

Division of Licensing and Protection

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November 24, 2015

Mr. Steven Gordon, Ceo, Administrator  
Brattleboro Memorial Hospital  
17 Belmont Ave  
Brattleboro, VT 05301-3498

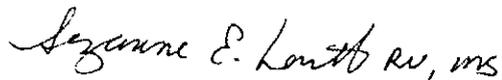
Provider ID #: 470011

Dear Mr. Gordon, Ceo:

The Division of Licensing and Protection completed a survey at your facility on **October 21, 2015**. The purpose of the survey was to determine if your facility met the conditions of participation for Acute Care Hospitals found in 42 CFR Part 482.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **November 23, 2015**.

Sincerely,



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

Enclosure



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

PRINTED 6/17/2013  
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  [REDACTED]
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 full-hospital survey was conducted by the Division of Licensing and Protection from 10/19/15-10/21/15 to assess compliance with the Conditions of Participation for Acute Care Hospitals. The following regulatory violations were identified:	A 000		
A438	482.24(b) FORM AND RETENTION OF RECORDS  The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. The hospital must use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries.  This STANDARD is not met as evidenced by: Based on observation and staff interview, the hospital failed to store medical records for 1 of the 5 physician practices reviewed, in a manner that ensures that they are protected from potential water damage.		Director of Plant Services and Director of Purchasing will measure and obtain covered storage shelving for medical records stored in observed area to ensure integrity from potential water damage.  Purchase and re-storage of medical records will be done by March 1, 2016. Director of Risk Management and Medical Information will oversee completion of project.  Ongoing assessment of stored medical records for appropriate purging will be conducted during purchase and installation process. Director of Risk Management and Medical Information will oversee assessment process.  18-20 month timeline for new EMR at BMH will allow scanning of old records into historical repositories.	11/30/15  3/1/16  Ongoing and 3/1/16

*Maury Leggett 11-13-15*

*PAC aunto 11.23.15  
SD. 61*

<p>A441</p>	<p><b>482.24(b)(3) PROTECTING PATIENT RECORDS</b></p> <p>The hospital must have a procedure for ensuring the confidentiality of patient records. Information from or copies of records may be released only to authorized individuals, and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records must be released by the hospital only in accordance with Federal or State laws, court orders, or subpoenas.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the hospital failed to store medical records in a secure manner that ensured that unauthorized individuals cannot gain access for 2 of 5 physician practices.</p> <p><i>May Legubart 11-13-15</i></p>		<p>Compliance Officer, in collaboration with Practice Managers and Director of Plant Services will conduct observational review of all out patient practice areas for medical record security. Security issues found will be addressed in each area if found. Compliance Officer will monitor and assure completion by 12/1/15.</p> <p>Immediate plan for observed area (General Surgery office) out of compliance – locked, covered and secure shelving being purchased for Medical Records stored in office space. Office Manager responsible for monitoring.</p> <p>Observed area in Ortho office – Medical Records in boxes waiting scanning have been removed. Medical Record storage in this area is locked. Office Manager responsible for monitoring.</p> <p>Each medical practice will develop a medical record security plan for both business and after business hours to be in place by 11/30/15. Office Directors responsible for completion. Office Managers responsible for ongoing compliance.</p> <p>Amendment made to Medical Records policy which requires end of business day securing of Medical Records in Office practices. Amendment added by Compliance officer and Risk Manager. Amendment approved by Policy Council on 11/9/15</p> <p><i>pic unmet 11-23-15</i> <i>SD 76</i></p>	<p>12/1/15</p> <p>Installation completion est. 12/21/15</p> <p>Completed 10/23/15</p> <p>11/30/15</p> <p>11/9/15</p>

			Policy amendment and area plans education to practice staff at staff meetings on 11/11/15 and 11/12/15 by Compliance Officer and Risk Manager.	11/12/15
A701	<p>482.41(a) MAINTENANCE OF PHYSICAL PLANT</p> <p>The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, there was a failure of plant services to conduct routing preventative maintenance for the cleaning of outflow vents in all 3 of the hospital's Operating Rooms to ensure the safety and well-being of patients.</p>		<p>OR Vents cleaned 10/19/15.</p> <p>Preventative maintenance plan established that requires monthly surveillance of OR vents, OR vent cleaning every 6 months and as needed. To be performed by Plant Services. Director of Plant Services responsible.</p> <p>Preventative Maintenance Plan given to and reviewed by Infection Control Nurse and Periop Director.</p>	<p>10/19/15</p> <p>Next cleaning due 4/2016</p>
A749	<p>482.42(a)(1) INFECTION CONTROL PROGRAM</p> <p>The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the Hospital's Infection Control program failed to assure staff consistently maintained Infection control standards of practices in all areas of the hospital.</p> <p><i>Mary Leachon 11-13-15</i></p>		<p>Hospital Infection Control Plan being revised for updated/upgraded surveillance of hospital and practice areas by the Infection Control Nurse.</p> <p>Hospital Infection Control Plan being revised for updated/upgraded provision of all staff education to basic Infection control practices. Revisions to be completed for December Policy Council meeting. Director of Quality will provide ongoing monitoring of surveillance and education changes</p> <p>Education to staff will follow via Policy Council through Leadership group at January Leadership meeting.</p> <p>Infection Control Nurse will perform</p>	<p>12/14/15</p> <p>12/14/15</p> <p>1/14/15</p>

3 POC audit 11.23.15 SD/KP

		<p>Initial observation of phlebotomy practice in outpatient draw area throughout December. Grid created 11/3/15. Ongoing staff compliance/competency by Lab Director/Supervisor. Infection Control Nurse evaluation per surveillance plan.</p> <p>Infection Control Nurse and Lab Director revised Internal Lab policies; Limitatons/Responsibilities of Phlebotomy Duties and Lab Standard Precautions Procedures on 11/10/15. Infection Control Nurse to attend lab staff meeting on 11/18/15</p> <p>Infection Control Nurse provided education to Radiology staff as part of Increase surveillance and education. Attended Rad staff meeting on 10/21/15. Infection Control In Radiology policy revised on 11/10/15. Director of Radiology will provide ongoing monitoring of infection control practices within the department. Infection Control Nurse evaluation per surveillance plan.</p> <p>Pharmacy Director revised Multi-dose Vial policy on 10/21/15 to reflect one patient use for multi-dose vials. Anesthesia made aware at this time of immediate change in practice. Revision reviewed at Policy Council on 11/9/15 Hospital and practice Leadership made aware of policy revision through pharmacy emailing</p> <p>Pharmacy Director will evaluate the ability to purchase single dose vials to Improve practice and reduce waste during November.</p> <p>Infection Control Nurse, Anesthesia, Pharmacy Director and Peri-op Director to meet on 12/1/15 to review practice and discuss revised changes to practice. Any further product and/or practice changes will be reviewed at Anesthesia meeting on 12/15/15.</p>	<p>12/31/15</p> <p>11/10/15</p> <p>11/18/15</p> <p>10/21/15</p> <p>10/21/15</p> <p>10/21/15</p> <p>11/30/15</p> <p>12/15/15</p>
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*Mary Margaret 11-13-15*

*POC update 11-23-15  
SD SL*