



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

June 19, 2023

Ms. Anna Noonan, President, COO
Central Vermont Medical Center
PO Box 547
Barre, VT 05641

Provider ID #: 470001

Dear Ms. Noonan:

The Division of Licensing and Protection completed a survey at your facility on **May 31, 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 **June 18, 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

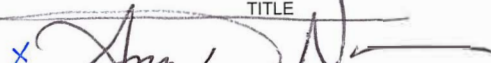
PRINTED: 06/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 470001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/31/2023
--	---	--	--

NAME OF PROVIDER OR SUPPLIER CENTRAL VERMONT MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE BOX 547 BARRE, VT 05641
---	---

(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	A 000		
A1081	<p>STANDARD TAG FOR OUTPATIENT SERVICES CFR(s): 482.54</p> <p>Standard-level Tag for</p> <p>§482.54 Condition of Participation: Outpatient Services</p> <p>If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.</p> <p>This STANDARD is not met as evidenced by: Based upon interview and record review, the facility failed to ensure services provided by the hospital in the off-campus outpatient Express Care location fulfilled acceptable standards of practice regarding establishing a process to assure that each patient or the patient's representative is given information on the patient's health status, diagnosis, and prognosis. Findings include: Per review of Patient #1's Medical Record, the patient visited the facility's outpatient 'Express Care' on 3/2/23 with complaints that included "Urinary frequency. Patient reports this has been worsening for the last week or so ...the urine does not show signs of urinary tract infection on</p>	A1081	<p>Please see attached Plan of Correction.</p>	6/30/23

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

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: 06/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 470001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/31/2023
NAME OF PROVIDER OR SUPPLIER CENTRAL VERMONT MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE BOX 547 BARRE, VT 05641		
(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
A1081	<p>Continued From page 1</p> <p>urinalysis in clinic. We will send the urine to the lab for culture, which is the more definitive test". Further review reveals orders placed for 'Bacterial Culture-Urine' on 3/2/23, and results achieved the same day. The culture tests are documented as "Resulted 3/2/23, Abnormal".</p> <p>Pt. #1's Medical Record records on 3/24/23 at 9:19 AM the patient called the facility and "she stated she had not heard from anyone on the Urine Culture results from 3/2/23. She is continuing to have symptoms and they are so bad that last night she could hardly pee. Please call." Further review reveals Nurse Practitioner [NP] notes time-stamped 10 minutes later reporting "I called pt. and she said nobody ever called her for urine culture results and she is feeling unwell and having several urinary symptoms. I see there is a March 2 urine culture positive for strep urine infection. I recommend Ceftin [an antibiotic] for 5 days. Return precautions given." The NP notes include the diagnosis "Acute cystitis" [Cystitis is the medical term for inflammation of the bladder. Most of the time, cystitis happens when there's an infection caused by bacteria. This is called a urinary tract infection (UTI). Having a bladder infection can be painful and annoying. It can become a serious health problem if the infection spreads to your kidneys"].</p> <p>(https://www.mayoclinic.org/diseases-conditions/cystitis/symptoms-causes/syc-20371306)</p> <p>An interview was conducted with the Medical Director of Express Care on 5/31/23 at 10:50 AM. The Medical Director stated that patients are telephoned if tests results are critical or positive, and test results are usually achieved within 24 to 48 hours. The Medical Director reported that the physician ordering the tests reviews results 2-3 times a week. The Medical Director reviewed Pt. #1's medical record and confirmed that tests</p>	A1081	<p>Please see attached Plan of Correction.</p>	6/30/23

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

PRINTED: 06/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 470001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/31/2023
NAME OF PROVIDER OR SUPPLIER CENTRAL VERMONT MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE BOX 547 BARRE, VT 05641		
(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	
A1081	Continued From page 2 dated 3/2/23 showed Pt.#1 was positive for a urinary tract infection [UTI]. The Medical Director also confirmed that Nurse Practitioner notes dated over 3 weeks later on 3/24/23 document that the patient had not received any notification of having tested positive for a UTI, and was "feeling unwell and having several urinary symptoms" and required antibiotic treatment. Regarding Pt. #1's urinary infection, the Medical Director stated, "That is too long to wait to hear results". An interview was conducted with the facility's Director of Primary Care Operations [DPCO] on 5/31/23. The DPCO reported that the facility has no written policy regarding patient notification but it is in the Physician's scope of practice and the Physician's responsibility to notify the patient of any diagnosis or critical or positive test results. The DPCO confirmed lab results for Pt. #1 dated 3/2/23 revealed positive results for a urinary tract infection and confirmed NP notes dated 3/24/23 recorded that Pt. #1 called the facility in search of test results from 3/2/23, that the results were available for 3 weeks but the patient was never notified of the positive urine cultures until the NP returned the patient's call on 3/24/23.	A1081	Please see attached Plan of Correction.	6/30/23	

THE
University of Vermont
HEALTH NETWORK

Central Vermont Medical Center

Action Plan: A1081 **OUTPATIENT SERVICES CFR(s): 482.54**

To assure timely patient notification, a new process has been established by the Vice President of Practice Operations and Medical Director of Primary Care. Patient test results will now flow into a central electronic health record “inbox” that will be managed and reviewed by a designated member of the provider team. Patient notification of positive results or any results that require a change in clinical management will occur within 24 hours of inbox receipt.

Education regarding the shared results inbox and process for following up with results was provided to all Express Care Medical Staff through a combination of electronic communications, individual discussion, and provider huddles.

The revised process for results follow up has been incorporated into the Express Care Orientation Guide for new providers.

The Medical Director of Primary Care and Chief Medical Officer will monitor compliance with the process for results follow up within the shared inbox bi-weekly through review of the shared inbox. Feedback will be provided on an individual level based regarding performance.

Performance data will be shared at the Safety Adjudication Committee, co-chaired by the Chief Medical Officer and Chief Nursing Officer. Monitoring frequency will be reevaluated based on sustained performance by the Vice President of Practice Operations and Chief Medical Officer.

All actions will be completed by 6/30/23.

Tag A1081 POC accepted on 6/18/23 by T. Dougherty/S. Leavitt

