



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

June 21, 2013

Dr. John Brumsted, Administrator
Fletcher Allen Healthcare - ESRD
PO Box 547
Barre, VT 05641

Dear Dr. Brumsted:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 31, 2013**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Frances L. Keeler".

Frances L. Keeler, RN, MSN, DBA
Assistant Division Director
Director State Survey Agency



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

PRINTED: 06/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 473500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/31/2013
NAME OF PROVIDER OR SUPPLIER FLETCHER ALLEN HEALTHCARE - S			STREET ADDRESS, CITY, STATE, ZIP CODE POB 547 BARRE, VT 05641	
(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
V 000	INITIAL COMMENTS	V 000		
V 510	An unannounced onsite ESRD complaint investigation was conducted on 5/31/13. The following regulatory violations were identified: 494.80(a)(7) PA-MSW-PSYCHOSOCIAL NEEDS The patient's comprehensive assessment must include, but is not limited to, the following: (7) Evaluation of psychosocial needs by a social worker. This STANDARD is not met as evidenced by: Based upon staff interview and record review, the comprehensive assessment did not include an evaluation of psychosocial needs by the social worker for 1 of 1 patients related to a potential involuntary discharge. (Patient #1). Finding includes: Per record review of the Care Plan and staff interview on 5/31/13 at 2:55 PM, the Social Worker confirmed that Patient #1's comprehensive assessment did not include a psychosocial assessment related to a potential involuntary discharge. The last social worker Care Plan entry dated 1/14/13 states "Alert and oriented, adjusting to dialysis"; "[Patient #1's] language and behavior have improved over the past few months".	V 510	US10 See plan of correction POC accepted 6/21/13 J. Cummins RN MS	
V 520	494.80(d)(2) PA-FREQUENCY REASSESSMENT-UNSTABLE Q MO In accordance with the standards specified in paragraphs (a)(1) through (a)(13) of this section,	V 520	US20 POC accepted 6/21/13 See plan of correction J. Cummins RN MS	7-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Conal Myers* TITLE: *Director* (X6) DATE: *6-17-13*

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.

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

PRINTED: 08/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 473500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/31/2013
NAME OF PROVIDER OR SUPPLIER FLETCHER ALLEN HEALTHCARE - S		STREET ADDRESS, CITY, STATE, ZIP CODE POB 547 BARRE, VT 05641		
(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
V 520	Continued From page 2 Manager confirmed that Patient #1's Care Plan had not been revised to reflect a potential involuntary discharge.	V 520	SEE plan of CORRECTION C.M. V520 POC accepted 6/24/13 J. Cummings MS	7-1-13

Initial Comments

An unannounced onsite ESRD complaint investigation was conducted on 5/31/13. The following regulatory violations were identified:

V 510 494.380(a)(7) PA-MSW-PSYCHOSOCIAL NEEDS

The patient's comprehensive assessment must include, but is not limited to, the following:

(7) Evaluation of psychosocial needs by a social worker.

This STANDARD is not met as evidenced by: Based upon staff interview and record review, the comprehensive assessment did not include an evaluation of psychosocial needs by the social worker for 1 of 1 patients related to a potential involuntary discharge. (Patient #1). Finding includes:

Per record review of the Care Plan and staff interview on 5/31/13 at 2:55 PM, the Social comprehensive assessment did not include a psychosocial assessment related to a potential involuntary discharge. The last social worker Care Plan entry dated 1/14/13 states "Alert and oriented, adjusting to dialysis", "[Patient #1]'s language and behavior have improved over the past few months".

PLAN OF CORRECTION

- The Dialysis Director and Nurse Manager will reinforce the expectations outlined in Fletcher Allen Policies: *Initial Assessment and Plan of Care for New Dialysis Patients* and *Definition of an Unstable Dialysis Patient* related to the revision of the plan of care for unstable patients at the Assistant Nurse Manager meeting on June 20th. The leadership meeting in addition to the Managers will have representation from the Medical Directors, the Manager of Case Management and Social work and the Manager of Nutrition. In addition to reinforcing the referenced policy expectations, the survey findings will be used as a case study for educational purposes.
- The leadership will reinforce with staff, the expectations outlined in the Fletcher Allen Policies: *Initial Assessment and Plan of Care for New Dialysis Patients* and *Definition of an Unstable Dialysis Patient* specifically related to the revision of the plan of care for unstable patients in June.
- Each Nurse Manager at each facility, in collaboration with the Medical Director will review unit patients and determine the stability of the patient. If a patient is determined to be unstable a monthly revision of the plan of care will occur effective 7/1/13.
- The leadership will review the monthly quality report that lists all patients due for annual care plan updates and those that require monthly update to monitor compliance with the Fletcher Allen Policies: *Initial Assessment and Plan of Care for New Dialysis Patients* and *Definition of an Unstable Dialysis Patient*. Performance data will be shared at the individual unit level monthly and quarterly at the Leadership meeting and Quality Meeting effective 7/1/13.

V 520 494.80(d)(2) PA FREQUENCY REASSESSMENT UNSTABLE Q MO

In accordance with the standards specified in paragraphs (a)(1) through (a)(13) of this section, a

V510
POC accepted
6/21/13

J. Cummins
MS

V 520
POC accepted
6/21/13 J. Cummins
MS

comprehensive reassessment of each patient and a revision of the plan of care must be conducted-

At least monthly for unstable patients including, but not limited to, patients with the following:

- (i) Extended or frequent hospitalizations;
- (ii) Marked deterioration in health status;
- (iii) Significant change in psychosocial needs; or
- (iv) Concurrent poor nutritional status, unmanaged anemia and inadequate dialysis

This STANDARD is not met as evidenced by: Based upon record review and staff interview, the facility failed to revise the plan of care at least monthly for one of one unstable patient concerning a potential involuntary discharge and significant change in psychosocial needs. (Patient #1). Findings includes:

1. Per record review of the Care Plan and staff interview on 5/31/13 at 2:55 PM, the Social Worker confirmed that Patient #1 's Care Plan had not been revised by the Social Worker to reflect a significant change in psychosocial needs related to a potential involuntary discharge. The last social worker Care Plan entry dated 1/14/13 states "Alert and oriented, adjusting to dialysis", "[Patient #1' s] language and behavior have improved over the past few months". (Also see V510 MSW Psychosocial Needs).
2. Per record review of the Care Plan and staff interview on 5/31/13 at 3:00 PM, the Nurse Manager confirmed that Patient #1 's Care Plan had not been revised to reflect a potential involuntary discharge

PLAN OF CORRECTION

- The Dialysis Director and Nurse Manager will reinforce the expectations outlined in Fletcher Allen Policies: *Initial Assessment and Plan of Care for New Dialysis Patients* and *Definition of an Unstable Dialysis Patient* related to the revision of the plan of care for unstable patients at the Assistant Nurse Manager meeting on June 20th. The leadership meeting in addition to the Managers will have representation from the Medical Directors, the Manager of Case Management and Social work and the Manager of Nutrition. In addition to reinforcing the referenced policy expectations, the survey findings will be used as a case study for educational purposes.
- The leadership will reinforce with staff, the expectations outlined in the Fletcher Allen Policies: *Initial Assessment and Plan of Care for New Dialysis Patients* and *Definition of an Unstable Dialysis Patient* specifically related to the revision of the plan of care for unstable patients in June.
- Each Nurse Manager at each facility, in collaboration with the Medical Director will review unit patients and determine the stability of the patient. If a patient is determined to be unstable a monthly revision of the plan of care will occur effective 7/1/13.
- The leadership will review the monthly quality report that lists all patients due for annual care plan updates and those that require monthly update to monitor compliance with the Fletcher Allen Policies: *Initial Assessment and Plan of Care for New Dialysis Patients* and *Definition of an Unstable Dialysis Patient*. Performance data will be shared at the individual unit level monthly and quarterly at the Leadership meeting and Quality Meeting effective 7/1/13.

V520
 POC corrected
 6/21/13
 J. Cummings