

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010007	(X3) Date Survey Completed 01/16/2020
Name of Provider or Supplier Mizell Memorial Hospital	Street Address, City, State 702 N Main St, Opp, 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)
A0392	<p>STAFFING AND DELIVERY OF CARE CFR(s): 482.23(b)</p> <p>The nursing service must have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed. There must be supervisory and staff personnel for each department or nursing unit to ensure, when needed, the immediate availability of a registered nurse for care of any patient.</p> <p>This STANDARD is not met as evidenced by: Based on facility policy and procedure, medical record (MR) review and staff interviews, it was determined the nursing staff failed to notify the physician for an adverse change in a patient's condition. This did affect 1 of 6 Senior Behavior Care Unit (SBCU) MR's review, including Patient Identifier (PI) # 1, and had the potential to negatively affect all patient's served by the SBCU. Findings Include: Policy Number: 9171 Subject: Physician Notification of Change in Patient Condition Revised: 10/17/11 Policy: The physician will be notified immediately of any adverse changes in the patient's condition. Procedure: The physician and /or consulting physician/surgeon will be notified immediately of any significant change in the patient's condition... Responsibility: It is the responsibility of the nurse assigned to the patient to determine that the patient's condition has changed significantly and to notify the patient's attending physician, surgeon or consultant. 1. PI # 1 was admitted to the SBCU on 12/6/19 with diagnoses including Neurocognitive Disorder, Vascular, with Behavioral Disturbances and Psychosis Secondary to General Medical Condition. Review of the Physician Orders dated 12/7/19 at 1:02 AM revealed the following two blood pressure medications were ordered for the patient: Benicar 20 mg (milligrams) prn (as needed) daily and Hydrochlorothiazide (HCTZ) 12.5 mg prn daily. Review of the Medication Record from 12/7/19 to 12/10/19 revealed the Benicar and HCTZ was administered once</p>

during the patient's hospitalization. Benicar 20 mg was administered on 12/9/19 at 18:19 and HCTZ was administered on 12/9/19 at 6:20 PM with documentation of the reason as "for elevated BP". Review of the Nursing Progress Notes dated 12/7/19 through 12/8/19 revealed documentation the patient's lungs were clear and speech pattern was "WNL (within normal limits)." Review of the Progress Note by the Medical Certified Registered Nurse Practitioner (CRNP) dated 12/9/19 at 6:50 AM revealed documentation of "patient currently awake in hallway, not very verbal and converse very easily. Patient does not show any current distress at this time..." with a blood pressure of 132/82 and lungs "CTA (Clear to auscultation) Bilaterally." Review of the Physician Progress note by the Psychiatric CRNP dated 12/9/19 at 8:00 AM revealed documentation of speech as "spontaneous and clear" and a blood pressure (BP) of 132/82. Review of the Nursing Assessment dated 12/9/19 at 10:09 AM revealed documentation the patient's breath sounds were "clear" and the speech pattern was "mechanical." Review of the Nursing Assessment dated 12/9/19 at 6:06 PM revealed documentation of "...Speech very slurred, hard to understand..." There was no documentation of the patient's breath sounds. Review of the Nursing Assessment dated 12/9/19 at 6:26 PM revealed documentation of "pt (patient) blood pressure 168/107 PRN HCTZ and Benicar given..." Further review of the Nursing Assessment(s) dated 12/9/19 at 10:09 AM, 6:06 PM, and 6:26 PM revealed no documentation the physician was notified of the patient's change in speech pattern and increased blood pressure. Review of the Nursing Assessment dated 12/10/19 at 1:32 AM revealed documentation of "...non-production (non-productive), congested cough..." Review of the Nursing Assessment dated 12/10/19 at 1:33 AM revealed documentation of the patient's breath sounds as "diminished" and speech patter as "garbled". Further review of the Nursing Assessment(s) dated 12/9/19 at 1:32 AM and 1:33 AM revealed no documentation the physician was notified of the patient's change in speech pattern, new non-productive congested cough, and diminished breath sounds. On 1/16/2020 at 1:14 PM the surveyor asked Employee Identifier # 1, Assistant Director of Nursing, if the facility would expect a nurse to notify a physician immediately for a new onset slurred speech and a blood pressure of 168/107. EI # 1 verbalized "yes" the facility would expect the physician to be notified.