

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

April 10, 2015

Mr. Roger Allbee, Administrator
Grace Cottage Hospital Swing Bed Unit
185 Grafton Road
Townshend, VT 05353

Dear Mr. Allbee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 5, 2015**. 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

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

PRINTED: 03/11/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 472300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER GRACE COTTAGE HOSPITAL SWING BED UNIT			STREET ADDRESS, CITY, STATE, ZIP CODE 185 GRAFTON ROAD TOWNSHEND, VT 05353	
(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 An unannounced on-site survey to investigate a facility mandatory self-report (#12927) was completed by the Vermont Division of Licensing and Protection on 3/5/15. The following Critical Access Hospital (CAH) Swing Bed Unit regulatory violation was found.	C 000		
C 396	485.645(d)(6) COMPREHENSIVE CARE PLANS [The CAH is substantially in compliance with the following SNF requirements contained in subpart B of part 483 of this chapter: Comprehensive assessment, comprehensive care plan, and discharge planning (§483.20(b), (k), and (l), except that the CAH is not required to use the resident assessment instrument (RAI) specified by the State that is required under §483.20(b), or to comply with the requirements for frequency, scope, and number of assessments prescribed in §413.343(b)).] Comprehensive care plans (§483.20(k)(2)) "A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment; (ii) Prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and	C 396		

*see attachment
Plan of correction*

[Signature]

[Signature]

3/10/15

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

TITLE

(X6) DATE

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.

C396 POC accepted 4/9/15 Amouran

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C 396	Continued From page 1 (iii) Periodically reviewed and revised by a team of qualified persons after each assessment." This STANDARD is not met as evidenced by: Based on staff interview and record review, the hospital failed to assure that the comprehensive care plans for 2 of 5 applicable patients in the sample addressed each patients identified needs. (Patients #1 and #3). Findings include: Per record reviews on 3/4/15 and 3/5/15, for 2 of 5 Swing Bed Unit patients reviewed, the care plans failed to address each patients needs regarding the areas of Foley catheter use, impaired skin integrity, respiratory status/impaired gas exchange, psychosocial well-being and recent traumatic event. 1. For Patient #1, reviewed on 3/4/15, the care plan did not address the patient's needs regarding the use of a Foley catheter (placed to help heal skin ulcers and abrasions). The patient had sustained a fall at home and was unable to get up from the floor for an extended period of time (multiple days) and developed multiple wounds and also required strength training and skilled therapy. The patient's History and Physical, completed by the physician on 1/12/15, included diagnoses of chronic pain and mental health issues, as well as a history of physical and sexual abuse. These factors resulted in the increased need for emotional and psychological support, especially during early days of the hospital stay, and these issues were not addressed on the care plan. During interviews with four staff who provided care to this patient, some staff stated that the patient could be difficult and had multiple complaints regarding care. Staff did not identify, nor address, the patient's need	C 396			

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NAME OF PROVIDER OR SUPPLIER GRACE COTTAGE HOSPITAL SWING BED UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 185 GRAFTON ROAD TOWNSHEND, VT 05353
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C 396	<p>Continued From page 2</p> <p>for increased emotional support after experiencing the traumatic fall with injuries. The failure to address these issues was confirmed during interview with the Nurse Manager and the Nurse Educator on 3/5/15 at 1:40 PM.</p> <p>2. Per record review, Patient #3 was admitted to a Swing Bed status on 2/15/15 after receiving initial acute care for a right pelvic fracture involving the acetabulum and a left 4th finger fracture sustained after a fall. In addition to the fractures, Patient # 2 experienced significant respiratory issues requiring nebulized inhalation treatments and Morphine to assist with the patient's compromised respiratory symptoms. Along with the challenges of respiratory compromise, Patient #3 also experienced a urinary tract infection requiring a foley catheter. The patient's intake and output required monitoring as a result of receiving medication to facilitate lowering her elevated blood pressure and pulmonary congestion. Due to spending significant time in bed, Patient #3 had the potential for impairment of skin integrity. Per nursing progress notes for 2/25/15, Patient #3 was identified to have impending skin issues on his/her buttock noting " Skin on left buttock has small non-blanchable area covered by Mepilex that was changed today. Right buttock red, blanchable...".</p> <p>Per review of the Care Plan for Patient #3 it was noted there was a failure to identify issues related to the use of foley catheter and monitoring of intake and output, Respiratory compromise and potential for skin integrity issues. The comprehensive assessment failed to include interventions to assure the interdisciplinary team maintained close monitoring of health issues and</p>	C 396		
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C 396	Continued From page 3 treatments while improving Patient #3's functioning status. The omissions were confirmed by the Chief Nursing Officer (CNO) at 9:15 AM on 3/5/15.	C 396			

Attachment – Plan of correction

March 20, 2015

RE: Grace Cottage Hospital Swing Bed Unit

Provider ID# 472300

Findings: C396

The hospital failed to assure that the comprehensive care plans for 2 of 5 applicable patients in the sample addressed each patients identified needs.

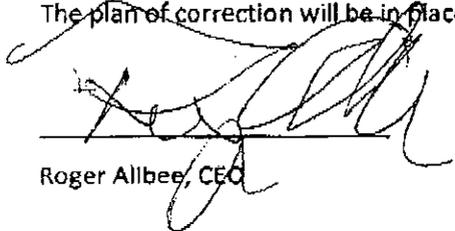
Plan of Correction:

All Registered Nurses (RN) will be given educational material to read as well as verbal instructions regarding how to develop appropriate care plans and update care as needed. Mandatory educational group sessions pertaining to care plans will be completed by the Nurse Educator. Attendance will be taken.

Care plans will be reviewed daily by a Registered Nurse on all patients. Necessary care plan updates will be completed by RNs in collaboration with LPNS.

All care plans will be reviewed weekly at the Friday Multi-Disciplinary Care Team meeting by the care team. If further nursing education is needed the Nurse Educator will be notified and additional training will be mandated for the staff member.

The plan of correction will be in place by 05/15/2015.



Roger Allbee, CEO