

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

April 14, 2014

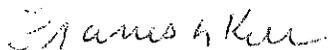
James Daily, Administrator
Porter Hospital, Inc
115 Porter Drive
Middlebury, VT 05753

Dear Mr. Daily:

The Division of Licensing and Protection completed a survey at your facility on **March 12, 2014**. 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 **April 14, 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

PRINTED: 03/25/2014
RECEIVED FORM APPROVED
Division of OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	APR -7 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED R-C 03/12/2014
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NAME OF PROVIDER OR SUPPLIER PORTER HOSPITAL, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 115 PORTER DRIVE MIDDLEBURY, VT 05753
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C 152	<p>INITIAL COMMENTS</p> <p>An unannounced on-site follow-up investigation was conducted on 3/10/14 thru 3/12/14, by the Division of Licensing and Protection, to determine compliance with the Condition of Participation for Provision of Services. The following regulatory violations were identified.</p> <p>485.608(b) COMPLIANCE W ST & LOC LAWS & REGULATIONS</p> <p>All patient care services are furnished in accordance with applicable State and local laws and regulations.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the hospital failed to be in compliance with State of Vermont Statute Title 18, Chapter 42: Bill of Rights for Hospital Patients for 1 applicable patient. (Patient # 4). Findings include:</p> <p>1. Per State Statute 1852. Patients' Bill of Rights for Hospital Patients: "(1) The patient has the right to considerate and respectful care at all times and under all circumstances with recognition of his or her personal dignity."</p> <p>Per record review, Patient #4, age 81 was admitted to the CAH on 3/8/14 with Pneumonia and Congestive Heart Failure. The patient required close monitoring due to his/her fragile respiratory status requiring breathing treatments and intravenous antibiotics. During the night shift for 3/11/14, Patient #4 was assigned Nurse #1. However during the course of the night Patient #4 became upset with Nurse #1 and per nursing progress note states to Nurse #1 " I told you</p>	C 152	<p>C152</p> <ol style="list-style-type: none"> Porter's policy titled "Patient's Bill of Rights", last updated 1/2014, was reviewed to ensure compliance with Vermont Statute Title 18, Chapter 42: Bill of Rights for Hospital Patients. Porter's policy titled "Patient Complaint and Grievance", last updated 2/2014, was reviewed to ensure compliance with current regulatory requirements. The findings related to this deficiency were reviewed in detail with the Nursing Staff and Charge Nurse involved with the care of the patient in question, as well as the Nurse Manager of the Medical-Surgical unit, on 3/12/14. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James L. Daily</i>	TITLE <i>President</i>	(X6) DATE <i>4/3/2014</i>
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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 152	<p>that I did not want you as my nurse." Despite being told by Patient #4 s/he did not want Nurse #1 providing care and without appreciation of Patient #4 ' s right to considerate and respectful care, at 02:06 on 3/11/14 the Nurse #1 returns to Patient #4 ' s room and describes the patient " ...very hostile ...refused care ...demanded I leave after vital signs ". Eventually there is communication with the nurse manager and Nurse #1 and the patient assignment was changed, eliminating Nurse #1 from being responsible for Patient #4 ' s care needs.</p> <p>Per interview with the Nurse Surveyor on 3/12/14 at 2:00 PM, Patient #4 confirmed s/he refused to have Nurse #1 on 3/11/14 provide nursing care and was refusing to express to CAH staff his/her specific concerns related to the events on the night of 3/11/14.</p> <p>Per interview on 3/12/14 at 1:00 PM the Medical Surgical Nurse Manager stated s/he had not made an attempt to visit with Patient #4 to gather information from the patient regarding the circumstances during the night of 3/11/14.</p>	C 152	<p>4. A follow up meeting was held on 3/12/14 with the CNO and Nurse Manager to further discuss the following items:</p> <ul style="list-style-type: none"> • The preliminary findings; • Porter's policies titled "Patient Bill of Rights" and "Patient Complaint and Grievance", as noted above; • The expectations, as per the above noted policies, related to the Nursing Staff, Nurse Manager and/or Nursing Supervisor roles in response to a 		

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		C152	<p>patient complaint such as the one detailed in this finding, to include investigation of the complaint, follow up with the patient and staff involved, and filing an incident report with follow up documented;</p> <ul style="list-style-type: none"> • A plan for education of all inpatient Nursing staff, and the audit process to ensure continued compliance with this plan (detail to follow). <p>5. As a result of the above noted review and follow up</p>	
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		C152	<p>meetings, the following actions will be or have been taken:</p> <ul style="list-style-type: none"> • Nursing Forums held on March 17, 18, and 19, which will be repeated again on April 21 and 23, included/will include education and review related to the following items: <ul style="list-style-type: none"> (a) The findings of this survey, to include failure to report and follow up on a patient complaint and failure to ensure 	
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		C152	<p>compliance with the Patient's rights; (b) Porter's policies, as noted above, related to Patient's Rights and the Complaint and Grievance process, to include the roles of Nursing Staff and Nurse Managers/ Supervisors in relation to ensuring compliance with these policies;</p>	
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		C152	<p>(c) Questions related to the above noted policies and their applicability to a given patient situation will be directed to the Nurse Manager, CNO, or Risk Management for clarification.</p> <ul style="list-style-type: none"> Inpatient Nursing staff, Nurse Managers, and Nursing Supervisors not in attendance at the Nursing Forums as 	
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		C152	<p>above noted will be required to complete a mandatory educational review module which will encompass the above noted topics discussed at the Nursing Forums, and must be completed by May 1, 2014.</p> <ul style="list-style-type: none"> Beginning April 7, 2014, the Nurse Manager of the Medical-Surgical Unit or her designee will be scheduled to concurrently monitor not less than 10 patient records 	By May 1, 2014
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		C152	<p>per week for the first 30 days of this corrective action plan, with a focus on patients assigned to newly oriented Nursing staff, to ensure compliance with the above noted policies. Findings of concern shall be addressed immediately with the staff involved with the patient's care, with immediate intervention focused on the patient's care, concerns, and needs as required. Concurrent patient record</p>	
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		C152	audits of not less than 5 patient records weekly will continue for the remaining 60 days of this corrective action plan. In addition, the Nurse Manager of the Medical-Surgical Unit or her designee shall continue to conduct not less than 5 concurrent patient records reviews on a scheduled quarterly basis to ensure ongoing compliance with this corrective action plan.	

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		C152	<ul style="list-style-type: none"> The CNO shall conduct weekly validation reviews of the concurrent review process for the first 90 days of this corrective action plan to ensure compliance with this corrective action plan. Validation reviews will then be scheduled on a quarterly, ongoing basis. The Nurse Manager of the Medical Surgical Unit shall report results of the ongoing weekly audits to the Quality 	
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		C152	and Safety Committee on a monthly basis for the first 90 days of this corrective action plan, and then on a quarterly basis as part of her routinely scheduled reports. In addition, the Director of Quality shall provide monthly reports for the first 90 days of this corrective action plan, and then on a quarterly basis to the Quality Coordinating Committee of the Board, with the	

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		C152	<p>frequency of audits and reporting subject to change at the discretion of the Quality Coordinating Committee based on the results of the audits.</p> <ul style="list-style-type: none"> • A yearly mandatory Healthstreams education module related to Patient Rights and the Patient Complaint and Grievance process shall be completed by all clinical staff, to include Nursing staff, Nurse Managers, and Nursing 	
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		C152	<p>Supervisors on an ongoing basis.</p> <ul style="list-style-type: none"> All new employees shall continue to receive education related to the Patient Complaint and Grievance policy, Patient Rights, and use of the complaint and incident reporting system, SQSS. The CNO and Director of Quality shall provide oversight to ensure this portion of the corrective 	
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		C152	<p>action plan is implemented and followed as written.</p> <p>C152 POC accepted 4/9/14 BHoweRW/PMC</p>	
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{C 271}	<p>1. Per review the Patient Complaint and Grievance policy (last revised 02/2014) states the CAH will ".....respond to all patient complaints related to care, treatment, or services " The following procedure states: " A. Upon receipt of a patient complaint, the Department Manager or Nursing Supervisor shall be notified for immediate response and shall attempt to resolve complaint. B. Complaints that are able to be resolved by the Department Manager or Nursing Supervisor require entry into SQSS (Quality/Event Reporting System) as a complaint, under the Occurrence Type " Resolved at Department Level " .</p> <p>However, the Nurse Manager and the Nursing Supervisor failed to follow through when made aware of an occurrence between a nurse on the night shift and Patient #4. Per nursing progress note for 3/11/14 Nurse#1 assigned to Patient #4 states: " 0040 Nurse went in to do assessment, applied B/P cuff and attempted to listen to apical pulse. PT. states I told you that I did not want you as my nurse. " At 02:06 the same nurse returns to Patient #4 's room and describes the patient " ...very hostile ...refused care ...demanded I leave after vital signs " .</p> <p>The nurse further states s/he notified the charge nurse and Supervisor Patient #4 was requesting another nurse.</p> <p>Per interview on 3/12/14 at 1:00 PM, the Nurse Manager for the Medical/Surgical Unit confirmed s/he failed to follow-up on the patient 's concerns and neither the Nursing Supervisor, the charge nurse nor the Nurse Manager completed an event report within the SQSS system as per policy. In</p>	{C 271}	<p>C271</p> <ol style="list-style-type: none"> Porter's policy titled "Patient's Bill of Rights", last updated 1/2014, was reviewed to ensure compliance with Vermont Statute Title 18, Chapter 42: Bill of Rights for Hospital Patients. Porter's policy titled "Patient Complaint and Grievance", last updated 2/2014, was reviewed to ensure compliance with current regulatory requirements. The findings related to this deficiency were reviewed in detail with the Nursing Staff and Charge Nurse involved with the care of the patient in question, as well as the Nurse Manager of the Medical-Surgical unit, on 3/12/14. 	

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{C 271}	Continued From page 3 addition, although the patient assignment was changed to accommodate Patient #4 ' s request, there was a failure to review the incident, determine why Patient #4 was refusing care from Nurse #1. Per interview on 3/12/14 at 2:45 PM the CNO (Chief Nursing Officer) confirmed it was his/her expectation a report should have been filed by nursing staff upon being made aware of concerns regarding the care provided by Nurse #1.	{C 271}	4. A follow up meeting was held on 3/12/14 with the CNO and Nurse Manager to further discuss the following items:		
{C 296}	485.635(d)(2) NURSING SERVICES A registered nurse or, where permitted by State law, a physician assistant, must supervise and evaluate the nursing care for each patient, including patients at a SNF level of care in a swing-bed CAH. This STANDARD is not met as evidenced by: Based on record review and interview, nursing staff failed to include in the initial and ongoing patient assessment the CIWA (Clinical Institute Withdrawal Assessment for Alcohol) for a patient with a history of alcohol abuse. (Patient # 9) Findings include: On 3/10/14 Patient #9 was admitted to the CAH for acute Pancreatitis. The patient has a history of alcohol abuse and admitted to consuming prior to admission " ...a few beers and wine coolers ... ". Although the CIWA can be included in the initial assessment, nursing staff failed to utilize the tool to provide a baseline for potential withdrawal symptoms. The ongoing assessment of Patient #9 also did not include the CIWA until staff noted the patient ' s vital signs were becoming elevated and on the 3rd day after admission nursing staff finally began utilizing the CIWA scoring		<ul style="list-style-type: none"> The preliminary findings; Porter's policies titled "Patient Bill of Rights" and "Patient Complaint and Grievance", as noted above; The expectations, as per the above noted policies, related to the Nursing Staff, Nurse Manager and/or Nursing Supervisor roles in response to a 		

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		C271	<p>patient complaint such as the one detailed in this finding, to include investigation of the complaint, follow up with the patient and staff involved, and filing an incident report in SQSS with appropriate Department Manager follow up documented;</p> <ul style="list-style-type: none"> • A plan for education of all inpatient Nursing staff, and the audit process to ensure continued compliance with this plan 	

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		C271	<p>(detail to follow).</p> <p>5. As a result of the above noted review and follow up meetings, the following actions will be or have been taken:</p> <ol style="list-style-type: none"> 1. Nursing Forums held on March 17, 18, and 19, which will be repeated again on April 21 and 23, included/will include education and review related to the following items: <ol style="list-style-type: none"> (a) The findings of this survey, to include failure to report and follow up 	

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		C271	<p>on a patient complaint and failure to ensure compliance with the Patient's rights;</p> <p>(b) Porter's policies, as noted above, related to Patient's Rights and the Complaint and Grievance process, to include the roles of Nursing Staff and Nurse Managers/ Supervisors in relation to ensuring</p>	

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		C271	<p>compliance with these policies;</p> <p>(c) Questions related to the above noted policies and their applicability to a given patient situation will be directed to the Nurse Manager, CNO, or Risk Management for clarification.</p> <p>2. Inpatient Nursing staff, Nurse Managers, and Nursing Supervisors</p>	

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		C271	<p>not in attendance at the Nursing Forums as above noted will be required to complete a mandatory educational review module which will encompass the above noted topics discussed at the Nursing Forums, and must be completed by May 1, 2014.</p> <p>3. Beginning April 7, 2014, concurrent patient record audits shall be conducted, as per the schedule and process defined below</p>	By May 1, 2014

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		C271	<p>in item #4, to ensure compliance with the above noted policies with a focus on the following:</p> <p>(a) Any documentation to indicate a patient complaint, concern or patient rights issue will include notification of and follow up by the Charge Nurse and Nurse Manager or Supervisor to resolve</p>	

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		C271	<p>the concern.</p> <p>(b) An SQSS incident report has been filed related to such incident, which will include the follow up steps taken by the Nurse Manager or Supervisor</p> <p>4. As noted, the Nurse Manager of the Medical-Surgical Unit or her designee will be scheduled to concurrently monitor not less than 10</p>	

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		C271	<p>patient records per week for the first 30 days of this corrective action plan, with a focus on patients assigned to newly oriented Nursing staff, to ensure compliance with the above noted policies. Findings of concern shall be addressed immediately with the staff involved with the patient's care, with immediate intervention focused on the patient's care, concerns, and needs as required.</p>	

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		C271	patient record audits of not less than 5 patient records weekly will continue for the remaining 60 days of this corrective action plan. In addition, the Nurse Manager of the Medical-Surgical Unit or her designee shall continue to conduct not less than 5 concurrent patient records reviews on a scheduled quarterly basis to ensure ongoing compliance with this corrective action plan.		

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		C271	<p>5. The CNO shall conduct weekly validation reviews of the concurrent review process for the first 90 days of this corrective action plan to ensure compliance with this corrective action plan. Validation reviews will then be scheduled on a quarterly, ongoing basis.</p> <p>6. The Nurse Manager of the Medical Surgical Unit shall report results of the ongoing weekly audits to the Quality</p>	
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		C271	<p>and Safety Committee on a monthly basis for the first 90 days of this corrective action plan, and then on a quarterly basis as part of her routinely scheduled reports. In addition, the Director of Quality shall provide monthly reports for the first 90 days of this corrective action plan, and then on a quarterly basis to the Quality Coordinating Committee of the Board,</p>	
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		C271	<p>frequency of audits and reporting subject to change at the discretion of the Quality Coordinating Committee based on the results of the audits.</p> <p>7. A yearly mandatory Healthstreams education module related to Patient Rights and the Patient Complaint and Grievance process shall be completed by all clinical staff, to include Nursing staff, Nurse Managers, and Nursing</p>	

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		C271	<p>Supervisors on an ongoing basis.</p> <p>8. All new employees shall continue to receive education related to the Patient Complaint and Grievance policy, Patient Rights, and use of the complaint and incident reporting system, SQSS.</p> <p>9. The CNO and Director of Quality shall provide oversight to ensure this portion of the corrective action plan is implemented and followed as written.</p>	
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C271 POC accepted 4/9/14
Blower/R/PMC

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{C 296}	<p>485.635(d)(2) NURSING SERVICES</p> <p>A registered nurse or, where permitted by State law, a physician assistant, must supervise and evaluate the nursing care for each patient, including patients at a SNF level of care in a swing-bed CAH.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, nursing staff failed to include in the initial and ongoing patient assessment the CIWA (Clinical Institute Withdrawal Assessment for Alcohol) for a patient with a history of alcohol abuse. (Patient # 9) Findings include:</p> <p>On 3/10/14 Patient #9 was admitted to the CAH for acute Pancreatitis. The patient has a history of alcohol abuse and admitted to consuming prior to admission "...a few beers and wine coolers ...". Although the CIWA can be included in the initial assessment, nursing staff failed to utilize the tool to provide a baseline for potential withdrawal symptoms. The ongoing assessment of Patient #9 also did not include the CIWA until staff noted the patient's vital signs were becoming elevated and on the 3rd day after admission nursing staff finally began utilizing the CIWA scoring</p>	{C 296}	<p>C296</p> <ol style="list-style-type: none"> 1. Following receipt of the preliminary findings related to this deficiency, a meeting was held on 3/12/14 which included the CNO, the Nurse Manager of the Medical Surgical and SCU, and the ED Nurse Manager. The following items were discussed/reviewed: <ol style="list-style-type: none"> a) The detail of the preliminary findings related to this deficiency; b) The hospital's current CIWA protocol; c) The current EMR documentation of assessments and interventions related to this protocol; d) Educational needs for staff related to this protocol and the 	

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{C 296}	<p>assessment to determine if Patient #9 required medication to decrease symptoms of alcohol withdrawal.</p> <p>Per interview on 3/12/14 at 1:30 PM, the Nurse Manager for Medical/Surgical unit confirmed staff had failed to assess Patient # 9 during admission and/or daily using the CIWA tool to determine if Patient #9 was experiencing alcohol withdrawal symptoms and required prescribed medication to help with those symptoms.</p>	{C 296}	<p>associated assessments and documentation;</p> <p>e) The need for concurrent audits of patient records related to this protocol.</p> <p>2. Following receipt of this Statement of Deficiency, a follow up meeting was held on 3/31/14 with the CNO and Director of Quality. As a result of this meeting and the above noted review, the following steps have/shall be taken to address this deficiency:</p> <p>a) The hospital's CIWA protocol and the findings associated with this deficiency were discussed at Nursing Forums held on March 17, 18, and 19th, and will again be</p>	

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		C296	<p>discussed at the Nursing Forums held on April 21 and 23.</p> <p>b) All Inpatient Nursing staff not in attendance shall complete a mandatory education module related to the hospital's CIWA protocol, to include patient assessments and required documentation, as well as the findings associated with this deficiency. The education module shall be completed by May 1, 2014.</p> <p>c) The Staff Development Coordinator shall incorporate education related to the CIWA</p>	By May 1, 2014

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		C296	<p>protocol as part of all new Nursing Staff orientation.</p> <p>d) Beginning April 7, 2014, concurrent reviews shall be initiated of inpatient/observation patient records with a documented history of chronic alcohol use/abuse to ensure compliance with the established CIWA protocol. The reviews shall be conducted as follows:</p> <ul style="list-style-type: none"> The Nurse Manager of the Medical-Surgical Unit or her designee shall review 100% of inpatient/obse 	

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		C296	<p>rvation patient records with a documented history of chronic alcohol use/abuse for the first 30 days of this corrective action plan. Findings of concern shall be addressed immediately with the staff involved with the patient's care to ensure appropriate steps are taken to maintain compliance with the CIWA protocol and appropriate patient care is provided.</p>	

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		C296	<p>Concurrent patient record audits shall continue for the remaining 60 days of this corrective action plan of at least 50% of all patient records with a documented history of chronic alcohol use/abuse to ensure continued compliance. Concurrent audits will then continue on a quarterly basis of at least 5 patient records per quarter to ensure continued compliance</p> <p>with this plan.</p>	

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		C296	<ul style="list-style-type: none"> The CNO shall be scheduled to conduct weekly validation audits of the above noted concurrent reviews for the first 90 days of this corrective action plan, and then on a quarterly basis to ensure continued compliance with this corrective action plan. The Nurse Manager of the Medical-Surgical Unit or her designee shall report results of the 	

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		C296	<p>concurrent medical record reviews as noted above and any corrective actions taken as a result of those reviews to the Quality and Safety Committee on a monthly basis for the first 90 days of this corrective action plan. Reports to the Quality and Safety Committee will then continue on a quarterly basis.</p> <ul style="list-style-type: none"> The Director of Quality will provide monthly 	

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		C296	<p>reports for the first 90 days of this corrective action plan to the Quality Coordinating Committee of the Board, with quarterly updates to then follow on an ongoing basis. The frequency of the reviews and reports may be adjusted at the discretion of the Quality Coordinating Committee based on the outcome of the reviews.</p> <ul style="list-style-type: none"> The CNO and Director of Quality shall be responsible for ensuring 	

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		C296	the corrective action plan related to this deficiency is implemented and followed as written.	

C296 POC accepted 4/9/14
BHoweRN/PMC

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C1000	<p>485.635(f) PATIENT VISITATION RIGHTS</p> <p>A CAH must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the CAH may need to place on such rights and the reasons for the clinical restriction or limitation</p> <p>This STANDARD is not met as evidenced by: Based on record review and confirmed through staff interview the CAH's Patient Visitation policies did not identify the clinical rationale for restricting or limiting visitors in each separate clinical unit and did not address how CAH staff would be trained to assure appropriate implementation of the policies and procedures in an effort to avoid unnecessary restricting/limiting access of visitors to patients. Findings include:</p> <p>Per review of the CAH policy titled Patient Visitation Rights, dated 12/2013, 'In accordance with Federal rules, it is the policy of Porter Hospital to ensure that each patient enjoy full and equal visitation rights consistent with their</p>	C1000	<p>C1000</p> <p>1. Following receipt of the preliminary findings of this deficiency, a meeting was held with the CNO who also is Manager of Obstetrics, Nurse Manager of the Emergency Department, and the Nurse Manager of the Medical-Surgical Unit and SCU. The following items were discussed/reviewed:</p> <p>a) The preliminary findings of this deficiency;</p> <p>b) The hospital's policies related to this deficiency, which are as follows:</p> <ul style="list-style-type: none"> • Patient Visitation Rights, last revised 12/2013; 	

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C1000	<p>preference. The visitation rights are subject to clinically necessary restrictions and limitations...Procedures...4. the right to receive visitors is subject to the restrictions contained in the Visitor Policy with respect to type of patient, regular visiting hours and number of visitors per patient.' Per review of the Visitor policy, dated 02/2013: Medical-Surgical / Special Care: A. Regular hours are 10:00 AM to 8:00 PM. B. No more than two visitors per patient unless deemed appropriate. C. Children under twelve are discouraged from visiting; Pediatrics: Long visits and too many visitors are discouraged. One parent may remain with the patient as much as desired; Obstetrics: Visiting hours are from 10:00 AM to 8:00 PM. Family may also visit at other times at the discretion of the nursing staff. Children under the age of 15 (unless a sibling of the new baby) are not allowed to visit; and Emergency Department: Visiting in the Emergency Department will be restricted to one person per patient in the treatment area, unless otherwise directed by E.R. Staff or Physician. Although the policy identifies some restrictions/limitations in each of the respective patient care units, including the prohibition of visitation by children under the age of 12 in the Medical-Surgical unit and under the age of 15 in the Obstetrics unit it does not clearly identify any clinical rationale for those restrictions/limitations. In addition the CAH policy does not address how staff, who are responsible for the implementation of the policy in each of the respective units, including the PACU (Post Anesthesia Care Unit), will be trained to assure consistent appropriate implementation of the policy, to reduce the incidence of unnecessarily restricting or limiting access of visitors to patients.</p>	C1000	<ul style="list-style-type: none"> • Visitation of Patients in PACU, last revised 2/2013; • Visitor, last revised 2/2013. <p>c) The need for revisions of the above noted policies and education of staff related to same.</p> <p>2. A follow up meeting was held on 3/31/14 with the CNO and Director of Quality to review the Statement of Deficiency, associated policies, and the topics of the above noted meeting. As a result, the following corrective actions have/shall be taken in response to the findings of this deficiency:</p> <p>a) The above noted policies shall be</p>		

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C1000	The Chief Nursing Officer confirmed, during interview on the afternoon of 2/26/14, that the policies did not included staff training and clinical rationale for restrictions/limitations of visitation privileges.	C1000	revised, with revisions complete by April 11, 2014, to now include the following elements: <ul style="list-style-type: none"> • The visitation rights of patients; • Any clinically necessary or reasonable restriction or limitation that may need to be in place; • The reasons for any noted clinically necessary or reasonable restrictions or limitations; • A statement directing staff to contact the CNO or Nurse Manager/Nurse Supervisor when special 	By April 11, 2014

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		C1000	<p>arrangements for visitation are required;</p> <ul style="list-style-type: none"> • The manner in which staff will be trained to assure appropriate implementation of these policies, and to avoid unnecessary restrictions or limitation of patient visitation. b) All Nursing and Administrative staff in the Medical-Surgical Unit, SCU, Obstetrics, ED, and PACU shall complete a mandatory education module related to the newly revised visitation policies by May 1, 2014. 	

By
May 1, 2014

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		C1000	<p>c) The visitation policy shall be incorporated as a component of the Patient Rights education that is provided during new employee orientation. This shall commence with the April 21, 2014 new employee orientation.</p> <p>d) Visitation hours shall be clearly posted in all pertinent patient care areas by May 1, 2014 to ensure patients and their families are aware of the revised policies. The posting shall include information directing patient and/or families to request to speak with the Nurse</p>	<p>By April 21, 2014</p> <p>By May 1, 2014</p>

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		C1000	<p>Manager or Supervisor if special visitation arrangements are required. This information will also be provided to patients at the time of admission.</p> <p>e) The Nurse Manager of the Medical Surgical Unit and/or her designee shall perform patient rounding of at least 3 patients weekly in their designated areas, which shall include an inquiry regarding any concerns related to visitation during their stay. Any identified concerns shall be addressed immediately with the staff involved with the patient's</p>	

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		C1000	<p>care to ensure the patient's visitation rights are maintained. This process shall continue for the first 30 days of this corrective plan. Patient rounding audits will then continue for not less than 5 patients per month to ensure continued compliance with this plan.</p> <p>f) The CNO shall conduct weekly validation reviews to ensure compliance with the above noted patient rounding process for the first 30 days of this corrective action plan, and then on an ongoing, quarterly basis.</p>	

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		C1000	g) The results of the above noted patient rounding audits and any corrective actions taken shall be included in the respective Nurse Manager's quarterly report to the Quality and Safety Committee on an ongoing basis. In addition, the Director of Quality shall forward the results of the above noted audits to the Quality Coordinating Committee of the Board as part of the monthly Quality and Safety reporting schedule.	

C1000 POC accepted 4/9/14
BHoweRw/pml