An electronic report will be generated from the electronic medical record based on admission assessment on all patients who were admitted skin breakdown and a phone call will be place the wound care team to identify new patients seen.	26, glevels ator, and al 1.0 ram  e skin di with di to

Facility ID: HL 100179

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OWR NO	. 0938-0391
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	ER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAI	N OF CORRECTION	IDENTIFICATION NUM	IBER:	A. BUILDING	COMPL	ETED
		100179		B. WING		
					03/04/	2010
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE		
MEMOR	IAL HOSPITAL JACKS	ONVILLE		NIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID	SUMMARY STATEM	1ENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX	(EACH DEFICIENCY MU	IST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE CROSS-	COMPLETION
TAG	`	DENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE	DEFICIENCY)	DATE
			1			T
A 392	if a treatment needed to be changed. This could lead to the wounds getting worse and having a detrimental affect on the patients health status. The findings include:  1. Facility provided documentation revealed the facility has 425 patient beds with a daily average census of 300. Facility provided documentation revealed 132 patients were identified on the requested "Wound Care/Ulcer/High Risk Skin Breakdown Report". Interview with the Director of Supportive Services and the Wound Care Nurse on 3/2/10 at11am, revealed not all patients listed on this report have current skin breakdown, but the facility was unable to provide (requested 3/1/10 thru 3/4/10) documentation of those patients who actually did have skin breakdown. Facility provided documentation revealed a wound care nurse		A 392	Every patient admitted with a pressi indicated by the report and/or phon evaluated by a wound care nurse or resource nurse, which is someone we completed wound care training and qualified through competencies, with admission.	e call, will be wound care ho has deemed	04/01/10
				After initial assessment by the wour wound care resource nurse and app protocols are initiated, the staff nurst treatment plan.	ropriate	04/01/10
				A wound care nurse will assess patic pressure ulcers at least once a week treatment plan being followed is app patient.	k to ensure the	04/01/10
	has 2 business days to consult is received. Int Supportive Services an revealed currently the time wound care nurs	o assess a patient after a serview with the Director of d the wound care nurse hospital employs one full e and 2 as needed wound		If the patient has a hospital acquire or the patient has now developed a Pressure ulcer the wound care team to re-evaluate the patient every 72 initiate new protocols.	stage III or IV will be notified	04/01/10
	care nurses, with one as 1 needed nurse working very little, and the other working part time approximately half time.  2. Medical record review revealed: Patient #1 who was admitted on 2/25/10 with a		All bedside nursing staff including the team were educated on the policy of protocols by reviewing the policy will managers by April 1, 2010. Educate facilitated by the Nurse Directors and	hanges and new th the nurse ion was	04/01/10	
	machine attached to wound of the right late non-blanching right se fungal rash of the sa and groin area. Patient	twound, a KCI home vac the dressing; a stage 1 eral ankle; a dark reddened cond toe; and a extensive crum, peri-rectum, thighs t #1 was assessed by the		Competency were done through or courses "NDNQI Pressure Ulcer Trai "Pressure Ulcer Prevention Module" after each module and monitored accompliance by the nursing unit Dire	ning" and the with post-test nnually for	04/01/10
	wound care nurse on 2/26/10 as per physician's order and not again until discharge on 3/1/10. Documentation revealed ordered daily dressing changes and care of the wound vac were done by			New nurse staff orientation will incluspecific wound care instruction, pre certified wound care nurse. Post-or competency will be evaluated at the the nurse director.	sented by a rientation	04/01/10
				The revised policy was reviewed and the Medical Executive Committee or 2010.		
				2010.		03/29/10

CENTER	ENTERS FOR MEDICARE & MEDICAID SERVICES				. 0938-0391	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM  100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	TON (X3) DATE SURVE COMPLETED 03/04/2010	
	PROVIDER OR SUPPLIER  IAL HOSPITAL JACKS	ONVILLE	3625 UN	DDRESS, CITY, STATE, ZIP CODE NIVERSITY BLVD. SOUTH NVILLE, FL 32216	•	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE
A 392	unit was readmitted cardiac arrest at anoth to this facility. The Patient #3's skin conce wounds on the buttock toe is purple. There was unable to docume 9x7 black and necrotic that one she has one is a 6x2.5 on the right unstageable hole that inside; the left upper t	currently in the critical care on 2/22/10 after having a ner hospital and transported primary nurse assessed erns documenting, multiple s, back, inner thighs, left big were 4 wounds the nurse nt on the left inner thigh, unstageable wound below that is unstageable. There upper thigh, there is a large is 8x3x2 that is black on the high has 2 other small areas	A 392	The revised policy was approved by t Trustees on March 30, 2010.  Responsible Person: Chief Nursing O Chief Nursing Officer, Department Dir Managers.  The Nursing Policy on Skin and Woun reviewed and revised by nursing admireflect new wound staging and treatment of the policy of th	fficer, Assistant rectors and ad Care was inistration to	03/30/10 04/01/10 03/25/10
	inside; the left upper thigh has 2 other small areas that are 75% neurotic unstable wounds that are small round areas that are 1x1 and 2x2. A consult for a wound care nurse was completed and the wound care nurse assessed Patient #2 on2/24/10 but was unable to do a full assessment due to the patient receiving dialysis at the time of the assessment. The wound care nurse did not return to finish the assessment until 2/26/10. The only other time the wound care nurse had seen Patient #3 was on 3/3/10 after a physician's order on 3/3/10 at 12noon stating the wound care nurse			Clinical nursing staff were educated of changes reflecting new staging and to protocols by reviewing the policy with director. This was completed on April Ongoing education will be provided or basis through online education course Pressure Ulcer Training" and the "Pre Prevention Module" with post-test aft and monitored annually for compliance	reatment in the nurse il 1, 2010. In an annual les "NDNQI ssure Ulcer ler each module	04/01/10
	was to do the wound of 1500(3pm) (which was previously made an ap nurse to observe the overy intensive wound of the control of			nursing unit Director.  Re-designed 2010 wound care compecompleted annually and monitored for by the unit Director.		04/01/10
	Patient #3 was admitte assessment done by revealed wounds of t were unstageable (sta	d on 2/22/10 and the initial the primary floor nurse he right and left leg which age 4), Braden scales for		New nursing staff orientation will incl specific wound care instruction prese certified wound care nurse. Post-orie competency will be evaluated at the the nurse director.	nted by a entation unit level by	04/01/10
		varied from 18-21. After a /22/10 the wound care		The Medical Executive Committee ap changes to the policy on March 29, 2		03/29/10

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO.	0938-0391
	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179				TED
	ME OF PROVIDER OR SUPPLIER EMORIAL HOSPITAL JACKSONVILLE		3625 UN	RESS, CITY, STATE, ZIP CODE /ERSITY BLVD. SOUTH /ILLE, FL 32216		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES  IST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 392	The wound care nurse wounds as a stage III on the left leg was not being at risk, and a purabdomen. After the init care nurse signed treatments to be nurse, and the worn of see Patient apatient's hospitalization.  Patient #4 was admitted diagnoses that would in breakdown including poorly controlled diabetaccident. The patient the primary floor nurse wounds located in the bilateral heels. Assessing nurses were completed inconsistent as to the from 13-16, and the nurse patient #4 was identification.	assessed Patient #3's on the right leg, the wound staged, bilateral heels at ncture wound of the ial assessment the wound off the daily multiple done by the floor und care nurse did #3 again during the n.  ed on 2/19/10 with ncrease the risk for skin end stage renal disease, etes and cerebral vascular was initially assessed by a shaving 4 stage one sacral area, the spine and ments done by the floor devery shift but were Baden scale which ranged umber of wounds from 1-4. led on the Wound	A 392	The Board of Trustees approved the charbolicy on March 30, 2010.  Responsible Person: Chief Nursing Office President of Nursing, Department Dividing Persons and Re-assessment policeviewed by nursing administration on March 2010 and no revision was indicated.  Clinical nursing staff were re-educated by directors and managers on the process of assessments including; upon admission a will receive a skin assessment, Braden Schwaluation for skin breakdown risk factors apecialty bed placement or other prevent measures. This will be initiated by the statuting the initial admission assessment areassessment every shift.	er, Assistant rectors and cy was arch 23, unit f admission all patients core is and cion caff nurse	03/30/10 04/01/10 03/23/10 04/01/10
1	was not evaluated by from2/19/10 thru 3/3/hospitalization. Patient #5 was adm diagnoses including a failure to thrive. Patier Wound Care report and	10, the time of the patient's itted on 2/24/10 with in infected wound, and it #5 was identified on the a physician's order for a		Upon assessment, the staff nurse will implement the appropriate protocols as indicated by the MHJ wound staging and Treatment Protocols.  All staff nurses involved in care of inpatients, including skin, wound and ulcer assessments will complete education on National Data Base of Nursing Quality Indicators Pressure Ulcer training	ents, ents will se of training	04/01/10
	wound care consultation was written on 2/25/10.  The initial assessment done by the floor nurse revealed a stage 1 on the right buttock, a tissue injury on the right heel and left calf.  Documentation was completed by the floor nurses who revealed a Braden scale range of 14-18, and the right buttock wound remaining a			and Pressure Ulcer Prevention through of training courses.  Ongoing education will be provided on an election courses "Pressure Ulcer Training" and the "Pressure Prevention Module" with post-test after each monitored annually for compliance boursing unit Director.	n annual NDNQI re Ulcer each module	04/01/10

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO	. 0938-0391
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE		(X2) MULTIPLE CONSTRUCTION	(X3) DATE	
AND PLAI	N OF CORRECTION	IDENTIFICATION NUM	BER:	A. BUILDING	COMPL	ETED
		100179		B. WING	03/04/	2010
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE	00/0./	
MEMOR	MEMORIAL HOSPITAL JACKSONVILLE			NIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID	SUMMARY STATEM	MENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX TAG			PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	COMPLETION
170			TAG	REFERENCED TO THE APPROPRIATE I	REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 392	Continued from Page :	13	A 392			
	stage 1, an open left of and the right heel would 2/25/10. Patient #5 wound care nurse through the facility has 425 particles average census of apputhere were 132 patient Care Report. The faci wound care nurse and total of approximation week. Evidence preserved review, facility staff interviews revealed understaffed in they wound the programments to the programments to the programments to the programments, the wound care follow up to see how	ralf wound with drainage, and being unstageable on was not assessed by the bugh discharge on 3/1/10. It is identified on the Wound lity employs one full time 2 as needed nurses with a stely 60-70 hours a sented through medical provided documentation and ed the facility is yound care management of assessments and imary nurses. Although treatments on patient are nurses did not do you the wounds were re was a needed change in		Compliance Monitoring to assure that patients are identified on admission of follow-up by wound care team will be Director of Support Services and report Leadership Organizational Committee Executive Committee and the Board of quarterly.  Responsible Person: Chief Nursing Of Chief Nursing Officer, Department Director Managers.	with timely e audited by the ented to the e, Medical of Trustees  fficer, Assistant	04/01/10
A 397	of each patient to othe accordance with the p specialized qualificatio nursing staff available.  This STANDARD is not on medical record revifacility provided documents.	ist assign the nursing care er nursing personnel in atient's needs and the ns and competence of the	A 397	The Wound Care Program policy was revised by Nursing Administration on 2010, to reflect the following change notification and initiation of wound call evaluation of all patients admitted with breakdown.  Staffing for the wound care program revised by the Chief Nursing Officer of	March 22, s in process are nurse th skin has been	03/22/10
	had skin breakdown w who had specialized tr wounds. The facility haverage daily census of	rere assigned nursing staff aining in the treatment of as 425 patient beds, of 300 patients, and 642 full a. The Wound Care /Ulcer/		2010, as follows: Current wound car include 1.0 FTE wound care program 2.0 FTE wound care nurses and 0.75 care nurse, for a total of 3.75 FTE's. expansion includes recruitment of an FTE nurse to bring the total wound c staffing to 4.75 FTE's.	e staffing levels coordinator, FTE wound Further additional 1.0	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL AND PLAN OF CORRECTION IDENTIFICATION NUMBER 1881			(X2) MULTIPLE CONSTRUCTION  A. BUILDING	, ,	(X3) DATE SURVEY COMPLETED	
,		100179		B. WING	03/04	1/2010
NAME OF PROVIDER OR SUPPLIER  MEMORIAL HOSPITAL JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE  3625 UNIVERSITY BLVD. SOUTH  JACKSONVILLE, FL 32216				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	IENT OF DEFICIENCIES ST BE PRECEEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE

397	Continued from Page 14	A 397		
	revealed 132 patient names. Patients were logged into this report who had actual wounds or were at risk for wounds during the four days of the survey. Facility staff were unable to produce a list of those patients with actual wounds. The facility employs one full time nurse and 2 as		An electronic report will be generated from the electronic medical record based on admission skin assessment on all patients who were admitted with skin breakdown and a phone call will be placed to the wound care team to identify new patients to be seen.	04/01/10
	needed nurses for wound care with the total working hours per week approximately 60-70 hours. Due to the very limited employees on the "Wound Care Management Team" and the large number of patients on the Wound Care Report, the majority and in some cases all the care and treatments were the responsibility of the floor nurse.		Every patient admitted with a pressure ulcer as indicated by the report and/or phone call, will be evaluated by a wound care nurse or wound care resource nurse, which is someone who has completed wound care training and deemed qualified through competencies, within 24 hours of admission.	04/01/10
		i c		

PRINTED: 03/16/2010 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039			
	nt of deficiencies n of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPLE <b>03/04/</b>	ETED		
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE				
	IAL HOSPITAL JACKS	ONVILLE		NIVERSITY BLVD. SOUTH NVILLE, FL 32216				
(X4) ID PREFIX TAG	(EACH DEFICIENCY ML	MENT OF DEFICIENCIES  JIST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETION DATE		
	REGULATORT OR LSC II	DENTI TING IN ORTATION)	170	REFERENCES TO THE FIRST TO THE PERSON OF THE				
	The findings include:  1. Interview with administrative personnel on 3/2/10 including the Chief Nursing Officer, Director of supportive Services and the Wound Care Nurse, revealed "all nurses get one hour orientation on wound care; also they get an additional hour (which was unclear when they get this additional time and what it consists of)" there was no documentation presented at that time. The staff did produce at a later			After initial assessment by the wound wound care resource nurse and approprotocols are initiated, the staff nurse treatment plan.	opriate	04/01/10		
				A wound care nurse will reassess pat pressure ulcers at least once a week treatment plan being followed is appratient.	to ensure the	04/01/10		
	time, an orientation to Nursing Orientation Ha (which was represente education). The section Care(Wound Care & Y	booklet for nurses, "General andbook for Nurses 2010		If the patient has a hospital acquired or the patient has now developed a sequence of the patient has now developed a sequence of the patient care team to re-evaluate the patient every 72 h initiate new protocols.	stage III or IV will be notified	04/01/10		
	The black and white of "Wound Care & You" wand many were blurry	opied photographs in were very poor in quality  The printing on the pages ate Treatment of Wounds"		All bedside nursing staff including the team were educated on the policy characteristics by reviewing the policy wit managers by April 1, 2010. Educati facilitated by the Nurse Directors and	nanges and new h the nurse on was	04/01/10		
	Facility provided docu	mentation and interview		Competency were done through onli courses "NDNQI Pressure Ulcer Train "Pressure Ulcer Prevention Module" after each module and monitored and compliance by the nursing unit Direct	ning" and the with post-test inually for	04/01/10		

Facility ID: HL 100179

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLII AND PLAN OF CORRECTION IDENTIFICATION NUM 100179			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPLI <b>03/04/</b>	ETED
i	PROVIDER OR SUPPLIER					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
	Wound Care Nurse on the "Wound Care team after a consultation red department. The wour consultation is received business days to see not ordered, then the			New nurse staff orientation will include specific wound care instruction, prese certified wound care nurse. Post-oried competency will be evaluated at the unthe nurse director.  The revised policy was reviewed and the Medical Executive Committee on 1 2010.	ented by a ntation unit level by approved by	04/01/10
	stage IV sacrum/coccy vac machine attached wound of the right late	dmitted on 2/25/10 with a x wound, and a KCI home to the dressing; a stage 1 eral ankle; a dark reddened cond toe; and a extensive		The revised policy was approved by the Trustees on March 30, 2010.  Responsible Person: Chief Nursing Officer, Department Directions.	fficer, Assistant	03/30/10
	thighs and groin area. by the wound care nur physician's order and r 3/1/10. Documentation	Patient #1 was assessed ase on 2/26/10 as per not again until discharge on a revealed ordered daily care of the wound vac		managers.  The Nursing Policy on Skin and Woun reviewed and revised by nursing adm reflect new wound staging and treatn	d Care was inistration to	03/25/10
	assessment done by revealed wounds of the were unstageable (state) of skin breakdown vari			Clinical nursing staff were educated of changes reflecting new staging and to protocols by reviewing the policy with director. This was completed on April	reatment the nurse	04/01/10
	nurse assessed Patient The wound care nurs wounds as a stage III wound on the left leg the wound care nurse, risk, and a puncture wo	which was not staged by bilateral heels as being at bund of the abdomen. After		Ongoing education will be provided o basis through online education course Pressure Ulcer Training" and the "Pre Prevention Module" with post-test aft and monitored annually for compliant nursing unit Director.	es "NDNQI ssure Ulcer er each module	04/01/10
		ultiple treatments to be se, and the wound care		Re-designed 2010 wound care compe completed annually monitored for cor unit Director.		04/01/10
				New nursing staff orientation will incluse specific wound care instruction present certified wound care nurse. Post-oried competency will be evaluated at the uthe nurse director.	nted by a entation	04/01/10

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES		OMI	NO. 0938-0391
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUMB 100179			A. BUILDING C B. WING	DATE SURVEY DMPLETED 704/2010
}	PROVIDER OR SUPPLIER	R SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	MENT OF DEFICIENCIES  UST BE PRECEEDED BY FULL  DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 397	which would make the breakdown including poorly controlled diabe	d on 2/19/10 with diagnose patient at risk for skin end stage renal disease, etes and cerebral vascular t was initially assessed by	A 397	The Medical Executive Committee approved the changes to the policy on March 29, 2010.  The Board of Trustees approved the changes to	03/29/10 he 03/30/10
	the primary floor nurse wounds located in the bilateral heels. Assess nurses were completed inconsistent as to the from 13-16, and the number of the patient #4 was identification.	e as having 4 stage one sacral area, the spine and ments done by the floor d every shift but were Baden scale which ranged umber of wounds from 1-4. ied on the Wound Care/		policy on March 30, 2010.  Responsible Person: Chief Nursing Officer, Assis Vice President of Nursing, Department Directors Managers	ant 04/01/10
-	not evaluated by the v 2/19/10 thru discharge was admitted on 2/ including an infected	h Risk Skin Breakdown Report but was ated by the wound care nurse from thru discharge on 3/3/10. Patient #5 nitted on 2/24/10 with diagnoses an infected wound, and failure to  The Assessment and Re-assessment policy was reviewed by nursing administration on March 23, 2010 and no revision was indicated.  Clinical nursing staff were re-educated by unit		03/23/10	
	Care report and a phy- care consultation was initial assessment done stage 1 on the right b the right heel and left completed by the floor Baden scales range of	r nurses who revealed a		directors and managers on the process of admissions assessments including; upon admission all patier will receive a skin assessment, Braden Score evaluation for skin breakdown risk factors and specialty bed placement or other prevention measures. This will be initiated by the staff nursiduring the initial admission assessment and reassessment every shift.	ion ts
	calf wound with drain wound unstageable o	age, and the right heel n 2/25/10. Patient #5 was ound care nurse through		Upon assessment, the staff nurse will implement appropriate protocols as indicated by the MHJ wound staging and Treatment Protocols.  All staff nurses involved in care of inpatients,	the 04/01/10
	unit was readmitted or cardiac arrest at anot transported to this fac assessed Patient #2's	cility. The primary nurse skin concerns documenting,		including skin, wound and ulcer assessments wil complete education on National Data Base of Nursing Quality Indicators Pressure Ulcer training and Pressure Ulcer Prevention through online training courses.	
	thighs, left big toe w wounds she was una	he buttocks, back, inner las purple. There were 4 ble to document on the left and necrotic unstageable		Ongoing education will be provided on an annual basis through online education courses "NDNQI Pressure Ulcer Training" and the "Pressure Ulcer Prevention Module" with post-test after each module annually for compliance by the nursing unit Director.	

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO	. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/G AND PLAN OF CORRECTION IDENTIFICATION NUMBER 100179			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPL <b>03/04/</b>	ETED	
	NAME OF PROVIDER OR SUPPLIER  MEMORIAL HOSPITAL JACKSONVILLE			DDRESS, CITY, STATE, ZIP CODE		
MEMOR	RIAL HOSPITAL JACKS	OUVILLE		IIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID	SUMMARY STATEM	MENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX TAG	(EACH DEFICIENCY MU	JST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETION
IAG	REGULATORY OR LSC I	DENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE I	DEFICIENCY)	DATE
A 397	Continued From Page	17	A 397			
	that one she has another one that was unstageable that is 6x2.5 on the right upper thigh; the patient had a large unstageable hole that was 8x3x2 that was black on the inside; the left upper thigh had 2 other small areas that were 75% necrotic unstable wounds that were small round areas that were 1x1 and 2x2. A consult for a wound care nurse was completed			Compliance Monitoring to assure that patients are identified on admission v follow-up by wound care team will be Director of Support Services and report Leadership Organizational Committee Executive Committee and the Board of quarterly.  Responsible Person: Chief Nursing O	vith timely e audited by the orted to the e, Medical of Trustees	04/01/10
	on 2/24/10 but was unassessment due to the assessment due to the at the time of the asses nurse did not return to 2/26/10. The only other nurse had seen Patient physician's order on 3/3 stated the wound car wound dressing change was the time the surve an appointment with the dressing change). Observation on 3/3/10 #2 had very extensive ulcers on the right be with a small skin/tape leg. The primary wound entire area which cool blackened eschar approximately 20 inches several other wounds 16x6 inch wound with y loose and hanging (this inner corner of this would stage 3) that had to adjoining tissue, and saline gotten from containers. The assisting squeezed a large amand smeared it over	the patient receiving dialysis essment. The wound care of finish the assessment until er time the wound care that was on 3/3/10 after a /3/10 at 12 noon that re nurse was to do the ess at 1500 (3pm) (which eyer had previously made the floor nurse to observe The dressing change at 3pm revealed Patient re, multiple pressure outtock, thigh, coccyx, etear on the right lower and care nurse cleansed the ensisted of a large area measuring is by 10 inches, there were located in this area with one rellow slough which was is was not removed) at the fund was a large round hole cleaned using very little a few 5cc pink plastic		Vice President of Nursing, Departmer Managers		

CENTE	RS FOR MEDICARE & I	MEDICAID SERVICES			OMB NO	. 0938-0391	
•	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPP AND PLAN OF CORRECTION IDENTIFICATION NO.  100179		•	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/04/2010	
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE	03/04/	2010	
NAME OF PROVIDER OR SUPPLIER  MEMORIAL HOSPITAL JACKSONVILLE			3625 UN	NVILLE, FL 32216			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	ENT OF DEFICIENCIES ST BE PRECEEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
	Safegel the assisting r she had smeared the w more gel onto the used primary nurse who as the wounds. Patient daily dressing change dressing changes were daily wound ulcers trea from 2/22/10 thru 3/2/	ourse used the same 4x4 ounds with and squeezed 4x4 and handed to the oplied it to the rest of #2 had very intensive as and some of the to be done twice. The transts were being done 10 by unit floor nurses.					
A 491	The pharmacy or drug administered in accorda professional principles.  This STANDARD is not Based on observation, in	storage area must be ince with accepted met as evidenced by:	A 491	Manual Daily Monitoring log initiated to of Pharmacy on March 4, 2010. Tempose checked by the IV pharmacy technomanually recorded on this log daily. Tas a back-up to the continuous 24 houmonitoring wheel.	perature will lician and This will serve ur temp	03/04/10	
	one of the refrigerated patient pharmaceutica within the manufacture recommendations for	he facility failed to ensure I units, which contained Is, had been maintained		External alarms installed by facilities of 2010, which will alarm if temperature range of 2 – 8 C (35 – 46 F). Alarms proper functioning quarterly by facilities. If external alarms sound the pharmac verifies the refrigerator temperature by	goes out of are tested for es.  y personnel by checking	04/01/10	
	efficacy.  The findings include:  1. Observation of the repartment of the revealed the outside displaying the control of the c	efrigerated units in the on 3/1/10 at 10:30 am gital thermometer on one		internal thermometer, ensures all door If temperature out of range a work on to facilities to evaluate and repair. Multiple temperature per manufacturer temper guidelines.  Quarterly battery checks and alarm temperature temperature.	der is placed edications will rature		
	The refrigerated unit stopharmaceuticals. Review recommendations reveal maintained between 2 -	grees Celsius.  ored single dose patient of the Manufacturer's ed the unit should be		implemented. Once per quarter a faci representative will check batteries and test to ensure alarm is in good working Check will be documented on log main pharmacy. Additionally, twice a year a savings time changes, the batteries will automatically replaced by a facilities re-	lities I perform a g order. ntained in the at daylight ill be	04/01/10	

CENTE	KS FOR MEDICARE &	MEDICAID SERVICES			OMB INC	7. 0936-0391
		(X1) PROVIDER/SUPPLII  IDENTIFICATION NUM  100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPL	
					03/04/	/2010
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE	03,04,	2020
	IAL HOSPITAL JACKS	ONVILLE	3625 UI	NIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID	SUMMARY STATEM	1ENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TON	(X5)
PREFIX		ST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETION
TAG	·	DENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE D		DATE
				THE PROPERTY OF THE PROPERTY O		J 27.1.2
A 491	Continued From page 1	0	A 491			1
A 491	pm on 3/1/10, confirme should be maintained b Celsius. She stated the an alarm that would so	ed the refrigerated units	A 491	Education conducted by the Director o via certified email communication to al staff regarding process to follow when alarms activate. This was completed of 2010.	ll pharmacy refrigerator	04/01/10
	about why the refrigerations sounded, given the u	ated unit alarm had not unit was holding at 1.8 rector of Pharmacy was		Compliance will be monitored by the D Pharmacy and reported to the Safety ( a quarterly basis.		04/01/10
	Interview with the Direct	ctor of Pharmacy at 3:10		Responsible Person: Director, Pharma	су	04/01/10
	pm on 3/1/10, revealed	d maintenance had been				
	contacted relative to th	ne unacceptable				
	replace the battery. I stated the battery or was dead which is why	ne temperature and had to The Director of Pharmacy In the refrigerated unit If the alarm was not as changed immediately.  In the director of Pharmacy In the refrigerated unit If the refrigerated u				
	Deviation outside the a ranges (as noted by au recorded on the temp variance investigated a contained in refrigerator monitoring devices/log	perature log, cause of nd stability of items				
		nfirmed the Pharmacy maintain a				

CENTE	CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO.						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMBE  100179			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED 03/04/2010			
	PROVIDER OR SUPPLIER RIAL HOSPITAL JACKS	ONVILLE	3625 UN	DDRESS, CITY, STATE, ZIP CODE IIVERSITY BLVD. SOUTH NVILLE, FL 32216			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	IENT OF DEFICIENCIES ST BE PRECEEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CF REFERENCED TO THE APPROPRIATE DEFICI			
A 701	The condition of the overall hospital envir developed and maint that the safety and vassured.  This STANDARD is not be a seed on observation and Nutrition Policy of interview with the Formation facility failed to ensure enough non perishal	tained in such a manner well-being of patients are of met as evidenced by: n, review of the Food and Procedures and bod Service Director, the	A 701	The Food and Nutrition Services policy "Dis Plan" has been reviewed and revised by the of Food and Nutrition Services on March 23 to include that in the event of an unplanned disaster, non-perishable food supplies will be available to serve the hospital's patients for week.  Emergency food supplies were inventoried Director and Production Manager on March 2010, and par levels of non-perishable food have been increased to be sufficient to service hospital's patients for one week. Non-perishood supplies were ordered and have been	by The 23, I supplies we the shable		
3	They also failed to deprocedure for food somecessary supply of an unplanned emergorealized.	ervices and the non perishable foods if		The food and nutrition management staff we educated by the Director of Food and Nutri Services on March 26, 2010, on the policy of by reviewing the policy and acknowledging	tion U3/26/10 changes receipt.		
	storage area on 3/1/ revealed two stand-u contained #10 cans	ne kitchen and the dry 10 at 11:20 am, up metal racks which		Compliance will be monitored through mon Inventory of non-perishable food supplies to production or patient service manager and by the Director of Food and Nutrition Service Inventory logs of non-perishable food will be reported to the Safety Committee, Medical Committee and the Board of Trustees on a basis.	oy the reviewed ces.  De CEXECUTIVE 04/01/10		
	Interview with staff on 3/1/10 at 11:20 a only one case of evaluate the dry food storage.  Interview with the F-3/1/10 at 11:25 am, census was approxinfacility did not maint perishable" dry food patients would have met for at least 7 dalemergency. She stat	ood Service Director on revealed the hospital nately 300 and the ain enough "non supply to ensure all the their nutritional needs		Responsible Person: Director, Food & Nutr Services	04/01/10		

CLIVIE	RS FOR MEDICARE & I	TEDICATO SERVICES			01.10.110	. 5555 5551
STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED	
	1001/9			b. WING	03/04/	2010
	PROVIDER OR SUPPLIER  IAL HOSPITAL JACKS	ONVILLE	3625 UN	DDRESS, CITY, STATE, ZIP CODE IVERSITY BLVD. SOUTH IVILLE, FL 32216	<u> </u>	2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	IENT OF DEFICIENCIES ST BE PRECEEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULE REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE
A 701	given a 72 hour notice disaster was realized. Winterviewed about how an "unplanned emerge Director was unsure.  Review of the Food and Procedures dated 2/23 disaster plan which incall the "perishable" foo refrigerator first. No polocated relative to what be in the case of an undisaster. However, reviewed and the Food Serving maintain adequate supprovide meals to an esseven days. Interview Director on 3/1/10 at 1 storage area did not contain and the food 3/1/10 at 11:25 a.m., area did not contain erfor seven days.  482.41(c)(2) FACILITIE	e for a "planned" stated what would be d Service Department if before the emergency/ When the facility would handle ncy" the Food Service  d Nutrition Policy and /10 revealed an emergency luded a 7 day menu using ds in the freezer and blicy or procedure could be the disaster plan would planned emergency/ ew of the "Comprehensive nt Plan" dated 04/09 rice Department would plies and manpower to timated 1300 people for with the Food Service 1:25am, revealed the dry ontain enough food for days.  d Service Director on revealed the dry storage nough food for 1300 people is S, SUPPLIES,	A 701			
_	EQUIPMENT MAINTENA Facilities, supplies, and maintained to ensure a and quality. This STANDARD is not	ANCE I equipment must be an acceptable level of safety met as evidenced by:		The Food and Nutrition policy on Pot Washing was reviewed and revised be Nutrition Services Director on March ensure final sanitation occurs through machine.	y the Food and 10, 2010, to	03/10/10
	staff and review of the and Procedures, the fa	interviews with the kitchen Food and Nutrition Policy cility failed to ensure food ble level of quality when	G	Food and Nutrition staff who wash period educated on the new pot and pan wasto include final sanitation occurs thromachine, by the Patient Services Mar 11 & 23, 2010.	ashing process ough the dish	03/23/10

CENTE	RS FOR MEDICARE & I	MEDICAID SERVICES			OMB NO	. 0938-0391
		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM 100179	•	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPL <b>03/04/</b>	ETED
NAME OF	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZIP CODE		
MEMOR	RIAL HOSPITAL JACKS	ONVILLE	3625 UN	NIVERSITY BLVD. SOUTH NVILLE, FL 32216		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CR		D BE CROSS-	(X5) COMPLETION DATE		
A 724	A 724 Continued From page 22 they did not maintain the dish room, food service equipment, and transport carts in a safe and sanitary fashion.		A 724	Compliance will be monitored throug observation by the production or pat manager and will be logged on the N log and reviewed by the Director of Nutrition Services weekly.	ent service lanagers daily	04/01/10
				The audit results will be reported to Committee, Medical Executive Commof Trustees on a quarterly basis for tomonths.	nittee and Board	04/01/10
	The findings include:			Responsible Person: Director of Food Services	d & Nutrition	04/01/10
	room on 3/1/10 at 11:: room contained a three cleaning and sanitizing room also contained; fi garbage, many rolling over foods and dirty contained the "read	facility's kitchen and dish 20 am, revealed the dish compartment sink for pots and pans. The dish ve garbage bins filled with carts which contained left pots and pans. It also y to use" cleaned and ans which were located		The Food and Nutrition staff were ed Director of Food and Nutrition Service 2010, on proper garbage disposal, so clean and dirty pots and pans to pre- contamination, and sanitizing sinks v solution as well as checking the PPM	tes on March 26, eparation of vent cross- vith the correct	03/26/10
	against the wall on an			Sanitizing test strips were purchased 2010, and are kept in stock for daily		03/20/10
4	sink, at that time, reve	d compartment sanitizing aled the sides of the sink was covered with debris appeared greasy.		Responsible Person: Director of Food Services.	d and Nutrition	04/01/10
	had not checked the the sink for the correct Par sanitizing solution, how already washed and rise When asked check the 3/1/10 staff was unable because the sanitizing available. Review of the the sanitizing test strip Consequently, staff consequently, staff consequently.	vever he stated he had need the pots and pans. PPM at 11:20am on to e to complete the tasking test strips were not e container which housed is revealed it was empty. If you was an initizing solution in the third				
	pots and pans were su	ent on to say that after the bmersed into the sanitizing aced on the metal shelving				

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES				OND IN	0. 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUMB 100179			Α.	(X2) MULTIPLE CONSTRUCTION BUILDING WING	СОМЕ	E SURVEY PLETED  1/2010	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRES	S, CITY, STATE, ZIP CODE	*	•
	ZIAL HOSPITAL JACKS	ONVILLE	3625 UN	IVER	SITY BLVD. SOUTH .E, FL 32216		
(X4) ID	SUMMARY STATEM	IENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRI	CTION	(X5)
PREFIX	(EACH DEFICIENCY MU	ST BE PRECEEDED BY FULL	PREFIX	(	EACH CORRECTIVE ACTION SHOU	LD BE CROSS-	COMPLETIC
TAG	REGULATORY OR LSC II	DENTIFYING INFORMATION)	TAG	R	EFERENCED TO THE APPROPRIATE	DEFICIENCY)	DATE
A 724	Continued from Page 2	23	A 724		-1.00		
	unit against the wall to ready to be reused.	air dry. Then they were					
	Observation of the dish room at 3:00 pm on 3/1/10 revealed an over filled garbage bin had come in contact with the metal shelving unit which housed the clean pots and pans. Also, dirty pots and pans and left over food containers were in very close proximity to the clean pots and pans which could have allowed for cross contamination.						
	pm on 3/1/10 revealed send all the pots and p machine for final sanita removed from the meta However, staff failed the stated "they had sto						
	dish machine for a fina read the pots and pans	/10 for washing and					
	policy and procedure of complete the final san	ealed she was unaware the					
	2. Observation of the 3/1/10 at 11:30 am re	kitchen equipment on vealed the metal blades on					

CENTE	RS FOR MEDICARE & I	MEDICAID SERVICES			OWR NO	. 0938-039		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUMB 100179			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING	(X3) DATE COMPL	ETED			
	ME OF PROVIDER OR SUPPLIER  MORIAL HOSPITAL JACKSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 3625 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 24  the Buffalo Chopper and the Robot Coupe were chipped and cracked. Once the metal blades become chipped and cracked there is a potential		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC  (EACH CORRECTIVE ACTION SHOULD  REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETIC DATE		
	3. Observation of the am revealed the facility approximately 60 lunch There were three insula placed in the kitchen at already been filled with Observation of the inside carts revealed the door debris and each door for Interview with the Foottime, revealed staff we and sanitize the transpoutside prior to placing cart. She stated they he that task at this time.	d and cracked. Once the metal blades e chipped and cracked there is a potential tal shavings to enter into the patient's food.  servation of the kitchen on 3/3/10 at 9:50 ealed the facility had prepared to transport imately 60 lunch meals to an offsite facility. Were three insulated food carts that were in the kitchen and one of the carts had been filled with 20 lunch meal trays. Tation of the inside of the transportation evealed the doors were covered with food and each door felt sticky when touched. The with the Food Service Director, at that evealed staff were trained to rinse, clean initize the transportation carts inside and a prior to placing ready to eat meals in the he stated they had just failed to complete sk at this time. The food trays were end immediately and the carts were cleaned		The Buffalo Chopper and Robot Coursharpened by the facility's maintenar on March 1, 2010, to remove any broadvantage Mobile Sharpening Knife a Company has been contracted to ins sharpen all knives and blades on a maintenance with sharp will be performed on a monthly basis production or patient service manage on the knife and blade log and review Director of Food and Nutrition Service Monitoring logs will be presented to Committee, Medical Executive Commof Trustees on a quarterly basis for the months.	and Blade pect and blades by the er and recorded wed by the es monthly.	03/01/10 04/01/10 04/01/10		
				Transportation Carts are washed 3 ti monitored by the Driver Host and log audit form. The audit results are rev Director on a monthly basis and repo Safety Committee, Medical Executive Board of Trustees quarterly  Responsible Person: Director Food 8 Services	gged on an riewed by the orted to the c Committee and	04/01/1		



CHARLIE CRIST GOVERNOR

#### Better Health Care for all Floridians

THOMAS W. ARNOLD SECRETARY

March 16, 2010

Administrator Memorial Hospital Jacksonville 3625 University Blvd South Jacksonville, FL 32216

Dear Administrator:

To participate in the Medicare Program, a hospital must meet all of the statutory provisions of Section 1861(e) of the Social Security Act and comply with all of the Conditions of Participation issued as regulations by the Secretary of health and Human Services.

Section 1865 of the Social Security Act and implementing regulations provide that a hospital accredited by The Joint Commission or the American Osteopathic Association will be "deemed" to meet all Medicare health and safety requirements. Section 1864 of the Act requires the Secretary of Health and Human Services to authorize a survey of an accredited hospital participating in Medicare if there is a substantial allegation of a serious deficiency or deficiencies which would, if found to be present, adversely affect the health and safety of patients. If the hospital is found to have significant deficiencies and therefore fails to comply with the Medicare Conditions of Participation, the Centers for Medicare and Medicaid Services is required to keep the hospital under State Agency monitoring until there is full compliance with all of the Medicare Conditions of Participation.

During a complaint investigation conducted on January 12-13, 2010 by the Agency for Health Care Administration, your hospital was found to be in non-compliance with the following Medicare Condition of Participation:

42 CFR 482.22 Medical Staff

As a result a full survey of all Conditions of Participation was conducted on March 1-4, 2010. During this subsequent Medicare survey, the following Medicare Conditions of Participation were found not met:

42 CFR 482.12 Governing Body 42 CFR 482.23 Nursing Services

Enclosed is the Statement of Deficiencies and Plan of Correction (CMS-2567) which lists the deficiencies cited at the time of the survey. You may take steps to meet Medicare Program requirements and thereby establish your hospital's continued eligibility to participate as a provider of hospital services. If you believe that compliance has been achieved, you should notify us in writing within 10 days, describing in detail the specific corrective measures taken to resolve these problems. If your "credible allegation" of compliance is



Memorial Hospital Jacksonville March 15, 2010 Page 2

accepted, the Agency will conduct a resurvey. Please be advised, however, that failure to achieve compliance will result in your hospital's termination under Medicare, effective June 4, 2010.

Please complete a Plan of Correction (POC) for the deficiencies shown on the Statement of Deficiencies and Plan of Correction, including the date corrective action was accomplished or is anticipated to be accomplished. Also, please sign and date all forms on the bottom and **return them to this office within ten** (10) calendar days of receipt of this letter. Failure to submit a reply within this time frame may jeopardize your certification status.

#### Plan of Correction (POC)

A POC for the deficiencies must be submitted on the enclosed forms. Your POC must contain the following information:

- The plan of correcting the specific deficiency cited. The plan should address the processes that lead to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

The requirement that your hospital correct these deficiencies does not affect your accreditation, Medicare payments, or your current status as a participating provider of hospital services in the Medicare Program. When an acceptable POC has been implemented and all the Conditions of Participation are met, your hospital will not be subject to further State Agency monitoring. However, if deficiencies are not corrected, we will recommend to the Centers for Medicare and Medicaid Services that termination action continues.

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 <a href="http://ahca.myflorida.com/Publications/Forms.shtml">http://ahca.myflorida.com/Publications/Forms.shtml</a> 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 surveyors. Should you have any questions please call this office at 359-6046.

Sincerely,

Robert E. Dickson

Field Office Manager

Div. of Health Quality Assurance

Holen Edstrom, xn

JL/cw Enclosures