

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) 770-5330
To Report Adult Abuse: (800) 564-1612

June 20, 2022

Christopher Dougherty, CEO
Brattleboro Memorial Hospital
17 Belmont Ave
Brattleboro, VT 05301-3498

Provider ID #:470011

Dear Mr. Dougherty:

On **June 1, 2022**, a complaint investigation was completed at your facility which resulted in Standard Level Deficiencies. Subsequently, you submitted a plan of correction for that complaint investigation which was accepted on June 18, 2022.

Thank you for the Plan of Correction and it will be put in your facility file.

Sincerely,



Suzanne Leavitt, RN, MS
Assistant Division Director
Director State Survey Agency

Enclosure

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

PRINTED: 06/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 470 011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/01/2022
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	A000			
A 144	<p>PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2)</p> <p>The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: Based upon interview and record review, the facility failed to ensure 1 patient [Pt. #1] of 10 sampled patients received care in a safe setting after identifying the patient as a high risk for falls. Findings include: Per record review, Patient #1 was admitted to the facility's Emergency Department [ED] on 2/3/22 after suffering a fall at an Assisted Living Facility nearby. The ED triage notes record the patient had fallen 2 weeks prior to this fall and was complaining of hip pain. The ED notes state the patient "is a poor historian, history of dementia." Triage notes list 'Active Problems' which include "back pain", "balance problem", "memory deficit", and "myoclonic disorder [sudden, brief, involuntary muscle jerks]". Review of Pt. #1's 'Admission History', dated 2/3/22 reveals the patient was assessed as having a 'hearing deficit' and 'memory problems' identified as 'barriers to learning'.</p>	A 144	<p>Staff Responsible: ED Nurse Manager</p> <ol style="list-style-type: none"> 1. Incident report for this patient's fall completed on 02/04/22 2. Incident assigned to the ED Nurse Manager on 02/07/22 3. The ED Nurse Manager conducted an investigation on 02/07/22 and determined that the RN involved had not been assigned/completed the falls prevention training as this RN was an internal transfer from another department (all newly hired RNs receive this training as part of their orientation) 4. The RN involved was assigned that training on 02/16/2022 and it was completed on 03/24/2022 5. As a result of this incident, the ED Nurse Manager now assigns the falls prevention training to all clinical staff new to the ED including those transferring from a different department. This training includes a review of the interventions (adequate lighting, bed in a low position, ID band check, personal items within reach, side rails up, bed alarm in place, call device within reach, chair alarm on, non-slip footwear, patient position near RN station, and personal alarm on) as well as a review of how to document these interventions in the patient record. The ED 	<p>02/04/22 – ED Nurse Manager</p> <p>02/07/22 – ED Nurse Manager</p> <p>02/07/22 – ED Nurse Manager</p> <p>02/16/22 – ED Nurse Manager 03/24/22 – Nurse involved</p> <p>02/07/22 – ED Nurse Manager and ED Director</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kathleen Smith TITLE **CMO** (X6) DATE **6/16/2022**

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 144	<p>Continued From page 1</p> <p>Under the heading 'Patient Safety', interventions checked off as implemented include 'adequate room lighting', 'bed in low position', 'ID band check', 'personal items within reach', and 'side rails up X 2'.</p> <p>Under 'Patient Safety' on Pt.#1's Admission History, interventions available but not checked off as implemented include 'bed alarm on', 'call device within reach', 'chair alarm on', 'non-slip footwear', 'patient positioned near nursing station', and 'personal alarm on'.</p> <p>Additional areas in the patient's Admission History form include 'Room orientation/facility policy reviewed' with yes/no response left blank, along with the section 'Reason room/facility orientation not reviewed' also left blank. A section labeled 'Demonstrates ability to use call light successfully', with yes/no response is also left blank.</p> <p>Review of Physician Notes on 2/3/22 reveal Pt. #1 "sustained a fall in the emergency department, having climbed out of bed. This was heard by the coordinator and myself; I immediately evaluated the patient, finding a laceration of [h/her] right eyebrow, small laceration on [h/her] left elbow, and a very small/superficial skin tear on [h/her] left shin. [H/she] had some swelling on [h/her] left hand as well ... [h/she] was noted to have a sizable hematoma (also called a contusion or bruise) around [h/her] right eye ... I sutured [h/her] eyebrow, applied a Steri-Strip to [h/her] elbow, and a Band-Aid to [h/her] shin after cleaning the wounds thoroughly ... Given [h/her] repeat fall, I believe [h/she] would benefit from admission."</p> <p>An interview was conducted with an ED Staff member, the Chief Medical Officer [CMO], and the Director of Risk Management and Infection</p>	A 144	<p>Continued from Page 1</p> <p>Nurse Manager tracks and documents this information, which is periodically reviewed by the Director of the ED. Since this incident, all staff who have transferred into the ED from another department have been assigned the falls prevention training.</p> <p>TAG A 144 POC Accepted on 6/18/22 by G. Mercure/S. Leavitt</p>		

Keith D. [Signature] CMO
6/16/2022

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A 144	Continued From page 2 Prevention [DRMIP]on 5/31/22 at 4:00 PM. The ED staff member reported that because Pt. #1 was admitted to the ED with a fall, h/she was assessed as and identified as a "high risk" for falls. The ED staff member stated that because Pt. #1 was a "high risk", fall prevention interventions such as anti-slip footwear and bed and/or chair alarms would be implemented to promote greater patient safety. The ED staff member, CMO, and DRMIP confirmed that interventions to prevent falls and promote patient safety for Pt. #1, who was identified as a high risk for falls, were not implemented, and that the patient suffered a fall with injury while in the facility's Emergency Department.	A 144			

Kathleen [Signature] CMO
6/16/2022