

Division of Licensing and Protection
103 South Main Street
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

October 7, 2014

Mr. Joseph Woodin, Administrator
Gifford Memorial Hospital--Swing Bed Unit
44 South Main Street
Randolph, VT 05060

Dear Mr. Woodin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 9, 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,



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

Enclosure



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

PRINTED: 09/19/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 47Z301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/09/2014
NAME OF PROVIDER OR SUPPLIER GIFFORD MEMORIAL HOSPITAL--SWING BED UNIT			STREET ADDRESS, CITY, STATE, ZIP CODE 44 SOUTH MAIN STREET RANDOLPH, VT 05060		
(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	
C 000	INITIAL COMMENTS	C 000	Swing Bed--CORRECTIVE ACTION PLAN		
C 361	<p>An unannounced on-site Critical Access Hospital Swing Bed Survey was conducted on 9/9/14 by the Division of Licensing and Protection. The Special Requirements for Hospital Providers of Long Term Care Services ("Swing Beds") 42 CFR Subpart E 482.66 was not met as evidenced by the following regulatory violation: 485.645(d)(1) RESIDENTS RIGHTS</p> <p>[The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter:]</p> <p>(1) Resident rights (§483.10(b)(3)):</p> <p>"The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition;"</p> <p>This STANDARD is not met as evidenced by: Based on staff and patient interview, the hospital failed to inform one applicable patient in writing of his or her rights as a patient admitted to a certified swing bed part of the hospital for 1 of 2 applicable patients. (Patient #9) Findings include:</p> <p>Per interview with Patient #9 on 9/9/14 at 11:45 AM, the patient indicated that he or she had received a copy of his or her rights as a patient in the hospital on admission on 8/28/14. The written copy of rights given to the patient was reviewed and was noted to be for admission to a hospital bed, not a designated swing bed. During interview at 2:05 PM, the V.P. of Hospital Services confirmed that the hospital had not provided Patient #9 with a copy of the swing bed Resident</p>	C 361	<p>1. Patient Bill of Rights pamphlet for swing patients will be created and include the following: Residents rights Admission, transfer, and discharge rights Residents behavior and facility practices Patient activities Social Services Comprehensive care plan, and discharge planning Dental Services Nutrition Services Rehabilitative Services</p> <p>2. Process: When a patient is admitted to TCU, registration staff will provide them with the patient bill of rights. Care management staff will then review this with patients and answer any questions or concerns they may have. Care management staff will then document this conversation in the patient's care management flow chart.</p> <p>Monitoring 1. Pamphlet will be completed and process will be instituted by 10/6/2014. 2. Registration staff and care management team instructed regarding new process. Complete 10/1/2014 3. Quality Management staff will audit all TCU patient charts for documentation in care management flow chart and report findings back to care management on a weekly basis. Audit will continue for a minimum of three months of 100% compliance, followed by ten random chart audits quarterly for six months to ensure new process is sustained.</p> <p>RESPONSIBLE PERSONS Registration staff/ Care Management Team- process Quality Management- audit</p> <p><i>POC accepted FMC Intash JF KLR RM MSW 013A</i></p>		

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

TITLE

(X6) DATE

10/10/14

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 patient. (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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C 361	Continued From page 1 Rights required by regulation upon admission to a swing bed.	C 361			