

## 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

October 31, 2013

Claudio Fort, Administrator  
North Country Hospital And Health Center  
189 Prouty Drive  
Newport, VT 05855

Dear Mr. Fort:

The Division of Licensing and Protection completed a survey at your facility on **September 25, 2013**. 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 **October 31, 2013**.

Sincerely,



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

FK:jl

Enclosure



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  09/25/2013
NAME OF PROVIDER OR SUPPLIER  NORTH COUNTRY HOSPITAL AND HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 189 PROUTY DRIVE NEWPORT, VT 05855		
(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 276	<p>Continued From page 1</p> <p>and surgeons was observed registering a temperature of 50 degrees Fahrenheit. (F.) Per review of the CAH's "Record of Refrigerator Temperature", the acceptable temperature range for medications was 36 - 46 F. Further review of documentation noted the refrigerator temperatures were consistently documented once every 24 hours and were within a safe range, but no monitoring was performed on weekends, the thermometer presently used by staff did not provide or record continuous monitoring nor could it be calibrated to ensure accuracy. Per interview at the time of observation, the Director for Surgical Services, confirmed the present temperature was not in acceptable range.</p> <p>Per review of CAH's Pharmacy policy Monthly Unit Inspections effective date 2/28/08 stated "A pharmacist or designee will make a monthly inspection of all Pharmacy items stored on Nursing Stations, Speciality units, and other locations where drugs may be stored...". However, per interview on 9/23/13 at 2:43 PM, the Pharmacy Director stated s/he was unaware of the medications being stored by Perioperative staff, stated the refrigerator used for drug storage was overcrowded, the thermometer was inappropriate for consistent monitoring to maintain product stability and acknowledge there was a failure by the Pharmacy Department to ensure proper monitoring of all drugs and biological throughout the CAH and acknowledged a failure in communication between Perioperative Services and Pharmacy.</p> <p>Per American Society of Hospital Pharmacy Technical Assistance Bulletin on Hospital Drug Distribution and Control, last reviewed/updated 2005 by the Council on Professional Affairs</p>	C 276	<p>C 276</p> <p>accuracy of the refrigerator temperature once installed and prior to the placement of any medications.</p> <p>12. All medications for the Operating Room that require refrigeration will be stored in the new refrigerator once the installation and calibration process is complete.</p> <p><b>Monitors/Measures of Effectiveness:</b></p> <ul style="list-style-type: none"> <li>Incident reports will be filed in the event of temperature alarms and will be reviewed for appropriateness of response/resolution.</li> <li>Monthly inspections by pharmacy will be conducted in all areas of medication storage.</li> <li>Variances found during the monthly audits will be addressed immediately and then reported via the incident reporting system.</li> <li>Results of monthly inspections and incident report reviews will be reported to the Pharmacy and Therapeutics Committee.</li> <li>Completion of required education will be documented on sign-in sheets with target of 100% of required leaders/staff</li> </ul> <p><b>Timeline:</b></p> <ul style="list-style-type: none"> <li>10/25/13 - Policy Revision complete</li> <li>11/01/13 - Required education for leaders and staff complete</li> <li>11/01/13 - New refrigerator installed and operational in the Operating Room</li> </ul>		

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

PRINTED: 10/03/2013  
FORM APPROVED  
OMB NO. 0938-0391

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C 276	<p>Continued From page 2</p> <p>states: page 88. Drug Control in Operating and Recovery Rooms : " The institution's drug control system must extend to its operating room complex. The pharmacist should ensure that all drugs used within this area are properly ordered, stored, prepared, and accounted for."</p> <p>Per interview on 9/24/13 at 8:30 AM, the CAH Biomed Technician confirmed the present thermometer utilized in the Perioperative services refrigerator was not appropriate, noting other CAH outpatient medical offices utilize a refrigerator thermometer which can be calibrated and records temperature ranges. In addition, the Pharmacy Director stated, in all other areas of the hospital where there is refrigerated drug storage, thermometers are wired to a master panel, and if a variation in temperature ranges did occur either the pharmacy or maintenance are paged to troubleshoot the issue.</p> <p>When concerns regarding drug storage monitoring and stability of medications stored in the Perioperative refrigerator was brought to the attention of CAH Administrative staff, the Director of Pharmacy and the Director of Surgical Services a corrective action plan was developed and implemented. A medical grade refrigerator was ordered, drugs and biologicals removed from the refrigerator in Perioperative, and a review of inventory was conducted by Pharmacy with further follow up regarding stability and safety of medications that had been stored in the perioperative location.</p>	C 276			

CMS PLAN OF CORRECTION

North Country Hospital and Health Center

Provider ID#: 471304

<p>C 276</p>	<p>485.635(a)(3)(iv) Patient Care Policies</p>	<p>C 276</p>	<p><b>Corrective Action:</b></p> <ol style="list-style-type: none"> <li>1. All medications that were exposed to the uncontrolled temperature environment, which require specific storage temperature, will be disposed of by Pharmacy. <b>Completed 9/24/13</b></li> <li>2. Pharmacy will log any medications that are destroyed. <b>Completed 9/24/13</b></li> <li>3. Medications from the uncontrolled temperature environment that do not require controlled temp storage (as supported by manufacturer's literature) will be relocated to the pharmacy. <b>Completed 9/24/13</b></li> <li>4. Until a new refrigerator is installed, calibrated, and connected to the continuous monitoring system, medications for the Operating Room that require refrigerated storage will be stored in the Pharmacy. <b>Completed 9/24/13</b></li> <li>5. Refrigerated medications that may be needed in case of an emergency in the Operating Room will be stored in the Post Anesthesia Care medication refrigerator for quick retrieval. <b>Completed 9/24/13</b></li> <li>6. The Medication Storage Policy will be revised to reflect the process for medication storage across the system and will ensure compliance with all applicable standards.</li> <li>7. Pharmacy will educate all managers of departments involved in the storage of medications on the updates once the policy revision is completed and the managers will provide education for their employees.</li> <li>8. The Pharmacy will ensure the proper ordering, storage, and preparation of all drugs and will conduct inspections on at least a monthly basis of all areas in which drugs are stored.</li> <li>9. A new Medical-Grade refrigerator will be purchased and installed in the Surgical Department. <b>(Ordered on 9/25/13)</b></li> <li>10. The new refrigerator will be connected to the network master alarm panel for continuous temperature monitoring. If the temperature falls out of range a message will be sent from the master alarm system via pager to the designated individuals from both Pharmacy and Facilities Management.</li> <li>11. Clinical Engineering will validate the</li> </ol>
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			<p>accuracy of the refrigerator temperature once installed and prior to the placement of any medications.</p> <p>12. All medications for the Operating Room that require refrigeration will be stored in the new refrigerator once the installation and calibration process is complete.</p> <p><b>Monitors/Measures of Effectiveness:</b></p> <ul style="list-style-type: none"> <li>• Incident reports will be filed in the event of temperature alarms and will be reviewed for appropriateness of response/resolution.</li> <li>• Monthly inspections by pharmacy will be conducted in all areas of medication storage.</li> <li>• Variances found during the monthly audits will be addressed immediately and then reported via the incident reporting system.</li> <li>• Results of monthly inspections and incident report reviews will be reported to the Pharmacy and Therapeutics Committee.</li> <li>• Completion of required education will be documented on sign-in sheets with target of 100% of required leaders/staff</li> </ul> <p><b>Timeline:</b></p> <ul style="list-style-type: none"> <li>• 10/25/13 - Policy Revision complete</li> <li>• 11/01/13 – Required education for leaders and staff complete</li> <li>• 11/01/13 - New refrigerator installed and operational in the Operating Room</li> </ul>
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