

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

March 25, 2015

Mr. Roger Allbee, Administrator
Grace Cottage Hospital
Po Box 216
Townshend, VT 05353-0216

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

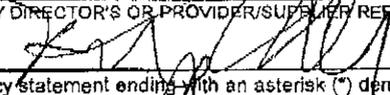
PRINTED: 03/11/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/05/2015
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NAME OF PROVIDER OR SUPPLIER GRACE COTTAGE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 216 TOWNSHEND, VT 05353
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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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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) regulatory violations were found.	C 000		
C 336	485.641(b) QUALITY ASSURANCE The CAH has an effective quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in the CAH and of the treatment outcomes. The program requires that -- This STANDARD is not met as evidenced by: Based on staff interview and record review, the hospital failed to conduct a thorough investigation and Quality Review of a patient's allegation of abuse by hospital staff for 1 applicable patient in the targeted sample. (Patient #1) Findings include: Per review of the hospital's mandatory report of Patient #1's allegation of abuse by a nurse, Patient #1 stated to a Social worker on 1/20/15 "I don't want him abusing me". The patient stated that a nurse hurt him/her 'while poking me with needles' and 'put the catheter in the wrong place....hurt me so much'. Based on surveyor interviews (via telephone on 3/5/15) with 2 nurses present during the insertion of a Foley catheter on 1/17/15, the nurses contradicted each other when asked who inserted the catheter and who assisted with the task. During interview with the Director of Quality on	C 336	Please see attachment for Plan of correction	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 3/13/15
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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 336	Continued From page 1 3/5/15 at 1:10 PM, he/she confirmed that they had not interviewed both of the nurses present when the catheter was changed on 1/17/15; thus, they did not obtain all of the information available regarding the allegation(s). The lack of a thorough investigation contributed to the hospital's failure to analyze the data obtained during the investigation and to identify and implement improvement plans regarding care provision for the patient. Although the facts obtained did not substantiate that any abuse occurred, the lack of a thorough investigation impeded the hospital's efforts to promote an effective quality review and subsequent areas for improvement. The failure to interview all applicable nurses who provided the type of care alleged to be abusive by Patient #1 and to use the investigative data obtained to analyze and implement corrective action was confirmed during interview with the Director of Quality at 1:20 PM on 3/5/15.	C 336			

March 18, 2015

Attachment to form CMS-2567 Statement of Deficiencies for Grace Cottage Hospital, Provider ID 471300

Findings:

C 366 485.641(b)

Based on staff interview and record review, the hospital failed to conduct a thorough investigation and Quality Review of a patient's allegation of abuse by hospital staff for 1 applicable patient in the targeted sample.

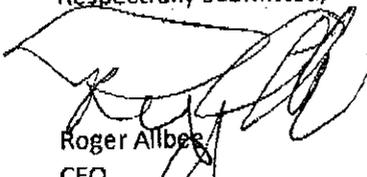
Plan of Correction:

- The Chief Medical Officer (CMO), Chief Nursing Officer and/or the Quality Director or designee will coordinate the investigation of any abuse allegation.
- All staff that are directly involved, will be required to document their involvement in writing. The staff involved will be personally interviewed by administration and the findings documented.
- The CMO, who oversees Quality Assurance, will sign off on the investigation.
- A root cause analysis (RCA) will be conducted on any allegation deemed appropriate according to our Abuse Policy.
- Tracking and monitoring of any allegations of abuse will be brought to the monthly Quality Committee Meetings.

These procedure changes will be adapted immediately and added to the Abuse Policy before April 1st 2015. The policy will be brought to the Quality Improvement meeting on April 22nd 2015 for final approval.

*POC complete 3.20.15
for M Bolton / [Signature]*

Respectfully submitted,


Roger Allbee
CEO
Grace Cottage Hospital