

Division of Licensing and Protection
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October 22, 2013

Ms. Carol Conroy, Asst Administrator
Southwestern Vermont Renal Center
100 Hospital Drive
Bennington, VT 05201

Dear Ms. Conroy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 18, 2013**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Frances L. Keeler, RN, MS, DBA
Assistant Division Director
State Survey Agency Director

FK:jl

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

PRINTED: 09/27/2013
RECEIVED FORM APPROVED
Division of OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 472301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	09/17/13 Disclosing and Collection	(X3) DATE SURVEY COMPLETED 09/18/2013
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN VERMONT RENAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 HOSPITAL DRIVE BENNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 000	INITIAL COMMENTS	V 000	<u>494.60(c)(4) PE-HD PTS IN VIEW DURING TREATMENTS</u> Measures Taken to Ensure Practice Change:		
V 407	494.60(c)(4) PE-HD PTS IN VIEW DURING TREATMENTS	V 407	The dialysis policy on hemodialysis treatment monitoring was reviewed and found to be appropriate (attachment A).	9/18/13	
	Patients must be in view of staff during hemodialysis treatment to ensure patient safety, (video surveillance will not meet this requirement).		The technician involved in this incident was reeducated.	10/28/13	
	This STANDARD is not met as evidenced by: Based upon observation, interview, and record review, the facility failed to ensure that 1 of 8 patient's vascular access sites and bloodline connections were able to be seen by a staff member during hemodialysis treatment to ensure patient safety. Allowing patients to cover access sites and line connections provides an opportunity for accidental needle dislodgement or a line disconnection to go undetected. (Patient #8). Finding includes: Per eight observations on 9/16/13, patient #8's vascular access site and bloodline connections were covered with a blanket and not able to be seen during hemodialysis treatment at 11:45 AM, 11:50 AM, 11:55 AM, 12:00 Noon, 12:05 PM, 12:10 PM, 12:20 PM, and 12:25 PM. Per staff interview and observation on 9/16/13 at 12:25 PM, the nurse manager confirmed that patient #8's vascular access and blood lines were covered with a blanket and not able to be seen by staff during the hemodialysis treatment. Per record review of Hemodialysis: Treatment		At the next staff meeting 10/28/13 all staff will review the policy, emphasizing proper procedure of walking around and visualizing patient's hemodialysis access and placement in the computer. Also included will be discussion on the need to reinforce the policy with our patients.	12/31/13	
			All staff will be required to do a computer quiz for intradialytic monitoring (attachment B). All staff will do securing and monitoring of dialysis access check list competency with the charge nurses (attachment C).	11/4/13	
			An audit of vascular access observation will be completed as described in attachment D. The audit will be reported into the SVMC dialysis QAPI monthly meetings starting 11/2013.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
<i>[Signature]</i>		renal nurse manager		10/9/13	

*OK accept B Have
Francis h Kuen MA RN
10/22/13*

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

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V 407	Continued From page 1 Monitoring, the procedure states "Note vascular access: Visible and uncovered".	V 407	Patient Education: A flyer from the Network of New England called " <i>Keeping You Warm and Your Vascular Access Safe During Hemodialysis</i> " was placed in waiting room on 10/1/2013. The flyer will also be placed it in our quarterly newsletter due out early November. Staff will emphasize the need to patients to keep their arms uncovered at initiation of each dialysis session.	10/1/13	

Debra Quinlan RN, BSN, CNN

renal nurse manager

10/9/13