



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

February 27, 2020

Douglas Divello, Director  
Grace Cottage Hospital  
Po Box 216  
Townshend, VT 05353-0216

Dear Mr. Divello:

The Division of Licensing and Protection completed an investigation at your facility on **January 22, 2020**. 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 **February 26, 2020**.

Sincerely,

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

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

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/06/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  471300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2020
NAME OF PROVIDER OR SUPPLIER  GRACE COTTAGE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 216 TOWNSHEND, VT 05353	
(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)
C 000	INITIAL COMMENTS	C 000	
C1046	<p>An unannounced on-site investigation of complaints #18282 and #18334 was conducted on 1/21/20 through 1/22/20 by the Division of Licensing and Protection to determine compliance with Conditions of Participation for Critical Access Hospitals (CAH) at 42 CFR, Part 485, Subpart F. As a result of the investigation, there were no regulatory violations identified for complaint #18334. The following regulatory violation was identified for complaint #18282 under Provision of Services: Nursing Services.</p> <p><b>NURSING SERVICES</b> CFR(s): 485.635(d)(1)</p> <p>Nursing services must meet the needs of patients.</p> <p>(1) A registered nurse must provide (or assign to other personnel) the nursing care of each patient, including patients at a SNF level of care in a swing-bed CAH. The care must be provided in accordance with the patient's needs and the specialized qualifications and competence of the staff available.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the CAH failed to ensure that nursing staff was adequately trained and competent with central venous access care/maintenance and IV medication administration for 1 applicable patient in the sample (Patient #1). Findings include:</p> <p>Per record review Patient #1 has a history of anemia and iron deficiency. On 8/30/19, s/he underwent a surgically placed right subclavian chem port (a small, implantable reservoir with a thin silicone tube that attaches to a vein.) for iron</p>	C1046	<p>tag C1046 P&amp;C accepted DW/SS 2/24/2020</p>

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

TITLE

(X8) 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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C1046	Continued From page 1 infusion. On 9/12/19, Patient #1 arrived at the hospital for his/her first iron infusion. Per review of a nursing progress note from 9/12/19 at 9:42 AM it read, "Complication during the placement of first Huber (a specially designed hollow needle used with a port.) needle. Patient's port is deeper ... Port visualized by ultrasound .... Patient given injection lidocaine by ER provider ..... Patient had burning sensation .....with saline (a solution of salt in water) flush and with heparin (anticoagulant) lock .... No s/s of infiltration at the site. Patient will be back for next infusion on Monday". A nursing progress note from 9/16/19 at 11:05 AM, read, "Arrived to assist with difficult MP (port) access. Attempts x 2, Pt articulated that there was a difficult access attempt at last outpatient visit as well and the MP is a new placement as of last week. On second attempt with 19g (gauge) 1" Huber needle, strong robust blood return obtained and port flushed with 10cc (cubic centimeters) of NS (normal saline). Pt felt immediate discomfort and pain with flush .... Able to aspirate dilute blood. Hospitalist NP (Nurse Practitioner) notified r/t (related to) adverse symptoms. Pt states that previous infusion was 'extremely painful' the entire time but ...was unaware ...should report it. The area surrounding the port was 'very tender all weekend' and that it hurt to lift and utilize .... R (Right-MP side) arm".  Per interview on 1/21/20 at 1:36 PM with a Registered Nurse (RN#2), s/he stated that s/he was asked to access Patient #1's port on 9/12/19 because the ER (Emergency Room) nurse (RN#1) was having difficulty. S/he stated that Patient #1 had expressed that s/he had some pain while the needle was being inserted. S/he stated that s/he had gotten a blood return, flushed the port, secured the dressing, pulled back and	C1046	



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C1046	Continued From page 2  flushed the port again and had met no resistance. S/he stated that s/he had accessed "quite a few ports". S/he stated that s/he had completed training electronically and with a chest model. S/he stated that s/he was previously the hospital's Nurse Educator and that annually there was electronic training and a skills day where nursing staff demonstrated competency regarding how to care for and use central venous accesses and administer IV medications.  Per interview on 1/22/20 at 11:10 AM with a Registered Nurse (RN#1), s/he stated that Patient #1 had arrived at the hospital for his/her Iron infusion on 9/12/19. S/he stated that Patient #1 was anxious about the staff's level of experience and that s/he had taken quite a bit of time to talk with and reassure the patient. S/he stated that Patient #1 had some tenderness/sensitivity at the area of his/her port prior to any attempts at accessing and/or infusing any medication. S/he stated that s/he clarified the physician's orders, palpated the site, and attempted to access the site. S/he stated that s/he was unable to access the port and asked another nurse (RN#2) to access it. RN#2 was able to access the port; and then RN#1 administered the IV iron to the patient. S/he stated that s/he instructed Patient #1 about the signs and symptoms to be aware of, to notify the nurse with anything, and gave Patient #1 his/her call bell. S/he stated that Patient #1 rang his/her call bell when the medication had finished. RN#1 stated that when s/he flushed the port with saline and heparin the patient complained of some burning at the site. S/he stated that s/he assessed the port site for any signs or symptoms of infiltration and noted that there was no redness, change in skin temperature and/or swelling; and that s/he had	C1046	

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C1046	Continued From page 3  reported this to the provider. S/he stated that s/he knew how to access ports, other types of central venous accesses, and administer IV medication. S/he stated that it was his/her job to make sure that all accesses were functioning properly and were "not infiltrated".  Per interview on 1/21/20 at 2:05 PM with the Emergency Department/Inpatient Nurse Manager, s/he stated that it was his/her expectation that training and competency for central venous access care/maintenance and IV medication administration was done at least yearly for all nursing staff. S/he also stated that s/he provided "squad training" that was open to all staff which reviewed different topics, policies, and procedures. S/he stated this training was not mandatory and that s/he did not keep a roster of who attended; however, there was "generally a good showing, 10-15 employees".  Per review of the training and competencies for RN #1, RN #2, and a third RN who was observed during the complaint survey, there was no evidence since 2017 that these nurses had training and/or demonstrated competency for central venous access care/maintenance and IV medication administration. Per interview on 1/22/20 at 12:08 PM with the Emergency Department/Inpatient Nurse Manager, s/he confirmed that there was "no evidence" of nursing training and/or competency for central venous access care/maintenance and IV medication administration. Per interview on 1/22/20 at 12:55 PM with the Chief Nursing Officer, s/he stated that s/he recognized that the facility "did not document well". S/he stated, "feel like the people were competent, did not document the education".	C1046	

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# Grace Cottage Hospital Survey January 21-22, 2020

TAG NUMBER	ISSUE	PLAN OF CORRECTION	RESPONSIBLE PARTY	TARGET COMPLETION DATE	MEASUREABLE OUTCOME	DATE COMPLETED
C 1046	The CAH failed to ensure that nursing staff was adequately trained and competent with central venous access care/maintenance and IV medication administration for 1 applicable patient.	<p>1. VAD trainings with knowledge assessment will occur for all RN's. This will include return demonstration on NASCO Chester the Chest. Completed competencies will be placed in employee education file.</p> <p>2. Four Elsevier modules have been assigned to all Charge and ED staff regarding VAD devices.</p>	Rebecca Lapointe, RN, MGR Crystal Durocher, RN, Nurse Educator	<p>1. Staff meeting 2/12/2020, Staff Meeting 3/11/2020 and Individual sessions as needed to focus on Charge Nurses, ED Nurses and full time staff.</p> <p>2. Module completion deadline is 3/5/2020</p>	1. Filed documentation of education in individual education files. 2. Proof of completed Elsevier modules.	Ongoing
		<p>1. Above VAD training will be included on Skills Day with return demonstration to ensure all RN staff have received the education and will become part of yearly education.</p> <p>2. VAD training will be integrated into the onboarding process with documented completion within the first 90 days or by completion of orientation.</p>	Rebecca Lapointe, RN, MGR Crystal Durocher, RN, Nurse Educator	<p>1. 4/9/2020 Ongoing</p> <p>2.</p>	As above	Ongoing
		<p>All new hires will have skills checklist progress monitoring during their onboarding process through documented meetings occurring every 2-3 weeks with preceptor and Nurse Educator. Completed skills checklists will be obtained and filed.</p>	Crystal Durocher, RN, Nurse Educator	Checklists in place, documentation of meetings and monitoring of process and competency in progress with new hire as of 2/3/2020	Completed checklist and documentation in employee file.	Ongoing
		Moving forward, all Grace Cottage supported trainings will include: 1. a sign-in attendance sheet and 2. an outline of the information presented. When appropriate, a pre and/or post test will be included. All "Squad Training" rosters will be filed and any pre/post test filed.	Rebecca Lapointe, RN, MGR Crystal Durocher, RN, Nurse Educator	All future in-house trainings	As above	Ongoing

POC accepted  
2/26/2020  
DW/SS