



**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

September 14, 2023

Thomas Frank, Administrator  
North Country Hospital and Health Center  
189 Prouty Drive  
Newport, VT 05855

Dear Mr. Frank:

The Division of Licensing and Protection completed a complaint investigation at your facility on **July 17, 2023**. 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 **September 14, 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: 08/21/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>471304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTH COUNTRY HOSPITAL AND HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>189 PROUTY DRIVE</b> <b>NEWPORT, VT 05855</b>
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C 000	INITIAL COMMENTS	C 000		
C 880	<p>EMERGENCY SERVICES CFR(s): 485.618</p> <p>The CAH provides emergency care necessary to meet the needs of its inpatients and outpatients. This CONDITION is not met as evidenced by: Based upon interview and record review, the facility failed to ensure emergency care necessary to meet the needs of its inpatients and outpatients was provided regarding appropriate post-discharge services being available and in place for the complaint-focus patient [Patient #1] related to discharge instructions and nursing care after placement of an Indwelling Urinary Catheter in the Emergency Department. Findings include:</p> <p>Per record review Patient #1's diagnoses include Delusional disorder and Depressive disorder, and the patient is a resident at an assisted living facility. Per review of Pt. #1's medical record, the patient was sent to the North Country Hospital's Emergency Department [ED] on 4/16/23 "for urinary tract infection and urinary retention and a Foley catheter was placed." Pt. #1 was discharged on 4/16/23 with the foley catheter and sent back to the assisted living facility. Review of the discharge instructions sent with the patient back to the assisted living facility include the notation that a follow up appointment with Urology</p>	C 880	<p>Please see attache Plan of</p>	10/13/23

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

TITLE

(X6) DATE

*Thomas S. Leaf* *CEO* *9/13/23*

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 880	<p>Continued From page 1</p> <p>should be scheduled "with regards to the Foley catheter that was placed." Further review of the discharge instructions reveal education regarding an antibiotic prescribed for the urinary tract infection, but no education or instructions regarding Indwelling Urinary Catheter Care.</p> <p>Review of the facility's 'Emergency Department [ED] Discharge/Transfer from the ED' policy (effective 12/1/2016) lists under "Discharge home or to the care of other non-medical personnel" that "The physician will be responsible for writing discharge instructions ...and appropriate pre-printed instructions may also be given to the patient". Additionally, the policy lists "A copy of the instructions are given to the patient to take home."</p> <p>The day after discharge, on 4/17/23, North Country Hospital [NCH] received a voicemail from Pt. #1's assisted living facility reporting "Patient was seen in ED yesterday, Foley catheter was placed. Nurses at [Pt. #1's facility] are concerned with patient's mood and overall condition."</p> <p>Review of notes from the facility's Office Clinic dated 4/18/23 record "PT nursing concerns catheter with non-licensed staff ... unsteady gait, falling. (Not skilled nursing) concerned for resident safety with mental status and gait." Notes include "History of Present Illness: The patient is a 72-year-old [patient] who presents at our facility for ED discharge follow up. Pt. has developmental delays and resides in assisted living facility. [S/he] was seen in the ED for urinary retention and hematuria [blood in urine]. [S/he] was discharged with Foley catheter and has not had follow-up. [S/he] complained of pain where urinary catheter exits*. Positive Urinary Tract</p>	C 880	<p>Please see attached Plan of Correction</p>	10/13/23

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C 880	<p>Continued From page 2</p> <p>Infection, unsteady gait and falling are noted ... Pt. was not discharged from ED with nursing care to help with foley, lives in a level 3 ALF [Assisted Living Facility]. Pt has been declining over last few months and having recurrent falls and behavioral issues, likely needs higher level of care."</p> <p>[Level 3 care is referred to as "enhanced assisted living" because in level 3 care assisted living settings, residents require extensive, hands-on assistance for multiple Activities of Daily Living [ADLs]. If a resident's health continues to deteriorate and requires around-the-clock nursing supervision, the resident will likely move into a Skilled Nursing Facility (SNF) with more specialized, skilled services ...Due to the skilled care and treatment, these services can only be performed by licensed nurses.] (<a href="https://experience.care/blog/level-3-care-assisted-living-care-explained/">https://experience.care/blog/level-3-care-assisted-living-care-explained/</a>)</p> <p>The Office Clinic note continues "[Pt.#1] will also need proper foley management and voiding trial, which cannot be done during the last appointment of a clinic day. Given worsening urinary symptoms with recurrent falls and deconditioning, would benefit from ED visit and possible admission. Will also likely need to start the process for higher level of care given that [Pt.#1's ALF] is a level 3."</p> <p>Physician Progress Notes dated 4/18/23 reveal Pt. #1 was returned to the ED at the request of the patient's Primary Care Physician. ED Physician notes record "Pt. sent in by primary [physician] because [s/he] is not at a SNF (Skilled Nursing Facility) and they feel [s/he] needs a SNF now that [s/he] has a catheter ... Patient was seen at primary care. Pt. is at a level 3 SNF and may eventually need higher level of care.</p>	C 880	<p>Please see attached Plan of Correction</p>	10/13/23	

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C 880	<p>Continued From page 3</p> <p>...Discharge summary from Sunday [4/16/23] had suggested that a follow-up be scheduled with the urologist however this has not been done." The Physician Notes includes an order for a Visiting Nurse "written to help with foley management." Patient #1 was then discharged back to the Assisted Living Facility on 4/18/23. Per review of Pt. #1's discharge summary, the patient and ALF now received discharge instructions regarding "Indwelling Urinary Catheter Care, Adult", 2 days after the foley catheter was placed and the resident required a return visit to the Emergency Department.</p> <p>Review of the facility's discharge instructions for "Indwelling Urinary Catheter Care, Adult" reveal a 1400 word document that includes information regarding risks, how to wear the catheter and drainage bag, how to care for the skin around the catheter, caring for the patient's skin and catheter, how to empty the drainage bag, how to change the drainage bag, along with instructions to contact a health care provider if listed signs and symptoms, including "get help right away if: pain where the catheter enters your body"* occur.</p> <p>An interview was conducted with the Director of facility's Emergency Department [DED], Quality Management staff [QM], and Clinical Applications Analyst [CAA] on 7/17/23 at 2:30 PM. The three staff members reviewed Pt.#1's medical record including ED department triage notes, Physician notes, ED Summary notes, Nursing notes, Physician Orders including discharge orders, Discharge Summary notes and Discharge information given to the patient on 4/16/23. The DED, QM, and CAA confirmed that Pt.#1's record indicated that s/he resided in an Assisted Living Facility and required extensive,</p>	C 880	<p>Please see attached Plan of Correction</p>	10/13/23

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C 880	Continued From page 4 hands-on assistance for h/her daily care, and that the pt.'s Physician reported concerns that Pt.#1 "was not discharged from ED with nursing care to help with foley". The three staff members confirmed the patient was discharged to a residential care facility with no licensed personnel present, and whose staff were not given instructions by the hospital on how to care for the patient and h/her catheter. The DED, QM, and CAA confirmed that discharge instructions sent with Pt.#1 on 4/16/23, after an Indwelling Urinary Catheter was placed, contained no information regarding care or maintenance of the catheter.	C 880	<p>Please see attached Plan of Correction</p> <p>Tag C 880 POC accepted on 9/14/23 by D. Wideawake/S. Leavitt</p>	10/13/23



Action Plan: C880 **EMERGENCY SERVICES CFR(s): 485.618**

- 1) To assure emergency care necessary to meet the needs of patients is provided regarding appropriate post-discharge services being in place related to discharge instructions after placement of an Indwelling Urinary Catheter, a standardized process for emergency department physicians to provide appropriate discharge instructions specific to the emergency department visit has been established by the Interim VP of Patient Care Services, Assistant Quality Director and the Medical Director of the Emergency Department.

Education regarding the standardized process for printing appropriate discharge instructions following an emergency department visit will be provided to all emergency department physicians through electronic communications and through individual instruction provided by a clinical applications analyst with all emergency department physicians. The Medical Director of the Emergency Department will be holding an Emergency Department Provider Meeting on September 20, 2023, to review the standardized process for physicians to print appropriate discharge instructions specific to the patient's emergency department visit.

The standardized process for printing appropriate emergency visit discharged instructions will be incorporated into the computer orientation that is provided to all new emergency department physicians.

The Medical Director of the Emergency Department will monitor compliance with the standardized process for providing appropriate discharge instructions through weekly chart audits for the first month and then monthly for the following three months. Feedback will be provided on an individual level basis regarding performance. Performance data will be shared at the monthly Emergency Department Provider meetings. Monitoring frequency will be re-evaluated based on sustained performance by the Medical Director of the Emergency Department and the Interim VP of Patient Care Services.

- 2) To assure emergency care necessary to meet the needs of patients is provided regarding appropriate post-discharge services in place related to discharge instructions and nursing care after placement of an Indwelling Urinary Catheter, a comprehensive review and update of the Discharge/Transfer from the ED policy will be conducted by the Interim VP of Patient Care Services, Assistant Quality Director, and the Medical Director of the

Emergency Department. The update to the Discharge/Transfer from the ED policy will include further clarification and guidance regarding the discharge process and follow up as patients are discharged to a variety of settings.

Education regarding the updated Discharge/Transfer from the ED policy will be reviewed at the September Mandatory Emergency Department Staff Education with all emergency department nursing staff. The education regarding the updated Discharge/Transfer from the ED policy will be provided to all emergency department physicians through electronic communications and at the September 20, 2023, Emergency Department Provider meeting.

The Interim VP of Patient Care Services and the Assistant Director of Quality will monitor compliance with the updated Discharge/Transfer from ED policy through weekly monitoring for the first month and then monthly for the following three months. Additional monitoring may be conducted as deemed necessary based on progress. Data will be collected and reported at monthly Emergency Department staff meetings to identify opportunities.

- 3) To assure emergency care necessary to meet the needs of patients is provided regarding appropriate post-discharge services in place related to discharge instructions and nursing care after placement of an Indwelling Urinary Catheter, the Care Management Team will develop an off hours/weekend discharge planning tool that provides guidance to House Supervisors on indications for skilled nursing services and the process to perform referrals for skilled nursing services.

Education on the discharge planning tool will be provided to the House Supervisor staff by the Interim VP of Patient Care Services and the Care Management Team through electronic communication and individual instruction.

Education regarding the off hours/weekend discharge planning tool will be provided to all House Supervisors during orientation.

The Interim VP of Patient Care Services and the Emergency Department Care Manager will monitor compliance with the discharge planning tool through weekly monitoring for the first month and then monthly for the following three months. Additional monitoring may be conducted as deemed necessary based on progress. Data will be collected and reported monthly at Patient Care Leadership meetings to identify opportunities.

- 4) To assure emergency care necessary to meet the needs of patients is provided regarding appropriate post-discharge services in place related to discharge instructions and nursing care after placement of an Indwelling Urinary Catheter, a new process has been established by the Executive Director of Primary Care, the Director of Primary Care, the Interim VP of Patient Care Services, the Emergency Department Medical Director, the Director of Clinical Informatics, the Executive Director of the Specialty Clinics and the Assistant Director of Quality. Emergency Room Providers will place an order through the EHR for emergency department patients who need a follow up with their primary care



provider at North County Primary Care within 7 days, or an emergency room patient who needs an appointment with a North Country Hospital Specialty Office. The order will then alert the appropriate office of the follow up appointment need, and the priority timeframe indicated.

Education regarding the new process for emergency department providers to enter an order for a follow up appointment will be provided to all emergency department physicians through electronic communications and through individual instruction provided by a clinical applications analyst with all emergency department physicians. The Medical Director of the Emergency Department will be holding an Emergency Department Provider Meeting on September 20, 2023, to review the standardized process to enter an order for a follow up appointment.

Education on the new process for prioritizing emergency room follow up appointments through emergency room order entry will be provided to the North Country Primary Care and North Country Specialty offices staff through electronic communications and at the September Education and Staff Meetings at North Country Primary Care and the North Country Specialty Clinics.

The standardized process for ordering emergency department follow up appointments will be incorporated into the computer orientation that is provided to all new emergency department physicians. Education regarding the new process for prioritizing follow up appointments through emergency department order entry will be provided at orientation to North Country Primary Care and North Country Specialty Clinics.

The Executive Director of North Country Primary Care, the Director of Primary Care, the Emergency Department Medical Director, and the Executive Director of the Specialty Clinics will monitor compliance with the new process for emergency department provider order entry to prioritize follow up appointments through weekly monitoring for the first month and then monthly for the following three months. Additional monitoring may be conducted as deemed necessary based on progress. Data will be collected and reported at weekly Interdepartmental PI Workgroup Meetings to identify opportunities.

All actions will be completed by October 13, 2023 (no later than 60 days from notice).

A handwritten signature in blue ink that reads "Thomas S. Trup". The signature is written in a cursive style with a large, looped 'T' and 'P'.