Brattleboro Retreat
MENTAL HEALTH AND ADDICTION CARE

January 11, 2021

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060

Re: Complaint Investigation Deficiency Findings December 22, 2020

Dear Ms. Leavitt,

Thank you for your letter of January 5, 2021 outlining findings from a complaint investigation by Division of Licensing and Protection on December 22, 2020. We have conducted a thorough review of the cited findings, conducted interviews with the team members who provided care for this specific individual, and we have gained further insights that will clarify the triage processes involved in our assessment and timelines for addressing medical conditions identified in our patient population.

The attached documents conveys our plan of correction to tighten up our process, clarify our hand off procedure and processes and reduce the time from nursing assessment of need on the unit to LIP medical evaluation.

We are thankful for the opportunity to review the trajectory of care for this patient which will result in a defined and timely process for medical assessments for all patients.

Sincerely,

Bonnie R. MacGregor MSN, RN, SSGB

Director of Regulatory Affairs and Infection Prevention
Brattleboro Retreat
PO Box 803
1 Anna Marsh Lane
Brattleboro, VT 05302
Telephone: 802.258.6808 Fax: 802.258.3787
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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

January 5, 2021

Dr. Louis Josephson, President And Ceo
Brattleboro Retreat
Anna Marsh Lane Po Box 803
Brattleboro, VT 05301-0803

Dear Dr. Josephson:

This letter is to inform you that as a result of the **complaint investigation** conducted on **December 22, 2020**, by the Division of Licensing and Protection, Brattleboro Retreat was found to be in compliance for Conditions of Participation for Psychiatric Hospitals.

Enclosed is a statement of deficiency noted during the complaint investigation. Since your facility was found in compliance with all Condition Level deficiencies, you do not have to submit a plan for correcting the deficiencies identified on the enclosed statement. However, under Federal disclosure rules, a copy of the findings of this survey may be publicly disclosed upon request within 90 days of the completion of the survey unless an acceptable plan of correction is submitted prior to that date. You may therefore wish to submit, for public disclosure, your comments on the survey finding, and any plans you may have for correcting the cited deficiencies to Suzanne Leavitt, Assistant Division Director.

Please sign the first page of the Statement of Deficiencies and do not, in any way, modify the left column of the form.

If you have any questions please feel free to give us a call.

Sincerely,

Suzanne E. Leavitt RN, MS

Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Director, Division of Licensing & Protection
Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	474001	A. BUILDING _____ B. WING _____	C 12/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRATTLEBORO RETREAT	ANNA MARSH LANE PO BOX 803 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 complaint (#19427) survey was conducted on 12/21/20 through 12/22/20 by the Division of Licensing and Protection as authorized by the Centers for Medicare and Medicaid Services to determine compliance with the following Conditions of Participation for Acute Care Hospitals: Patient Rights, Quality Assurance/ Performance Improvement, and Nursing Services. There was one substantiated finding.	A 000		
A 395	RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: An unannounced, onsite complaint survey was conducted on 12/21/20 through 12/22/20 by the Division of Licensing and Protection. The following regulatory violation was identified: 482.23(b)(3) Condition of Participation: Nursing Services: Standard Requirement A-0395. This requirement was NOT MET as evidenced by: Based on record review, policy review and interviews the facility failed to ensure 1 patient [#1] of 10 sampled patients was appropriately assessed for pain after an injury. The patient was not transferred to the hospital for further evaluation in a timely manner and in accordance with accepted standards of nursing practice. Findings include:	A 395		

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.

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A 395	Continued From page 1 Per record review, information on the client profile shows that Patient # 1 was admitted to an adult unit at the Brattleboro Retreat from 06/08/20 through 12/11/20 for an involuntary admission. S/he has diagnoses including Psychotic Disorder and Bipolar Affective Disorder. This patient has had multiple admissions and a documented risk for harming others. The incident occurred on 12/10/20. The Certificate of Need (CON), which is a form used to document required elements as defined by hospital policy and regulations for Restraint and/or Seclusion, indicates a physical hold restraint occurred with a start time of 03:35 PM and an end time of 03:40 PM. It was noted that Patient #1 ceased to stand, dropping their body to the floor. Staff and patient collapsed to the floor. Patient #1 landed on their right side. Per record review and interview on 12/21/20 at 03:30 PM with staff A Registered Nurse (RN) assigned to Patient #1, during shift change report, the patient came toward him/her after taking a shower. S/he was redirected to go back to the Adult Low Stimulation Area (ALSA) 2 times where the patient's bed was. The RN did not know what the patient would do. S/he would not follow direction and had his/her own agenda. Staff A took the patient's arm, turned him/her around to escort him/her back to his/her room. A Mental Health Worker assisted on the other arm. The patient was holding linens and an electric razor in his/her left arm. Staff A tried to remove the items from the patient's hand at the same time restraining the patient against the wall. The patient collapsed on the floor along with the two staff. The patient was screaming threats that s/he	A 395		

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A 395	Continued From page 2 would "hire someone to kill me." According to Staff A, the patient yelled "my knee hurts". Staff A left to get a physician restraint and medication order. When S/he returned, the patient had already been assisted to the restraint chair. An intramuscular (IM) injection of Benadryl 50 mg and Haldol 10 mg was given in the patient's right dorsal gluteal. Per interview on 12/21/20 at 4:00 PM with Staff B (RN) who took over as charge nurse on the 3-11pm shift, but was not the patient's assigned nurse, stated there was a Code Green during report (a Code Green is announced over the hospital intercom in the event that there is risk of danger from a patient's behavior). Staff responded to the area of the hospital where the patient incident was occurring. Staff B entered the room where the patient had already been placed in the restraint chair. Staff B asked the patient if s/he was in pain. The patient reported "I heard a pop" but was not in pain at the time and proceeded to say, "don't worry about it". The primary nurse Staff C (RN) took over assigned care of Patient #1. Interview on 12/22/20 at 03:30 PM with Staff C revealed that S/he approached the patient while in the restraint chair. The patient was extremely agitated and verbally threatened to kill Staff A. The patient had not shown signs of physical distress. Staff C states "In my opinion, I was not concerned about any status of physical injuries". A face to face assessment took place around 4:45 PM. Staff C states "we wheeled the chair into his/her room as to not to bare additional weight." Staff C also stated "in my eyes if you have a truly broken bone you should not be able to bare any weight, there should be discoloration	A 395		

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A 395	Continued From page 3 at the site." Staff C also stated "In my mind it was a highly inflamed muscle on top of old age, and I viewed it as a possible strain due to the lack of discoloration." Staff C notified the nurse practitioner at 04:20 PM to come do an assessment. Staff C stated during the interview "This is the part where we should always, trust our patients, well (pause) what the patient reports as pain is the patient's pain level, and that is a constant threat in nursing." Staff C also indicated that one of the reasons that this incident and the time scale lasted as long as it did, "was not (pause) you know restraint, pain, call the doctor within two hours." Staff C indicated that unlike nursing textbooks this was due to the patient's, for lack of better understanding, "boy who cried wolf." Interview on 12/22/20 at 01:18 PM with Staff D (Clinical Nurse Manager) indicates the nurse assigned was unable to assess the patient as the patient was not allowing assessment. The patient was wheeled in the chair to his room because he was complaining of pain. When the patient was assisted to his/her bed from chair, S/he did have pain. A nursing progress note dated 12/10/20 indicates that the patient stated, "When I'm out of this place you won't be safe". There were also other verbal threats. The patient was not showing signs of pain until just before transferring out of the chair. Patient #1 stated, "My [f***g] hip feels broken". Interview on 12/22/20 at 11:15 AM with Staff E (APRN) indicates that the nurse alerted her/him a little before 06:00 PM that Patient #1 was complaining of pain at the point of the injection site. The nurse asked for an assessment to be	A 395		

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A 395	Continued From page 4	A 395		

done before the practitioner's end of shift. The practitioner had to see another patient first and then assessed Patient #1 at 8:00 PM. The patient stated, "I am in so much pain". S/he hollered, "They broke my hip".

Per Physician Inpatient Progress Note dated 12/10/20, Patient #1 reported that s/he heard a "pop and felt severe pain instantly to the right lateral hip". S/he told staff their hip was hurting, and it felt broken. According to the note, upon assessment the patient was tearful when in extreme pain and could not tolerate the pain in the right leg when asked to roll over. A hospital transfer order was placed. Per Event incident/accident log, Patient #1 was transferred to the hospital at 09:28 PM.

Conclusion:

Interviews and record review reveal that Patient #1 sustained a right hip injury at the time they were placed in a restraint hold. Patient #1 landed on their right side. Per Staff A, the patient yelled "my knee hurts" at 03:45 PM. The patient was assisted to the emergency restraint chair and released at 04:48 PM. Involuntary medication Haldol 10 mg and Benadryl 50 mg was given intramuscularly to the right dorsal gluteal muscle at 03:45PM while still in the restraint chair. The patient was assessed at 04:20PM by Staff C at which time the patient stated, "my [f***g] hip feels broken". The patient was assessed again at 04:45 by Staff C who describes that the patient began to "slowly moan with increasing volume." The practitioner was notified at approximately 06:00 PM and the patient was assessed at 08:00 PM. The patient was transferred to the hospital at 09:28 PM. Per a radiology report dated 12/10/20,

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A 395	Continued From page 5 the patient sustained a comminuted transcervical fracture of the right femoral neck. It was approximately 5 1/2 hours from the time the injury occurred to the time the patient was transferred to the hospital.	A 395		

Corrective Action Plan - Nursing Care

Summary

Response to CMS report of deficiency

Owner

Lauren Shockley

Organization

Brattleboro Retreat - Hospital

Start Date

January 11, 2021

Status

Draft

Location(s)

*Osgood 1 (O1), *Osgood 2 (O2), *Tyler 3 (T3), *Tyler 2 (T2), *Tyler 4 (T4), Access and Evaluation

Due Date

March 31, 2021

Overall Goal

What is the end result you're trying to accomplish?

Clarification of policy and procedure for nursing assessment, documentation, and intervention following injury or pain reported by patient. Reduction in time passed between report of perceived injury or pain and comprehensive nursing assessment and/or appropriate medical consults/interventions.

Action

Set SMART (Specific, Measurable, Achievable, Realistic, Time-bound) objectives.

Directors and Nursing Managers will meet to review and revise as necessary, facility policies and practices with regard to provision of nursing care within 15 days of receipt of official CMS deficiency report. - COMPLETED 1/11/2021

Facility protocols will ensure that residents reporting new injury or pain will receive necessary treatment and services to ensure adequate assessment, documentation, and treatment of complaint. Review and edits to be drafted by 2/15/2021.

Stakeholders will review and revise current communication, language, and protocols to establish protocol for determining urgency of medical consult/assessment. Review and edits to be drafted by 2/15/2021.

Nursing staff will complete revised training around implicit bias for patients with mental health diagnoses. Review and edits to be drafted by 3/31/2021.

Monitor And Measure

Specify the measures you will use to track progress toward the overall goal/s.

Stakeholder meeting held by 1/14/2020. - COMPLETED 1/11/2021
Draft of policy/protocol revision completed by 2/15/2020.
Draft of proposed report tool to determine urgency for medical consultation/assessment completed by 2/15/2020.
Updated nursing education module assigned by 03/31/2020.

Responsible Parties

List the people who are assigned to the task or who own a portion of the action plan.

Lauren Shockley, RN PSO
Kayte Bak, RN CNO
Amelia Shillingford, PMHNP-BC, ANP-BC
Karl Jeffries, MD Senior Medical Director
Bethany MacDougall, RN CNM
Nancy Marhefka, RN CNM
Alexia DelMoro, RN CNM
Chad Blackak, RN CNM
Susan Stanclift, RN Educator

Success

List intended outcomes and success criteria.

Clear policy with defined timeframes and work flow for nursing assessment and documentation following patient complaint of pain or injury.
Clear protocol for language utilized in requesting medical consultation/assessment, including triage level specifying time frame.
Documented education for clinical staff regarding medical complaints for patients with mental health diagnoses and any updated processes.
Continued success will be maintained by annual education competencies, policy review at existing interval protocols.

Resources Needed

List the resources needed to accomplish your tasks (e.g. people, time, materials).

Initial meeting for review of CMS reported deficiencies - 1 hour - all available stakeholders - COMPLETED 1/11/2021
Workgroup for relevant policy review - 1-2 hours - RN & Medical Staff participation
Research and creation of targeted education module r/t bias in behavioral health settings - 4-8 hours
-myLearningPoint module - e-mailed for urgency, then to be repeated with annual training
Writing of new/revision of existing policies and procedures - 4-6 hours
Resolution meeting to review success and finalize deliverables.