



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 13, 2019

Dan Bennett, Administrator
Gifford Medical Center
44 South Main Street
Randolph, VT 05060

Dear Mr. Bennett:

The Division of Licensing and Protection completed a survey at your facility on **May 21, 2019**. The purpose of the survey was to determine if your facility met the conditions of participation for Critical Access Hospitals found in 42 CFR Part 485.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **June 13, 2019**.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

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: 05/31/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/21/2019
NAME OF PROVIDER OR SUPPLIER GIFFORD MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 44 SOUTH MAIN STREET RANDOLPH, VT 05060		
(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	C 000			
C 302	<p>Records Systems</p> <p>An unannounced on-site investigation of complaint #17689 was conducted on 5/20/19 through 5/21/19 by the Division of Licensing and Protection to determine compliance with Conditions of Participation for Critical Access Hospitals at 42 CFR, Part 485, Subpart F. The following regulatory violations were identified as a result of the investigation.</p> <p>CFR(s): 485.638(a)(2)</p> <p>The records are legible, complete, accurately documented, readily accessible, and systematically organized.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the Critical Access Hospital (CAH) failed to ensure that medical records were complete and accurately documented for 4 of 7 patients in the applicable sample (Patient #1, Patient #2, Patient #5 and Patient #7). Findings include:</p> <p>1.) Per record review Patient #1 presented to the Emergency Department (ED) on 4/9/19 with suicidal ideations. S/he was evaluated by the ED physician and transferred to an outside hospital on 4/10/19. Per review of the nursing notes from 4/10/19 at 8:15 AM, a crisis counselor had come to the ED to assess Patient #1. There was no evidence in the medical record that the crisis consult was done. Per interview on 5/21/19 at approximately 11:30 AM with the Director of Quality, s/he confirmed that this information was not in Patient #1's medical record and should have been.</p>	C 302	<p>See Attached</p> <p>tag C 302 / PAC accepted 6/13/19 [Signature]</p>		

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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C 302	<p>Continued From page 1</p> <p>Per review of the policy, Components of Hospital Chart-Emergency Room Record-effective 2/13/18, "The components of a hospital chart for the Emergency Room Record should include the items listed below, "Clara Martin Consultation Notes". (Crisis Center)</p> <p>2.) Per record review, Patient #2 presented to the ED on 4/19/19 at 11:46 AM with complaints of intermittent chest pain which radiated to the back and shoulders. The EKG heart tracing (electrocardiogram) demonstrated Patient #2 was experiencing a myocardial infarction (MI). After initial treatment and further testing, it was determined that Patient #2 required a higher level of care for further cardiology intervention. The decision was made to transfer Patient #2 to Dartmouth Hitchcock Medical Center (DHMC). Per review of the Transfer Form and Consent it was noted that the document was incomplete. It failed to designate whether the patient consented to transfer or requested transfer; and lacked a date and time of consent. The form also states "Patient unable to sign" and "verbal consent received from patient" however, the person who signed the form does not designate their relationship with the patient or provide a title of a hospital employee. Per interview on 5/21/19 at 11:45 AM, a Chart Analyzer for the Health Information Systems, who reviews medical record documentation for completeness, acknowledged that although the Transfer Form for Patient #2 was incomplete, s/he had considered the record to be complete, failing to recognize necessary components of the Transfer form were left incomplete.</p> <p>3.) Per record review, Patient #5 presented to the ED on 3/22/19 after being bitten by a dog. The</p>	C 302			

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C 302	<p>Continued From page 2</p> <p>injury sustained involved the patient's right hand and was considered significant enough to require a hand specialist to perform the repair and treatment. As a result, it was determined the patient should be transferred to DHMC for a higher level of care. A transfer was arranged for Patient #5 from the CAH. Review of the Transfer Form and Consent noted a failure to complete necessary components ".... I acknowledge that I have been fully informed of the hospital's obligation under law and the risks involved in the transfer and that I have given my consent to the transfer....". The lack of completeness was noted by the Health Information Systems Manager on 5/21/19 at 11:47 AM.</p> <p>4.) Per record review Patient #7 presented to the ED on 4/11/19 with back pain. S/he was evaluated by the ED physician; X-rays and a CT scan were done. The patient was diagnosed with an unstable fracture of his/her back. The ED physician in consultation with a neurosurgeon from another hospital determined that the patient needed a higher level of care; therefore, Patient #7 was transferred to an outside hospital. There was no evidence in the record that Patient #7 received and/or signed consent to transfer to another facility for a higher level of care. Per interview on 5/21/19 at 11:41 AM with the Manager of Health Information Systems, s/he confirmed that the medical record did not contain a documented/signed consent to transfer the patient to a higher level of care.</p> <p>Per review of the policy, Transfer from the Emergency Department-effective 9/17/18, it read, "A. The ED Physician will: 6. Obtain signed transfer consent, whenever reasonably possible, after explaining the risks and benefits of transfer</p>	C 302			

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C 302	Continued From page 3 to the patient and/or persons acting on the patient's behalf. B. The ED Nurse will: 5. Compile records to accompany patient: 1. All pertinent physician documentation, nursing documentation, and ancillary reports. 2. Signed permission for transfer. 3. Pre-hospital care record if applicable".	C 302			



Gifford Medical Center

Provider ID: 471301

Plan of correction for deficiencies noted May 20-22, 2019

Date submitted: June 7, 2019

Tag ID	Program Criteria	Deficiency	Resolution & Monitoring	Status
C 302	Records Systems	Failed to ensure that the medical records were complete and accurate	<p>Gifford will ensure that policies and procedures are followed. Medical documentation will be complete and accurate.</p> <p>Review and revision of the transfer consent form and process. Created a checklist for staff to use in preparation of the patient for transfer</p> <p>Staff education on complete and accurate medical documentation.</p>	<p>Completed 6/6/2019</p> <p>100% of (non per diem) of ED staff and providers will receive this education. Relevant HIM staff will receive this education. Completed by: 7/15/2019 ED Manager will ensure education to per diem staff.</p>

Quality Management will review all ED transfers for a period of at least 3 months to ensure compliance. A review of a sample of ED transfers will occur in 6 months to ensure compliance. Feedback on compliance will be given directly to staff as well as managers.

Director of Quality Management will provide oversight and monitor completion of this corrective action plan through weekly check-in with each responsible party above and monitor progress on policy review.

POC accepted
6/13/19 [signature]