

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

August 9, 2013

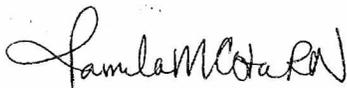
Mr. Robert Simpson, Administrator
Brattleboro Retreat
Anna Marsh Lane Po Box 803
Brattleboro, VT 05301

Dear Mr. Simpson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 26, 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,



Pamela M. Cota, RN
Licensing Chief

PC:jl



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

PRINTED: 07/10/2013
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 474001 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/26/2013 |
|--|---|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BRATTLEBORO RETREAT | STREET ADDRESS, CITY, STATE, ZIP CODE ANNA MARSH LANE PO BOX 803 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 A 145 | <p>INITIAL COMMENTS</p> <p>An unannounced onsite complaint investigation was conducted on 6/24/13 - 6/26/13 by the Division of Licensing and Protection. The following regulatory violation was identified: 482.13(c)(3) PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT</p> <p>The patient has the right to be free from all forms of abuse or harassment.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview the hospital failed to report to the appropriate State Agency allegations of abuse of one patient [Patient #2] of 7 patients in the sample group. Findings include: 1. Per record review of Nursing Notes from 5/28/13, a Mental Health Worker on the facility's Tyler 2 unit " reported that another peer, Patient #2, stated Patient #1 put his/her tongue in my mouth " . Per record review Physician Progress Notes dated 5/29/13 document " Patient states h/she would like to leave today because h/she had a really rough day yesterday. States that a male peer Patient #1 ' stuck his tongue in my mouth while I was lying on the couch ' ...Tearful. States h/she feels unsafe, sharing space with Patient #1. " Nursing Notes dated 5/31/13 record Patient #1 " pounding on [Adult Low Stimulation Area] door ...RN informed Patient #1 h/she's here because h/she was French kissing a female " . Per interview on 6/26/13 at 12:16 P.M. Patient #2 ' s Physician confirmed that the patient had spoken with h/her on 5/29/13 about the alleged assault, and that h/she shared this with Patient #2</p> | A 000 A 145 | <p>Summary Statement Subsequent to a three day complaint survey completed on 6/26/13 by the Division of Licensing and Protection the Brattleboro Retreat has undertaken a series of targeted actions that address areas of noncompliance in the standard level finding. We are fully committed as an organization to correct any deficiencies and to achieve and sustain a high level of quality patient care. This plan of correction constitutes the facility's credible allegation of compliance.</p> <p>482.13(c)(3) PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT</p> <p>The executive team met and reviewed CMS-2567 Statement of Deficiencies on 7/16/13 and agreed upon the following plan of correction:</p> <p>Systemic changes to ensure that deficient practice does not recur: Leadership Strategies:</p> <ul style="list-style-type: none"> • As part of a continuous improvement process, all inpatient unit leadership teams (consisting of unit chiefs, clinical managers and lead social workers of all inpatient units) attended an in-depth mandatory reporting training on 7/16/13. The training focused on laws, reporting requirements and used case examples to ensure that all mandatory reporters are clear on reporting laws and procedures for reporting. • To enhance ongoing training and supervision of unit based leadership teams, the executive leadership triad (Chief Medical Officer and/or Medical Director, Chief Nursing Officer and Vice President of Patient Care and Vice President of Operations) will meet all inpatient unit leadership teams in a large group format on a monthly basis to ensure continuous coaching and education of any clinical systemic issues, including Mandatory Adult Protective Service (APS) Reporting. This supervisory structure commenced 7/16/13. | |
|--------------------|--|--------------------|--|--|

| | | |
|---|---|---------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John E. Smith, DSW, MPH</i> | TITLE <i>President & CEO</i> | (X6) DATE <i>7/18/13</i> |
|---|---|---------------------------------|

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.

