

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

January 21, 2016

Steven Gordon, CEO, Administrator  
Brattleboro Memorial Hospital  
17 Belmont Ave  
Brattleboro, VT 05301-3498

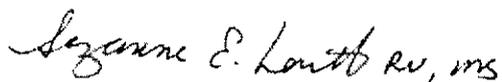
Provider ID #:470011

Dear Mr. Gordon, Ceo:

On **January 5, 2016**, a complaint investigation was completed at your facility which resulted in Standard Level Deficiencies. Subsequently, you submitted a plan of correction for that complaint investigation even though a plan of correction was not required.

Thank you for the Plan of Correction and it will be put in your facility file.

Sincerely,



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

Enclosure



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

PRINTED 01/07/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  470011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/05/2016
NAME OF PROVIDER OR SUPPLIER  BRATTLEBORO MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 17 BELMONT AVE BRATTLEBORO, VT 05301		
(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	
A 000	INITIAL COMMENTS  An unannounced on-site survey was completed by the Vermont Division of Licensing and Protection on 1/5/16 to investigate a complaint (#14133). The following regulatory violation was found.	A 000			
A 450	482.24(C)(1) MEDICAL RECORD SERVICES  All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.  This STANDARD is not met as evidenced by: Based on staff interview and record review, the hospital failed to assure that all medical record entries were complete in accordance with Emergency Department (ED) hospital policies related to Nursing documentation. The deficient practice referred to medical records for 7 out of 10 ED Patients in the sample. (Patients	A 450	Discharge of Patients policy revised to include discharge VS time window, reporting changes to provider and need to document reason for deferring VS. (Laurie Kuralt, ED RN Liaison)  <i>Doc with m/25/16</i> 1-14-16	1/13/16	

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.

Signature

*Wayne Shaw*

Date

1-14-16

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	#3,4,5,6,8,9 and 10).		Policy review and review of changes communicated to ED RN's at Staff meeting (Laurie Kuralt)	1/19/16	
			Policy to be distributed to all RN staff requiring signed verification that they have read and understand policy (Brian Richardson)	1/19/16-2/1/16	
			Education module for ED RN's to complete on discharge assessment and safety (Laurie Kuralt)	1/25/16-2/29/16	
			ED patient record audit for compliance of discharge documentation – 100% of records for 2 weeks by Brian Richardson and Laurie Kuralt	2/15/16-2/29/16	
			Ongoing audit for compliance – 5 patient records per month by Brian Richardson and Laurie Kuralt. Also assigned peer audits per month	Ongoing	
			Coaching and counseling for non-compliance. (Brian Richardson)	Ongoing	

*PK and 1.14.16 ms/sj*

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*Mary Kuralt*

*1-14-16*