

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

May 2, 2018

Mr. Arthur Mathisen, CEO
Copley Hospital
528 Washington Highway
Morrisville, VT 05661

Dear Mr. Mathisen:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 27, 2018**. 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,



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



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

PRINTED: 04/12/2018
FORM APPROVED
OMB NO. 0938-0391

APR 27 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/27/2018
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(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	
C 000	INITIAL COMMENTS An unannounced on-site survey was conducted from 3/26/18 - 3/27/18 by the Vermont Division of Licensing and Protection. The purpose of the survey was to investigate a patient complaint (# 16406). The following regulatory violation was found.	C 000	C271 Concern identified: the hospital failed to provide a timely response to Patient #1's verbal and written grievance and failed to follow up on voice messages to the department; these failures violated the hospital's written policy/procedures for responding to complaints/grievances.		
C 271	PATIENT CARE POLICIES CFR(s): 485.635(a)(1) The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law. This STANDARD is not met as evidenced by: Based on interview, policy review and record review, the hospital failed to implement it's policies/procedures related to Patient Complaints and Grievances for 1 of 10 patients in the total sample. (Patient # 1). Findings include: Per review of a written grievance sent to the hospital by a patient advocate dated 2/18/18, Patient #1 was filing a formal complaint related to care received in the Emergency Department on a recent date. The letter explained that the patient felt they were not treated with consideration and respect and that their rights were violated. The written complaint included an address and telephone number for the complainant. A copy of the grievance was also sent to the Licensing Agency. Per a telephone call to the complainant on 3/22/18, the complainant verified to the state investigator that they had no response of any kind from the hospital regarding their complaint. During the on-site survey, it was determined that Patient #1 was treated in the ED during the month of January, 2018. Per interviews with the	C 271	a) Education was provided to all staff in the Quality department on 3/28/2018 reviewing a. How to process a complaint intake and to ensure that a letter acknowledging receipt of the complaint is sent to the patient in accordance with the hospital policy. b. All complaints whether written or verbal require a written acknowledgment of the complaint.		

POC accepted 5.11.18 (C271)
MB/SA

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

TITLE

(X6) DATE

[Signature]

CEO

4/19/2018

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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C 271	<p>Continued From page 1</p> <p>Director of Quality Assurance and a Risk Management Specialist, it was confirmed that the patient came to the hospital on 1/19/18 to give a verbal complaint regarding the ED visit and spoke with the Risk Management Specialist. This initial complaint was not logged as a grievance/complaint until 2/23/18 when the hospital received a written complaint of the same issues dated 2/18/18.</p> <p>Per medical record review, the patient was seen in the ED for complaints related to gastro-intestinal concerns. The patient was not satisfied with their medical treatment during the visit.</p> <p>Per review on 3/26/18, the hospital policy entitled: Patient Complaints and Grievances, approved 9/18/17, stated under Procedure:</p> <p>6. The Quality and Risk Management Department (QMD) acknowledges receipt of the grievance in writing within 5 working days from the time of receipt in the Department. The written acknowledgement will include a description of the hospital's grievance and appeal process.</p> <p>7. The manager/director of the responsible department investigates the grievance, documents investigation findings in SQSS, and drafts a response letter to the complainant, addressing each element of the grievance, investigative findings, and any action(s) or follow up taken or to be taken.</p> <p>8. The manager/director collaborates with the Quality and Risk Management Department to finalize the grievance resolution letter. QMD then sends the resolution letter to the complaint within 30 days of the initial complaint.</p> <p>During interview with the Director of Quality</p>	C 271	Monitoring: The Director of Quality, Informatics and Education will review all complaint intakes for 60 days to ensure that the process of responding to the complainant is followed as per hospital policy.		

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C 271	<p>Continued From page 2</p> <p>Assurance on 3/27/18 at 9:54 AM, the director confirmed that the risk management staff failed to follow the hospital's grievance policy/procedure. The Risk Management Specialist confirmed that they didn't send an acknowledgement letter to the complainant because they had no contact information. However, after viewing the letter of complaint again, they confirmed that the complainant's address and phone number were provided on the written grievance.</p> <p>The Director of Quality Assurance also confirmed that the complainant had called the hospital 4 times asking about the grievance and leaving voice messages. The Risk Management Specialist confirmed that she was aware of the saved messages but had made no return call(s) to the complainant to review his concerns, per interview on morning of 3/27/18.</p> <p>In summary, the hospital failed to provide a timely response to Patient #1's verbal and written grievance and failed to follow up on voice messages to the department; these failures violated the hospital's written policy/procedures for responding to complaints/grievances.</p>	C 271		