



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

July 3, 2023

Mr. Christopher Dougherty, CEO
Brattleboro Memorial Hospital
17 Belmont Avenue
Brattleboro, VT 05301-3498

Provider ID #: 470011

Dear Mr. Dougherty:

The Division of Licensing and Protection completed a survey at your facility on **June 14, 2023**. 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 **July 2, 2023**.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Leavitt".

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: 06/21/2023
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 C 06/14/2023
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
A000	INITIAL COMMENTS	A 000		
A 131	<p>An unannounced on-site investigation was conducted for the following complaints # 21755, #21693, and #21407 at Brattleboro Memorial Hospital on 06/04/23 by the Division of Licensing and Protection to determine compliance with Conditions of Participation (COP) for Acute Care Hospitals. The following regulatory violations related to complaint # 21407 were identified: PATIENT RIGHTS: INFORMED CONSENT CFR(s): 482.13(b)(2)</p> <p>The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care.</p> <p>The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p> <p>This STANDARD is not met as evidenced by: Based on 1 of 4 record reviews, policy review and staff interview's, It was determined that a patient (#1) representative was not honored the right to participate in discharge planning related to her cognitively impaired mother's care and was not informed of her freedom to choose among participating Medicare providers.</p> <p>Findings include:</p> <p>Per record review, Patient #1 was brought to the Emergency Room (ER) because of left hip pain due to a fall that occurred at an Assisted Living</p>	A 131	<p>Preventive actions:</p> <ul style="list-style-type: none"> Assign mandatory staff education, for staff who are tasked with obtaining or assisting with informed consent process, on the proper procedures and policy regarding informed consent and involvement of a patient representative in patient care planning for patients who are unable to give informed consent. <p>System Changes That Will or Have Been Made:</p> <p>Policy and Procedure Review:</p> <ul style="list-style-type: none"> Conduct a comprehensive review of existing policies and procedures related to the deficient practice, identifying areas for improvement or clarification. Revise and update Informed Consent Policy, ensuring alignment with best practices and regulatory requirements. Review Informed Consent policy for staff guidance related to involving patient representatives in patient care decisions <p>Staff Training and Education:</p> <ul style="list-style-type: none"> Develop and implement comprehensive mandatory training to educate staff members about the protocols and practices related to the informed consent with focus on involvement of patient representative when patient is unable to give informed consent. Ensure that staff receive proper training and education, regarding determination an authorized patient representative. Education have been assigned as mandatory for applicable staff and have a completion deadline. <p>The Position of the Person Who Will Monitor the Corrective Action and Frequency of Monitoring:</p> <p>Initial Monitoring:</p> <ul style="list-style-type: none"> Meredith Burt, Director of Risk Management and Compliance and Privacy Officer and Travis Kumph, Director of Quality and Patient Safety, will begin monitoring the corrective actions plan and system changes immediately. Laura VanGuilder, Director Inpatient services, and Jacquelyn Ethier, Director Nursing Resources, Nursing Administration, will jointly monitor frontline staff compliance via direct observation, documentation review, and staff interviews to assess compliance and effectiveness and completion of education requirements. <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> Laura VanGuilder and Jacquelyn Ethier or their designee will conduct regular monitoring to ensure sustained compliance and the absence of recurrent deficiencies. The frequency of monitoring will be weekly for the first month and then monthly for the following three months. Additional monitoring may be conducted as deemed necessary based on the nature of the deficiency and the progress made. 	<p>Dates Each Corrective Action Will Be Completed: Informed Consent Policy Updates: June 29, 2023</p> <p>Preventive Actions: Education Completion requirement August 30, 2023</p> <p>Chart review: Will occur as outlined in the action plan</p>

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



TITLE
CMO

(X6) DATE

6/29/2023

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

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A 131	<p>Continued From page 1</p> <p>facility (Bradley House) where the patient resides. She has the diagnosis of Carotid Artery Stenosis, CVA, decreased vision to left eye, Glaucoma in the right eye and is legally blind. She also has the diagnosis of Osteoporosis. The patient was admitted from 12/22/23 through 12/26/22 due to hypoxia, difficulty with ambulation and urinary retention. A Chest CT scan revealed pulmonary emphysema and an ascending aortic aneurysm.</p> <p>The patient displayed confusion throughout her stay. According to physician and nurse notes, the patient is confused, frequently forgets where she is and is unaware of time and thinks she is at home with her daughters. Redirection to reality did not help. A physical therapy note (12/24/22), reveals the patient thinks she lives "at home with her parents, sister, aunt and cousins." The patient was referred to skilled nursing facilities (Grace Cottage, Thompson House, Pine Heights and Vernon Green) per a Case Management note but does not indicate this information was relayed to the patient's representative/daughter. (12/24/22).</p> <p>The patient's History and Physical (12/23/22), shows a phone conversation between the physician and the patient's daughter. The name listed is not the patient's daughter although reports that "at baseline she (the patient) does have cognitive impairment, however, was doing well at the present house until yesterday." The assessment indicated patient "A&O to self only". A few days later 12/25/22 a physician note reveals that a conversation with the patient's daughter (name not noted by physician) took place to discuss the plan of care at the patient's bedside. It was noted that a subacute rehabilitation facility would be best as she is</p>	A 131	Tag A131 POC accepted on 7/2/23 by G. Mercure/S. Leavitt		

[Handwritten Signature] CMO 6/29/2023

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A 131	<p>Continued From page 2</p> <p>unable to go back to Bradley House but does not reflect facility of choice or response from the patient's representative/daughter.</p> <p>On 12/26/22 (a holiday for some staff) the patient's daughter went to visit her mother at the hospital. The patient had already been discharged to a skilled nursing facility (Pine Heights). A nurse note (12/26/22) states "Pt DC to Pine Heights." The note does not indicate at what time, if family was notified, what belongings went with her, mode of transportation and condition of the patient at time of discharge.</p> <p>The hospital's policy Subject: CARE TRANSITIONS: Care Management/Quality Department (03/03/2020) pg. 3., #3 states "Consent for Transfer will be obtained from the patient and/or family and other pertinent documents completed" and a Care Transitions: Discharge Checklist (03/30/2020) indicates Family Notification: Contact patient's family/significant others about anticipated discharge date/time. Confirms means of transportation.</p> <p>The hospital did not notify the daughter of the patient's discharge per facility policy and did not include her regarding decisions as to which skilled nursing facility her mother would go to, or what mode of transportation would be used. The patient was cognitively impaired per evidence in the medical record and unable to make her own decisions. Discharge instructions did not contain the patient representative or patient signature indicating they received such instructions. Per interview on 06/14/23 with the current interim case manager, "all documentation would have been sent to the receiving facility." There is indication of an Interdisciplinary (IDT) Team</p>	A 131			

Paula [Signature] CMO 6/29/2023

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A 131	Continued From page 3 meeting that took place on 12/24/23, but there is no documentation as to what was discussed. The patients Advanced Directives (April 23, 2013) shows that her daughter was appointed as her agent to make all health care decisions in the event the patient is unable to. The patient's daughter is listed on the face sheet as the emergency contact.	A 131		
A 816	Interview on 06/15/23 with the Case manager, Director of Risk management and Chief Nursing Officer confirmed the above missing documentation to support a smooth discharge. DISCHARGE PLANNING-FREEDOM OF CHOICE CFR(s): 482.43(c)(2) The hospital, as part of the discharge planning process, must inform the patient or the patient's representative of their freedom to choose among participating Medicare providers and suppliers of the post-discharge services and must, when possible, respect the patient's or the patient's representative goals of care and treatment preferences, as well as other preferences they express. The hospital must not specify or otherwise limit the qualified providers or suppliers that are available to the patients. This STANDARD is not met as evidenced by: Based on 1 of 4 record reviews, policy review and staff interview's, it was determined that a patient (#1) representative was not honored the right to participate in discharge planning related to her cognitively impaired mother's care and was not informed of her freedom to choose among participating Medicare providers. Findings include:	A 816	Preventive Actions: <ul style="list-style-type: none"> Train staff who are tasked with discharging patients or who will be assisting with the discharge of patients from inpatient units, on the proper procedures and policy regarding discharge. Develop a discharge planning tool for use by staff during off hours discharge. Ongoing evaluation and as needed modification of this discharge planning tool System Changes That Will or Have Been Made: Policy and Procedure Review: <ul style="list-style-type: none"> Work with Care management team to develop an off hours discharge planning tool for non-Care Management staff to use. Conduct a review of discharge policies and procedures related to the discharge process and documentation. Update as needed. Design education related to discharge planning and discharge planning tool. Educate staff regarding standardized documentation of discharge planning and communication with patient and their representative Educate staff on standardized documentation of education provided to patient and/or their representative regarding options for community resources among Medicare providers Staff Training and Education: <ul style="list-style-type: none"> Develop and implement comprehensive training to educate staff members about the correct protocols and practices related discharge planning Ensure that staff receive training and education, related to documenting discharge planning Ensure that staff receive training and education, regarding determination an authorized patient representative. Education have been assigned as mandatory for applicable staff and have a completion deadline. The Position of the Person Who Will Monitor the Corrective Action and Frequency of Monitoring:	Dates Each Corrective Action Will Be Completed: Discharge Planning tool: June 23, 2023 Policy Updates September 30, 2023 Preventive Actions: Education Completion requirement October 30, 2023 Chart review: Will occur as outlined in the action plan

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			<p>Initial Monitoring:</p> <ul style="list-style-type: none">• Meredith Burt, Director of Risk Management and Compliance and Privacy Officer and Travis Kumph, Director of Quality and Patient Safety, will begin monitoring the corrective actions plan and system changes immediately.• Laura VanGuilder, Director Inpatient services, and Jacqueline Either, Director Nursing Resources, Nursing Administration, will jointly monitor frontline staff compliance via direct observation, documentation review, and staff interviews to assess compliance and effectiveness. Additionally with ensure staff completion of mandatory education. <p>Ongoing Monitoring:</p> <ul style="list-style-type: none">• Laura VanGuilder and Jacquelyn Ethier or their designee will conduct regular monitoring to ensure sustained compliance and the absence of recurrent deficiencies.• The frequency of monitoring will be weekly for the first month and then monthly for the following three months.• Additional monitoring may be conducted as deemed necessary based on the nature of the deficiency and the progress made. <p>Tag A816 POC accepted on 7/2/23 by G. Mercure/S. Leavitt</p>
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A 816	<p>Continued From page 4</p> <p>Per record review, Patient #1 was brought to the Emergency Room (ER) because of left hip pain due to a fall that occurred at an Assisted Living facility (Bradley House) where the patient resides. She has the diagnosis of Carotid Artery Stenosis, CVA, decreased vision to left eye, Glaucoma in the right eye and is legally blind. She also has the diagnosis of Osteoporosis. The patient was admitted from 12/22/23 through 12/26/22 due to hypoxia, difficulty with ambulation and urinary retention. A Chest CT scan revealed pulmonary emphysema and an ascending aortic aneurysm.</p> <p>The patient displayed confusion throughout her stay. According to physician and nurse notes, the patient is confused, frequently forgets where she is and is unaware of time and thinks she is at home with her daughters. Redirection to reality did not help. A physical therapy note (12/24/22), reveals the patient thinks she lives "at home with her parents, sister, aunt and cousins." The patient was referred to skilled nursing facilities (Grace Cottage, Thompson House, Pine Heights and Vernon Green) per a Case Management note but does not indicate this information was relayed to the patient's representative/daughter. (12/24/22).</p> <p>The patient's History and Physical (12/23/22), shows a phone conversation between the physician and the patient's daughter. The name listed is not the patient's daughter although reports that "at baseline she (the patient) does have cognitive impairment, however, was doing well at the present house until yesterday." The assessment indicated patient "A&O to self only". A few days later 12/25/22 a physician note reveals that a conversation with the patient's</p>	A 816			

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A 816	<p>Continued From page 5</p> <p>daughter (name not noted by physician) took place to discuss the plan of care at the patient's bedside. It was noted that a subacute rehabilitation facility would be best as she is unable to go back to Bradley House but does not reflect facility of choice or response from the patient's representative/daughter.</p> <p>On 12/26/22 (a holiday for some staff) the patient's daughter went to visit her mother at the hospital. The patient had already been discharged to a skilled nursing facility (Pine Heights). A nurse note (12/26/22) states "Pt DC to Pine Heights." The note does not indicate at what time, if family was notified, what belongings went with her, mode of transportation and condition of the patient at time of discharge.</p> <p>The hospital's policy Subject: CARE TRANSITIONS: Care Management/Quality Department (03/03/2020) pg. 3., #3 states "Consent for Transfer will be obtained from the patient and/or family and other pertinent documents completed" and a Care Transitions: Discharge Checklist (03/30/2020) indicates Family Notification: Contact patient's family/significant others about anticipated discharge date/time. Confirms means of transportation.</p> <p>The hospital did not notify the daughter of the patient's discharge per facility policy and did not include her regarding decisions as to which skilled nursing facility her mother would go to, or what mode of transportation would be used. The patient was cognitively impaired per evidence in the medical record and unable to make her own decisions. Discharge instructions did not contain the patient representative or patient signature indicating they received such instructions. Per</p>	A 816			

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A 816	Continued From page 6 interview on 06/14/23 with the current interim case manager, "all documentation would have been sent to the receiving facility." There is indication of an Interdisciplinary (IDT) Team meeting that took place on 12/24/23, but there is no documentation as to what was discussed. The patients Advanced Directives (April 23, 2013) shows that her daughter was appointed as her agent to make all health care decisions in the event the patient is unable to. The patient's daughter is listed on the face sheet as the emergency contact. Interview on 06/15/23 with the Case manager, Director of Risk management and Chief Nursing Officer confirmed the above missing documentation to support a smooth discharge.	A 816			

Kathryn Y CMO 6/29/2023