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

May 11, 2018

Mr. Steven Gordon, CEO
Brattleboro Memorial Hospital
17 Belmont Ave
Brattleboro, VT 05301-3498

Provider ID #: 470011

Dear Mr. Gordon, Ceo:

The Division of Licensing and Protection completed a survey at your facility on **April 24, 2018**. The purpose of the survey was to determine if your facility met the conditions of participation for Acute Care Hospitals found in 42 CFR Part 482.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **May 10, 2018**.

Sincerely,

Suzanne E. Leavitt RN, MS

Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Director, Division of Licensing & Protection

Enclosure

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

PRINTED: 04/27/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 470011 | A. BUILDING _____ B. WING _____ | C 04/24/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRATTLEBORO MEMORIAL HOSPITAL | 17 BELMONT AVE BRATTLEBORO, VT 05301 |

| (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 |
|---|---|---|---|---|
| A 000 | INITIAL COMMENTS<br><br>The Division of Licensing and Protection conducted an unannounced on-site complaint investigation from 4/23/2018-4/24/2018 to determine compliance with the Conditions of Participation for Acute Care Hospitals. The following regulatory violations were identified related to complaint #16377. | A 000 | | |
| A 118 | PATIENT RIGHTS: GRIEVANCES<br>CFR(s): 482.13(a)(2)<br><br>The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.<br><br>This STANDARD is not met as evidenced by:<br>Based on staff interview and record review, the facility failed to review and resolve a patient grievance according to facility policy for 1 applicable patient (Patient #1). Findings include:<br><br>The facility failed to provide prompt resolution to a patient representative's grievance regarding the care and services provided to their family member. Per medical record review, Patient #1 had two inpatient hospitalizations in February 2018 which resulted in referrals for outpatient services from multiple healthcare providers following discharge. Upon record review, a grievance was submitted by the patient's representative, which was signed as received by the hospital on 4/3/2018 and scanned into Patient #1's medical record. The grievance addressed concerns related to communication among Patient #1's healthcare providers and the potential need for a mental health evaluation. At the time of the investigation, there was no evidence that the grievance had been | A 118 | I. Policy Revision: Revised Complaint Grievance: Patient Policy to better reflect BMH's commitment to consistently achieve a mutually satisfactory resolute to all filed grievances.<br><br>• Staff Responsible: K. McGraw, MD<br><br>II. Incident Report: In compliance with established hospital policy, an Incident Report was filed documenting patient/family quality concerns.<br><br>• Staff Responsible: A. Cable & M. Rowland<br><br>III. Leadership Education: Presentations to BMH Hospital and Medical Group Leadership, outlining each staff member's role in the grievance process. In addition, reviewed revised Complaints Grievance Policy, the process for management of a grievance and key BMH staff members involved in the grievance/complaint process.<br><br>• Staff Responsible: K. McGraw, MD & E. Pederson, VP BMH Medical Group<br><br>Account 5.10.18 SS/SZ | 5/3/18<br><br>5/1/18<br><br>5/3/18, 5/17/18 & 6/14/18 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: MD
TITLE: Chief Medical Officer
(X6) DATE: 5/7/18

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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| A 118 | Continued From page 1<br>investigated, or that the patient's representative had been provided with a response to his/her letter.<br><br>The hospital policy, Complaints and Grievances: Patient (last review date 4/17/2018) states, "if the patient or patient's representative....submits the complaint in writing, the complaint is considered a grievance." The policy states under Procedures 4.) The Director of Patient Experience will enter the grievance into the incident reporting system if it has not been previously entered, review the Grievance with the Grievance Committee, and assign it to the appropriate party for investigation and follow up."<br><br>Per interview on 4/24/2018 at 1:00 PM, the Executive Director of Quality, Utilization and Care Management confirmed that while s/he he had notified the staff identified in the letter about the content of the patient representative's concerns, s/he had, "not managed the letter as a grievance". S/he confirmed the letter had not been logged as a grievance and the patient's representative had not been provided with notification regarding the steps taken to review or resolve the grievance. | A 118 | IV. Patient Family Communication: Letter sent to patient's daughter in response to her written grievance dated March 11, 2018. Letter documented receipt of written grievance. Reviewed documented complaints and outlined corrective action undertaken.<br><br>• Staff Responsible. M. Rowland, RN/MSN/LICSW<br><br>V. New Staff Orientation: Developed Orientation Plan for newly hired Patient Experience Manager, focusing on adherence to establish BMH Grievance Complaint Policy.<br><br>• Staff Responsible: K. McGraw, MD | 5/2/18<br><br>5/7/18 |
| A 122 | PATIENT RIGHTS: GRIEVANCE REVIEW TIME FRAMES<br>CFR(s): 482.13(a)(2)(ii)<br><br>At a minimum:<br>The grievance process must specify time frames for review of the grievance and the provision of a response.<br><br>This STANDARD is not met as evidenced by:<br>Based on staff interview and record review, the | A 122 | | |

RC accpt 5.10.18 SS/SP



5/7/18

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| A 122 | Continued From page 2<br>facility failed to ensure that a response was provided to a grievance within the timeframe identified in the facility's policy for 1 applicable patient/patient's representative (Patient #1). Findings include:<br><br>Per record review, a grievance submitted to the facility was written by Patient's #1's representative and signed as received by the facility on 4/3/2018. Per record review, the facility's policy, Complaints and Grievances: Patient (last review date 4/17/2018) states that , "the patient will be provided with a response within two weeks when possible...if the written response to the grievance is determined to take longer than two weeks, the patient will be notified by the Director of Patient Experience or his/her representative" and an approximate date of resolution will be communicated to the grievant. Per interview on 4/24/2018 at 1:00 PM, the Executive Director of Quality, Utilization and Care Management confirmed that s/he made no contact with Patient #1's representative and subsequently had not provided the grievant with written notification following receipt or resolution of the grievance. | A 122 | POC acmt 5.10.18 55/81 | |



5/7/18