

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

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January 28, 2014

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 **December 26, 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 **January 28, 2014**.

Sincerely,



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

FK:jl

Enclosure

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

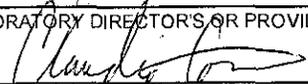
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RECEIVED FORM APPROVED
Division of OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	JAN 16 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 12/26/2013
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NAME OF PROVIDER OR SUPPLIER NORTH COUNTRY HOSPITAL AND HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 189 PROUTY DRIVE NEWPORT, VT 05855
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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	C 000		
C 308	<p>485.638(b)(1) PROTECTION OF RECORD INFORMATION</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 staff interview and record review, the hospital failed to develop an active surveillance process for assuring confidentiality and privacy of private health information for (2) electronic medical records (EMR). Patients # 1 & 2. Findings include:</p> <p>Per staff interview on December 26, 2013 at 11:10 AM the Chief Compliance Officer confirmed that two hospital patient records had been breached. The first breach, # 1 occurred on August 8, 2013, and the second breach, # 2 occurred on October 29, 2013. Record # 1 was discovered as a breach upon the request of a treating clinician to have an audit conducted based on health information contained in the EMR that was disclosed to him/her by an unauthorized employee-user. The audit confirmed the unauthorized user had breached the medical record on several occasions. The unauthorized user subsequently elected to take an early retirement.</p>	C 308	<p>Corrective Action:</p> <p>An active surveillance process for assuring confidentiality and privacy of private health information will be developed and approved at the next Information Security Management Team (ISMT) meeting on January 16, 2014. The active alert-identification process will be implemented within 30 days of this meeting to protect the confidentiality of patient medical records.</p> <p><i>POC accepted D. Velasco RN / F. Keller RN MSN 1/28/14 DSA</i></p>	02/15/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Claudio Fort, President & CEO	(X6) DATE 1/15/2014
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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.

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

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FORM APPROVED
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C 308	<p>Continued From page 1</p> <p>Record # 2 was discovered to have been breached when the patient requested to have an audit completed based upon suspicion that an unauthorized employee had gained access into his/her EMR. The audit confirmed that an employee gained access into the patient's EMR without authorization as indicated in facility policy. The unauthorized employee was then terminated from employment.</p> <p>The facility administration has an established Information Security Management Team (ISMT) consisting of multidisciplinary membership. To date, as of December 26, 2013 the ISMT has not developed or implemented an auditing system that protects the confidentiality of patient medical records. Both discovered breaches were brought forward by employee suspicion and not through an active alert-identification process facilitated via ongoing or random auditing. The Chief Compliance Officer confirmed on December 26, 2013 at 3:00 PM that there is not an ongoing or random audit program currently in place.</p>	C 308		