

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

September 2, 2014

Mr. Robert Simpson, Administrator
Brattleboro Retreat
Anna Marsh Lane Po Box 803
Brattleboro, VT 05301-0803

Sent via Fax [802-258-3791] and regular mail

Dear Mr. Simpson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 18, 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,



Pamela M. Cota, RN
Licensing Chief

PC:jl



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

PRINTED: 08/22/2014
FORM APPROVED
OMB NO. 0938-0391

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| 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 08/18/2014 |
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| NAME OF PROVIDER OR SUPPLIER BRATTLEBORO RETREAT | STREET ADDRESS, CITY, STATE, ZIP CODE ANNA MARSH LANE PO BOX 003 BRATTLEBORO, VT 05301 |
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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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| A 000 | INITIAL COMMENTS An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection under State Agency jurisdiction on 8/11/14 through 8/13/14 and completed on 8/18/14, to determine compliance with Condition of Participation for: Patient Rights; Nursing Services, Quality Assurances/Performances Improvement for Complaint # 12127. The following regulatory violations were identified: Based on information gathered, the hospital was determined not to be in compliance with Conditions of Participallon for: Patient Rights and Quality Assessment/Performance Improvement. | A 000 | See attached Plan of Correction. | |
| A 115 | 482.13 PATIENT RIGHTS A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: Based on interview and record reviews conducted on days of survey, the Condition of Participation: Patient Rights was not met as evidenced by the hospital's failure to provide sufficient interventions to assure each patient's rights are protected by maintaining care in a safe setting. Findings include: | A 115 | | |
| A 144 | Refer to Tag: A- 144 482.13(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 staff interview and record review, the | A 144 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *President & CEO* (X6) DATE *9/2/14*

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>hospital failed to provide sufficient interventions to assure each patient's rights are protected by maintaining care in a safe setting. Findings include:</p> <p>On 7/16/14 Patient #1, with a diagnosis of Anxiety, Assaultive behaviors, PTSD and Suicidal ideation was admitted to the Tyler 3/Adolescent unit. Over the past 2 years Patient #1 had 2 prior hospitalizations and had resided in residential treatment programs for sexual offending and aggressive behaviors and self-harming behaviors. The initial physician admission assessment states Patient #1 was not only a victim of sexual abuse but also a "...perpetrator against males, females and mother." A Social Work Progress note for 7/17/14 states within "Symptoms observed/Assessment Summary:..... Patient has a history with many flags in it which bear watching most obviously sexualized actions with both males and females". In addition, the initial Social Service Assessment completed on 7/17/14 remarks: " Past/present Functioning: ...s/he has a history of sexualized behavior and can become infatuated with female staff. "</p> <p>The Interdisciplinary Treatment Plan for 7/17/14 identified Patient #1 to have Impulsive Behavior manifested by a "History of sexualized behaviors toward others" however goals and treatment modalities did not address how they would assure Patient #1 maintained personal and physical boundaries with both staff and other patients. Upon admission it was determined Patient #1 would be on routine 15 minute safety checks. On 7/18/14, Patient #1 was also assigned to the Community Area (a location near the nurses station which enable staff to monitor patients at all times during daily activities). While assigned</p> | A 144 | | | |

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| A 144 | <p>Continued From page 2</p> <p>to the Community Area Patient #1 developed a relationship with an older peer, Patient #2, who was admitted for depression and has a history of being sexually, physically and emotionally abused. Patient #2's room was in close proximity to the Community Area allowing Patient #1 to sit outside or across from Patient #2's room while monitored by Tyler 3 staff. Multiple conversations transpired between Patient #1 and #2 during which time both patients declined to take part in any of the scheduled activities and support groups.</p> <p>On 7/23/14 during an onsite visit to Tyler 3, staff from a residential program who were evaluating Patient #1's potential to return to their program upon discharge voiced concern to a Tyler 3 Social Worker of Patient #1's interaction with Patient #2 given the past history of inappropriate attachment with older peers and staff. On 7/24/14 a Nursing progress note at 3:35 PM states a patient informed staff that "a couple of days ago" Patient #1 had inappropriate sexual contact with Patient #2. When approached by both nursing staff and physicians, both Patient #1 and #2 denied sexual contact had occurred. Nursing progress note for 7/25/14 at 2:41 PM states Patient #2 reported to both RN and Clinical Manager that "a couple of days ago" Patient #1 had placed fingers in her vagina. A Physician Progress note for 7/28/14 states Patient #1 admitted to engaging in sexual activity with Patient #2. Once made aware of the events reported, Patient #1 was placed in ALSA (Low Stimulation Area) and on 1:1 monitoring. A Physician Progress note for 8/1/14 states Patient #1 "has a significant history of sexual offending behaviors which require high level of supervision".</p> | A 144 | | | |

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| A 144 | Continued From page 3 Per interview on 8/12/14 at 5 PM, the Social Worker assigned to the Treatment Team for Patient #1 confirmed although reports were made to the required State authorities and/or guardians regarding the inappropriate sexual contact, s/he was unable to provide an explanation how the event could have occurred when Tyler 3 staff were assigned to monitor Patient #1 and his/her movements/activities throughout the unit. Per interview on 8/13/14 at 4:30 PM, the Treatment team (Psychiatrists, Social Worker and Clinical Nurse Manager) were unable to provide any further explanation how adolescent patients requiring psychiatric hospitalization were not provided an environment that protects their vulnerability and ensures the care they require is in a safe setting. In addition, it was also acknowledged the treatment plan for Patient #1 failed to specifically address individualized actions/interventions to assist staff in the prevention of inappropriate sexual behaviors from occurring during the hospitalization of Patient #1 to ensure the safety of all patients on Tyler 3. | A 144 | A144 P.O.C Accepted 9/2/14 <i>De. Deet Intosh</i> | |
| A 263 | 482.21 QAPI The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention | A 283 | | |

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| A 283 | Continued From page 4 and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS. This CONDITION is not met as evidenced by: Based on interview and record review, the Condition of Participation for Quality Assessment and Performance Improvement (QA/PI) was not met due to the hospital's failure to assure that all staff utilized the established Incident/Occurrence reporting system to identify a potential adverse event and opportunity for improvement; and failed to fully analyze, develop and implement actions and mechanisms for learning throughout the hospital, following an identified adverse event. Findings include: Refer to Tag: 286 | A 283 | | | |
| A 286 | This is a repeat citation. 482.21(a), (c)(2), (e)(3) PATIENT SAFETY (a) Standard: Program Scope (1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will ... identify and reduce medical errors. (2) The hospital must measure, analyze, and track ...adverse patient events ... (c) Program Activities (2) Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventative actions and mechanisms that include feedback and learning throughout the hospital. | A 286 | A 286 P.O.C. Accepted Q. Dec Intosh 9/2/14 | | |

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| A 286 | Continued From page 5 (e) Executive Responsibilities, The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following: ... (3) That clear expectations for safety are established. This STANDARD is not met as evidenced by: Based on staff interviews and record review the facility failed to assure that all staff utilized the established Incident/Occurrence reporting system to identify a potential adverse event and opportunity for improvement; and failed to fully analyze, develop and implement actions and mechanisms for learning throughout the hospital, following an identified adverse event. Findings include: On 7/16/14 Patient #1, with a diagnosis of Anxiety, Assaultive behaviors, PTSD and Suicidal ideation was admitted to the Tyler 3/Adolescent unit. Over the past 2 years Patient #1 had 2 prior hospitalizations and had resided in residential treatment programs for sexual offending and aggressive behaviors and self-harming behaviors. The initial physician admission assessment states Patient #1 was not only a victim of sexual abuse but also a "...perpetrator against males, females and mother." A Social Work Progress note for 7/17/14 states within "Symptoms observed/Assessment Summary:..... Patient has a history with many flags in it which bear watching most obviously sexualized actions with both males and females". In addition, the initial Social | A 286 | | | |

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| A 286 | <p>Continued From page 6</p> <p>Service Assessment completed on 7/17/14 remarks: " Past/present Functioning: ...s/he has a history of sexualized behavior and can become infatuated with female staff. "</p> <p>The Interdisciplinary Treatment Plan for 7/17/14 identified Patient #1 to have Impulsive Behavior manifested by a "History of sexualized behaviors toward others" however goals and treatment modalities did not address how they would assure Patient #1 maintained personal and physical boundaries with both staff and other patients. Upon admission it was determined Patient #1 would be on routine 15 minute safety checks. On 7/18/14, Patient #1 was also assigned to the Community Area (a location near the nurses station which enable staff to monitor patients at all times during daily activities). While assigned to the Community area Patient #1 developed a relationship with an older peer, Patient #2, who was admitted for depression and has a history of being sexually, physically and emotionally abused. Patient #2's room was in close proximity to the Community Area allowing Patient #1 to sit outside or across from Patient #2's room while monitored by Tyler 3 staff. Multiple conversations transpired between Patient #1 and #2 during which time both patients declined to take part in any of the scheduled activities and support groups.</p> <p>On 7/23/14 during an onsite visit to Tyler 3, staff from a residential program who were evaluating Patient #1's potential to return to their program upon discharge voiced concern to a Tyler 3 Social Worker of Patient #1's Interaction with Patient #2 given the past history of inappropriate attachment with older peers and staff. On 7/24/14 a Nursing progress note at 3:35 PM states a patient</p> | A 286 | | | |

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| A 286 | <p>Continued From page 7</p> <p>informed staff that "a couple of days ago" Patient #1 had inappropriate sexual contact with Patient #2. When approached by both nursing staff and physicians, both Patient #1 and #2 denied sexual contact had occurred. Nursing progress note for 7/25/14 at 2:41 PM states Patient #2 reported to both RN and Clinical Manager that "a couple of days ago" Patient #1 had placed fingers in her vagina. A Physician Progress note for 7/28/14 states Patient #1 admitted to engaging in sexual activity with Patient #2. Once made aware of the events reported, Patient #1 was placed in ALSA (Low Stimulation Area) and on 1:1 monitoring. A Physician Progress note for 8/1/14 states Patient #1 ".has a significant history of sexual offending behaviors which require high level of supervision".</p> <p>Per interview on 8/12/14 at 5 PM, the Social Worker assigned to the Treatment team for Patient #1 confirmed although reports were made to the required State authorities regarding the inappropriate sexual contact, s/he was unable to provide an explanation how the event could have occurred when Tyler 3 staff were assigned to monitor Patient #1 and his/her movements/activities throughout the unit. At the time of interview the Manager of Performance Improvement and Risk Management confirmed s/he had not been made aware of the events involving Patient #1 and #2 and further confirmed an Incidence/Occurrence Report had not been completed. Although evidence was provided that an Internal Investigation was conducted by the Clinical Nurse Manager on 7/25/14, the opportunity to further analyze the event to identify causes and identify opportunities for further improvement did not occur.</p> | A 286 | | | |

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| A 000 | <p>INITIAL COMMENTS</p> <p>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection under State Agency jurisdiction on 8/11/14 through 8/13/14 and completed on 8/18/14 to determine compliance with Condition of Participation for: Patient Rights; Nursing Services, Quality Assurances/Performances Improvement for Complaint# 12127. The following regulatory violations were identified: Based on information gathered, the hospital was determined not to be in compliance with Conditions of Participation for: Patient Rights and Quality Assessment/Performance Improvement.</p> | <p>Subsequent to a three day survey completed August 18, 2014 by the Division of Licensing and Protection (State Survey Agency), the Brattleboro Retreat has undertaken a series of targeted actions that address areas of noncompliance in Condition of Participation 42 CFR 482.13 Patients' Rights and 42 CFR 482.21 Quality Assessment and Performance Improvement Program. We are fully committed as an organization to correct any identified deficiencies and to continually strive to improve the quality and safety of patient care. This plan of correction constitutes the facility's credible allegation of compliance. The executive team has reviewed CMS-2567 Statement of Deficiencies and agreed upon the following plan of correction:</p> | | | |
| A 115 | <p>482.13 PATIENT RIGHTS</p> <p>A hospital must protect and promote each patient's rights.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record reviews conducted on days of survey, the Condition of Participation: Patient Rights was not met as evidenced by the hospital's failure to provide sufficient interventions to assure each patient's rights are protected by maintaining care in a safe setting. Findings include</p> | <p>To enhance patient safety the hospital will implement a more structured approach in the reporting and reviewing of a patient's known history to improve its analysis, action planning, communication and coordination of activities to address potential safety concerns. This more structured approach will include augmenting current reporting and reviewing processes with an</p> | see: A-144 | D. J. Intosh | |

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| | | evidenced based targeted focus on discrete presenting problems that have potential to influence overall patient safety. | | | |
| A 144 | Refer to Tag: A- 144 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING The patient has the right to receive care in a safe setting. | 1. Enhance the white board (or equivalent) communication system used on the unit to communicate relevant historic information (such as history of sexual predatory behavior) and targeted treatment action steps to all members of the health care team. The white board communication system is updated after each treatment team meeting. | 1.8.20.14 | 1. Triad team lead. | 1, Checks of White Board included with EOC rounds; goal >95% (3 month) |
| A 144 | This STANDARD is not met as evidenced by: Based on staff interview and record review, the hospital failed to provide sufficient interventions to assure each patient's rights are protected by maintaining care in a safe setting. Findings include: On 7/16/14 Patient #1, with a diagnosis of Anxiety, Assaultive behaviors, PTSD and Suicidal ideation was admitted to the Tyler 3/Adolescent unit. Over the past 2 years Patient #1 had 2 prior hospitalizations and had resided in residential treatment programs for sexual offending and aggressive behaviors and self-harming behaviors. The initial physician admission assessment states Patient #1 was not only a victim of sexual abuse but also a "...perpetrator against males, females and mother." A Social Work Progress note for 7/17/14 states within "Symptoms observed/Assessment Summary: Patient has a history with many flags in it which bear watching most obviously sexualized actions with both males and | 2. Ask if an incident report was filed during treatment team meeting when these types of incidents are reviewed. Verify that the incident was documented and addressed in the patient plan of care/ medical record as appropriate. 3. Global supervision and feedback by the unit leadership triad team (Medical Director, Nurse | 2.9.19.14 3.a. 8.19.14 | 2.Dir.Social Work 3.a.CMO | 2. Include the inclusion of this relevant information in audit of medical record Goal >95% (3 month) 3. a. Reflected in minutes of |

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| A 144 | <p>females". In addition, the initial Social Service Assessment completed on 7/17/14 remarks: " Past/present Functioning: ...s/he has a history of sexualized behavior and can become infatuated with female staff." The Interdisciplinary Treatment Plan for 7/17/14 identified Patient #1 to have Impulsive Behavior manifested by a "History of sexualized behaviors toward others" however goals and treatment modalities did not address how they would assure Patient #1 maintained personal and physical boundaries with both staff and other patients. Upon admission it was determined Patient #1 would be on routine 15 minute safety checks. On 7/18/14, Patient #1 was also assigned to the Community Area (a location near the nurses station which enable staff to monitor patients at all times during daily activities). While assigned to the Community Area Patient #1 developed a relationship with an older peer, Patient #2, who was admitted for depression and has a history of being sexually, physically and emotionally abused. Patient #2's room was in close proximity to the Community Area allowing Patient #1 to sit outside or across from Patient #2's room while monitored by Tyler 3 staff. Multiple conversations transpired between Patient #1 and #2 during which time both patients declined to take part in any of the scheduled activities and support groups . On 7/23/14 during an onsite visit to Tyler 3, staff from a residential program who were evaluating Patient #1's potential to return to</p> | <p>Manger and Lead Social Worker) to individual treatment team meetings: a. reminder to include known historic patient specific information (such a history of sexual predatory behavior) with clinical rationale and intervention documented in the medical record. b. Develop an Emergency Safety Plan (ESP) treatment plan template for challenging patients; post examples of ESP on the shared drive for treatment team review and discussion in developing patient specific plans; post or reference ESP on White Board (or equivalent) c. Formal case conferences on the patients involved in this incident for review, discussion and learning.</p> <p style="text-align: center;">9/2/14 A 144 - POC Accepted Delet Intosh, RN</p> | <p>b. plans templates posted 8.20.14</p> <p>c. 10.2.14</p> | <p>b. clinical managers</p> <p>c. CMO</p> | <p>Triad meeting. Include the inclusion of this relevant information in audit of Medical Record. Goal >95% (3 month)</p> <p>b. available on shared drive</p> <p>c. Reflected on schedule of case conference</p> |

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| A 144 | <p>their program upon discharge voiced concern to a Tyler 3 Social Worker of Patient #1's interaction with Patient #2 given the past history of inappropriate attachment with older peers and staff. On 7/24/14 a Nursing progress note at 3:35PM states a patient informed staff that "a couple of days ago" Patient #1 had inappropriate sexual contact with Patient #2. When approached by both nursing staff and physicians, both Patient #1 and #2 denied sexual contact had occurred. Nursing progress note for 7/25/14 at 2:41 PM states Patient #2 reported to both RN and Clinical Manager that "a couple of days ago" Patient #1 had placed fingers in her vagina. A Physician Progress note for 7/28/14 states Patient #1 admitted to engaging in sexual activity with Patient #2. Once made aware of the events reported, Patient #1 was placed in ALSA (Low Stimulation Area) and on 1:1 monitoring. A Physician Progress note for 8/1/14 states Patient #1 "...has a significant history of sexual offending behaviors which require high level of supervision".</p> <p>Per interview on 8/12/14 at 5 PM, the Social Worker assigned to the Treatment Team for Patient #1 confirmed although reports were made to the required State authorities and/or guardians regarding the inappropriate sexual contact, s/he was unable to provide an explanation how the event could have occurred when Tyler 3 staff were assigned to monitor Patient #1 and his/her movements/activities throughout the unit. "</p> <p>Per interview on 8/13/14 at 4:30PM, the</p> | <p>9/2/14 A.144- POC Accepted <i>[Signature]</i></p> | | | |

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|---------------|---|---|-----------------|-------------------|-----------------------|
| A 144 | <p>Treatment team (Psychiatrists, Social Worker and Clinical Nurse Manager) were unable to provide any further explanation how adolescent patients requiring psychiatric hospitalization were not provided an environment that protects their vulnerability and ensures the care they require is in a safe setting. In addition, it was also acknowledged the treatment plan for Patient #1 failed to specifically address individualized actions/interventions to assist staff in the prevention of inappropriate sexual behaviors from occurring during the hospitalization of Patient #1 to ensure the safety of all patients on Tyler 3.</p> | <p>A-144 9/2/14 POC Accepted, J. DeTosh, RN</p> | | | |
| A 263 | <p>482.21 QAPI</p> <p>The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program.</p> <p>The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.</p> <p>The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.</p> <p>This CONDITION is not met as evidenced by:</p> | <p>To enhance patient safety the hospital will implement a more structured approach in the report and review of incident reporting to improve its analysis, action planning, communication and coordination of activities to address potential safety concerns.</p> | | | |

| ID Prefix Tag | Summary Statement | Plan of Correction | Completion Date | Responsible Party | QA/ Frequency/Goal |
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| A 286 | <p>Based on staff interviews and record review the facility failed to assure that all staff utilized the established Incident/Occurrence reporting system to identify a potential adverse event and opportunity for improvement; and failed to fully analyze, develop and implement actions and mechanisms for learning throughout the hospital, following an identified adverse event. Findings include: On 7/16/14 Patient #1, with a diagnosis of Anxiety, Assaultive behaviors, PTSD and Suicidal ideation was admitted to the Tyler 3/Adolescent unit. Over the past 2 years Patient #1 had 2 prior hospitalizations and had resided in residential treatment programs for sexual offending and aggressive behaviors and self-harming behaviors. The initial physician admission assessment states Patient #1 was not only a victim of sexual abuse but also a "...perpetrator against males, females and mother." A Social Work Progress note for 7/17/14 states within "Symptoms observed/Assessment Summary: Patient has a history with many flags in it which bear watching most obviously sexualized actions with both males and females". In addition, the initial Social Service Assessment completed on 7/17/14 remarks: " Past present Functioning: ...s/he has a history of sexualized behavior and can become infatuated with female staff. "</p> <p>The Interdisciplinary Treatment Plan for 7/17/14 identified Patient #1 to have Impulsive Behavior manifested by a "History of sexualized behaviors toward others" however goals and treatment modalities did not address how they would assure Patient #1 maintained personal</p> | <p>opportunities for improvement and positively impacting patient safety and quality in the "Quality Connections" section in September.</p> <p>3. Additional education to clinical staff (physicians, nursing, social workers) on incident reporting and its role in Performance Improvement</p> <p>4. Ask if an incident report was filed during treatment team meeting when these types of incidents are reviewed. Verify documented and addressed in the patient plan of care/medical record as appropriate. Detailed plan of care in centralized location: Treatment Team Books</p> <p>5. Enhance the white board (or equivalent) communication system used on the unit to communicate relevant historic information (such as history of sexual predatory behavior) to all members of the health care team. The white board communication system is updated after each treatment team meeting.</p> <p>6. Global supervision and feedback by the unit leadership triad to individual treatment team</p> | <p>3.9.26.14</p> <p>4.9.19.14</p> <p>5.8.20.14</p> <p>6.a8.19.14</p> | <p>3. Director of Education</p> <p>4. Director of Social Work</p> <p>5. Triad team lead</p> <p>6a. CMO</p> | <p>3. > 90% active staff complete</p> <p>4. Include the inclusion of this relevant information in audit of Medical Record. Goal >95% (3 month)</p> <p>5. Checks of White Board included with EOC rounds: goal >95% (3 month)</p> <p>6a. Reflected in minutes of Triad Meeting. Include the</p> |

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| A 286 | <p>and physical boundaries with both staff and other patients. Upon admission it was determined Patient #1 would be on routine 15 minute safety checks. On 7/18/14, Patient #1 was also assigned to the Community Area (a location near the nurses station which enable staff to monitor patients at all times during daily activities) . While assigned to the Community area Patient #1 developed a relationship with an older peer, Patient #2, who was admitted for depression and has a history of being sexually, physically and emotionally abused. Patient #2's room was in close proximity to the Community Area allowing Patient #1 to sit outside or across from Patient #2's room while monitored by Tyler 3 staff. Multiple conversations transpired between Patient #1 and #2 during which time both patients declined to take part in any of the scheduled activities and support groups.</p> <p>On 7/23/14 during an onsite visit to Tyler 3, staff from a residential program who were evaluating Patient #1's potential to return to their program upon discharge voiced concern to a Tyler 3 Social Worker of Patient #1's interaction with Patient #2 given the past history of inappropriate attachment with older peers and staff. On 7/24/14 s Nursing progress note at 3:35 PM states a patient informed staff that "a couple of days ago" Patient #1 had inappropriate sexual contact with Patient #2. When approached by both nursing staff and physicians, both Patient #1 and #2 denied sexual contact had occurred. Nursing progress note for 7/25/14 at 2:41 PM states Patient #2 reported to both RN and Clinical Manager that "a couple of days ago" Patient #1</p> | <p>meetings: a. reminder to include known historic patient specific information (such as history of sexual predatory behavior) with clinical rationale and intervention documented in the Medical Record. b. Develop an Emergency Safety Plan (E.S.P.) treatment plan template for challenging patients, post examples of on the shared drive for treatment team review and discussion in developing patient specific plans, and reference the ESP on White Boards c. Formal case conferences on the patients involved in this incident for review, discussion and learning.</p> <p>9/2/14 POC Accepted A-286 J. J. Intosh, RN</p> | <p>b. template posted 8.20.14</p> <p>c. 10.2.14</p> | <p>b. clinical managers</p> <p>c. CMO</p> | <p>inclusion of this relevant information in audit of Medical Record. Goal >95% (3 month)</p> <p>b. available on shared drive</p> <p>c. Reflected on schedule of case conferences</p> |

The Brattleboro Retreat
 Corrective Action Plan
 Survey Completion Date: August 18, 2014
 Provider ID # 474001

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| A 286 | <p>had placed fingers in her vagina . A Physician Progress note for 7/28/14 states Patient #1 admitted to engaging in sexual activity with Patient #2. Once made aware of the events reported, Patient #1 was placed in ALSA (Low Stimulation Area) and on 1:1 monitoring. A Physician Progress note for 8/1/14 states Patient #1 ".has a significant history of sexual offending behaviors which require high level of supervision".</p> <p>Per interview on 8/12/14 at 5 PM, the Social Worker assigned to the Treatment team for Patient #1 confirmed although reports were made to the required State authorities regarding the inappropriate sexual contact, s/he was unable to provide an explanation how the event could have occurred when Tyler 3 staff were assigned to monitor Patient #1 and his/her movements/activities throughout the unit. At the time of interview the Manager of Performance Improvement and Risk Management confirmed s/he had not been made aware of the events involving Patient #1 and #2 and further confirmed an Incidence/Occurrence Report had not been completed. Although evidence was provided that an Internal Investigation was conducted by the Clinical Nurse Manager on 7/25/14, the opportunity to further analyze the event to identify causes and identify opportunities for further improvement did not occur.</p> | <p>9/2/14 P.O.C. Accepted A-286- <i>Ol. Oletosh, or</i></p> | | | |