

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

April 4, 2014

Timothy Ford, Administrator  
Springfield Hospital  
Po Box 2003  
Springfield, VT 05156

Dear . Ford:

The Division of Licensing and Protection completed a survey at your facility on **February 4, 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 4, 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: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  G 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
(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 151	<p>Continued From page 1</p> <p>services/case management over a 10 year period for Patient #1 without incident prior to the assault on 12/6/13. Patient #1 was brought to a local emergency department where the patient was screened for involuntary hospitalization. At the time of the incident on 12/6/13 Patient #1 confirmed s/he had not been compliant with taking prescribed psychotropic medications for 9 days. Per review of Emergency Department documentation, Patient #1 was compliant with medication and cooperative with staff and was provided security by the County sheriff's department.</p> <p>After review by Windham Center Nurse Manager and psychiatrist of information provided by a mental health agency and following their referral/intake process the Windham Center accepted Patient #1 for involuntary admission. Upon arrival on the evening of 12/10/13, Patient #1 was cooperative, accepted medication and interacted with staff. On 12/11/13, Patient #1 expressed concerns about his/her ability to control some sexual urges and informed staff s/he had difficulty controlling behaviors. Recreational Therapy provided Patient #1 art supplies which Patient #1 utilized effectively. Further deescalation was provided by staff during the afternoon of 12/11/13 and Patient #1 remained cooperative. Per "Patient Progress Note" at 16:21 on 12/11/13, the Nurse Manager documents Patient # 1 stated "... the danger has passed I'm OK, the medication and music helped". On 12/11/13 the Nurse Manager of a psychiatric unit where Patient #1 had past multiple admissions, was consulted by the Windham Center Nurse Manager regarding Patient #1's previous behavioral presentation. The Windham Center Nurse Manager was</p>	C 151	<p><b>Monitoring</b> 100% record review will occur to assure therapeutic alternatives are provided for patients exhibiting documented at risk behaviors.</p> <p><b>Goal:</b> All patients are treated with dignity and respect.</p> <p><b>Follow up</b> Any failure to comply will result in review of situation and re-education with staff and identification of further improvement efforts.</p> <p><b>Windham Center Staffing:</b> Additional staffing will be requested for patients exhibiting at risk behaviors that are documented and include threats of aggression, violence and self-harm. Additional staffing ratio may require 1:1 / 2:1 staffing. Security staff may be requested as situation warrants and is documented. In all instances patients will be provide care with dignity and respect. Current per diem staffing pool has been increased by 5 staff members that have been trained and educated in the management of Windham Health Center population.</p> <p><b>Monitoring</b> 100% daily review of Windham Center inpatient census to determine if staffing levels meet patient acuity requirements. Review of all patients where a change in status occurs for appropriate implementation of therapeutic alternatives and for the employment of additional staffing.</p> <p><b>Follow up</b> Failure to comply will result in review of situation and re-education with staff and identification of further improvement efforts.</p> <p><b>Seclusion/Restraint:</b> When all other less restrictive treatments fail, seclusion/restraint may be considered as a viable alternative to protect patient safety. All criteria of the Seclusion and Restraint Policy must be met prior to placing any patient into seclusion or restraint. Patients will be frequently reassessed for release from seclusion or restraint. Staff will be re-educated through review of the Restraint and Seclusion Policy.</p>	<p>2-26-14</p> <p>4-16-14</p>

*JRA*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
(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 151	<p>Continued From page 2</p> <p>informed and documented that during Patient #1's previous hospitalizations "... they (other psychiatric unit) have never seen him/her touch anyone, despite his/her ranting and raving and telling people how scary s/he is, s/he has never actually touched a staff member or patient". During the night of 12/11/13 progress notes indicate Patient #1 was cooperative and for additional monitoring a security guard was assigned to the patient.</p> <p>Per "Patient Progress Note" for 12/12/13 at 16:09, Patient #1 expressed to staff that s/he was "...having a difficult time" and "...reported having strong sexual thoughts..." about a staff member. The patient was redirected and agreed to stay in his/her room. Shortly after, Patient #1 requested to be transferred to another psychiatric facility, voicing concerns about remaining in control of his/her behaviors. During this time, no additional therapeutic support was provided; attempts to stabilize were not evident; ongoing 1:1/2:1 was not offered; additional staff was not scheduled, use of the seclusion/quiet room was not utilized, and the decision was made by Windham Center staff to transfer the patient to the Emergency Department (ED) at Springfield Hospital so County Sheriffs could provide security. Local police were requested and accompanied by a State Police officer and without consideration of Patient #1's personal dignity and Patient Rights, Patient #1 was removed from the Windham Center and although not charged with a criminal offense, was handcuffed and brought to the Bellows Falls Police Station at 16:45. While still considered a patient of the Windham Center without the benefit of medical oversight by Windham Center staff, Patient #1 was detained for greater than 2 hours at the police station.</p>	C 151	<p><b>Monitoring</b> 100% record review of all patients exhibiting at risk behaviors: to identify where all other alternative interventions fail that seclusion is considered and appropriately implemented; and that if employed, patient is frequently assessed and seclusion is removed when patient is no longer considered at risk. Documentation of completed of seclusion/restraint education.</p> <p><b>Follow up</b> Any failure to comply will result in review of situation and re-education with staff and identification of further improvement efforts.</p> <p><b>Police involvement with patients of the Windham Center</b> A policy will be developed to identify appropriate police involvement for patients of the Windham Center. Staff will receive education to this policy.</p> <p><b>Monitoring</b> The Nurse Manager and the Medical Director of the Windham Center will review any incidence of police presence at the Windham Center. Events impacting patient rights and dignity will be reported and that a review these events will occur.</p> <p><b>Follow up</b> Failure to comply with the policy will result in case review and re-education with staff.</p> <p><b>Emergency Involuntary Medication Administration</b> The current Windham Center policy for managing emergency involuntary medication management will be revised to include: The Windham Center will provide emergency medication administration based upon documented assessment of the patient' and their need for emergency medication. Staffing requirement will be met prior to administration of emergency involuntary medication administration.</p>	<p>4-6-14</p> <p>4-6-14</p>	

*JRg*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
(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 151	<p>Continued From page 3</p> <p>From the police station, while still being considered a patient of the Windham Center Patient #1 was then transferred to the Springfield Hospital ED and at 21:24 on 12/12/13.</p> <p>Patient #1 remained in the ED for 8 days, continued to be considered a patient of the Windham Center, without the benefit of a therapeutic milieu of a psychiatric facility. While detained, Patient #1 was assigned to either a small exam room in the ED or the Ambulatory Care Unit monitored by County Sheriffs and/or security and a Mental Health Worker. It was not until 12/20/13, Patient #1 was transferred to another psychiatric unit.</p> <p>Per interview during the morning of 2/4/13 both the Medical Director for the Windham Center and the Director of Patient Care Services confirmed transfer/removal of Patient #1 by the police, handcuffed and detained at the police station while remaining a patient of the Windham Center, was not in compliance with with the State of Vermont Statute Title 18, Chapter 42: Bill of Rights for Hospital Patients specifically the right to considerate and respectful care at all times and under all circumstances with recognition of his or her personal dignity."</p>	C 151	<p><b>Monitoring</b> 100% review of patient receiving emergency involuntary medication will occur. These reviews will be documented.</p> <p><b>Follow up</b> Feedback will be provided to the staff regarding policy compliance and areas of needed improvement.</p> <p><b>Windham Center patient transfers to the Emergency Department</b> The policy for "Medical and Acute Medical Emergencies" will be reviewed and revised. The policy will then be reviewed with all Windham center staff to provide guidelines for transfer of Windham Center patients to the Emergency Department.</p> <p><b>Monitoring</b> The Nurse Manager and Medical Director of the Windham Center will review all cases of patients transferred to the Emergency Department using the guidelines from the policy and document their findings. Feedback will be given to staff based on those findings.</p> <p><b>Follow up</b> Failure to adhere to policy will result in immediate re-education of staff and case review.</p>	4-16-14	
C 250	<p>This is a repeat violation.</p> <p>485.631 STAFFING AND STAFF RESPONSIBILITIES</p> <p>Staffing and Staff Responsibilities</p> <p>This CONDITION is not met as evidenced by: Based on staff interview and record review, the</p>	C 250	See C 253 485.635(a)(3) STAFFING		

JRJ

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156	
(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 250	Continued From page 4 Condition of Participation: Staffing and Staff Responsibilities was not met as evidenced by the failure of the Windham Center/ PPS Excluded Distinct Part Psychiatric Unit of Springfield Hospital to ensure sufficient staff coverage was available at all times to provide essential services and able to respond to emergent events or procedures and to be sufficient to meet the needs of all patients demonstrating psychosis or other behavioral symptoms.	C 250		
C 253	Refer to C-0253 485.631(a)(3) STAFFING  The staff is sufficient to provide the services essential to the operation of the CAH.  This STANDARD is not met as evidenced by: Based on staff interview and record review, the Windham Center/ PPS Excluded Distinct Part Psychiatric Unit of Springfield Hospital failed to ensure sufficient staff coverage was available at all times to provide essential services and able to respond to emergent events or procedures and to be sufficient to meet the needs of patients demonstrating psychosis or other behavioral symptoms for 2 applicable patients. (Patient #1, #2). Findings include:  1. Per record review Patient #2 was admitted to the psychiatric unit on 2/25/2013 at approximately 2145 (9:45 PM). The patient was first seen and evaluated at the Dartmouth Hitchcock Hospital and cleared for medical purposes prior to being accepted at the Windham Center where the patient presented with psychotic features including auditory and visual hallucinations, disorganized behavior, and needing to be	C 253	<b>Windham Center Staffing:</b> Additional staffing will be requested for patients exhibiting at risk behaviors that are documented and include threats of aggression, violence and self-harm. Additional staffing ratio may require 1:1 / 2:1 staffing. Security staff may be requested as situation warrants and is documented. In all instances patients will be provide care with dignity and respect. Current per diem staffing pool has been increased by 5 staff members that have been trained and educated in the management of Windham Health Center population. <b>Monitoring</b> 100% daily review of Windham Center inpatient census to determine if staffing levels meet patient acuity requirements. Review of all patients where a change in status occurs for appropriate implementation of therapeutic alternatives and for the employment of additional staffing. <b>Follow up</b> Failure to comply will result in review of situation and re-education with staff and identification of further improvement efforts.	2-26-14

*JR*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
(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-253	<p>Continued From page 5</p> <p>re-directed by staff for intrusive behavior toward other patients. The only nurse progress note written prior to the patient being transferred to the Springfield Hospital Emergency Department (ED) for evaluation was written by the Registered Nurse (RN) at 10:00 PM. The note details the patient as being disorganized, agitated, and tearful, and admitting to hearing voices. The nurse further states that the patient initially spit out a psychotropic medication to help sedate [him/her] and was placed on 15 minute observations for safety. The documentation on the 15 minute observation form details the patient from 9:15 PM until transfer to the ED as follows: "...with staff, whispering, resting, lying on floor, agitated and crying.....". There is no documentation in the nurse's note regarding the patient being violent, threatening, or unmanageable. There is no documentation in the medical record that the patient required any emergency interventions prior to his/her transfer to the Springfield Hospital ED. There is a lack of documentation in the medical record to include both physician notes and nursing notes that Patient #2 (required) a second evaluation for possible medical reasons not discovered in the Dartmouth Hitchcock Medical Center evaluation.</p> <p>Further review of the medical record discloses that the RN received a verbal order at 10:15 PM on 2/25/2013 to transfer Patient #2 to the Springfield ED. The physician order is accompanied by a physician discharge summary dictated on 3/5/2013 that states the nursing staff judged the patient to be too acute to remain on the unit, and was transferred to the emergency department for reevaluation, sedation if necessary, and disposition to a more appropriate facility.</p>	C 253	<p><b>Documentation:</b> Staff will be re-educated to accurately document patient assessments to identify at risk behaviors that accurately indicate a requirement for increased staffing; implementation of therapeutic alternatives; consideration of seclusion or restraint to ensure patient safety. A Behavior Flow Sheet will be developed that identifies and provides documentation for: at risk behaviors; interventions implemented; outcome of treatment.</p> <p><b>Monitoring:</b> Behavior flow sheets will be reviewed to assess completion of appropriate assessments; Implementation of appropriate interventions; and treatment outcomes.</p> <p><b>Goal:</b> All patients are treated with dignity and respect.</p> <p><b>Follow up</b> Any failure to comply will result in review of situation and re-education with staff and identification of further improvement efforts</p>	4-16-14

*gaa*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05158		
(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 253	<p>Continued From page 6</p> <p>2. Per record review, Patient #1, with a diagnosis of Schizoaffective disorder and PTSD, was admitted to the Windham Center/ PPS Excluded Distinct Part Psychiatric Unit of Springfield Hospital on 12/10/13 as an involuntary admission. Prior to admission Patient #1 was involved in a assaultive incident on 12/6/13 at an outpatient mental health agency resulting in police intervention and subsequent injury to staff at the agency. The agency had been providing mental health services/case management over a 10 year period for Patient #1 without incident prior to the assault on 12/6/13. Patient #1 was brought to a local emergency department where the patient was screened for involuntary hospitalization. At the time of the incident on 12/6/13 Patient #1 confirmed s/he had not been compliant with taking prescribed psychotropic medications for 9 days. Per review of Emergency Department documentation, Patient #1 was compliant with medication and cooperative with staff and was provided security by the County sheriff's department.</p> <p>After review by Windham Center Nurse Manager and psychiatrist of information provided and following their referral/intake process the Windham Center accepted Patient #1 for involuntary admission. Upon arrival on the evening of 12/10/13, Patient #1 was cooperative, accepted medication and interacted with staff. On 12/11/13, Patient #1 expressed concerns about his/her ability to control some sexual urges and informed staff s/he had difficulty controlling behaviors. Recreational Therapy provided Patient #1 art supplies which Patient #1 utilized effectively. Further deescalation was provided by staff during the afternoon of 12/11/13 and Patient</p>	C 253		

*JRL*



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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
(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-253	<p>Continued From page 8</p> <p>although not charged with a criminal offense, was handcuffed and brought to the Bellows Falls Police Station at 16:45. While still considered a patient of the Windham Center but without any medical oversight by Windham Center staff, Patient #1 was detained for greater than 2 hours at the police station. From the police station, while still being considered a patient of the Windham Center, Patient #1 was then transferred to the Springfield Hospital ED and at 21:24 on 12/12/13.</p> <p>Patient #1 remained in the ED for 8 days, continued to be considered a patient of the Windham Center, without the benefit of a therapeutic milieu of a psychiatric facility. While detained, Patient #1 was assigned to either a small exam room in the ED or the Ambulatory Care Unit monitored by County Sheriffs and/or security and a Mental Health Worker. It was not until 12/20/13, Patient #1 was transferred to another psychiatric unit.</p> <p>Per Windham Center Inpatient Plan of Care last approved 6/13/13 states " The Windham Center accepts admission twenty-four hours a day and provides a comprehensive assessment, rapid crisis stabilization, medication management, and rapid return to community living."</p> <p>However, per interview on 2/3/14 at 2:25 PM the Nurse Manager stated the Windham Center is able to manage non aggressive and medication compliant patients who are not violent, however they do accept 72 hour involuntary admissions. S/he also stated staff transfers patients to the ED for the administration of a intramuscular psychotropic emergency medication when a patient is refusing to take the medication orally at the Windham Center. The Nurse Manager</p>	C 253			

*JRQ*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/04/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156
--	---

(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 253	<p>Continued From page 9</p> <p>justified transfers to the Springfield Hospital ED stating the staffing numbers (including RN's and Mental Health Workers) is insufficient to safely administer emergency medications, noting it was her/his opinion the procedure would require 6 staff members to assist with physically holding a patient to administer the prescribed drug. Per review of staffing schedules noted there was no more than 3-4 staff scheduled on each shift with days having the additional benefit of the Nurse Manager.</p> <p>In addition, upon further discussion regarding staffing and unit safety, the Nurse Manger did confirm the Windham Center would follow the Springfield Hospital policy titled Workplace Violence last reviewed 5/10/12. This policy addresses how employees are to respond if there was a threat of violence involving a patient, visitor, current or former employee, or a stranger within the workplace. For the Windham Center, staff are to notify the switchboard to announce a "Code Orange". During the day, designated outpatient department employees located within the same building as the Windham Center would arrive on the unit to provide a show of support. However, when the outpatient offices are closed, calling a "Code Orange" would not facilitate extra staff. On the morning of 2/4/14 the Nurse Manager stated that during off hours given the present staff schedule, if an emergency situation did occur staff are to call 911, however the police station is 15 minutes away, hospital staff are located approximately 25 minutes away noting "...we are basically on our own". Furthermore noting 90% of staff are female at the Windham Center.</p>	C 253		
C 306	485.638(a)(4)(iii) RECORDS SYSTEMS	C 306		

*JeJ*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
(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 306	<p>Continued From page 10</p> <p>[For each patient receiving health care services, the CAH maintains a record that includes, as applicable-]</p> <p>all orders of doctors of medicine or osteopathy or other practitioners, reports of treatments and medications, nursing notes and documentation of complications, and other pertinent information necessary to monitor the patient's progress, such as temperature graphics and progress notes describing the patient's response to treatments; [and]</p> <p>This STANDARD is not met as evidenced by: Based on record review, Windham Center nursing staff failed to completely document pertinent information necessary during the monitoring of a patient who was identified to require further treatment in the Emergency Department. (Patient #2 ) Findings include:</p> <p>1. Per record review Patient # 2 was admitted to the psychiatric unit on 2/25/2013 at approximately 2:45 (9:45 PM). The patient was first seen and evaluated at the Dartmouth Hitchcock Hospital and cleared for medical purposes prior to being accepted at the Windham Center where the patient presented with psychotic features including auditory and visual hallucinations, disorganized behavior, and needing to be re-directed by staff for intrusive behavior toward other patients. The only nurse progress note written prior to the patient being transferred to the Springfield Hospital Emergency Department (ED) for evaluation was written by the Registered Nurse (RN) at 10:00 PM. The note details the</p>	C 306	<p><b>Documentation:</b> Staff will be re-educated to accurately document patient assessments to identify at risk behaviors that accurately indicate a requirement for increased staffing; implementation of therapeutic alternatives; consideration of seclusion or restraint to ensure patient safety. A Behavior Flow Sheet will be developed that identifies and provides documentation for: at risk behaviors; interventions implemented; outcome of treatment.</p> <p><b>Monitoring:</b> Behavior flow sheets will be reviewed to assess completion of appropriate assessments; Implementation of appropriate interventions; and treatment outcomes.</p> <p><b>Goal:</b> All patients are treated with dignity and respect.</p> <p><b>Follow up</b> Any failure to comply will result in review of situation and re-education with staff and identification of further improvement efforts.</p>	4-16-14

*927*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 2003 SPRINGFIELD, VT 05156		
(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 306	Continued From page 11 patient as being disorganized, agitated, and tearful, and admitting to hearing voices. The nurse further states that the patient initially spit out a psychotropic medication to help sedate [him/her] and was placed on 15 minute observations for safety. The documentation on the 15 minute observation form details the patient from 9:15 PM until transfer to the ED as follows: "...with staff, whispering, resting, lying on floor, agitated and crying.....". There is no documentation in the nurse's note regarding the patient being violent, threatening, or unmanageable. There is no documentation in the medical record that the patient required any emergency interventions prior to his/her transfer to the Springfield Hospital ED. There is a lack of documentation in the medical record to include both physician notes and nursing notes that Patient #2 (required) a second evaluation for possible medical reasons not discovered in the Dartmouth Hitchcock Hospital evaluation.	C 306		
C 342	485.641(b)(5)(ii) QUALITY ASSURANCE  [The program requires that--] the CAH also takes appropriate remedial action to address deficiencies found through the quality assurance program.  This STANDARD is not met as evidenced by: Based on record review and confirmed through staff interviews the facility failed to recognize opportunity for improvement and failed to address previously identified issues/concerns documented as adverse events. Findings include:  1. Per record review Patient # 2 was admitted to	C 342	Event Reporting and Review Failures to comply with situations that impact patients' Bill of Rights, dignity and respect will be reported and reviewed to assess compliance with policy and regulatory requirements. Improvement activities will be identified to support the respect and dignity of patients.  Monitoring Review of medical records to determine events impacting patient rights and dignity are reported and that review of events occur and result in further education and identification of improvement activities that result in respect for patients' rights and dignity. Monitoring	4-16-14

*JR*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  G 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
(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	
G 342	<p>Continued From page 12</p> <p>the psychiatric unit on 2/25/2013 at approximately 2:45 (9:45 PM). The patient was first seen and evaluated at the Dartmouth Hitchcock Hospital and cleared for medical purposes prior to being accepted at the Windham Center where the patient presented with psychotic features including auditory and visual hallucinations, disorganized behavior, and needing to be re-directed by staff for intrusive behavior toward other patients. The patient was described in a nursing note as being agitated, and tearful, and admitting to hearing voices. When the patient was administered oral psychotropic medication s/he initially spit it out. Documentation on the 15 minute observation further details Patient #2 as: "...with staff, whispering, restling, lying on floor, agitated and crying.....". Nurse's note did not identify the patient as being violent, threatening, or unmanageable. Within 2 hours of admission, nursing staff made the determination the patient required re-evaluation and possible administration by injection of an emergency psychotropic medication and requested the attending psychiatrist to order a transfer of the patient to the ED at Springfield Hospital where staff could assess the patient and medicate.</p> <p>Per interview on 2/4/14 at 10:15 AM, the Medical Director for the Windham Center stated the unit has the medication and ability to administer intramuscular emergency involuntary medication, however during a previous interview on 2/3/14 at 2:25 PM the Nurse Manager stated there was lack of sufficient staff to handle the administration of an emergency involuntary injection. A Patient Safety Event had been completed at the time of Patient #2's transfer to the ED. Response by ED staff regarding the circumstances and necessity to re-examine Patient #2 had been in question,</p>	G 342	<p>Follow up</p> <p>Any failure to comply will result in review of situation and re-education with staff and identification of further improvement efforts.</p>		

*JRA*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
(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 342	<p>Continued From page 13</p> <p>however the Medical Director acknowledged s/he was not aware of the circumstances nor had the case been reviewed to evaluate opportunities for improvement to ensure quality of care. Presently the Medical Director does not review any Patient Safety Events related to the Windham Center.</p> <p>In addition, a review was conducted with the Medical Director regarding Patient #1, who was admitted to the Windham Center on 12/10/13. Within 2.5 days Patient #1 was escorted by police, while handcuffed, out of the unit and to the local police station without being charged with a criminal offense. Patient #1 remained at the police station, while still a patient of the Windham Center and was eventually transferred to the ED at Springfield Hospital. Both the Medical Director and Nurse Manager stated the unit has not been provided sufficient and complete information from referral sources and it has impacted the reliability of decisions made when accepting patients. Both Patients #1 and #2 were used as examples by the Medical Director and Nurse Manager to justify their concerns regarding the reliability of a specific referral source. However, there has been a failure to identify an opportunity to improve the present referral and intake process, criteria for acceptance, facilitate better communication between referring agencies and ensuring all information has been provided prior to accepting a patient for the Windham Center. The circumstances surrounding the transfer for both Patient #1 and #2 had not been reviewed or evaluated for Quality purposes to address potential remedial actions and further opportunity to improve patient care and services.</p> <p>Refer to C-152 &amp; C-0253</p>	C 342		

*JRA*

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

PRINTED: 02/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  G 02/04/2014
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
(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 342	Continued From page 14 This is a repeat citation.	C 342			