



## 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) 241-2345

To Report Adult Abuse: (800) 564-1612

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August 10, 2011

Michael Brant, Administrator  
Grace Cottage Hospital  
Po Box 216  
Townshend, VT 05353

Dear Mr. Brant:

The Division of Licensing and Protection completed a survey at your facility on **July 20, 2011**. The purpose of the survey was to determine if your facility met the conditions of participation for Critical Access Hospitals found in 42 CFR Part 485.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **August 10, 2011**.

Sincerely,

Pamela M. Cota, RN  
Licensing Chief

Enclosure



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

SCANNED

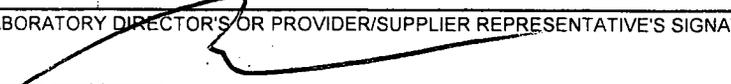
PRINTED: 07/27/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>471300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/20/2011</b>
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NAME OF PROVIDER OR SUPPLIER.  <b>GRACE COTTAGE HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 216 TOWNSHEND, VT 05353</b>
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C 000	INITIAL COMMENTS  An unannounced onsite recertification survey was completed on 7/20/11. The following regulatory violations were found.	C 000		
C 279	485.635(a)(3)(vii) PATIENT CARE POLICIES  [The policies include the following:]  If the CAH furnishes inpatient services, procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of §485.25(i) is met with respect to inpatients receiving posthospital SNF care.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that proper kitchen sanitation measures were maintained in accordance with facility policies. Findings include:	C 279		
	1. Per review of the facility Dish Machine Temperature log on 7/18/11 at 2:15 P.M., staff failed to assure dishwasher temperatures were at proper levels in accordance with manufacturer instructions and facility policy. Between 3/1/11 - 7/18/11, 135 of a possible 452 opportunities to record dishwasher temperatures were not documented. Additionally, 15 documented rinse temperatures were below the 180 degrees Fahrenheit required for hot water sanitization. The Food Services Manager (FSM) confirmed at the time of the review that the temperatures were not documented as above and that staff failed to		#1 See enclosed Plan of Correction pgs 1-2 and (pcc) attachments A+B	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>CEO</b>	(X6) DATE <b>8-4-11</b>
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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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C 279	Continued From page 1 re-check those rinse temperatures that were less than 180 degrees, per facility policy.  2. On 7/18/11 at 2:20 P.M. during a tour of the kitchen, accompanied by the FSM, the following unsanitary conditions were observed:  - Drawers and cabinets containing utensils and assorted cooking tools in 2 food preparation tables were soiled with food particles and grease. - A ventilation grill in operation and blowing air over food preparation equipment was soiled with dust and grease. - A manual can opener was soiled with a brown substance. - A sprinkler pipe extending above food preparation areas was soiled with a build up of dust and grease. - The bottom interior shelf of a milk refrigerator was soiled. The above observations were confirmed by the FSM at the time of the observations.	C 279	<i>#2</i> <i>See enclosed Plan of correction pgs 1-2 and (Poc) attachments A+B</i>  <i>C 279 poc accepted 8/1/11</i> <i>addendum 8/1/11</i> <i>Mary B...</i>	
C 294	485.635(d) NURSING SERVICES  Nursing services must meet the needs of patients.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the Registered Nurse (RN) failed to adhere to clean technique during 1 of 2 observations of patient care. (Patient #18) Findings include:  Per observation of a clean surgical dressing change for Patient #18 on 7/19/11 at 9:30 AM, the RN failed to change gloves and sanitize hands after removing the soiled dressing and	C 294	<i>See enclosed Plan of Correction pgs 2-3</i>	

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C 294 Continued From page 2 .  
cleansing the wound and prior to applying the new dressing. The RN also failed to sanitize hands after removing gloves at the completion of the dressing change and then handled patient items and equipment in the room. In addition, prior to the dressing change, the RN failed to cleanse the blood pressure cuff(s) used for the patient prior to replacing equipment back into the hallway for general use for other patients. The failure to sanitize hands and/or reglove at appropriate times and cleanse the Blood Pressure cuffs was confirmed during interview with the RN at 9:45 AM. The RN's failure to adhere to clean technique was also confirmed with the Chief Nursing Officer (CNO) at 9:50 AM. The CNO verified the failure to change gloves when required and stated that it is facility policy to utilize the Lippincott Manual of Nursing Practice, 9th edition as a reference for basic/routine nursing procedures not found in the official Nursing Department Policies & Procedures Book. The hospital's policy on "Cleaning and Storing of Patient Equipment" stated "Non-invasive equipment in need if disinfection includes any device in contact with a patient that is meant for reuse by another patient." The CNO verified that the blood pressure cuffs should be sanitized between patient use.

C 294 (continued)  
POC PGS 2-3  
*C 294 POC accepted per addendum 8/10/11 Mary Balthus, RN*

C 298 485.635(d)(4) NURSING SERVICES  
A nursing care plan must be developed and kept current for each inpatient.  
This STANDARD is not met as evidenced by:  
Based on staff interview and record review, nurses failed to develop and/or revise care plans per hospital policy for 2 of 8 current inpatient records reviewed. (Patients #1 & #3) Findings

C 298  
See enclosed Plan of Correction pgs 3-4 and (POC) attachment C

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C 298	<p>Continued From page 3 include:</p> <ol style="list-style-type: none"> <li>Per review on 7/18/11, Patient #3 was admitted to the hospital on 7/16/11 at 12:25 PM and the care plan was not developed timely as stated in the Admission Interview, Reassessments and Care Plan Policy" which stated that care plans must be developed within 24 hours of admission. Per review of the medical record on 7/19/11, the care plan was created on 7/19/11. The failure to develop the care plan in a timely manner was confirmed during interview with the Registered Nurse (RN) Manager on 7/20/11 at 8:45 AM.</li> <li>Per record review on 7/19/11, Patient #1, who was admitted to the hospital on 7/16/11, did not have a care plan developed until 7/18/11. The Unit Manager confirmed on 7/19/11 at 10:20 A.M. that Patient #1's care plan had been developed on 7/18/11 and had not been developed within the 24-hour period after the patient's admission, per hospital policy.</li> <li>Per record review on 7/19/11, there was a failure by nursing to revise the care plan for Patient # 1 regarding three Stage 2 pressure sores that were identified during the initial RN assessment, completed on admission on 7/16/11 at 7:42 PM. On 7/20/11 at 8:40 A.M. the Chief Nursing Officer (CNO) confirmed that although the initial nursing assessment, completed on 7/16/11 documented three Stage 2 pressure sores on the patient's buttocks, the care plan was not revised to include this problem.</li> </ol>	C 298	<p><i>(Continued)</i></p> <p><i># 1-2-3</i></p> <p><i>POC pgs 3-4 and POC Attachment C</i></p> <p><i>C 298 POC accepted per admission 8/10/11 May both RN</i></p>	
C 308	485.638(b)(1) PROTECTION OF RECORD INFORMATION	C 308	<i>Continued</i> ↓	

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C 308	<p>Continued From page 4</p> <p>The CAH maintains the confidentiality of record information and provides safeguards against loss, destruction, or unauthorized use.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interviews, the hospital failed to assure confidentiality of record information by failing to provide safeguards against loss, destruction or unauthorized use. Findings include:</p> <p>Per observation during a tour of the radiology department on 7/18 /11 at 3:30 P.M., there were multiple shelves in a small room connected to the x-ray room where there were file folders which contained patient identifiable information including patient names, descriptions and dates of x-rays taken and copies of actual x-rays in the file folders. There were 2 doors to gain access to this x-ray room; one exited to the ED (emergency dept.) which had a door that was lockable, and the other door, which was not lockable, exited to a hallway in the hospital near a patient room, the hospital laboratory, registration area and physical therapy rooms, The main hospital cafeteria was located at the end of the hall.</p> <p>Per interview on 7/18/11 at 3:30 P.M., he Chief Nursing Officer (CNO) and two radiology technicians each confirmed that there was no lock on the door leading to the hospital hallway and that when the technicians left in the evening (approximately 6:30 P.M.) until they arrived the next day (approximately 7:00 A.M.) they would just 'shut the door' to the hallway because they were unable to lock the door.</p>	C 308	<p>See enclosed Plan of Correction pg 4.</p> <p><i>C-308 POC accepted per addendum 8/10/11 Mary Butler POC</i></p>

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ID Prefix Tag	Summary Statement	Plan of Correction	Completion Date	Responsible Party	QA/ Frequency/Goal
C279	<p><b>485.635 (a) (3) (vii) PATIENT CARE POLICIES</b>            If the CAH furnishes inpatient services, procedures ensure nutritional needs of inpatients are met in accordance with recognized dietary practices and orders of the practitioner responsible for the care of the patients...Proper kitchen sanitation measures...</p> <p>Findings include:            1. Dish machine temperature log.            2. Kitchen sanitation</p>	<p><b>1. Dish Machine Temperature log:</b>            Mandated meeting for all food service staff to review surveyor's findings and review performance expectations re: wash and rinse temperatures and completion of log. Food Service Manager will begin auditing the log. Staff will be held accountable for failure to comply.</p> <p>Review of the temperature log for completion included in the newly developed Food Services Manager's audit checklist. Deficiencies will be immediately addressed. Food Service Manager's audit to be forwarded to VP responsible for Food Services at the end of each month.</p> <p><b>2. All kitchen sanitation issues identified by surveyor immediately corrected.</b></p>	<p>Meeting held 7.21.11 at 2pm</p> <p>Audit checklist developed and in use 8.1.11 (Attachment A)</p> <p>7.18.11</p> <p>Meeting held 7.21.11 at 2pm            Daily and weekly cleaning assignment logs reviewed.            (Attachment B)</p> <p>Audit checklist developed and in use 8.1.11 (Attachment A)</p>	<p>Food Services Manager &amp; VP</p> <p>Food Services Manager</p> <p>Food Services Manager &amp; VP</p> <p>Food Services Manager</p>	<p>Attendance goal 100% of staff (met)</p> <p>Attendance goal 100% of staff (met)</p> <p>Ongoing Manager's audit of cleaning assignment logs.</p> <p>Ongoing Manager's audit of cleaning assignment logs.</p>

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ID Prefix Tag	Summary Statement	Plan of Correction	Completion Date	Responsible Party	QA/Frequency/Goal
C 294	<p>485.635 (D)                      NURSING SERVICES                      Nursing services must meet the needs of the patient</p> <p>Findings include:                      Clean technique:                      Dressing change                      Hand washing                      Cleaning of BP cuff</p>	<p>Nurse involved re-educated on hand hygiene requirements, dressing change technique and cleaning of patient care equipment.</p> <p>All Nursing staff made aware of surveyor's findings and their performance expectations.</p> <p>Re-education of nursing staff on dressing change protocols, clean/sterile technique, proper donning and removal of gloves, etc. via a poster presentation and policy review.</p> <p>Discussion/Q&amp;A for all nursing staff on "clean technique" issues planned for August staff meetings.</p> <p>Organizational hand hygiene awareness campaign planned for all hospital staff to include "germ city" presentation, hand washing awareness and "cover" auditing of all staff on hand hygiene compliance</p> <p>Re-education of nursing staff on policy and requirements for "Cleaning and Storing of Patient Equipment"</p>	<p>7.21.11</p> <p>7.19.11</p> <p>7.20.11</p> <p>7.20.11</p> <p>8.3.11</p> <p>August 22 &amp; 23, 2011 nursing staff meeting</p> <p>Planned for September 2011</p>	<p>Food Services Manager</p> <p>CNO &amp; Nurse Manager</p> <p>Nurse Manager</p> <p>Nurse Educator</p> <p>Nurse manager &amp; Nurse Educator</p> <p>Chair of Infection Control Committee</p> <p>Nurse Manager</p>	<p>Goal: 100% completion</p> <p>Monitoring as per Human Resources correction action plan</p> <p>Spot checks of staff to ensure compliance.</p> <p>Audit e-mail trail goal 100%</p> <p>Signature sheet goal 100%</p> <p>Attendance sheets: &gt;90% staff, repeat education for staff as needed for goal to reach 100%</p> <p>Minutes of IC meeting. Metric review of hand hygiene audit with action steps to be determined after metric obtained</p> <p>Audit e-mail trail goal 100%</p>

*Handwritten notes and signatures at the bottom right of the page.*

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ID Prefix Tag	Summary Statement	Plan of Correction	Completion Date	Responsible Party	QA/ Frequency/Goal
<p><i>C 294</i> <i>(cont.)</i></p> <p>C298</p>	<p>485.635 (d) (4)                      NURSING SERVICES                      A nursing care plan must be developed and kept current for each inpatient                      Findings include:                      Care plans not developed within 24hrs for 2 patients (one was 48hrs the other 72hrs)                      One of the above CPs did not include a problem identified during initial RN physical assessment</p>	<p>Reminder tags placed on Dynamapp blood pressure machines and portable GE monitors which are not dedicated to a specific patient (based on infection control policy) of need to sanitize between patients.</p> <p>All Nursing staff made aware of surveyor's findings and their performance expectations.</p> <p>Re-education for all registered nurses on nursing care plan policy</p> <p>Charge nurse audit tool developed for concurrent review of every new admission to ensure admission interviews and assessments are completed within 8 hours and care plans are developed within 24 hrs and are based on interview and assessment data. All charge nurses responsible for reviewing admissions on their shift and the previous 2 shifts. Nurse Manager to review and act on audit findings.</p> <p>Discussion/Q&amp;A for all nursing staff on care plan development and updating planned for August staff meetings.</p> <p>In addition, care plans are reviewed/revised weekly by the interdisciplinary Care Plan Team every Friday morning. Team includes Nursing, PT/OT, Social Services and the</p>	<p>requirement for signature 8.2.11</p> <p>Tags placed 8.3.11</p> <p>e-mail communication to all registered nursing staff 7.20.11</p> <p>Policy reposted with requirement for signature 8.1.11</p> <p>Audit checklist developed and in use 8.1.11 (Attachment C)</p>	<p>Nurse Manager</p> <p>CNO</p> <p>Charge Nurses &amp; Nurse Manager</p> <p>Nurse Manager &amp; Nurse Educator</p> <p>Care Plan Team</p>	<p>Signature sheet goal 100%</p> <p>Spot check of staff to ensure 100% cleaning between patients</p> <p>Audit e-mail trail goal 100%</p> <p>Signature sheet goal 100%</p> <p>Daily review of audit tool. Goal 100% complete. Spot check of medical records to insure all appropriate patient problems are included. Goal 100%</p> <p>Attendance sheets: &gt;90% staff, repeat education for staff as needed for goal to reach 100%</p> <p>Weekly meetings. Care plans in place for all patients and revised as indicated</p>

*Completed*  
*8/11/11*  
*MB*

C 298 (cont.)	Registered Dietitian.			to reflect patients' current needs and condition. Goal: 100%
ID Prefix Tag C308	Summary Statement 485.638 (b) (1) PROTECTION OF RECORD INFORMATION  Findings include: Patient X-ray film folders not secure	Plan of Correction The day the surveyor identified this issue, all film folders were removed and placed in the ultrasound room which has a key pad lock	Completion Date 7.19.11	Responsible Party Chair of Safety Committee  QA/ Frequency/Goal Security of medical records included in the Safety Committee's environment of care rounds. Goal 100% MR secure

Michael Brant, CEO  
 Grace Cottage Hospital

Date

*[Handwritten signature]*

8-9-11

*C 298 POC  
 completed 8/11  
 Mary [unclear]*

*C 298 POC  
 completed 8/11  
 Mary [unclear]*