

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2325  
Boston, MA 02203



Northeast Division of Survey & Certification

September 10, 2013

Dr. Robert Simpson, President & CEO  
Brattleboro Retreat  
Anna Marsh, P. O. Box 803  
Brattleboro, VT 05301

**Re: CMS Certification Number: 474001  
Survey ID: QT4511, 07/16/2013**

Dear Dr. Simpson:

I am pleased to inform you that the Brattleboro Retreat's revised plan of correction for its Medicare deficiencies, dated September 5, 2013, and the time schedule for completion of the plan, has been found acceptable by the Centers for Medicare and Medicaid Services (CMS) and the Vermont Division of Licensing and Protection (State Survey Agency).

An unannounced revisit survey will be conducted to verify compliance with the Medicare Conditions of Participation.

If you have any questions, please contact me at (617) 565-4487.

Sincerely,

A handwritten signature in black ink, appearing to read "DKristola". The signature is written in a cursive, somewhat stylized script. A horizontal line extends from the end of the signature to the right.

Daniel Kristola, Branch Manager  
Certification and Enforcement Branch

Cc: Vermont Division of Licensing and Protection  
J. William Roberson  
CMS Central Office

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

SEP 05 2013

PRINTED: 07/22/2013  
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 07/16/2013
NAME OF PROVIDER OR SUPPLIER  BRATTLEBORO RETREAT			STREET ADDRESS, CITY, STATE, ZIP CODE ANNA MARSH LANE PO BOX 803 BRATTLEBORO, VT 05301	
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A 000	INITIAL COMMENTS  An onsite complaint investigation was conducted by the Division of Licensing and Protection on 7/15/13 - 7/16/13. Based on information gathered, the Condition of Participation: Patient Rights was not met. The following regulatory violations were identified:	A 000	<i>See attached plan.</i>	
A 115	482.13 PATIENT RIGHTS  A hospital must protect and promote each patient's rights.  This CONDITION is not met as evidenced by: The Condition of Participation: Patient Rights was not met as evidence by the failure of the hospital to provide an environment that promoted and protected the physical and emotional well being and safety for all patients; failed to protect a patient from being tazed and handcuffed by police and also failed to assure the patient's rights remained intact and under the protection of the hospital and not relinquished to police authority during a non law enforcement intervention.	A 115		
A 144	Refer to Tags: A-0 144, A-0154, A-0164 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING  The patient has the right to receive care in a safe setting.  This STANDARD is not met as evidenced by: Based on observations, interview and record review, the hospital failed to assure care was provided in an environment that promoted and protected the physical and emotional well being and safety for all patients. Findings include:	A 144		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*R. D. S. DSO, MPH President & CEO*

9/5/13

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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A 144	<p>Continued From page 1</p> <p>On 5/23/13 Patient #1 was admitted with a diagnosis of Schizophrenia and mood dysregulation and a recent history of a violent assault prior to admission. Physician progress notes describe Patient #1 as psychotic, delusional and at times threatening. A nursing progress note for 7/3/13 at 1:17 PM, Patient #1 was described as "uncooperative, suspicious, hostile" and "...very psychotic, expressing a lot of violent thoughts, threats to both staff and patients....". The attending psychiatrist progress note for 7/3/13 states "Patient had silent code called this am....very threatening verbal behaviors and physical posturing. Did respond to prn Klonopin.....Patient is very psychotic, believes s/he has killed many people, was in Hitler youth, special forces ect". Decision on 7/3/13 by the treatment team was not to place Patient #1 in ALSA (Adult Low Stimulation Unit) but to be allowed to remain in the general milieu despite concerns voiced by patients and some staff.</p> <p>Per interview on 7/16/13 at 8:26 AM, Mental Health Worker (MHW) #1 stated "Day before (7/3/13) there was a collection of 2-3 women patients scared to death of him/her. (Patient #1) They voiced that. Asking the staff to intervene". Per MHW progress note for 7/3/13 at 10:52 AM states "Patient wandering through unit halls 'I'm going to rape her'. Patient did not disclose who 'her' is ". Per interview on 7/16/13 at 9:05 AM, MHW #2 acknowledged it was on 7/3/13 when Patient #1 "... started to escalate". The policy describing the assessment criteria for admission to ALSA (last updated 05/2013) states clinical concerns related to "High risk for violence: Recent assaultiveness towards staff or other patients...or a history of assault or violence that</p>	A 144	See Attached.	
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A 144	<p>Continued From page 2</p> <p>suggests a current high risk for such actions. These individuals pose a risk for violence or aggression even when in the general milieu of an inpatient unit, and thus require special attention". Per interview on 7/16/13 at 10:23 AM, the attending psychiatrist confirmed the patient "...was extremely psychotic. S/he was threatening to staff" and had initially ordered the patient to be placed in ALSA, however decided after speaking with Patient #1 and providing an additional Klonopin the order was discontinued allowing the patient to remain in the general milieu. It was the impression of the psychiatrist, Patient #1 would relate to a ALSA transfer as "punitive".</p> <p>Per nursing progress note for 7/4/13 " At 8:22 AM silent code called because patient was making verbal threats and threw a chair in the community area. At 8:30 AM, patient was given Klonopin 2 mg with little effect. At 9:10 AM, Patient was throwing air punches at another patient's face." The charge nurse for Tyler -2 for 7/4/13 further stated in a report of events "Today, (the patient) was announcing with hostile edge to both staff and clients in community area that s/he planned to assault someone. S/he postured and stared angrily at women and men as s/he clinched fist and verbalized threats." Interventions were attempted by staff, with the exception of a transfer to ALSA, to redirect Patient #1, however the patient did not respond and continued to threaten while remaining in the general milieu among other Tyler-2 patients.</p> <p>At approximately 9:15 AM on 7/4/13 AM MHW #1 was standing near the nurses station and was approached from behind by Patient #1 who attempted to pour coffee on the MHW's head.</p>	A 144	See Attached.	

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A 144	Continued From page 3 The coffee cup was pushed away by the MHW and Patient #1 lunged and began physically assaulting MHW #1 with multiple punches to the back of his/her head, face and lower back. On 7/16/12 at 8:35 AM MHW #1 stated "S/he came in with repetitive blows, pummeling my head...his/her arms were coming in from both sides. There was no escape.... thought I would loose consciousness." At the time of the incident other male and female MHWs were off the unit responding to other Code Greens (rapid response to a safety emergency). Female nurses began yelling and screaming at the patient to stop and a Code Green was called. When additional staff finally arrived, Patient #1 stopped the assault and proceeded to walk on his/her own, per direction of staff, into ALSA where s/he was placed in locked door seclusion at approximately 9:22 AM. Within minutes of placing the patient in seclusion, nursing and on-call psychiatrist determined patient required emergency medications. An order for Thorazine 200 mg Intramuscular (IM) was ordered at 9:35 AM. Per interview on 7/16/13 at 11:09 AM, RN #1 stated "S/he (the patient) wasn't willing to take medication voluntarily". Per interview on 7/16/13 at 1:40 PM the Supervisor for Security Services stated there was 4 male MHW, 2 security guards and 6 female staff (including nurses and MHWs). However, the Security Supervisor stated "We are not equipped to handle a patient this size and strength..." The decision was made by the charge nurse and the Supervisor for Security Services to contact the Brattleboro Police to assist with the application of a therapeutic hold for the administration of the IM medication. Regarding the request for the police, RN #1 further stated "We wanted them for a show of support". One officer arrived at 9:50 AM	A 144	See Attached.		

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A 144	Continued From page 4 and a second officer by 10:00 AM.  Per review of policy and procedure Safety Emergencies: Restraint, Seclusion and Therapeutic Holding of Patients last reviewed 04/2013 states: "All safety interventions shall be conducted in a safe, humane, and effective manner, without intent to harm or create undue discomfort for the patient while preserving the patient's dignity". However, at 10:05 AM the door to the seclusion room was unlocked and opened. The 2 police officers and one nurse stood in the doorway and the patient was informed emergency medication was going to be administered. Other hospital staff remained in the hallway of the ALSA and did not approach Patient #1. With the appearance of the police and being informed of the impending administration of medication, Patient #1 charged towards the doorway. One of the officers proceeded to utilize a Tazer gun, emitting an electrical discharge by deploying probes and fine wires that made contact with Patient #1's right side and right arm. Patient #1 fell towards the mattress in the seclusion room and was brought to the mattress and then handcuffed behind his/her back by the police officers. Nursing staff then proceeded to administer to Patient #1 200 mg of Thorazine IM. Shortly after, the hospital clinic was notified that medical assistance was needed for the removal of the tazer gun probes. At 10:16 AM, A licensed independent practioner arrived to the unit and assisted with the removal of one of the probes imbedded in the patient's right arm and first aid applied to other taser sites. Patient #1 remained in locked door seclusion until 5:10 PM and continued to be retained in ALSA.	A 144	See Attached.	
A 154	482.13(e) USE OF RESTRAINT OR SECLUSION	A 154		

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A 154	Continued From page 5  Patient Rights: Restraint or Seclusion. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.  This STANDARD is not met as evidenced by: Based on staff interview and record review, the hospital failed to protect a patient's rights when a weapon (tazer) was used to subdue the patient and handcuffs applied for the purpose of administering emergency involuntary medication while the patient was in seclusion. The hospital also failed to assure the patient's rights remained intact and under the protection of the hospital and not relinquished to police authority. (Patient #1) Findings include:  At approximately 9:15 AM on 7/4/13 AM MHW #1 was standing near the nurses station on Tyler 2 and was approached from behind by Patient #1 who attempted to pour coffee on the MHW's head. The coffee cup was pushed away by the MHW and Patient #1 lunged and began physically assaulting MHW #1 with multiple punches to the back of his/her head, face and lower back. Per interview on 7/16/12 at 8:35 AM MHW #1 stated "S/he came in with repetitive blows, pummeling my head...his/her arms were coming in from both sides. There was no escape... thought I would lose consciousness." After the assault, Patient #1 walked with staff unassisted into ALSA area	A 154	See Attached.		

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A 154	Continued From page 6 and into the seclusion room which was then locked at approximately 9:22 AM.  Additional staff arrived on the unit including 4 male MHW, 2 male security guards and 6 female nurses and MHWs who remained within the ALSA common area outside the seclusion room. At times Patient #1 would stand in the corner of the seclusion room and at other times s/he would kick the door or Plexiglass observation window and yell threats to staff. After consultation with the "on-call psychiatrist" an order for an emergency medication, Thorazine 200 mg. IM was offered and refused by the patient. It was then decided to contact the local police to request assistance. Although MHWs, nursing and Security staff have received training in CPI (Crisis Prevention Training) to ensure a safe environment by providing interventions during a safety threat or emergency, staff choose to request police assistance with the administration of the emergency medication. Per interview on 7/16/13 at 1:40 PM, the Supervisor for Security Services stated "We were not equipped to handle a patient this size and strength..." and stated when police have been called to the hospital in the past, "Just their presence, patients would do as directed". One police officer arrived at the hospital at 9:50 AM on 7/4/13 and an additional police officer arrived by 10:00 AM. At 10:05 AM, the door to the seclusion room was opened and the 2 police officers and the charge nurse stood in the doorway and informed Patient #1 the staff planned on administering IM Thorazine and told the patient to lay on the mattress. Again the patient refused and proceeded to charge the doorway of the seclusion room. Per interview on 7/16/13 at 9:40 AM, MHW #3 stated "One of the	A 154	See Attached.		

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A 154	<p>Continued From page 7</p> <p>officers had his/her tazer drawn behind his/her back the whole time". One of the officers proceeded to utilize a tazer gun, emitting an electrical discharge by deploying probes and fine wires that connected to Patient #1's right side and right arm. Patient #1 fell towards the mattress in the seclusion room and was brought to the mattress and was then handcuffed behind his/her back by the police. Once secured, Patient #1 received IM injections of 200 mg of Thorazine. The patient remained handcuffed for approximately another 10 minutes and then the handcuffs were removed by the police. Shortly after, the hospital clinic was notified that medical assistance was needed for the removal of the tazer gun probes. At 10:16 AM, A licensed independent practioner arrived to the unit and assisted with the removal of one of the probes imbedded in the patient's right arm and first aid applied to other tazer sites. Patient #1 remained in locked door seclusion until 5:10 PM and continued to be retained in ALSA away from the general milieu of the unit .</p> <p>Per hospital policy, Police Response to Safety Emergencies last reviewed 03/2013 states "Only when Brattleboro Retreat approved safety interventions have failed shall there be a process for requesting assistance from the Brattleboro PD". The policy also states " The responding officers have the authority to determine that they must take control of the safety emergency and to intervene according to police procedures." In this case, no other safety interventions were attempted by staff. The hospital staff relinquished their responsibility to ensure the safety of the patient by permitting the police officers to respond to a non-law enforcement situation and utilize a weapon and handcuffs for the purpose of</p>	A 154	See Attached.	

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A 154	Continued From page 8 administering medication by achieving a therapeutic hold on Patient #1. Per interview on 7/16/13 at 1:40 PM, the Supervisor for Security Services confirmed in the past when police assistance has been requested at the hospital, they were utilized as a "show of force" and is sufficient to get a patient "...to do as directed". By handing over the decision making process to police officers to manage the critical incident involving Patient #1, the hospital failed to support the patient's right to receive safe and appropriate care in a safe environment. Patient # 1 was not in police protective custody, nor a prisoner, but a patient with significant psychiatric disabilities that required direct management and consistent therapeutic intervention by hospital staff. Being subjected to the electrical discharge from a taser gun and restrained by handcuffs by police officers placed the patient in imminent danger and jeopardized the patient's rights.	A 154	See Attached.		
A 164	482.13(e)(2) PATIENT RIGHTS: RESTRAINT OR SECLUSION  Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm.  This STANDARD is not met as evidenced by: Based on record review and staff interview the hospital failed to assure the least restrictive intervention was initiated prior to the implementation of police action resulting in the use of a weapon (tazer) and handcuffs for one applicable patient. (Patient #1) Findings include:  On 5/23/13 Patient #1 was admitted with a diagnosis of Schizophrenia and mood	A 164			

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A 164	Continued From page 9 dysregulation and a recent history of a violent assault prior to admission. Physician progress notes describe Patient #1 as psychotic, delusional and at times threatening. A nursing progress note for 7/3/13 at 1:17 PM Patient #1 was described as "uncooperative, suspicious, hostile" and "...very psychotic, expressing a lot of violent thoughts, threats to both staff and patients....". The attending psychiatrist progress note for 7/3/13 states "Patient had silent code called this am....very threatening verbal behaviors and physical posturing. Did respond to prn Klonopin.....Patient is very psychotic, believes s/he has killed many people, was in Hitler youth, special forces ect". Decision on 7/3/13 by the treatment team was not to place Patient #1 in ALSA (Adult Low Stimulation Unit) but to be allowed to remain in the general milieu despite concerns voiced by patients and some staff.  Per interview on 7/16/13 at 8:26 AM, MHW #1 stated "Day before (7/3/13) there was a collection of 2-3 women patients scared to death of him/her. They voiced that. Asking the staff to intervene". Per MHW progress note for 7/3/13 at 10:52 AM states "Patient wandering through unit halls 'I'm going to rape her'. Patient did not disclose who 'her' is ". Per interview on 7/16/13 at 9:05 AM, MHW #2 acknowledged it was on 7/3/13 when Patient #1 "... started to escalate". The policy describing the assessment criteria for admission to ALSA (last updated 05/2013) states clinical concerns related to "High risk for violence: Recent assaultiveness towards staff or other patients...or a history of assault or violence that suggests a current high risk for such actions. These individuals pose a risk for violence or aggression even when in the general milieu of an	A 164	See Attached.		

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A 164	<p>Continued From page 10</p> <p>inpatient unit, and thus require special attention". Per interview on 7/16/13 at 10:23 AM, the attending psychiatrist confirmed the patient "...was extremely psychotic. S/he was threatening to staff" and had initially ordered the patient to be placed in ALSA, however decided after speaking with Patient #1 and providing an additional Klonopin the order was discontinued allowing the patient to remain in the general milieu among the other patients. It was the impression of the psychiatrist, Patient #1 would relate to a ALSA transfer as "punitive".</p> <p>Per nursing progress note for 7/4/13 " At 8:22 AM silent code called because patient was making verbal threats and threw a chair in the community area. At 8:30 AM, patient was given Klonopin 2 mg with little effect. At 9:10 AM, Patient was throwing air punches at another patient's face." The charge nurse for Tyler -2 for 7/4/13 further stated in a report of events "Today, (the patient) was announcing with hostile edge to both staff and clients in community area that s/he planned to assault someone. S/he postured and stared angrily at women and men as s/he clinched fist and verbalized threats." Interventions were attempted by staff, with the exception of a transfer to ALSA, to redirect Patient #1, however the patient did not respond and continued to threaten while remaining in the general milieu among other Tyler-2 patients.</p> <p>At approximately 9:15 AM on 7/4/13 AM MHW #1 was standing near the nurses station and was approached from behind by Patient #1 who attempted to pour coffee on the MHW's head. The coffee cup was pushed away by the MHW and Patient #1 lunged and began physically</p>	A 164	See Attached.	

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

PRINTED: 07/22/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>474001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/16/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRATTLEBORO RETREAT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>ANNA MARSH LANE PO BOX 803 BRATTLEBORO, VT 05301</b>		
(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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 164	<p>Continued From page 11</p> <p>assaulting MHW #1 with multiple punches to the back of his/her head, face and lower back. On 7/16/12 at 8:35 AM MHW #1 stated "S/he came in with repetitive blows, pummeling my head...his/her arms were coming in from both sides. There was no escape..... thought I would loose consciousness." At the time of the incident other male and female MHWs were off the unit responding to other Code Greens (rapid response to a safety emergency). Female nurses began yelling and screaming at the patient to stop and a Code Green was called. When additional staff arrived, Patient #1 stopped the assault and proceeded to walk on his/her own, per direction of staff, into ALSA where s/he was placed in locked door seclusion at approximately 9:22 AM.</p> <p>Within minutes of placing the patient in seclusion, nursing and on-call psychiatrist determined patient required emergency medications. An order for Thorazine 200 mg Intramuscular (IM) was ordered at 9:35 AM. Per interview on 7/16/13 at 11:09 AM, RN #1 stated "S/he (the patient) wasn't willing to take medication voluntarily". There had been no attempt to employ less restrictive measures to de-escalate the patient's behavior. Per interview on 7/16/13 at 9:03 AM MHW #2 stated prior to police arrival and encounter Patient #1 was, at times, standing quietly in the corner of the seclusion room and at other times yelling at staff and kicking the door of the seclusion room. Per MHW #3 on 7/16/13 at 9:38 AM also stated before police arrived Patient #1 was "...really quiet....was actually doing very well....the assault had already happened" (referring to incident involving MHW # 1). Per report completed by the charge nurse of events on 7/4/13, Patient #1</p>	A 164	See Attached.		

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NAME OF PROVIDER OR SUPPLIER  <b>BRATTLEBORO RETREAT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>ANNA MARSH LANE PO BOX 803 BRATTLEBORO, VT 05301</b>		
(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)	
A 164	<p>Continued From page 12</p> <p>expressed delusional comments shouting "No Tear gas". Instead, the decision was made by the charge nurse and the Supervisor for Security Services to contact the Brattleboro Police to request assistance with the application of a therapeutic hold for the administration of the involuntary emergency medication. One officer arrived at the hospital at 9:50 AM and a second officer by 10:00 AM.</p> <p>With the appearance at the doorway of the seclusion room of the 2 police officers and the charge nurse and being informed of the impending administration of medication, Patient #1 charged towards the doorway. One of the police officers proceeded to utilize a Tazer gun, emitting an electrical discharge by deploying probes and fine wires that made contact with Patient #1's right side and right arm. Patient #1 fell towards the mattress in the seclusion room and was brought to the mattress and handcuffed behind his/her back by the police. Nursing staff then proceeded to administer to Patient #1 200 mg of Thorazine IM and the patient remained secured in locked seclusion. Per hospital policy Safety Emergencies: Restraint, Seclusion and Therapeutic Holding of Patients last reviewed 04/2013, states "In the circumstance that all Retreat resources have been made available and the patient situation remains dangerous it may be necessary to call for assistance from Brattleboro police". However, in this incident, resulting in a weapon and handcuffs being utilized on a patient, there was no clear evidence all resources had been made available and utilized by hospital staff prior to seeking the assistance of the police. In addition, staff then permitted the police to manage and control circumstances for the administration</p>	A 164	See Attached.	

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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
A 164	Continued From page 13 of emergency medication.	A 164	See Attached.	



ID Prefix Tag	<u>Summary Statement</u>	<u>Plan of Correction (con't)</u>	<u>Completion Date</u>	<u>Responsible Party</u>	<u>QA/ Frequency/Goal</u>
A 115	<p>482.13 PATIENT RIGHTS: A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: The Condition of Participation: Patient Rights was not met as evidence by the failure of the hospital to provide an environment that promoted and protected the physical and emotional well-being and safety for all patients; failed to protect a patient from being tazed and handcuffed by police and also failed to assure the patient's rights remained intact and under the protection of the hospital and not relinquished to police authority during a non-law enforcement intervention.</p>	<ol style="list-style-type: none"> <li>1. As result of phone consultation with CMS 8/20/13, Policies and procedures related to patient rights and patient safety were reviewed and revised. (The revised "Restraint and Seclusion" and "Code Green" policies attached)</li> <li>2. The policy "Use of Police Response to Safety Emergencies" was eliminated.</li> <li>3. The Safety Emergencies: Restraint/Seclusion and Therapeutic Holding Policy was revised and renamed "Restraint and Seclusion" Policy.</li> <li>4. Role of police as responders <u>only</u> to law enforcement instances discussed and reinforced with Brattleboro Police Chief, Town Manager and Brattleboro Retreat CEO.</li> <li>5. Prior to requesting police response: approval required by nursing supervisor and the Administrator on Call (AOC)</li> </ol>	<ol style="list-style-type: none"> <li>1) 8/29/13</li> <li>2) 8/9/13</li> <li>3) 8/29/13</li> <li>4) week of 7/8/13</li> <li>5) 8/2/13</li> </ol>	<p>1, 2, 3 Policy Review Team (CMO, VP Operations, CNO, Quality team)</p> <p>4. CEO</p> <p>5. CNO</p>	<p>Policy approved</p> <p>Analysis of Code Green Debriefings by Quality Lead for inclusion in Performance Improvement monthly report to Safety Committee. Goal: 100% of Safety Emergency incidences are managed by Brattleboro Retreat clinical staff.</p>
<p>These policies now more clearly delineate the roles of staff in a behavioral emergency reinforcing the clinicians as the leader in a behavioral emergency and explicitly defining the role of security as supportive and under the direction of the clinical leader. The police and their role as law enforcement</p>					

ID Prefix Tag	Summary Statement	Plan of Correction (con't)	Completion Date	Responsible Party	QA/ Frequency/Goal
A115		<p>only is explicitly defined and police have been removed as participants in a behavioral emergency.</p> <p>6. Staff education on key changes in policies:</p> <p>a. Clinical Managers (CMs): meeting and discussion.</p> <p>b. Clinical Staff: CMs to reinforce at staff meetings on units; rounds and reinforcement at Code Green drills.</p> <p>c. Physicians (Med Exec (7/18; 8/1), Medical Staff meetings (7/25, 8/2; 8/22), email (7/25), interoffice mail (7/26)</p>	<p>6)</p> <p>a. 8/29/13</p> <p>b. 10/18/13</p> <p>c. 9/26/13</p>	<p>6)</p> <p>a. CNO</p> <p>b. CNO/ Education Department</p> <p>c. CMO</p>	<p>Review of Code Green Drills' attendance sheets. Goal: 95% active staff</p>
A 144	<p><b>482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING</b>          The patient has the right to receive care in a safe setting.          This STANDARD is not met as evidenced by:          Based on observations, interview and record review, the hospital failed to assure care was provided in an environment that promoted and protected the physical and emotional well-being and safety for all patients. Findings include: On 5/23/13 Patient #1 was admitted with a diagnosis of Schizophrenia and mood dysregulation and a recent history of a violent assault prior to admission. Physician progress notes describe Patient #1 as psychotic, delusional and at times threatening. A nursing progress note for 7/3/13 at 1:17 PM Patient #1 was described as</p>	<p>1) The policy "Use of Police Response to Safety Emergencies" was eliminated</p> <p>2) Safety Emergencies: Restraint/Seclusion and Therapeutic Holding Policy was revised and renamed "Restraint and Seclusion" Policy.</p>	<p>1)8/9/13</p> <p>2)8/29/13</p>	<p>1,2,3 Policy review Team (CMO, VP of Operations, CNO, Quality team)</p>	<p>Analysis of Code Green Debriefings by Quality Lead for inclusion in Performance Improvement monthly report to Safety Committee. Goal: 100% of Safety Emergency incidences are managed by Brattleboro Retreat clinical staff.</p>

ID Prefix Tag	Summary Statement (con't)	Plan of Correction (con't)	Completion Date	Responsible party	QA/Frequency/ Goal
A 144	<p>"uncooperative, suspicious, hostile" and "very psychotic, expressing a lot of violent thoughts, threats to both staff and patients....". The attending psychiatrist progress note for 7/3/13 states "Patient had silent code called this am....very threatening verbal behaviors and physical posturing. Did respond to prn Klonopin..... Patient is very psychotic, believes s/he has killed many people, was in Hitler youth, special forces ect.". Decision on 7/3/13 by the treatment team was not to place Patient #1 in ALSA (Adult Low Stimulation Unit) but to be allowed to remain in the general milieu despite concerns voiced by patients and some staff</p> <p>Per interview on 7/16/13 at 8:26AM, Mental Health Worker (MHW) #1 stated "Day before (7/3/13) there was a collection of 2-3 women patients scared to death of him/her. (Patient #1) They voiced that. Asking the staff to intervene". Per MHW progress note for 7/3/13 at 10:52 AM states "Patient wandering through unit halls 'I'm going to rape her'. Patient did not disclose who 'her' is". Per interview on 7/16/13at 9:05AM, MHW #2 acknowledged it was on 7/3/13 when Patient #1 "... started to escalate". The policy describing the assessment criteria for admission to ALSA (last updated 05/2013) states clinical concerns related to "High risk for violence: Recent assaultiveness towards staff or other patients...or a history of assault or violence that suggests a current high risk for such actions. These individuals pose a risk for violence or aggression even when in the general milieu of an inpatient unit, and thus require special attention". Per interview on 7/16/13 at 10:23 AM, the attending psychiatrist confirmed the patient S "...was extremely psychotic. S/he was threatening</p>	<p>3) Code Green Policy revised</p> <p>4) Role of police as responders only to law enforcement instances discussed and reinforced with Brattleboro Police Chief, Town Manager and Brattleboro Retreat CEO.</p> <p>5) Prior to requesting police response: approval required by nursing supervisor and the Administrator on Call (AOC)</p> <p>6) Root Cause Analysis of police/taser incident conducted; recommendations reflected in this plan of correction.</p> <p>7) Physician Peer Case Review conducted</p> <p>8) Special case conference on complex, interesting, challenging patients are held to discuss and explore effective evidence based treatment interventions.</p>	<p>3)8/29/13</p> <p>4) week of 7/8/13</p> <p>5)8/2/13</p> <p>6)7/8/13</p> <p>7)8/2/13</p> <p>8)8/1/13</p>	<p>4)CEO</p> <p>5)CNO</p> <p>6)Quality Lead</p> <p>7)CMO</p> <p>8) President Medical Staff</p>	<p>Analysis of Code Green Debriefings by Quality Lead for inclusion in Performance Improvement monthly report to Safety Committee. Goal: 100% of Safety Emergency incidences are managed by Brattleboro Retreat clinical staff.</p>

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A144	<p>to staff and had initially ordered the patient to be placed in ALSA, however decided after speaking with Patient #1 and providing an additional Klonopin the order was discontinued allowing the patient to remain in the general milieu. It was the impression of the psychiatrist, Patient #1 would relate to an ALSA transfer as "punitive".</p> <p>Per nursing progress note for 7/4/13 "At 8:22AM silent code called because patient was making verbal threats and threw a chair in the community area. At 8:30AM, patient was given Klonopin 2 mg with little effect. At 9:10AM, Patient was throwing air punches at another patient's face:" The charge nurse for Tyler 2 further stated in a report of events "Today, (the patient) was announcing with hostile edge to both staff and clients in community area that s/he planned to assault someone. S/he postured and stared angrily at women and men as s/he clinched fist and verbalized threats." Interventions were attempted by staff, with the exception of a transfer to ALSA, to redirect Patient #1, however the patient did not respond and continued to threaten while remaining in the general milieu among other Tyler-2 patients.</p> <p>At approximately 9:15AM on 7/4/13 AM MHW #1 was standing near the nurses' station and was approached from behind by Patient #1 who attempted to pour coffee on the MHW's head. The coffee cup was pushed away by the MHW and Patient #1 lunged and began physically assaulting MHW #1 with multiple punches to the back of his/her head, face and lower back. On 7/16/12 at 8:35AM MHW #1 stated "S/he came in with repetitive blows, pummeling my head...his/her arms were coming in from both</p>	<p>9) Medical Staff approved a Violence Prevention protocol order set for identified inpatient admissions.</p> <p>10) Approval for CPI Program coordinator.</p> <p>11) Approval for additional 2.8 FTES in security: this enhances staff's perception of a safe environment for patients, themselves and others.</p> <p>12) a. Mock Code Green drills for staff          b. Initial mandated for staff to attend          c. Ongoing and scheduled mock drills          d. Enhanced CPI training and mock code green drills focus on de-escalation techniques, use of patient identified coping skills, and use of least restrictive interventions.</p> <p>Addition of CPI coordinator and their role in overseeing the CPI program,</p>	<p>9)9/4/13</p> <p>10)7/31/13</p> <p>11)7/23/13</p> <p>12)a.9/30/13          b. 9/30/13          d. 8/12/13</p>	<p>9) CMO</p> <p>10) CEO</p> <p>11) CEO</p> <p>12) CPI Coordinator</p>	<p>Chart audit for 4 mos. by Quality for orders Initiated as per protocol. Goal: 95%</p> <p>CPI Coordinator hired 8/28/13</p> <p>FTES hired 8/26/13</p> <p>a. Review 100% of evaluation sheets by CPI Coordinator for themes/ improvement for future trainings</p> <p>b. c. Review Code green drill attendance sheets. Goal: 95% active staff</p> <p>d. Analysis of Code Green Debriefings for themes/ improvement for future trainings</p>

<p><b>ID</b> Prefix Tag</p> <p>A144</p>	<p><b>Summary Statement (con't)</b></p> <p>sides. There was no escape..... thought I would lose consciousness." At the time of the incident other male and female MHWs were off the unit responding to other Code Greens (rapid response to a safety emergency). Female nurses began yelling and screaming at the patient to stop and a Code Green was called. When additional staff finally arrived, Patient #1 stopped the assault and proceeded to walk on his/her own, per direction of staff, into ALSA where s/he was placed in locked door seclusion at approximately 9:22 AM. Within minutes of placing the patient in seclusion, nursing and on-call psychiatrist determined patient required emergency medications. An order for Thorazine 200 mg. Intramuscular (IM) was ordered at 9:35AM. Per interview on 7/16/13 at 11:09 AM, RN #1 stated "S/he (the patient) wasn't willing to take medication voluntarily". Per interview on 7/16/13 at 1:40PM the Supervisor for Security Services stated there was 4 male MHW, 2 security guards and 6 female staff (including nurses and MHWs). However, the Security Supervisor stated "We are not equipped to handle a patient this size and strength..." The decision was made by the charge nurse and the Supervisor for Security Services to contact the Brattleboro Police to assist with the application of a therapeutic hold for the administration of the IM medication. Regarding the request for the police, RN #1 further stated "We wanted them for a show of support". One officer arrived at 9:50AM and a second officer by 10:00 AM. Per review of policy and procedure Safety Emergencies: Restraint, Seclusion and Therapeutic Holding of Patients last reviewed 04/2013 states: "All safety interventions shall be conducted in a safe, humane, and effective manner, without intent to harm or create undue discomfort for the patient while preserving the</p>	<p>including the mock drills, will enhance skills of staff in promoting and protecting patients' rights and providing care in a safe setting. The drills focus on de-escalation techniques, use of patient identified coping skills, and use of least restrictive interventions. The CPI Coordinator will provide for continuity of training and identify opportunities to improve training through staff feedback and continual trending of code greens for impact.</p>			
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ID Prefix Tag	<u>Summary Statement (con't)</u>				
A144	<p>patient's dignity". However, at 10:05 AM the door to the seclusion room was unlocked and opened. The 2 police officers and one nurse stood in the doorway and the patient was informed emergency medication was going to be administered. Other hospital staff remained in the hallway of the ALSA , and did not approach Patient #1. With the appearance of the police and being informed of the impending administration of medication, Patient #1 charged towards the doorway. One of the officers proceeded to utilize a Tazer gun, emitting an electrical discharge by deploying probes and fin-e wires that made-contact with Patient #1's right side and right arm. Patient #1 fell towards the mattress in the seclusion room and was brought to the mattress and then handcuffed behind his/her back by the police officers. Nursing staff then proceeded to administer to Patient #1 200 mg of Thorazine IM. Shortly after, the hospital clinic was notified that medical assistance was needed for the removal of the tazer gun probes. At 10:16 AM, A licensed independent practioner arrived to the unit and assisted with the removal of one of the probes imbedded in the patient's right arm and first aid applied to other taser sites. Patient #1 remained in locked door seclusion until 5:10 PM and continued to be retained in ALSA. ALSA away from general milieu of the unit.</p> <p>Per hospital policy, Police Response to Safety Emergencies last reviewed 03/2013 states "Only when Brattleboro Retreat approved safety interventions have failed shall there be a process for requesting assistance from the Brattleboro PD". The policy also states "The responding officers have the authority to determine that they must take control of the safety emergency and to</p>				

<p><b>ID Prefix Tag</b></p>	<p><b>Summary Statement (con't)</b>          intervene according to police procedures." In this case, no other safety interventions were attempted by staff. The hospital staff relinquished their responsibility to ensure the safety of the patient by permitting the police officers to respond to a non-law enforcement situation and utilize a weapon and handcuffs for the purpose of administering medication by achieving a therapeutic hold on Patient #1. Per interview on 7/16/13 at 1:40 PM, the Supervisor for Security Services confirmed in the past when police assistance has been requested at the hospital, they were utilized as a "show of force" and is sufficient to get a patient "...to do as directed". - By handing over the decision making process to police officers to manage the critical incident involving Patient #1, the hospital failed to support the patient's right to receive safe and appropriate care in a safe environment. Patient# 1 was not in police protective custody, nor a prisoner, but a patient with significant psychiatric disabilities that required direct management and consistent therapeutic intervention by hospital staff. Being subjected to the electrical discharge from a taser gun and restrained by handcuffs by police officers placed the patient in imminent danger and jeopardized the patient's rights.</p>				
<p>A154</p>	<p><b>482.13(e) USE OF RESTRAINT or SECLUSION Patient Rights: Restraint or Seclusion.</b> All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.</p>	<p><b>Plan of Correction (con't)</b></p> <ol style="list-style-type: none"> <li>1. The policy 'Use of Police Response to Safety Emergencies' was eliminated.</li> <li>2. Safety Emergencies: Restraint/Seclusion and Therapeutic Holding Policy was</li> </ol>	<p><b>Completion Date</b></p> <p>1) 8/9/13</p> <p>2) 8/29/13</p>	<p><b>Responsible Party</b></p> <p>1,2,3 Policy review Team (CMO, VP Operations, CNO, Quality team)</p>	<p><b>QA/Frequency/ Goal</b></p>

ID Prefix Tag	<u>Summary Statement (con't)</u>	<u>Plan of Correction (con't)</u>	<u>Completion Date</u>	<u>Responsible Party</u>	<u>QA/Frequency/ Goal</u>
A154	<p><b>This STANDARD is not met as evidenced by:</b>            Based on staff interview and record review, the hospital failed to protect a patient's rights when a weapon (tazer) was used to subdue the patient and handcuffs applied for the purpose of administering emergency involuntary medication while the patient was in seclusion. The hospital also failed to assure the patient's rights remained intact and under the protection of the hospital and relinquished to police authority: (Patient #1)</p> <p>Findings include:</p> <p>At approximately 9:15 AM on 7/4/13 AM MHW #1 was standing near the nurses' station on Tyler 2 and was approached from behind by Patient #1 who attempted to pour coffee on the MHW's head. The coffee cup was pushed away by the MHW and Patient #1 lunged and began physically assaulting MHW #1 with multiple punches to the back of his/her head, face and lower back. Per interview on 7/16/12 at 8:35AM MHW #1 stated "S/he came in with repetitive blows, pummeling my head...his/her arms were coming in from both sides. There was no escape... thought I would lose consciousness." After the assault, Patient #1 walked with staff unassisted into ALSA area and into the seclusion room which was then locked at approximately 9:22AM.</p> <p>Additional staff arrived on the unit including 4 male MHW, 2 male security guards and 6 female nurses and MHWs who remained within the ALSA common area outside the seclusion room. At times Patient #1 would stand in the corner of the seclusion room and at other times s/he would kick the door or Plexiglass observation window</p>	<p>reviewed and revised and renamed Restraint &amp; Seclusion Policy.</p> <ol style="list-style-type: none"> <li>3. Code Green Policy revised.</li> <li>4. Role of police as responders <u>only</u> to law enforcement instances discussed and reinforced with Brattleboro Police Chief, Town Manager and Brattleboro Retreat CEO.</li> <li>5. Prior to requesting police response: approval required by nursing supervisor and the Administrator on Call (AOC).</li> <li>6. Root Cause Analysis of police/taser incident conducted; recommendations reflected in this plan of correction.</li> <li>7. Special case conference on complex, interesting, challenging patients are held to discuss and explore effective evidence based treatment interventions.</li> <li>8. Approval for CPI Program coordinator.</li> <li>9. Approval for additional 2.8 FTES in security: this enhances staff's perception of a safe environment for patients, themselves and others.</li> </ol>	<p>3) 8/29/13</p> <p>4) Week of 7/8/13</p> <p>5) 8/2/13</p> <p>6) 7/8/13</p> <p>7) 8/1/13 &amp; twice a month.</p> <p>8) 7/31/13</p> <p>9) 7/23/13</p>	<p>4) CEO</p> <p>5) CNO</p> <p>6) Risk Manager facilitated</p> <p>7) CMO</p> <p>8) CEO</p> <p>9) CEO</p>	<p>Analysis of Code Green Debriefings by Quality Lead for inclusion in Performance Improvement monthly report to Safety Committee. Goal: 100% of Safety Emergency incidences are managed by Brattleboro Retreat clinical staff.</p> <p>CPI Coordinator hired 8/28/13</p> <p>2.8 FTES hired 8/26/13</p>

<u>ID Prefix Tag</u>	<u>Summary Statement (con't)</u>	<u>Plan of Correction (con't)</u>	<u>Completion Date</u>	<u>Responsible Party</u>	<u>QA/ Frequency/ Goal</u>
A154	<p>and yell threats to staff. After consultation with the "on-call psychiatrist" an order for an emergency medication, Thorazine 200 mg IM was offered and refused by the patient. It was then decided to contact the local police to request assistance. Although MHWs, nursing and Security staff have received training in CPI (Crisis Prevention Training) to ensure a safe environment by providing interventions during a safety threat or emergency, staff chooses to request police assistance with the administration of the emergency medication. Per interview on 7/16/2013 at 1:40 PM, the Supervisor for Security Services stated "We were not equipped to handle a patient this size and strength..." and stated when police have been called to the hospital in the past "just their presence, patients would do as directed". One police officer arrived at the hospital at 9:50AM on 7/4/13 and an additional police officer by 10:00 AM. At 10:05 AM, the door to the seclusion room was opened and the 2 police and the charge nurse stood in doorway and informed Patient #1 the staff planned on administering IM Thorazine and told the patient to lay on the mattress. The patient refused and proceeded to charge the doorway of the seclusion room. Per interview on 17/16/13 at 9:40AM, MHW #3 stated "One of the officers had his/her tazer drawn behind his/her back the whole time". One of the officers proceeded to utilize a tazer gun, emitting an electrical discharge by deploying probes and fine wires that connected to Patient #1's right side and right arm. Patient #1 fell towards the mattress in the seclusion room and was brought to the mattress and was then handcuffed behind his/her back by the police. Once secured, Patient #1 received IM injections of 200 mg of Thorazine. The patient remained handcuffed for</p>	<p>10. a. Mock Code Green drills for staff          b. Initial mandated for staff to attend          c. Ongoing and scheduled mock drills          d. Enhanced CPI training and mock code green drills focus on de-escalation techniques, use of patient identified coping skills, and use of least restrictive interventions.</p> <p>11. Restructure of nursing leadership on units to include hiring of 4 assistant managers to work in house wide and unit specific orientation and oversee CPI training program.</p>	<p>10) a 9/30/13          b. 9/20/13          d. 8/12/13</p>	<p>10) CPI Coordinator</p>	<p>a. Review 100% of evaluation sheets by CPI Coordinator for themes/ improvement for future trainings</p> <p>b. c. Review Code Green drill attendance sheets. Goal : 95% active staff</p> <p>d. Analysis of Code Green Debriefings and Code Green Drill evaluations for themes/ improvement for future trainings</p> <p>T4 Asst Mgr/ CPI Program Coordinator hired 8/28/13. 3 Asst Mgr jobs posted.</p>

ID	Summary Statement (con't)				
Prefix Tag  A154	<p>approximately another 10 minutes and then the handcuffs were removed by the police. Shortly after, the hospital clinic was notified that medical assistance was needed for the removal of the tazer gun probes. At 10:16 AM, A licensed independent practioner arrived to the unit and assisted with the removal of one of the probes imbedded in the patient's right arm and first aid applied to other tazer sites. Patient #1 remained in locked door seclusion until 5:10PM and continued to be retained in ALSA away from general milieu of the unit.</p> <p>Per hospital policy, Police Response to Safety Emergencies last reviewed 03/2013 states "Only when Brattleboro Retreat approved safety interventions have failed shall there be a process for requesting assistance from the Brattleboro PD". The policy also states" The responding officers have the authority to determine that they must take control of the safety emergency and to intervene according to police procedures." In this case, no other safety interventions were attempted by staff. The hospital staff relinquished their responsibility to ensure the safety of the patient by permitting the police officers to respond to a non-law enforcement situation and utilize a weapon and handcuffs for the purpose of Patient# 1 was not</p> <p>in police protective custody, nor a prisoner, but a patient with significant psychiatric disabilities that required direct management and consistent therapeutic intervention by hospital staff. Being subjected to the electrical discharge from a taser gun and restrained by handcuffs by police officers placed the patient in imminent danger and jeopardized the patient's rights</p>				

	Summary Statement (con't)	Plan of Correction	Completion Date	Responsible Party	QA Frequency/ Goal
ID Prefix Tag A164	<p>482.13(e) (2) USE OF RESTRAINT OR SECLUSION</p> <p>Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview the hospital failed to assure the least restrictive intervention was initiated prior to the implementation of police action resulting in the use of a weapon (tazer) and handcuffs for one applicable patient. (Patient #1) Findings include:</p> <p>On 5/23/13 Patient #1 was admitted with a diagnosis of Schizophrenia and mood dysregulation and a recent history of a violent assault prior to admission. Physician progress notes describe Patient #1 as psychotic, delusional and at times threatening. A nursing progress note for 7/3/13 at 1:17 PM Patient #1 was described as "uncooperative, suspicious, hostile" and "...very psychotic, expressing a lot of violent thoughts, threats to both staff and patients....". The attending psychiatrist progress note for 7/3/13 states "Patient had silent code called this am....very threatening verbal behaviors 'and physical posturing. Did respond to prn Klonopin..... Patient is very psychotic, believes s/he has killed many people, was in Hitler youth, special forces etc.". Decision on 7/3/13 by the treatment team was not to place Patient #1 in ALSA (Adult Low Stimulation Unit) but to be allowed to remain in the general milieu despite concerns voiced by patients and some staff.</p>	<ol style="list-style-type: none"> <li>1. The policy "Use of Police Response to Safety Emergencies" was eliminated.</li> <li>2. "Safety Emergencies: Restraint/Seclusion and Therapeutic Holding" Policy was reviewed and revised and renamed "Restraint and Seclusion" Policy.</li> <li>3. Code Green Policy revised.</li> <li>4. Role of police as responders <u>only</u> to law enforcement instances discussed and reinforced with Brattleboro Police Chief, Town Manager and Brattleboro Retreat CEO. These meeting ongoing.</li> <li>5. Prior to requesting police response: approval required by nursing supervisor and the Administrator on Call (AOC).</li> <li>6. Root Cause Analysis of police/taser incident conducted; recommendations reflected in this plan of correction.</li> <li>7. Physician Peer Case Review conducted.</li> </ol>	1) 8/9/13  2) 8/29/13  3) 8/29/13  4) week of 7/8/13  5) 8/2/13  6) 7/8/13  7) 8/2/13	1,2,3 Policy review Team (CMO, VP Operations, CNO, Quality team)  4) CEO  5) CNO  6) Risk Manager facilitated  7) CMO	Analysis of Code Green Debriefings by Quality Lead for inclusion in Performance Improvement monthly report to Safety Committee. Goal: 100% of Safety Emergency incidences are managed by Brattleboro Retreat clinical staff.

ID Prefix Tag	<u>Summary Statement (con't)</u>	<u>Plan of Correction (con't)</u>	<u>Completion Date</u>	<u>Responsible Party</u>	<u>QA/Frequency/Goal</u>
A164	<p>Per interview on 7/16/13 at 8:26AM, MHW #1stated "Day before (7/3/13) there was a collection of 2-3 women patients scared to death of him/her.. They voiced that. Asking the staff to intervene". Per MHW progress note for 7/3/13 at 10:52 AM states "Patient wandering through unit halls 'I'm going to rape her'. Patient did not disclose who'her' is". Per interview on 7/16/13 at 9:05AM, MHW #2 acknowledged it was on 7/3/13 when Patient #1 "... started to escalate". The policy describing the assessment criteria for admission to ALSA (last updated 05/2013) states clinical concerns related to "High risk for violence: Recent assaultiveness towards staff or other patients...or a history of assault or violence that suggests a current high risk for such actions. These individuals pose a risk for violence or aggression even when in the general milieu of an inpatient unit, and thus require special attention".</p> <p>Per interview on 7/16/13 at 10:23 AM, the attending psychiatrist confirmed the patient "...was extremely psychotic. S/he was threatening to staff and had initially ordered the patient to be placed in ALSA, however decided after speaking with Patient #1 and providing an additional Klonopin the order was discontinued allowing the patient to remain in the general milieu among the other patients. It was the impression of the psychiatrist, Patient #1 would relate to an ALSA transfer as "punitive".</p> <p>Per nursing progress note for 7/4/13 " At 8:22AM silent code called because patient was making verbal threats and threw a chair in the community area. At 8:30AM, patient was given</p>	<p>8. President of Medical Staff facilitated a psychiatric case conference on the role of police at Brattleboro Retreat with goal of education and discussion.</p> <p>9. Medical Staff approved a Violence Prevention protocol order set for identified inpatient admissions.</p> <p>10. Approval for CPI Program coordinator</p> <p>11. Approval for additional 2.8 FTES in security: this enhances staff's perception of a safe environment for patients, themselves and others.</p>	<p>8) 8/1/13</p> <p>9) 9/4/13</p> <p>10) 7/31/13</p> <p>11) 7/23/13</p>	<p>8) President of Medical Staff</p> <p>9) CMO</p> <p>10) CEO</p> <p>11) CEO</p>	<p>Chart audit for 4 mos. by Quality for orders initiated as per protocol. Goal: 95%</p> <p>CPI Coordinator hired 8/28/13</p> <p>2.8 FTES hired 8/26/13</p>

ID Prefix Tag	<u>Summary Statement (con't)</u>	<u>Plan of Correction (con't)</u>	<u>Completion Date</u>	<u>Responsible Party</u>	<u>QA/ Frequency/ Goal</u>
A164	<p>Klonopin 2 mg with little effect. At 9:10AM, Patient was throwing air punches at another patient's face." The charge nurse for Tyler -2 for 7/4/13 further stated in a report of events "Today,---(the patient) was announcing with hostile edge to both staff and clients in community area that s/he planned to assault someone. S/he postured and stared angrily at women and men as s/he clinched fist and verbalized threats." Interventions were attempted by staff, with the exception of a transfer to ALSA to redirect Patient #1, however the patient did not respond and continued to threaten while remaining in the general milieu among other Tyler-2 patients.</p> <p>At approximately 9:15AM on 7/4/13 AM MHW #1 was standing near the nurses' station and was approached from behind by Patient #1 who attempted to pour coffee on the MHW's head. The coffee cup was pushed away by the MHW and Patient #1 lunged and began physically assaulting MHW #1 with multiple punches to the back of his/her head, face and lower back. On 7/16/13 at 8:35AM MHW #1 stated "S/he came in with repetitive blows, pummeling my head...his/her arms were coming in from both sides. There was no escape..... thought I would lose consciousness." At the time of the incident other male and female MHWs were off the unit responding to other Code Greens (rapid response to a safety emergency). Female nurses began yelling and screaming at the patient to stop and a Code Green was called. When additional staff arrived, Patient #1 stopped the assault and proceeded to walk on his/her own, per direction of staff, into ALSA where s/he was placed in locked door seclusion at approximately 9:22AM.</p>	<p>12. a. Mock Code Green drills for staff          b. Initial mandated for staff to attend          c. Ongoing and scheduled mock drills          d. Enhanced CPI training and mock code green drills focus on de-escalation techniques, use of patient identified coping skills, and use of least restrictive interventions.</p>	<p>12) a 9/30/13          b. 9/20/13          d. 8/12/13</p>	<p>12) CPI Coordinator</p>	<p>a. Review 100% of evaluation sheets by CPI Coordinator for themes/ improvement for future trainings</p> <p>b. c. Review Code Green drill attendance sheets. Goal: 95% active staff</p> <p>d. Analysis of Code Green Debriefings for themes/ improvement for future trainings</p>

<p><b>ID Prefix Tag</b></p> <p>A164</p>	<p><b>Summary Statement (con't)</b></p> <p>Within minutes of placing the patient in seclusion, nursing and on-call psychiatrist determined patient required emergency medications. An order for Thorazine 200 mg Intramuscular (1M) was-ordered at 9:35AM. Per interview on 7/16/13 at 11:09 AM, RN #1 stated "S/he (the patient) wasn't willing to take medication voluntarily". There had been no attempt to employ less restrictive measures to de-escalate the patient's behavior. Per interview on 7/16/13 at 9:03AM MHW #2 stated prior to police arrival and encounter Patient #1 was, at times, standing quietly in the corner of the seclusion room and at other times yelling at staff and kicking the door of the seclusion room. Per MHW #3 on 7/16/13 at 9:38AM also stated before police arrived Patient #1 was "...really quiet...was actually doing very well...the assault had already happened" (referring to incident involving MHW # 1). Per report completed by the charge nurse of events on 7/4/13, Patient #1 expressed delusional comments shouting "No Tear gas". Instead, the decision was made by the charge nurse and the Supervisor for Security Services to contact the Brattleboro Police to request assistance with the application of a therapeutic hold for the administration of the involuntary emergency medication. One officer arrived at the-hospital at 9:50 AM and a second officer by 10:00 AM.</p> <p>With the appearance at the doorway of the seclusion room of the 2 police officers and the charge nurse and being informed of the impending administration of medication, Patient #1 charged towards the doorway. One of the police officers proceeded to utilize a Tazer gun, emitting an electrical discharge by deploying probes and fine wires that made contact with Patient #1's right side and right arm. Patient #1</p>				
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<p><b>ID</b> Prefix Tag</p> <p>AI64</p>	<p><b>Summary Statement (con't)</b></p> <p>fell towards the mattress in the seclusion room and was brought to the mattress and handcuffed behind his/her back by-the police. Nursing staff then proceeded to administer to Patient #1 200 mg of Thorazine IM and the patient remained secured in locked seclusion. Per hospital policy Safety Emergencies: Restraint, Seclusion and Therapeutic Holding of Patients last reviewed 04/2013, states "In the circumstance that all Retreat resources have been made available and the patient situation remains dangerous it may be necessary to call for assistance from Brattleboro police". However, in this incident, resulting in a weapon and handcuffs being utilized on a patient, there was no clear evidence all resources had been made available and utilized by hospital staff prior to seeking the assistance of the police. In addition, staff then permitted the police to manage and control circumstances for the administration of emergency medication.</p>				
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