

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

December 3, 2014

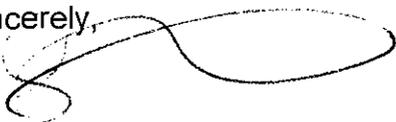
Ms. Isabelle Sargeant, Administrator
Fletcher Allen Health Care - S
7 Crest Rd Ste 78
Saint Albans, VT 05478

Dear Ms. Sargeant:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 5, 2014**. 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,



Suzanne Leavitt, RN, MS
Assistant Division Director
State Survey Agency Director

Enclosure

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

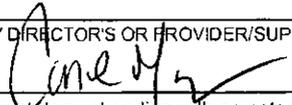
PRINTED: 11/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 473502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2014
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NAME OF PROVIDER OR SUPPLIER FLETCHER ALLEN HEALTH CARE - S	STREET ADDRESS, CITY, STATE, ZIP CODE 7 CREST RD STE 78 SAINT ALBANS, VT 05478
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(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
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V 000	INITIAL COMMENTS	V 000		
V 113	<p>494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE</p> <p>Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.</p> <p>This STANDARD is not met as evidenced by. Based on observations, staff interview and record review staff failed to adhere to the facility's policy and procedure regarding appropriate use of gloves and hand hygiene during the handling of a patient's dialysis equipment and during post dialysis access site care. (Patient #5).</p> <p>1. Per observation on 3 separate occasions, at 1:00 PM, 2:50 PM and at 3:12 PM respectively, on 11/3/14 dialysis technician #1 was observed failing to follow facility policy and appropriate infection control practice during the provision of care of dialysis patients. Instead of applying disposable gloves when touching patient equipment at each patient's station, dialysis technician #1 was observed at 1:00 PM using one glove bunched in one hand and with this bunched glove removing a dialysate concentration jug from Station #4, emptying liquid contents from the</p>	V 113	<p>SEE ATTACHED PLAN</p>	<p>11/22/14</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director	(X6) DATE 11/22/14
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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.

SCANNED

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

PRINTED: 11/18/2014
FORM APPROVED
OMB NO. 0938-0991

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 473502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2014
NAME OF PROVIDER OR SUPPLIER FLETCHER ALLEN HEALTH CARE - S			STREET ADDRESS, CITY, STATE, ZIP CODE 7 CREST RD STE 7B SAINT ALBANS, VT 05478	
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V 000	INITIAL COMMENTS	V 000		
	An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection from 11/3/14-11/5/14 to determine compliance with 42 Code of Federal Regulations, part 405 subpart U, Conditions for Coverage for End Stage Renal Disease Services. The following regulatory violations were identified.			
V 113	494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE	V 113		
	Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.			
	This STANDARD is not met as evidenced by: Based on observations, staff interview and record review staff failed to adhere to the facility's policy and procedure regarding appropriate use of gloves and hand hygiene during the handling of a patient's dialysis equipment and during post dialysis access site care. (Patient #5).			
	1. Per observation on 3 separate occasions, at 1:00 PM, 2:50 PM and at 3:12 PM respectively, on 11/3/14 dialysis technician #1 was observed failing to follow facility policy and appropriate infection control practice during the provision of care of dialysis patients. Instead of applying disposable gloves when touching patient equipment at each patient's station, dialysis technician #1 was observed at 1:00 PM using one glove bunched in one hand and with this bunched glove removing a dialysate concentration jug from Station #4, emptying liquid contents from the			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE <i>see POC</i> <i>12.1.14</i> <i>Robert B. Stone</i>	
			(X6) DATE	

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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NAME OF PROVIDER OR SUPPLIER FLETCHER ALLEN HEALTH CARE - S			STREET ADDRESS, CITY, STATE, ZIP CODE 7 CREST RD STE 78 SAINT ALBANS, VT 05478		
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V 113	Continued From page 1 jug in a sink, returning to Station #4 and with the same bunched glove touched the dialysis machine alarm panel, disposed of the glove, failed to sanitize hands and proceeded to provide care to other dialysis patients. At 2:50 PM the same technician again failed to apply a glove, approached Station #2 to respond to a dialysis machine alarm and again used a bunched glove to shut off alarm and failed to sanitize his/her hands. At 3:12 PM dialysis technician #1 again breached infection control practice when touching the dialysis machine in Station #1 with a bunched glove used as an intended barrier. The dialysis technician again failed to sanitize or wash his/her hands upon leaving Station #1 where a patient was receiving dialysis. Per interview on 11/3/14 at 4:25 PM the Assistant Nurse Manager of the dialysis unit confirmed dialysis technician #1 failed to maintain appropriate infection control practice and compliance of facility policy by not donning disposable gloves when touching any patients equipment at the dialysis stations and failing to sanitize or wash hands after the removal of gloves or contact with patient equipment. The Assistant Nurse Manager further confirmed using a glove bunched in one hand as a proposed barrier was unacceptable. 2. Per observation on 11/3/14 at 11:06 AM, dialysis technician #2 failed to follow appropriate infection control practice during post dialysis access site care for Patient #5. Per observation, dialysis technician #2 was observed reaching underneath his/her protective barrier gown into his/her back pocket with a gloved hand. He/she removed a protective face shield from the back pocket and placed it on his/her face. He/she did	V 113			

*See POC dated 11/6/2014
POC completed 12.1.14
R B Horn*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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V 113	Continued From page 2 not remove the contaminated gloves, sanitize his/her hands, or re-glove prior to removing Patient #5's access site clamps and applying tape to bandages covering the access site. (Clamps are used to apply pressure to the dialysis access sites to prevent bleeding). Per interview on 11/3/14 at 11:10 AM, dialysis technician #2 confirmed that he/she removed a protective face shield from his/her back pocket while wearing gloves and a protective gown, failed to remove the contaminated gloves, sanitize his/her hands, and did not re-glove prior to providing post dialysis access site care for Patient #5.	V 113		
V 260	494.40(a) PERSONNEL-TRAINING PROGRAM/PERIODIC AUDITS 9 Personnel: training program/periodic audits A training program that includes quality testing the risks and hazards of improperly prepared concentrate, and bacterial issues is mandatory. Operators should be trained in the use of the equipment by the manufacturer or should be trained using materials provided by the manufacturer. The training should be specific to the functions performed (i.e., mixing, disinfection, maintenance, and repairs). Periodic audits of the operators' compliance with procedures should be performed. The user should establish an ongoing training program designed to maintain the operator's knowledge and skills.	V 260		

See POC 11.19.14
POC complete 12.1.14
B. Home / [Signature]

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V 260	Continued From page 3	V 260		
	<p>This STANDARD is not met as evidenced by. Based on record review and confirmed through staff interviews the facility failed to assure that ongoing audits were conducted of the competency and proficiency of 2 applicable staff members responsible for operating the water system equipment. Findings include:</p> <p>Per record review there was no evidence that audits had been conducted or that a process had been developed for conducting audits, at least annually, to evaluate the skills and competencies of HD (Hemodialysis Technician) #1 and #2 who were responsible for the operation of the water system equipment used for dialyzing patients.</p> <p>During interview, on the afternoon of 11/4/14, the Assistant Nurse Manager confirmed that although staff must complete annual on-line competencies there were no audits conducted of HD #1 and #2 to observe each of their individual competencies in the appropriate operation of the water system equipment, performance of water testing, collecting water specimens or other procedures.</p>			
			<p><i>All PCC 11.19.14</i> <i> audits #1 & #2 done 12.1.14</i></p>	

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PLAN OF CORRECTION

V 000 INITIAL COMMENTS

An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection from 11/3/14-11/5/14 to determine compliance with 42 Code of Federal Regulations, part 405 subpart U, Conditions for Coverage for End Stage Renal Disease Services. The following regulatory violations were identified.

V 113 494.30(a)(1) IC-WEAR GLOVES/HAND HYGIENE

Wear disposable gloves when caring for the patient or touching the patients equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station.

This STANDARD is not met as evidenced by:

Based on observations, staff interview and record review staff failed to adhere to the facility's policy and procedure regarding appropriate use of gloves and hand hygiene during the handling of a patient's dialysis equipment and during post dialysis access site care. (Patient #5).

1. Per observation on 3 separate occasions, at 1:00 PM, 2:50 PM and at 3:12 PM respectively, on 11/3/14 dialysis technician #1 was observed failing to follow facility policy and appropriate infection control practice during the provision of care of dialysis patients. Instead of applying disposable gloves when touching patient equipment at each patient's station, dialysis technician #1 was observed at 1:00 PM using one glove bunched in one hand and with this bunched glove removing a dialysate concentration jug from Station #4, emptying liquid contents from the jug in a sink, returning to Station #4 and with the same bunched glove touched the dialysis machine alarm panel, disposed of the glove, failed to sanitize hands and proceeded to provide care to other dialysis patients. At 2:50 PM the same technician again failed to apply a glove, approached Station #2 to respond to a dialysis machine alarm and again used a bunched glove to shut off alarm and failed to sanitize his/her hands. At 3:12 PM dialysis technician #1 again breached infection control practice when touching the dialysis machine in Station #1 with a bunched glove used as an intended barrier. The dialysis technician again failed to sanitize or wash his/her hands upon leaving Station #1 where a patient was receiving dialysis.

Per interview on 11/3/14 at 4:25 PM the Assistant Nurse Manager of the dialysis unit confirmed dialysis technician #1 failed to maintain appropriate infection control practice and compliance of facility policy by not donning disposable gloves when touching any patients equipment at the dialysis stations and failing to sanitize or wash hands after the removal of gloves or contact with patient equipment. The Assistant Nurse Manager further confirmed using a glove bunched in one hand as a proposed barrier was unacceptable.

2. Per observation on 11/3/14 at 11:06 AM, dialysis technician #2 failed to follow appropriate infection control practice during post dialysis access site care for Patient #5. Per observation, dialysis technician #2 was observed reaching underneath his/her protective barrier gown into his/her back pocket with a gloved hand. He/she removed a protective face shield from the back pocket and placed it on his/her face. He/she did not remove the contaminated gloves, sanitize his/her hands, or re-glove prior to removing Patient #5's access site clamps and applying tape to bandages covering the access site. (Clamps are used to apply pressure to the dialysis access sites to prevent bleeding).

Per interview on 11/3/14 at 11:10 AM, dialysis technician #2 confirmed that he/she removed a protective face shield from his/her back pocket while wearing gloves and a protective gown, failed to remove the

*Rec accepted 12-1-14
 B. Nune / SA*

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contaminated gloves, sanitize his/her hands, and did not re-glove prior to providing post dialysis access site care for Patient #5.

Action Plan

- Assistant Nurse Managers re-educated all staff as to proper use of PPE and hand hygiene on November 5 and November 6, 2014.
- Staff in all dialysis clinics will perform peer on peer hand hygiene audits over next 30 days with a completion date 12/15/2014. The Nurse Manager will determine the frequency of audits going forward based on performance data. Data will be shared in the monthly QAPI meetings and at quarterly Standard of Operations meetings chaired by the Chief Medical Officer.
- Infection Prevention Advocate Committee (RN and Technician from each dialysis satellite) will re-enforce PPE and hand hygiene protocol, with return demonstrations from staff (to be completed by 12/30/2014. Performance data will determine the frequency of audits going forward. Data will be shared in the monthly QAPI meetings and at quarterly Standard of Operations meetings chaired by the Chief Medical Officer.

V 260 494.40(a) PERSONNEL-TRAINING PROGRAM/PERIODIC AUDITS

9 Personnel: training program/periodic audits a training program that includes quality testing the risks and hazards of improperly prepared concentrate, and bacterial issues is mandatory.

Operators should be trained in the use of the equipment by the manufacturer or should be trained using materials provided by the manufacturer.

The training should be specific to the functions performed (i.e., mixing, disinfection, maintenance, and repairs).

Periodic audits of the operators' compliance with procedures should be performed.

The user should establish an ongoing training program designed to maintain the operator's knowledge and skills.

This STANDARD is not met as evidenced by: Based on record review and confirmed through staff interviews the facility failed to assure that ongoing audits were conducted of the competency and proficiency of 2 applicable staff members responsible for operating the water system equipment. Findings include:

Per record review there was no evidence that audits had been conducted or that a process had been developed for conducting audits, at least annually, to evaluate the skills and competencies of HD (Hemodialysis Technician) #1 and #2 who were responsible for the operation of the water system equipment used for dialyzing patients

During interview, on the afternoon of 11/4/14, the Assistant Nurse Manager confirmed that although

PC 12.1.14
B. Wone / S

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staff must complete annual on-line competencies there were no audits conducted of HD#1 and #2 to observe each of their individual competencies in the appropriate operation of the water system equipment, performance of water testing, collecting water specimens or other procedures.

Action Plan

- In collaboration with Renal Technical Manager, Renal Nurse Educator and Nurse Manager will develop competency review process for all dialysis satellite staff by 12/15/2014. These competencies will include completion of on-line exam and return demonstration of key skills (Chlorine and water hardness testing, reading and documentation of system gauges, collection of weekly and monthly water samples).
- Assistant Nurse Manager will ensure that all dialysis staff will have completed competency on water testing/sampling by 12/20/2015.
- RN Educator will schedule quarterly "water demonstration" dates for staff responsible for any water tasks.
- This audit plan has been endorsed by the Medical Director on 11/20/2014. Data will be shared in the monthly QAPI meetings and at quarterly Standard of Operations meetings chaired by the Chief Medical Officer.

Rec'd 12.1.14
B. Stone / ST