



Division of Licensing and Protection

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Survey and Certification Voice/TTY (802) 241-0480

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Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 8, 2019

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

Provider ID #: 470011

Dear Mr. Gordon,

The Division of Licensing and Protection completed a survey at your facility on **March 20, 2019**. 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 **April 8, 2019**.

Sincerely,

A handwritten signature in cursive script that reads "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: 03/27/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 470011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/20/2019
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NAME OF PROVIDER OR SUPPLIER BRATTLEBORO MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 17 BELMONT AVE BRATTLEBORO, VT 05301
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PR EFI X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{A 000} INITIAL COMMENTS

An unannounced on-site follow-up survey was conducted on 3/20/19 by the Division of Licensing and Protection to determine if the hospital was back in compliance with the Federal Conditions of Participation (CoPs) for Acute Care Hospitals as a result of findings identified during a complaint investigation completed on 2/7/19.

{A 450} MEDICAL RECORD SERVICES CFR(s): 482.24(c)(1)

All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.

This STANDARD is not met as evidenced by: Based on interview and record review, the hospital failed to assure medical record entries were completely documented, dated, and timed by the person(s) responsible for providing care, in accordance with hospital policies/procedures for 1 of 4 applicable patients in the targeted sample. (Patient #1). Findings include:

Per review of the Emergency Department (ED) medical record documentation for Patient #1 on 3/20/19, the patient presented to the ED on 2/27/19 at 11:49 AM, with suicidal ideation, which had been increasing during the previous 2 week

{A 000}


{A 450}

Program Overview:
An Educational Program, consisting of a PowerPoint presentation and a post-test, has been developed covering the essential components of Seclusion and Restraint. This program provides an overview of this high risk intervention and covers important topics such as:

- Definitions of Seclusion and Restraint
- Alternatives to the use of Seclusion and Restraint
- Time limits for use of these interventions
- Elements to be included in a provider's order
- Procedures that must follow the initiation of seclusion and or restraint:
 - A. Face-to-Face provider assessment
 - B. Patient/ Staff Debrief

Documentation Guidelines, including:

- A. The documented time for initiation and discontinuation of Seclusion and Restraint
- B. Observed behaviors which precipitated the initiation of the Seclusion and/or Restraint intervention;
- C. The essential elements that must be included when completing a debrief.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CMO/CIO	(X6) DATE 4/3/2019
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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.

A 450 POC accepted 4/8/19 FM/SS

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{A 450} Continued From page 1
period. The patient was requesting treatment and was evaluated by the physician provider as appropriate for voluntary inpatient treatment. The medical record documentation review stated that at 2220 HR., the patient eloped from the ED and was returned by the police at 2320 HR. and "1:1 watch was initiated, Patient on Seclusion." Per review of the required documentation for patients with orders for seclusion, the record failed to include any documentation of the time seclusion ended and failed to include any documentation of a patient debriefing after seclusion ended.

The hospital's policy, VIOLENT PATIENT MANAGEMENT: RESTRAINT/SECLUSION, rev. 3/18/19, stated on Page 6, Section IV, "Procedure/G. Documentation of Restraint/Seclusion: "
"8. Document the time of release,
9. Document the debriefing with the patient,
a. Identify potential alternatives to prevent future episodes
b. Document the patient's perspective of the episode
c. Document modifications of the treatment plan as needed."

The failure of ED staff to document in the medical record in accordance with the hospital policy for Restraint/ Seclusion, (as stated above) was confirmed during interview with the Director of Quality, Utilization and Care Management, the ED Director and the Chief Nursing Officer on 3/20/19 at 3:15 PM.

{A 450} Concept mastery will be assessed through the completion of a post test. Staff must achieve a 90% or greater on this exam. The educational program will be presented currently to identified clinical staff members and on an annual basis as part of Mandatory Annual Education.

Clinical Staff to be Educated:
Staff in the following areas will receive this standardize education: Progressive Care Unit, Emergency Department, and Hunter North Security. The Directors and Managers of these departments will also be educated along with all Clinical Nurses Administrators.

Staff Responsible:

- Assignment of Seclusion /Restraint Education: Lori Brown, RN, MSN, Education Coordinator / Brattleboro Memorial Hospital.
- Monitoring of Compliance: Lori Brown, RN, MSN, Education Coordinator / Brattleboro Memorial Hospital.
- Enforcement of Compliance: Department Managers and Directors

Assignment Date: 4/5/2019
Completion Date: 4/30/2019

A 450 poc accepted
4/8/19 FM/SS