

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

October 31, 2019

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

Dear Mr. Gordon,

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 30, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

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

PRINTED: 10/17/2019  
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 09/30/2019
NAME OF PROVIDER OR SUPPLIER  BRATTLEBORO MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 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  An unannounced on-site follow-up survey was conducted on 9/30/19 by the Division of Licensing and Protection to determine if the hospital was back in compliance with the federal Conditions of Participation for Acute Care Hospitals as a result of findings identified during a re-certification survey completed on 8/21/19.  Based on the information gathered, the hospital was determined to be back in compliance with the Condition of Participation: Surgical Services. The following Standard level regulatory finding was identified as a result of the follow-up survey.	{A 000}			
{A 502}	SECURE STORAGE CFR(s): 482.25(b)(2)(i)  §482.25(b)(2)(i) - All drugs and biologicals must be kept in a secure area, and locked when appropriate. This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure medication was stored securely on one medical/surgical unit. Findings include:  During an initial tour of the Progressive Care Unit (PCU) at approximately 11:37 AM on 9/30/19, a surveyor observed a computer on wheels in the hallway in front of room 325 that was unattended. The computer on wheels had a bucket attached to the back of the apparatus that contained multiple individually wrapped, needle-less (without a needle) pre-filled syringes that contained sodium chloride solution (Also known as saline, which is a mixture of salt and water commonly used to treat or prevent dehydration.). These syringes were unsecured enabling anyone to access them. During a second tour of the same	{A 502}	<b>Corrective Action:</b> A. All individually-wrapped, prefilled saline syringes have been removed from unsecured areas in all Hospital-based patient care areas.  B. Mandatory Staff Education: Staff have received education in staff meetings and/or in online communication, on the basic principles for safe medication storage and handling. Compliance with this standard will be insured through daily department "walk-throughs" and through the completion of monthly EOC Rounds conducted by the Department Directors.		Date of Completion: 10/25/2019  Date of Completion: 10/25/2019

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.



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

PRINTED: 10/17/2019  
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 09/30/2019
NAME OF PROVIDER OR SUPPLIER  BRATTLEBORO MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 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 502}	Continued From page 1  unit on 9/30/19 at 12:04 PM, the surveyors' observed a second nurses' computer station on wheels with a bucket on the back that contained 30 individually wrapped, needle-less pre-filled syringes containing the same solution (sodium chloride-saline) that were also unsecured. Per interview on 9/30/19 at 12:04 PM with a Registered Nurse (RN), s/he stated that the saline was used to flush patients' IV's and that s/he "would consider the saline syringes medication". Upon further tour of the unit, a total of 6 computers on wheels contained full buckets of unsecured individually wrapped, needle-less pre-filled saline syringes. Per interview on 9/30/19 with the Director of Inpatient Services, s/he stated that s/he "would not consider the saline syringes medication". Per interview on 9/30/19 at approximately 3:13 PM with the Director of Pharmacy and Director of Quality, they both confirmed that the saline syringes were "medication", and that the syringes should have been secured.	{A 502}	C. The EOC Rounding Form has been revised to include safe medication storage. This form, completed by the Department Director and/or designee, has been updated to include assessing for the presence of any unsecured medication including prefilled, saline syringes.  BMH Staff Member Responsible: Jackie Amidon RN/Director of Inpatient Services	Date of Completion: 10/25/2019	

*POC accepted  
10/30/19  
28/du*