

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

December 23, 2014

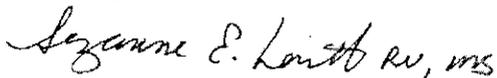
Mr. Paul Bengtson, Administrator  
Northeastern Vermont Regional Hospital  
1315 Hospital Drive  
Saint Johnsbury, VT 05819-9758

Dear Mr. Bengtson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 2, 2014**. 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,



Suzanne Leavitt RN, MSN  
Division Assistant Director  
Director State Survey Agency



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

PRINTED: 12/05/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/02/2014
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NAME OF PROVIDER OR SUPPLIER  NORTHEASTERN VERMONT REGIONAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819
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C 000	INITIAL COMMENTS  An unannounced on-site visit was conducted by the Division of Licensing and Protection on 12/1/14 and 12/2/14, to investigate complaint #12681. The following regulatory violations were identified.	C 000		
C 271	485.635(a)(1) PATIENT CARE POLICIES  The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law. This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to assure that health care services are furnished in accordance with written policies related to meeting requirements for credentialing for 1 of 5 medical staff files that were reviewed. Findings include:  Per 12/2/14 review, the NVRH (Northeastern Vermont Regional Hospital) Medical Staff Policy, Credentialing Process Policy (revision 5/9/13) lists requirements for medical staff credentials to include "...current certifications for BLS (Basic Life Support), ACLS (Advanced Cardiovascular Life Support)...(as required for the requested area of practice)..." On 12/1/14, the Chair of the Anesthesia department confirmed that all anesthesia staff are required to have ACLS certification. Likewise, on the afternoon of 12/2/14, the Medical Staff Coordinator confirmed that CRNAs (Certified Registered Nurse Anesthetists) are required to have ACLS certification; BLS certification is not required if the staff member has ACLS certification.  Per 12/2/14 review of credentialing files, CRNA #1's ACLS and BLS certification had expired in	C 271	C271: 485.635(a) (1) PATIENT CARE POLICIES  The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law.  Based on staff interviews and record review the facility failed to assure that health care services are furnished in accordance with written policies related to meeting requirements for credentialing for 1 of 5 medical staff files that were reviewed.  CRNA #1 did not have a current ACLS Certification on file.  <u>Corrective Action Plan:</u> 1. ACLS Certification was obtained by CRNA#1 on 12/4/14.  Carroll Ruhlman, CRNA; David Hetzelt, CRNA and Becki Barski, CRNA are responsible for monitoring compliance with required certifications for the Anesthesia Department and maintaining 100% compliance which includes providing proof of current certifications to place in the Medical Staff Office Credentialing files.	12/4/14 Carroll Ruhlman VP Quality

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Paul R. Bentley</i>	TITLE  CEO	(X5) DATE  12/18/2014
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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.

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C 271	Continued From page 1 October 2014; CRNA #1 is an active adjunct staff member whose privileges include administering general and regional anesthesia and emergency medications, providing post anesthesia care and CPR (Cardio-Pulmonary Resuscitation) management.  On 12/2/14, the Medical Staff Coordinator confirmed that CRNA #1's certification for ACLS had expired in October 2014.	C 271	<b>C271: 485.635(a) (1) PATIENT CARE POLICIES</b>  Response is located on Page 1 of 5  <b>C272: 485.635(a) (2), (a)(4) PATIENT CARE POLICIES</b>  §485.635(a) (2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists if they are on staff under the provision of §485.631(a)(1).  §485.635 (a)(4) These policies are reviewed at least annually by the group of professional personnel required under paragraph (a) (2) of this section, and reviewed as necessary by the CAH.  This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to assure that all policies directing the care and services for patients were reviewed on an annual basis. Findings include:  Per record review, on the afternoon of 12/2/14, the following established policies, identified by staff as the policies currently governing the practice of Anesthesia services, had not been reviewed on an annual basis:  The Discharge DSU (Day Surgery Unit) Policy	
C 272	485.635(a)(2), (a)(4) PATIENT CARE POLICIES  §485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1).  §485.635(a)(4) These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH.  This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to assure that all policies directing the care and services for patients were reviewed on an annual basis. Findings include:  Per record review, on the afternoon of 12/2/14, the following established policies, identified by staff as the policies currently governing the practice of Anesthesia services, had not been reviewed on an annual basis:  The Discharge DSU (Day Surgery Unit) Policy	C 272	Based on staff interviews and record review the facility failed to assure that all policies directing the care and services for patients were reviewed on an annual basis.  Anesthesia policies available in the SharePoint Policy Management system reflected that policies were last reviewed in 2012 and 2013.  <b>Corrective Action Plan:</b> 1. All Anesthesia Department policies posted on SharePoint were reviewed by Carroll Ruhlman, CRNA; David Hetzelt, CRNA and Becki Barski, CRNA. Completed 12/18/14 2. Policies that no longer reflect current practice are in the process of removal from the active policy section and entry into the archive section of SharePoint. The process will be completed by 12/31/14.	

12/18/14  
Carroll Ruhlman  
David Hetzelt  
Becki Barski

Account 12-22-14  
SWB for SD

Paul R. Bey CEO Dec 18, 2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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C 272	Continued From page 2 and Discharge criteria for DSU policy were each last reviewed on 4/26/12; and the policy titled, Surgeon Presence Requirement, which directed that the administration of anesthesia shall not begin unless the operating practitioner is in the operating suite, was last reviewed on 5/14/12.  Although there were a few policies, including the Moderate Sedation Analgesia policy and the policy for Anesthesia Department Neuraxial Pain Management that were last reviewed in June of 2013, the remainder of the Anesthesia department policies reviewed, a total of 53, which included Admission policies, the policy for Pre-Anesthesia Equipment Checklist and Malignant Hyperthermia, all identified their date of last review as April or May of 2012, a period of greater than 2 years.	C 272	Continued from page 2 of 5  C272: 485.635(a) (2), (a)(4) PATIENT CARE POLICIES  <u>Corrective Action Plan (cont.):</u>  3. Anesthesia policies will be added to the agenda for monthly discussion and systematic review during the regularly scheduled departmental meetings effective 12/14. Surgery Committee membership includes Physicians, Mid-Level providers and Nursing representatives. Minutes of the Anesthesia Department meetings will be submitted to the Surgery Committee each month beginning 1/15.  Carroll Ruhlman, CRNA; David Metzelt, CRNA and Becki Barski, CRNA are responsible for monitoring and maintaining 100% compliance with annual review of the Anesthesia Department Policies, ongoing revisions, adding outdated policies to the electronic archive and the development of new policies aligned with current standards and regulatory requirements. Policies will be submitted to the monthly Surgery Committee meetings for discussion and input as needed.	
C 322	485.639(b) ANESTHETIC RISK & EVALUATION  (1) A qualified practitioner, as specified in paragraph (a) of this section, must examine the patient immediately before surgery to evaluate the risk of the procedure to be performed. (2) A qualified practitioner, as specified in paragraph (c) of this section, must examine each patient before surgery to evaluate the risk of anesthesia. (3) Before discharge from the CAH, each patient must be evaluated for proper anesthesia recovery by a qualified practitioner, as specified in paragraph (c) of this section.	C 322	C 322 485.639(b) ANESTHETIC RISK AND EVALUATION  Response is located on Page 4 of 5	

*POC done 12/22/14*  
*8/1*

*Paul R. Brighton CEO*

*12/18/2014*

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C 322	Continued From page 3  This STANDARD is not met as evidenced by: Based on record review and confirmed through staff interview the facility failed to assure that assessments were conducted to evaluate for appropriate anesthesia recovery, prior to discharge, for 5 of 8 patients reviewed. (Patients #4, #5, #6, #7 and #8). Findings include:  1. Per 12/1/14 record review, Patient #4 was administered general anesthesia for a surgical procedure on 10/22/14. His/her medical record did not include evidence that a post anesthesia follow up assessment was completed to assure proper anesthesia recovery prior to discharge home that same day.  2. Per 12/2/14 medical record review, Patient #5 had a surgical a surgical procedure on 10/20/14 and was administered general anesthesia. There was no evidence that the patient received a post anesthesia follow up assessment to determine anesthesia recovery prior to discharge home that day.  3. Per 12/2/14 revlew Patient #6's record did not include a post anesthesia follow up assessment. There was no evidence that the patient, who received general anesthesia while undergoing a surgical procedure on 9/6/14, was assessed by a qualified practitioner for appropriate recovery from the anesthesia prior to his/her discharge home the following day, on 9/7/14.  4. Per 12/2/14 record review there was no evidence that a post anesthesia follow up assessment had been conducted, to evaluate for proper anesthesia recovery, on Patient #7, who underwent a surgical procedure on 11/24/14,	C 322	<b>C 322 485.639(b) ANESTHETIC RISK AND EVALUATION</b>  Based on staff interviews and record review the facility failed to assure that assessments were conducted to evaluate for appropriate anesthesia recovery prior to discharge.  <u>Corrective Action Plan:</u> 1 Immediate process change developed to include evaluation of patients discharged from the Ambulatory Surgery Unit 12/2/14 and fully implemented 12/3/14. All surgical patients will be evaluated by a qualified staff member from the anesthesia department and the post-anesthesia findings will be documented in the section of the Anesthesia flow sheet titled PACU/SCU/ADMISSION. Qualified anesthesia staff members will work collaboratively within the Department to assure that all patients are evaluated prior to discharge.  Carroll Ruhlman, CRNA; David Hetzelt, CRNA and Becki Barski, CRNA are responsible for monitoring and maintaining 100% compliance with the required evaluation of each patient for proper anesthesia recovery prior to discharge. Medical records Department will review surgical discharges each day and verify that documentation of post anesthesia evaluation is present on the record. Deficiencies will be communicated directly to the Anesthesia Provider of record and patterns of non-compliance will be reported to the Chair of Surgery Committee.	

12/18/14  
Carroll Ruhlman  
VP Anesthesia

Per Amy 1222.14  
8/1/14

*Per R By*

CEO

Dec 18, 2014

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C 322	<p>Continued From page 4 under general anesthesia, prior to his/her discharge home on that same date.</p> <p>5. Per 12/2/14 review, Patient #8 received MAC (Monitored Anesthesia Care) during a surgical procedure on 11/10/14. There is no evidence that a post anesthesia assessment was conducted by a qualified practitioner to determine anesthesia recovery prior to the patient's discharge home the same day.</p> <p>On 12/2/14 at 10:35 AM, CRNA #1 (Certified Registered Nurse Anesthetist #1) reported that patients who are seen for same day surgeries are assessed at the time of "hand off" to the recovery room but are not always seen again prior to discharge as the CRNA staff often "move on to the next patient" [scheduled for a procedure requiring anesthesia]. On 12/2/14, CRNA #2 reported that prior to the survey, there was not a process in place to perform post anesthesia recovery evaluations, prior to discharge, on patient's having same day surgeries. S/he confirmed that patients have been discharged prior to having a post anesthesia recovery assessment as the staff are scheduled for other procedures requiring anesthesia and not available at the time of the patient's discharge.</p>	C 322	<p>C 322 485.639(b) ANESTHETIC RISK AND EVALUATION</p> <p>Response is located on Page 4 of 5</p> <p><i>Doc answer 12-22-14 for SD</i></p>	
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*P. R. By*

*CEO*

*Dec 18, 2014*