



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

December 13, 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 **November 12, 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,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 11/26/2019
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 11/12/2019
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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 PREFIX TAG	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

{A 000}

A 438 An unannounced on-site follow-up survey was conducted on 11-12-19 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 the findings identified during a follow-up survey completed on 9-30-19. The following regulatory violation was identified.
FORM AND RETENTION OF RECORDS
CFR(s): 482.24(b)

A 438

The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. The hospital must use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries.

This STANDARD is not met as evidenced by:
Based on observation and interview the hospital failed to store medical records in a manner that ensured protection from potential water damage. Findings include:

During a tour of Medical Record storage on 11-12-19 at 1:54 PM with the Director of Quality and Director of Plant Services, the "File Room Annex", "File Room", and "Volume Land" areas contained multiple rows of open faced records on shelving; and records stacked in cardboard boxes that were exposed to pipes and sprinklers creating the potential for water damage to occur. Per interview on 11-12-19 at 2:55 PM with the Director of Quality, s/he stated that the records "should be covered" and confirmed that potential

Corrective Action:

All stored patient health records will be covered with durable, flame-retardant material to protect these documents from water damage. These coverings will be continually monitored by assigned health information staff and any damage or disruption to the coverings will be repaired.

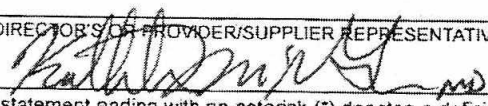
Photographs of health records in the "File Room Annex", "File Room" and "Volume Land" protected from water damage with durable, flame-retardant material are attached to this document.

BMH Staff Member Responsible:

Rob Prohaska, Director of Plant Services
Charmaine Vinton, Director of Health Information
Jon O'Brien, Medical Information, File Clerk

Date of Completion:
12/06/2019

tag A438
VOC accepted 12/13/19
SS/DW

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CMO and CIO	(X6) DATE 12/6/19
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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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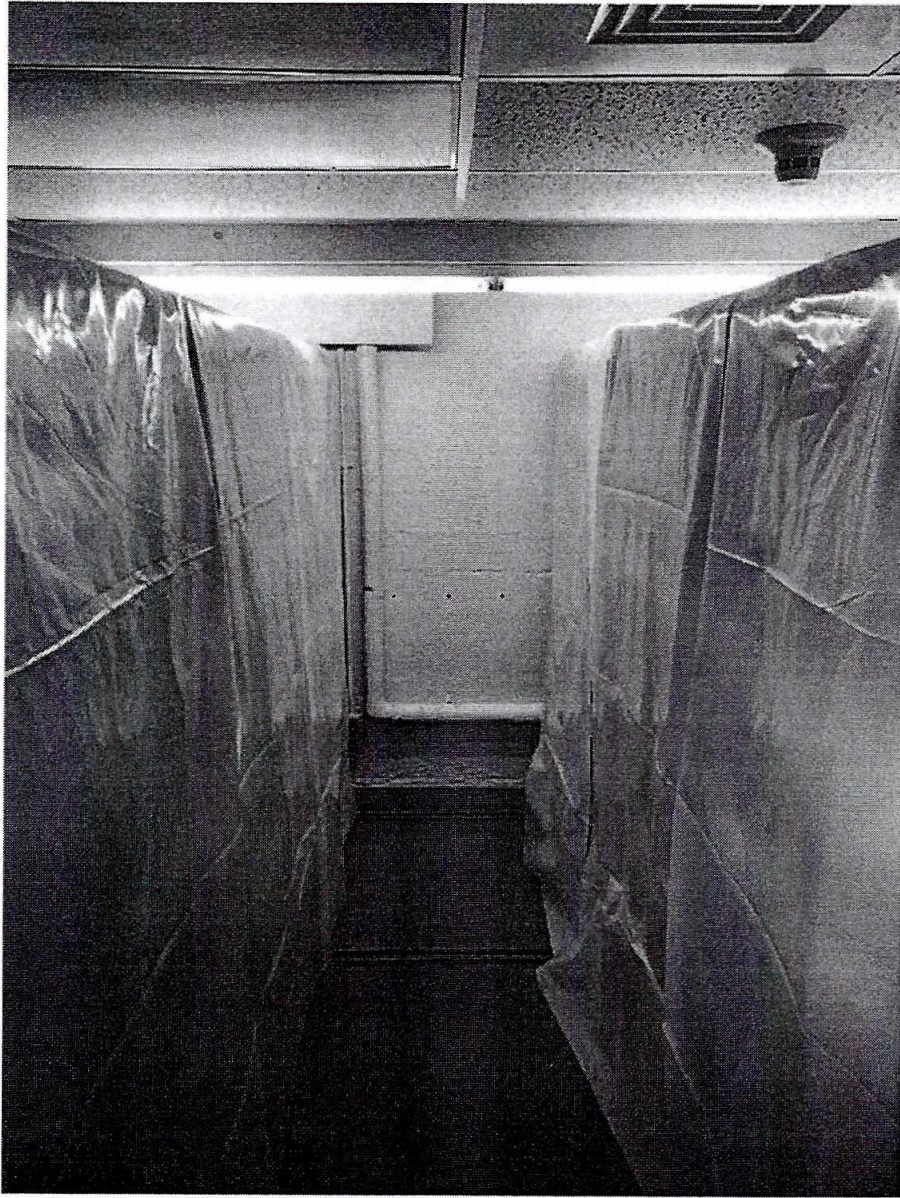
NAME OF PROVIDER OR SUPPLIER BRATTLEBORO MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 17 BELMONT AVE BRATTLEBORO, VT 05301
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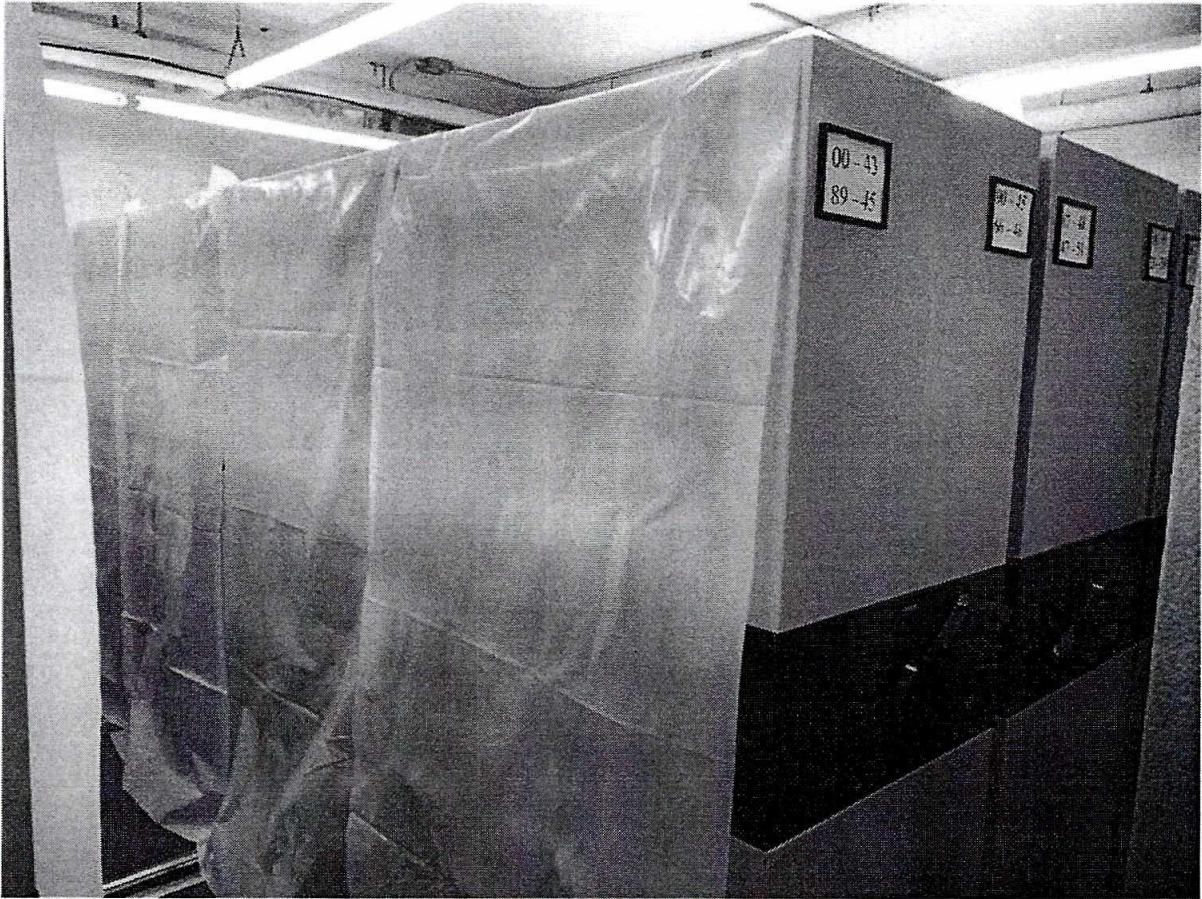
A 438 Continued From page 1
water damage could occur.

A 438

*POC accepted 12/13/19
SS/DW*



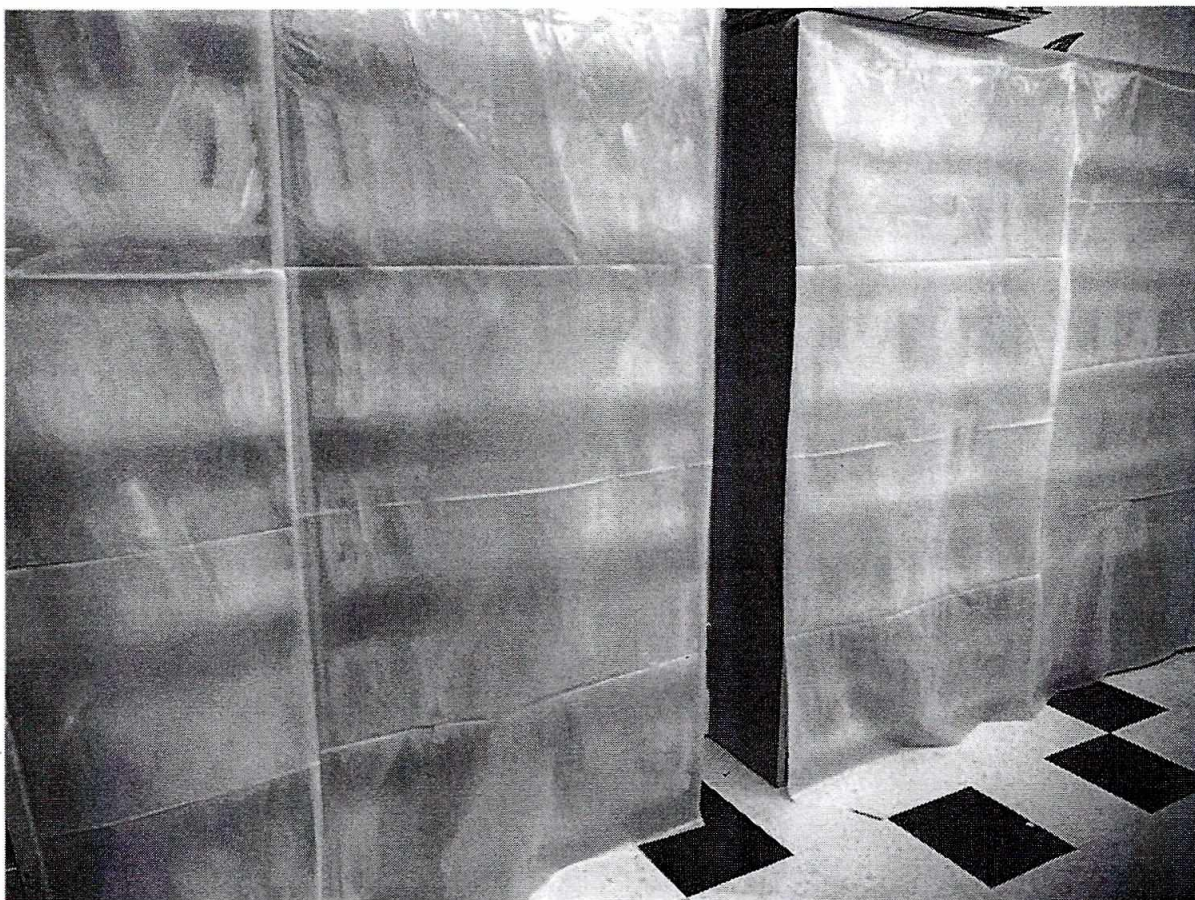
BMH Annex 1 of 1



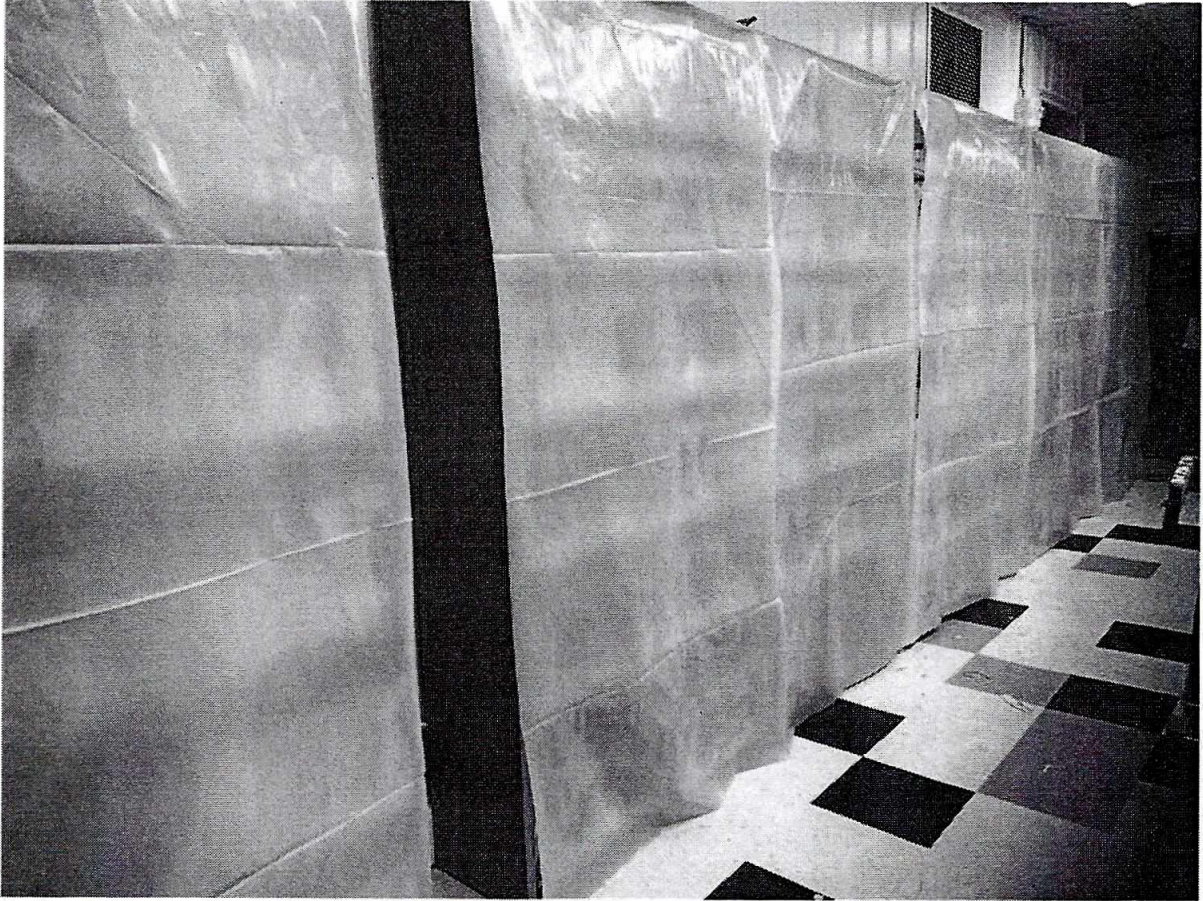
BMH File Room 1 of 2



BMH File Room 2 of 2



BMH Volume Land 1 of 2



BMH Volume Land 2 of 2