

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010006	(X3) Date Survey Completed 04/11/2019
Name of Provider or Supplier North Alabama Medical Center	Street Address, City, State 1701 Veterans Drive, Florence, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
A0806	<p>DISCHARGE PLANNING NEEDS ASSESSMENT CFR(s): 482.43(b)(1), (3), (4)</p> <p>(1) The hospital must provide a discharge planning evaluation to the patients identified in paragraph (a) of this section, and to other patients upon the patient's request, the request of a person acting on the patient's behalf, or the request of the physician. (3) - The discharge planning evaluation must include an evaluation of the likelihood of a patient needing post-hospital services and of the availability of the services. (4) - The discharge planning evaluation must include an evaluation of the likelihood of a patient's capacity for self-care or of the possibility of the patient being cared for in the environment from which he or she entered the hospital.</p> <p>This STANDARD is not met as evidenced by: Based on review of medical records (MR) and interview with administrative staff, it was determined the facility failed to ensure patient admitted with home health services were discharged with same services for 1 of 1 home health discharge records reviewed. This affected MR # 16 and had the potential to negatively affect all patients served by this facility. Findings include: 1. MR # 16 was admitted on 12/8/18 with the diagnosis of Inferior STEMI (ST Elevation Myocardial Infarction), (Per Taber's Medical Dictionary, "Electrical activity of the heart consisting of waves called P,Q, R,S, T and sometimes U) and discharged on 12/11/18 to self care with family. Review of the Adult Admission Patient Assessment completed on 12/8/18 at 3:15 PM by the Registered Nurse (RN) revealed documentation prior to admission to hospital MR # 16 was receiving the following services in the home: Home Health Nurse, Home Health Aide, Oxygen Therapy, and Respiratory Therapy and requested to have the services continued on discharge. Review of the Case Management Follow-Up Assessment notes dated 12/10/18, 12/11/18, and 12/12/18 revealed no documentation of home health contact or referral. Review of 12/31/18 Nurse Note revealed documentation, "Spoke with patient by phone. He/she states XXXX Home Health is</p>

seeing her currently..." The facility failed to ensure home health services were offered or continued on discharge from the facility. In an interview conducted on 4/11/19 at 9:55 AM, Employee Identifier # 36, Health Information Manager, confirmed the facility failed to contact home health agency to ensure services were resumed.