VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

August 30, 2016

Fred Kniffin, Administrator
Porter Hospital, Inc
115 Porter Drive
Middlebury, VT 05753-8423

Dear Mr.. Kniffin:

The Division of Licensing and Protection completed a survey at your facility on **August 9, 2016**. 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 **August 29, 2016.**

Sincerely,

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

Enclosure

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471307	A. BUILDING _____ B. WING _____	C 08/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORTER HOSPITAL, INC	115 PORTER DRIVE MIDDLEBURY, VT 05753

(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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

C294 485.635(d), (d)(1) NURSING SERVICES

In response to the finding associated with this tag, the following steps have been/wlll be taken:

- The policies titled "Guidelines for Vital Signs/PCA Monitoring" and "Patient Hourly Rounding" were reviewed. Both policies will be revised for both content and clarity to ensure both staff understanding and that best practice standards are considered. The revisions will include reference to care planning for patients related to pain management. The CNO will be responsible for ensuring the policy revisions are complete by no later than 9/15/16.
- Pain assessment has been added to the standard of care within our EMR for all Medical Surgical unit patients. As a result of this change, Nursing staff will be prompted on their EMR worklist to routinely perform and document a pain assessment every four hours.
- The hourly rounding documentation in the EMR has been edited to include a prompt for Nursing staff to document any pertinent findings in the appropriate assessment fields. This change will also be reflected within the above noted revisions to the "Patient Hourly Rounding" policy.
- A Healthstreams module will be developed by the Education Department with content related to pain assessment and management, documentation in the EMR, care plans and the changes to the above noted policies. The module will be developed no later than 10/1/16, with completion by all applicable Nursing staff no later than 10/31/16. The CNO and Director of Patient Care Services shall be responsible for ensuring the module is developed and completed by all Nursing staff within the stated timeframes.
- Concurrent audits of not less than 5 patient records weekly will be initiated with a focus on pain assessments, documentation, and care planning in keeping with the above noted policies. The audit of not less than 5 patient records weekly will continue for a period of at least 3 months, and may be extended based on the findings at the discretion of the CNO and Director of Quality. Following the initial 3 month period, the concurrent

Rx assmt 8.29.16 MB/SP

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.

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audits will continue on an ongoing basis with not less than 10 patient records reviewed monthly. The results of the audits will be shared concurrently with the staff providing care to the patients in question, and will also be forwarded to the Quality and Safety Committee on an ongoing quarterly basis as part of the Medical Surgical unit quarterly report to the Committee. The Nurse Manager and Nursing Supervisor of the Medical Surgical Unit shall be responsible for completion of the audits, concurrent follow up with staff, and submission of reports to the Quality and Safety Committee. The audit process will be initiated no later than 11/1/16.

C298 485.635(d)(4) NURSING SERVICES

In response to the finding associated with this tag, the following steps have been/will be taken:

- The policies titled "Guidelines for Vital Signs/PCA Monitoring" and "Patient Hourly Rounding" were reviewed. Both policies will be revised for both content and clarity to ensure both staff understanding and that best practice standards are considered. The revisions will include reference to care planning for patients related to pain management. The CNO will be responsible for ensuring the policy revisions are complete by no later than 9/15/16.
- A Healthstreams module will be developed by the Education Department with content related to pain assessment and management, documentation in the EMR, care plans and the changes to the above noted policies. The module will be developed no later than 10/1/16, with completion by all applicable Nursing staff no later than 10/31/16. The CNO and Director of Patient Care Services shall be responsible for ensuring the module is developed and completed by all Nursing staff within the stated timeframes.
- Concurrent audits of not less than 5 patient records weekly will be initiated with a focus on pain assessments, documentation, and care planning in keeping with the above noted policies. The audit of not less than 5 patient records weekly will continue for a

POC compl 8-29-16 MB/8

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period of at least 3 months, and may be extended based on the findings at the discretion of the CNO and Director of Quality. Following the initial 3 month period, the concurrent audits will continue on an ongoing basis with not less than 10 patient records reviewed monthly. The results of the audits will be shared concurrently with the staff providing care to the patients in question, and will also be forwarded to the Quality and Safety Committee on an ongoing quarterly basis as part of the Medical Surgical unit quarterly report to the Committee. The Nurse Manager and Nursing Supervisor of the Medical Surgical Unit shall be responsible for completion of the audits, concurrent follow up with staff, and submission of reports to the Quality and Safety Committee. The audit process will be initiated no later than 11/1/16.

Rec'd 8.29.16 MB/8

Porter Medical Center, Inc.

AUG 25 2016

Middlebury, Vermont 05753 • (802) 388-4701

August 24, 2016

Suzanne Leavitt, RN MS
State Survey Agency Director
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, Vermont 05671-2060

Re: Event ID NM8S11

Dear Ms. Leavitt,

In response to the findings of the above noted survey on August 9, 2016, please find enclosed plan of correction dated August 24, 2016.

Please feel free to contact either my office or Karen Beinhaur, CNO and VPPCS directly should you require additional information or clarification in support of our response.

Thank you in advance for your review and consideration.

Sincerely,

Dr. Fred Kniffin, Interim CEO
Porter Medical Center
(802) 388-4741

cc: Karen Beinhaur, CNO and VPPCS