AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, 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

October 18, 2018

Paul Bengtson, CEO Northeastern Vermont Regional Hospital 1315 Hospital Drive Saint Johnsbury, VT 05819-9758

Dear Mr. Bengtson:

The Division of Licensing and Protection completed a survey at your facility on **September 18, 2018**. 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 October 18, 2018.

Sincerely,

Suzanne Leavitt, RN, MS

State Survey Agency Director

Assistant Director, Division of Licensing & Protection

Enclosure

PRINTED: 10/02/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	20	471303	B. WING	***************************************	C 09/18/2018	
	PROVIDER OR SUPPLIER	REGIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	1 09/16/2018	
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
C 000	INITIAL COMMENT	rs -	C 0	00		
·	was conducted on 9 Division of Licensin compliance with Co	n-site complaint investigation 9/17/18 & 9/18/18 by the og and Protection to determine anditions of Participation for pitals at 42 CFR. Part 485,				
C 250	determined not to be Federal Condition of Access Hospitals to Staffing Responsible Evaluation and Quafollowing regulatory complaint #16999:	on gathered, the hospital was be in compliance with the of Participation for Critical orinclude: COP: Staffing and lities and CoP: Periodic ality Assurance Review. The ordericiencies are the result of	C 2	250 C250 STAFFING AND STAFF		
0 200	CFR(s): 485.631 Staffing and Staff F			RESPONSIBILITIES CFR(s): 488 Staffing and Staff Responsibilities	10 1/4	
	Based on observal review, the Conditionand Staffing Responsive evidenced by the factorial sufficient staff covers and able to responsive procedures and to of patients demonst	is not met as evidenced by: tion, interview and record on of Participation: Staffing nsibilities was not as ailure of the CAH to ensure rage was available at all times of to emergent events or one sufficent to meet the needs trating psychosis or other ms. Findings include:			32 -	
C 253	Refer tp Tag: C-028 STAFFING CFR(s): 485.631(a) The staff is sufficie	53	C 2	C253 Staffing CFR(s) 485.631(a) Response is on page 2 of 13 Ac acrept 10.18.18		

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.

CEO

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CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES_		O			NO. 0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		471303	B. WING		C 09/18/2018		
NAME OF F	PROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL			315 HOSPITAL DRIVE AINT JOHNSBURY, VT 05819	V	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	001000	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
C 253	This STANDARD There was a failur Hospital (CAH) to a coverage was avaito respond to emer sufficient to meet the demonstrating behalt cannot be drawn urear or care which is the staff in meeting the needs for 1 of 10 are Findings include: After threatening sufficient the staff in meeting the needs for 1 of 10 are Findings include: After threatening sufficient was brought by Department (ED) of evaluated for acute for psychiatric for acute for psychiatric host available psychiatric held in the ED but medical-surgical probservation status psychiatric facility. The treatment by offering assist in the manary psychotic features prescribed medical (anticonvulsant us and Seroquel (anticonvulsant us anticonvulsant us and Seroquel (anticonvulsant us anticonvulsant us anticonvulsant us anticonvulsant us anticonvulsant us anticonvulsant us anticonvulsant us anti	is not met as evidenced by: e of the Critical Access ensure sufficient staff lable at all times and available gent events and to be he needs of patients avioral symptoms; and the ire non-hospital personnel pon for behavior management e responsibility of the CAH e individuals assessed health explicable patients. (Patient #1) taff at a health center, Patient police to the Emergency on 8/23/18 at 18:00 to be e mental health issues. Patient it to be a threat to self and liced on an involuntary status pitalization. Due to lack of a ic bed, Patient #1 was initially then transferred to the CAH eatient care unit under pending transfer to a The initial plan was to start ng Patient #1 medication to gement of bipolar disorder with Patient #1 refused the tion to include Depakote ed to treat bipolar disorders) psychotic). Over the course of remained on the nit and nursing staff were able	C	253	C253 CFR(s) 485.631(a)(3) (Continued from Page 1) Patient #1 was on hold waiting for available bed and Inpatient Psychiadmission. There were no available beds in Vermont when he arrived 8/22/18 through until his eventual transfer to an appropriate Inpatient Psychiatric Hospital on 9/4/18. The whole team including DMH actively sought an appropriate treatment placement each of the 13 days he remained on hold at this hospital. Patient was on involuntary status at the custody of the Commissioner of Mental Health. Second Certification been completed and confirmed the patient would remain on involuntary status and warranted the use of	atric le on te on The and in of on had at the ry neriff with tment his s two officers ey mont e no nd the was ient for e curity	
2		ent to remain in his/her able to manage Patient #1's			are part of the healthcare team. (Continued on Page 3 of 13)	100	

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Event ID:9N1X11

Facility ID: 471303

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2000 B	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		471303	B. WING _		C 09/18/2018
	PROVIDER OR SUPPLIER EASTERN VERMONT	REGIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	1 00/10/2010
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C 253	Patient Safety Obscontinuously provious continuously provious continuously provious continuously provious continuously provious continuously provious concerns, addition CAH contracted sets Sheriffs) and when provided by Depar On 9/2/18 Patient demonstrating an paranoia with verbespecially aggress uniform, to include 9/2/18 Sheriff #1, assigned to provid #1's room on the padvised by CAH costay out of Patient expressed dislike a specifically Sheriff 9/2/18 Patient #1's escalate and s/he movement in and room. As a result, notified the attend reporting concerns and agitated behavered for the apand involuntary moncern for the phhospitalized patier was received the rall "Code Gray" (reafrom assigned CA behavioral situations).	age 2 stening behaviors. A Clinical server (CPSO) was assigned to de direct one-on-one ient #1 in order to redirect aviors. Due to safety all monitoring was provided by equity (local Caledonia available Sheriffs were also trent of Mental Health (DMH). #1's behaviors escalated, increase in delusions and all threats to harm staff and ive to any individual in a Sheriffs. At 11:00 PM on contracted through DMH, was a presence outside Patient eatient care unit. Sheriff #1 was contracted security officers to #1's view, due to Patient #1's for individuals in uniforms, is. During the late evening of a behavior continued to became more intrusive with outside assigned hospital the night nursing supervisoring physician for Patient #1's regarding increased paranoia viors. A physician's order was oplication of physical restraints edication administration due to ysical safety of staff and other ints. Once the physician's order inght nursing supervisor called questing immediate assistance H staff to assist with a safety or in/event). Additional hospital is patient care unit to include 2	C 25	C253 CFR(s) 485.631(a)(3) (Continued from Page 2) Sheriff #1 was serving as Cadre DMH for Patient #1. Sheriff #1 in of the NVRH Security Team and participated in education and trastaff at the hospital. In collaborate clinical staff members de-escalate techniques were consistently us manage Patient #1 and maintain environment including the safety other patients and visitors. Use of restraints, both chemical physical, is a measure of last reall attempts at de-escalation has placing the patient, staff and oth for harm. Application of physical restraints and administration of restraint may involve the need for contact as the healthcare team and minimizes the risk for physical to the patient and staff members #1 was not responding to the teat de-escalation and in fact contescalate with verbal threats and challenges. Physician Order appropriately obtained for Use of Restraint, physical and chemical Code Gray Team was staged or of the patient. Team members qualified NVRH staff from all are hospital who are available to reswhen the Code is called. Quali include the Security staff on dut Security staff members have pain Code Gray Drills and completed in Code Gray Drills and completed	s also part has ining with stion with tion ed to a safe of staff, and sort when re failed ers at risk I chemical or physical controls cal harm s. Patient am efforts inued to physical of I, and the ut of sight are eas of the spond fied staff y, rticipated

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Event ID: 9N1X11

Facility ID: 471303

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NORTHEASTERN VERMONT REGIONAL HOSPITAL (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 253 C Continued From page 3 contracted security guards employed by the CAH, who are Caledonia County Sheriffs. A staff huddle transpired and a plan was formulated by the nursing supervisor which included the application of restraints to a stretcher; transporting the stretcher to Patient #1's room; with staff assistance position Patient #1 on stretcher; apply 4-point restraints and safely administered behavioral medication. Per telephone interview on 9/18/18 at 9:00 AM, Sheriff #1 confirmed s/he saw a group of nurses pull out a restraint bed and was then informed by the nursing supervisor of the intention to restrain Patient #1, however Sheriff #1 had not been included in the initial Code Gray plan. Sheriff #1, although not employed or trained by CAH, choose to become involved with the emergency procedure and entered Patient #1's room with the			471303	B. WING		W.		
NORTHEASTERN VERMONT REGIONAL HOSPITAL (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) C 253 Continued From page 3 contracted security guards employed by the CAH, who are Caledonia County Sheriffs. A staff huddle transpired and a plan was formulated by the nursing supervisor which included the application of restraints to a stretcher; transporting the stretcher to Patient #1's room; with staff assistance position Patient #1 on stretcher; administered behavioral medication. Per telephone interview on 9/18/18 at 9:00 AM, Sheriff #1 confirmed s/he saw a group of nurses pull out a restraint bed and was then informed by the nursing supervisor of the intention to restrain Patient #1, however Sheriff #1 had not been included in the initial Code Gray plan. Sheriff #1, although not employed or trained by CAH, choose to become involved with the emergency procedure and entered Patient #1's room with the	NAME OF (DDOMDED OD CUROUER	1 471303	1			16/2016	
SAINT JOHNSBURY, VT 05819	NAME OF	PROVIDER OR SUPPLIER				002		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 253 Continued From page 3 contracted security guards employed by the CAH, who are Caledonia County Sheriffs. A staff huddle transpired and a plan was formulated by the nursing supervisor which included the application of restraints to a stretcher; transporting the stretcher to Patient #1's room; with staff assistance position Patient #1 on stretcher; apply 4-point restraints and safely administered behavioral medication. Per telephone interview on 9/18/18 at 9:00 AM, Sheriff #1 confirmed s/he saw a group of nurses pull out a restraint bed and was then informed by the nursing supervisor of the intention to restrain Patient #1, however Sheriff #1 had not been included in the initial Code Gray plan. Sheriff #1, although not employed or trained by CAH, choose to become involved with the emergency procedure and entered Patient #1's room with the	NORTHE	EASTERN VERMONT	REGIONAL HOSPITAL)		
contracted security guards employed by the CAH, who are Caledonia County Sheriffs. A staff huddle transpired and a plan was formulated by the nursing supervisor which included the application of restraints to a stretcher; transporting the stretcher to Patient #1's room; with staff assistance position Patient #1 on stretcher; apply 4-point restraints and safely administered behavioral medication. Per telephone interview on 9/18/18 at 9:00 AM, Sheriff #1 confirmed s/he saw a group of nurses pull out a restraint bed and was then informed by the nursing supervisor of the intention to restrain Patient #1, however Sheriff #1 had not been included in the initial Code Gray plan. Sheriff #1, although not employed or trained by CAH, choose to become involved with the emergency procedure and entered Patient #1's room with the	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI	N SHOULD BE ' E APPROPRIATE	(X5) COMPLETION DATE	
Sheriff approaching with the nursing supervisor into his/her hospital room and staff moving a stretcher with attached restraints, Patient #1 became defensive and lunged towards Sheriff #1, hitting the Sheriff in the head, resulting in both individuals falling to the floor. Sheriff #1 confirmed s/he was able to return punches, hitting the left side of Patient #1's face. Once on the floor, Patient #1 remained on top of Sheriff #1 despite other staff attempting to remove the patient off Sheriff #1. The 2 CAH security guards/County Sheriffs also became involved in the behavioral management of Patient #1. Security guard/Sheriff #2 confirmed on 9/18/18 at 12:00 s/he was able to "deliver strikes with his/her baton" onto Patient #1 when attempting to intervene between the patient and		Continued From pacontracted security CAH, who are Cale huddle transpired athe nursing supervapplication of restrictansporting the strwith staff assistant stretcher; apply 4-padministered behatelephone interview. Sheriff #1 confirme pull out a restraint the nursing superv Patient #1, however included in the initial though not employ choose to become procedure and entinursing supervisor. Sheriff approaching into his/her hospital stretcher with attack became defensive #1, hitting the Sheboth individuals faconfirmed s/he was hitting the left side. Once on the floor, Sheriff #1 despite remove the patien security guards/Coinvolved in the bel Patient #1. Securion 9/18/18 at 12:0 strikes with his/her	age 3 a guards employed by the edonia County Sheriffs. A staff and a plan was formulated by isor which included the aints to a stretcher; etcher to Patient #1's room; see position Patient #1 on point restraints and safely vioral medication. Per w on 9/18/18 at 9:00 AM, ed s/he saw a group of nurses bed and was then informed by isor of the intention to restrainter Sheriff #1 had not been all Code Gray plan. Sheriff #1, involved with the emergency ered Patient #1's room with the uniformed g with the nursing supervisor all room and staff moving a ched restraints, Patient #1 and lunged towards Sheriff riff in the head, resulting in alling to the floor. Sheriff #1 sable to return punches, of Patient #1's face. Patient #1 remained on top of other staff attempting to the floor sheriff #2 confirmed of she was able to "deliver baton" onto Patient #1 when	7 7	C253 CFR(s) 485.631(a) (Continued from Page 3) The Code Gray Team led Nursing Supervisor enterer #1's room. The Team also the stretcher with the 4 poin place. Patient #1 did no being placed in restraints intense physical altercation Physical and Chemical resused successfully as order physician and Patient #1 voalm down. Sheriff #1 joined the Code and entered ahead of the Supervisor in an attempt of from harm. Upon reviewing surveillance video, Sheriff included in the Team Hudentering the patient room. Supervisor directed Sheriff the room first, she follower remaining members of the Team followed bringing the into the room as well. The visual for the several minuroom. We have only the given by the staff member sassembles Gray remained outside of One staff member entere and passed the hospital to other two waiting just outside of the several minuroom.	by the ed Patient or brought in intrestraints of agree to and an in ensued. Straints were used by the was able to e. Gray Team Nursing to protect staffing the fifth was able to e. The House of #1 to enter ed and the 10 e. Code Gray the stretcher ere was not utes in the descriptions in the descriptions in the code of the room. If the room of the door.		

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Per B (00 10/15-/2018

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		471303	B, WING_	and the second s	4	C 18/2018	
NAME OF F	PROVIDER OR SUPPLIER	***************************************		STREET ADDRESS, CITY, STATE, ZIP CODE		***************************************	
NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL		1315 HOSPITAL DRIVE			
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C 253	reach Sheriff #1's guard (Sheriff #3) Patient #1 in close darts into the patie tazed, Patient #1 whand cuffed by the assistance was the handcuffs were relapplied to Patient emergency medical include Haldol (and (intramuscular) and Eventually, Patien remained in restra #1 sustained an alteredness to left and nursing staff on 9/Patient #1 was trainospital. Per CAH policy Be Patient-Manageme 7/19/18 states: "All Behavioral Health same manner as a	service revolver, security deployed his/her tazer hitting proximity, landing 2 tazer ent's upper torso. After being was extracted off of Sheriff #1, e sheriffs, and with staff en placed on the stretcher, moved and restraints were #1's arms and legs. Involuntary ation was administered to tipsychotic) 5 mg. IM d Ativan (sedative) 1 mg IM. t #1 became less agitated, and ints for several hours. Patient brasion to right eyebrow and I right flank was observed by 3/18 at 8:00 AM. On 9/4/18, insferred to a psychiatric ehavioral Health ent of the Admitted approved I patients presenting with a concern will be cared for in the all other patients presenting for	C 25	C253 CFR(s) 485.631(a)(3)	nt was Team visor had staff ularly le from mpletion was 12 nd to provide multiple nroughout fication is ur Sheriff ounty at ner of m when		
a.	impulse control, a difficulty in communability to think characteristics and communicated all communicated all communicated all communicated all communicated and communicated an	ral concerns can include poor low frustration tolerance, unicating needs, and an early." Patient #1 characteristics as described. It he event on 9/3/18 represented H to have sufficient and off made available at all times essary interventions during a cent event. The use of for behavioral management e patient and staff being		Corrective Action Plan 1. Revise Code Gray (Violent Employee/Family Member) po address appropriate use of the Staff as part of the response to 2. Develop new Security Mana Policy outlining role of NVRH Staff, DMH contracted Sheriff of weapons.	licy to Security eam. agement Security	œ	
		tial safety hazards and injury.		(Continued on page 6 of 13)			

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Event ID:9N1X11

Facility (1803) 10.18.18 cention at 18 Sheet Page 5 of 13

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		471303	B. WING			C 09/18/2018	
NAME OF I	PROVIDER OR SUPPLIER	4	9	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHE	EASTERN VERMONT	REGIONAL HOSPITAL		1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819			
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C 271	튀는 4000.047만	o(1) care services are furnished in	C 2	271	(Continued from Page 5) Corrective Action Plan (cont.)		
	are consistent with This STANDARD i Based on staff inte CAH failed to ensu accordance with wr regarding the use out of 10 applicable was also a failure to procedures to direct	appropriate written policies that applicable State law. In some that a evidenced by: erview and record review, the provided in the policies and procedures of mechanical restraints for 1 to patients (Patient #2). There is develop policies and et the role and responsibilities with the policies by the CAH.			Seleem Choudhury, DNP, Chief Nu Officer in collaboration with Michael Moss, DNP, Emergency Services Director; Sharon Mallett, DNP, MS/Inf Director, Carol Hodges, Nursing Education and the House Supervis are responsible for development arongoing education of the Code Granesponse Team. New Policy for Signification for use of Security and contracted DMH Sheriff in response	Pedi/ ors, nd ly ecurity e Gray	
8:	1. On 08/03/2018, Emergency Depart a psychiatric proble agitation, hallucina health evaluation with determined that Painpatient psychiatric lack of an available was transferred to the CAH until trans 08/08/2018. Per Philaced under const Patient Safety Obsisafety. During the Patient #2's transfestaff placed Patient At approximately 5 #2 began demonstrand aggressive belong payed and payed to the patient #2's transfestaff placed Patient #2's began demonstration #2's began	Patient #2 was brought to the ment with a chief complaint of em and presented with tions and paranoia. A mental was conducted which tient #2 met criteria for c hospitalization. Due to a psychiatric bed, Patient #2 the medical-surgical floor of fer from the CAH on hysician order, Patient #2 was ant observation by a Clinical erver (CPSO) to maintain first 24 hours period following or to the medical-surgical floor, the medical restraints.			behavioral emergent events to be in place by October 31, 2018. C271 PATIENT CARE POLICIE CFR(s) 485.635(a)(1) The CAH's health care services are furnished in accordance with approximately written policies that are consistent applicable State law. The Surveyors are correct. Staff for remove mechanical restraints during periods of time when Patient #2 was calm. The Surveyors are also correct that a Security Management Policy defining the role and responsibilities NVRH Security and Sheriffs contrast through DMH was not available for	e priate with ailed to ag sect	8
		to verbally redirect Patient #2 neir room and, "bolted" to the			(Continued on Page 7 of 13)		

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Event ID:9N1X11

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		471303	B. WING		09/1	: 8/2018	
	PROVIDER OR SUPPLIER	REGIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	1 09/1	8/2018	
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C 271	floor. Per Nursing pace with the patie talk this patient into When additional stassistance, Patient "grabbed" at staff, screamed threats the members present. Patient #2 was pla Patient #2, "fought continued to screa requiring emergen Haldol 5mg, and A intramuscularly in behavior while restricted Nursing A "appears to be asled" a Restraint-Free E 07/05/2018) states restraints may be reall other options are use of restraints may be restraint is necessative to self or other restraint is necessative and/or asleep dem posing an immedia safety. Between 1 08/04/2018, Patier "asleep", "lying qui	empt to leave the hospital Progress note, "This RN kept ent and was trying to calmly o going back" to their room. taff responded to the area for t #2, "became hostile", starting fighting, and that they would kill staff Per Nursing Progress note, ced in restraints at 6:10 PM. tagainst the restraints" and m and, "fight the restraints" t does of Benadryl 25 mg,	C 271	C271 PATIENT CARE POLICIES CFR(s) 485.635(a)(1) (Continued from page 6 of 13) Corrective Action Plan 1. Revise the "Restraints and Management of a Restraint Free Environment policies to specifically address appropriate removal of restraints. 2. Develop new Security Managen Policy outlining role of NVRH Secustaff, DMH contracted Sheriff and weapons on individuals not in cust law enforcement. Seleem Choudhury, DNP, Chief N Officer in collaboration with Michael Moss, DNP, Emergency Services Director, Sharon Mallett, DNP, MS Inf Director, Carol Hodges, Nursin Education and the House Supervisare responsible for development a ongoing education of the "Restrain Management of a Restraint Free Environment" Policies. Colleen Sin Quality Management Programs is responsible for development and communication of the new Securit Management Plan. New Policy for Security Management and the rev "Restraints and Management of a Restraint Free Environment" Policies in place by October 31, 2018. Camb 10.18.18	nent urity use of ody of ursing el s/Pedi/ g sors, nd nts and non, VP		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:9N1X11

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If continuation sheet Page 7 of 13

Per 13/10 10/15/2018

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NAME OF E	PROVIDER OR SUPPLIER	Annual Company of the	L	SI	TREET ADDRESS, CITY, STATE, ZIP CODE	031	10/2010
14 m. C. 31 m	THO THO CITY OF THE PLEAT				315 HOSPITAL DRIVE		
NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL		500	AINT JOHNSBURY, VT 05819		
			T				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREF	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG	0.00011	CROSS-REFERENCED TO THE APPROP		DATE
to and the second					DEFICIENCY)		
L. orași	90						
C 271	Continued From pa	ige 7	- C2	271	C271 PATIENT CARE POLICIES	CFR(s)	
	Licensed Nursing Assistants. There was no documented evidence of attempt to begin to discontinue the restraints, and no documented			1	485.635(a)(1)		
				1	8		1
				1			9 9
		ent danger requiring continued			(Response is on Page 7 of 13)		42
		e safety. The Vice President		1			
		ement Programs and Clinical ofirmed Patient #2's			DEDICADE EVALUATION & CARD	CVICA	
		behavior while restrained at	C	330	PERIODIC EVALUATION & QA R	ZVIEW	P1 20
	1:40 PM on 9/18/20			- 1	CFR(s): 485.641 Qualified Staff members were avail	able	
		3		1	and appropriately responded to the	Second Control of the	
	During a review of	the policy, "Restraints", the		1	Gray situation involving Patient #1.	Code	
	VP of Quality Mana	agement Programs confirmed		I	Immediate corrective action was ta	ken	
		did not include instructions			regarding Security and prohibiting t	Agriculture 18	
		restraints when discharge			of a tazer in patient care areas of the		
2		nstrated by patients. S/he		- 1	hospital. Surveyors are correct tha	Service -	
		of policy interventions to		1	actions taken were not reflected in	ii weaser	}
		discontinuation of restraints ent harm was no longer			documentation or staff interviews.	he	_
=		on 9/18/2018. In addition,			Corrective Action Plans outlined for	C253	,
		ent behavioral interventions		1	on page 6 of 13 and C271 on page	7 of 13	
		9/3/18 during which time			will provide accurate guidance for		V.
		staff (Caledonia Sheriffs) had			management and documentation		
	become involved w			1	requirements for Restraint Free		
		patient, it was further			Environment, Use of Restraints and		
14		I had not developed a policy			role of Security Staff during Code C		
		irect this contracted			situations. Opportunities for Improvement immediately identified in the form		
a.		further stipulate the iff's utilizing weapons on			categories based on the initial Traje		
	patients not in police				Analysis performed: Physical	coory	
	potronto not in pont	o ddiddy.			Environment, New Employee Orier	tation.	
	Refer to C-253				Ongoing Education, Clearly defined		
C 330	PERIODIC EVALU	ATION & QA REVIEW	C	330			
	CFR(s): 485.641				of weapons, resource allocation fo		
		V ⊆ AND W27			ongoing performance evaluation ar	nd	
%		n and Quality Assurance			improvement activity, clear policies		
	Review			Ä			
5		w			(Continued on Page 9 of 13)		
			1			c 10	

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Event ID:9N1X11

POCOCCA (Facility ID: 471303

If continuation sheet Page 8 of 13

PerB (e0 10/15/2018

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CLIVICI	TO LOU MEDICAVE	A MEDICAID SERVICES		are There		<u> </u>	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIËR/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		474000	B. WING			C	
		471303	B. WING	0.00		09/	18/2018
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL			315 HOSPITAL DRIVE AINT JOHNSBURY, VT 05819		
(X4) ID	SUMMARYSTA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	J	/¥5\
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	<	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP	RIATE	DATE
		***************************************		_	DEFICIENCY)		
					PERIODIC EVALUATION & QA RE	\/IE\//	
C 330	Continued From page 8		C 3	30	CFR(s): 485.641	01110	
					CFN(5). 465.041		
	This CONDITION	is not met as evidenced by:		· i	Response is on page 8 of 13		
		Participation: Periodic			Response is on page 6 of 15	30	
		ality Assurance Review was			9		
		taff interview and record			D f 0 0F2		
		led to evaluate the quality and	C 337		Refer to C-253		
		treatment and services, in a			QUALITY ASSURANCE		
		I develop corrective actions as			CFR(s): 485.641(b)(1)		
		erse patient event. Findings					
	include:				The CAH has an effective quality		
					assurance program to evaluate the		
		to identify opportunities for			quality and appropriateness of the		
		ovement to include the failure to ensure			diagnosis and treatment furnished i	n the	
		erage was available at all			CAH and of the treatment outcomes		
		e to respond to emergent			Surveyors did not find documented		
		ufficient to meet the needs of			evidence to support an effective pro	ogram.	
		ting behavioral symptoms;			ļ.	3	
		to ensure non-hospital			Patient #1 and Patient #2 are indivi	duals	
		e drawn upon for behavior			within the population that has been		
		re which is the responsibility meeting the individuals			focus for this CAH for several years		
	assessed health ne				Individuals within this category are		
	accessed ficalliffle	odo.			experiencing an acute Mental Healt	h	
	Refer to C-253				crisis and pose a real physical threa		
C 337		NCE			harm and are a danger to themselv		1
5 001	CFR(s): 485.641(b)			7000000	and others. When an individual is	0000000	
		11.		9	screened by the QMHP and/or Cris	is	
	The CAH has an ef	fective quality assurance			Worker from our local deemed agei		
	program to evaluat				and it has been determined that the		
		the diagnosis and treatment		11	in need of inpatient psychiatric trea		
		H and of the treatment			but are unwilling or incapable of ag		
		gram requires that-			to the plan it is necessary to provide		
		TO STATE OF THE PROPERTY OF TH			Emergency Evaluation (EE) to dete	100	1 2 2 3
		vices and other services			if Involuntary Admission Status is		
	affecting patient he	ealth and safety are evaluated.		1	needed. Both Patient #1and Patier	nt #2	
			-		were Involuntary admissions on ho		
			Service Servic		were involuntary authissions of no	u 101	

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an available inpatient Psychiatric bed.

Facility in 41302 10.18.18 fronting agon cheet Page 9 of 13

Perky (e0 10/15/2018

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CENTERS FOR MEDICARE & MEDICAID SERVICES			ONIS NO.				
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		471303	B. WING _			C 18/2018	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		10/2010	
TO WITE OF T	THE THE TOTAL CONTROLLER			1315 HOSPITAL DRIVE			
NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL		SAINT JOHNSBURY, VT 05819)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
C 337	Continued From pa	ige 9	C 33	Continued from Page 9 o	of 13)		
	This STANDARD is Based on staff inter there was a failure improvement to incomply the sufficient staff cover times and available events and to be supatients demonstrated the failure to ensurcannot be drawn upor care which is the staff in meeting the needs. Findings incomply 12/18 Patient bipolar/mania, was medical-surgical ural psychiatric hospital 9/2/18, Patient #1's delusions escalated increased verbal the PM on 9/2/18 Shern DMH, was assigned outside Patient #1's unit. Sheriff #1 was security officers to due to Patient #1's individuals in unifor result of increased and out of hospital supervisor notified	s not met as evidenced by: erview and record review, to identify opportunities for clude the failure to ensure erage was available at all e to respond to emergent ufficient to meet the needs of ting behavioral symptoms and e non-hospital personnel con for behavior management e responsibility of the CAH e individuals assessed health		Refer to C-253 QUALITY ASSURANCE CFR(s): 485.641(b)(1) Patient #1 and #2 exhibited threatened physical harm to Qualified licensed staff me in CPI techniques were profor our patients each day. recognizes that Patient #1 disorder with acute psycholat this facility 13 days on both awaiting an admission to a linpatient setting and this is best situation for all involved (acute psychosis and agground behavior) remained at this days also awaiting an operadmission for inpatient psystabilization and treatment interested in the clinical outsimilar patients, but we do have access to the results from the Psychiatric facilities where a communication of a return to the communication of a return t	to the staff, embers trained ovided to care This CAH (bipolar besis) remained bed hold a Psychiatric s not the the ed. Patient #2 ressive facility for 6 ning for yechiatric t. This CAH is atcomes for not currently sof treatment ies; neither do to inform us ity and the		
	application of phys medication admini- safety and risk of h hospitalized patien	ical restraints and involuntary stration due to concern for the tarm to staff and other ts. Once the physician's order ight pursing supervisor called	The state of the s	improve communication accontinuum. Continued on page 11 of			

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Facility ID: 471303

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ReRBy (00 10/15/2018

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
				_	2		2
		471303	B. WING			09/1	18/2018
NAME OF I	PROVIDER OR SUPPLIER		Linear Company	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
		DECIGNAL MEGAPITAL		1;	315 HOSPITAL DRIVE		
NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL		S	AINT JOHNSBURY, VT 05819	WWW.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG	2000 g	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
C 337	a "Code Gray" (requesting immediate assistance from assigned CAH staff to assist with a safety or behavioral situation/event). Additional hospital staff arrived on the patient care unit to include 2 contracted security guards employed by the CAH, who are Caledonia County Sheriffs. A staff huddle transpired and a plan was formulated by the nursing supervisor which included the application of restraints to a stretcher; transporting the stretcher to Patient #1's room; with staff assistance position Patient #1 on stretcher; apply 4-point restraints and safely administered behavioral medication. Per telephone interview on 9/18/18 at 9:00 AM, Sheriff #1 confirmed s/he saw a group of nurses pull out a restraint bed and was then informed by		c:	337	Continued from page 10 of 13 The Corrective Action Plans lister C253 and C271 address the char		
					for Code Gray,the Security Management Plan and use of Restraints	yes	
:0					Corrective Action Plan 1.Revise the "Restraints and Management of a Restraint Free Environment policies to specifically		er
			2		address appropriate removal of res 2.Develop new Security Managem Policy outlining role of NVRH Secu Staff, DMH contracted Sheriff and weapons on individuals not in cust	ent irity use of	.9
	Patient #1, however directly included in #1, although not exchoose to become procedure and entinursing supervisor Sheriff approaching	risor of the intention to restrain er Sheriff #1 had not been in the Code Gray plan. Sheriff imployed or trained by CAH, involved with the emergency ered Patient #1's room with the to Upon seeing the uniformed by with the nursing supervisor.			law enforcement. Seleem Choudhury, DNP, Chief N Officer in collaboration with Michae Moss, DNP, Emergency Services Director; Sharon Mallett, DNP, MS Inf Director, Carol Hodges, Nursing Education and the House Supervise	el /Pedi/ g	,
	stretcher with attachecame defensive #1, hitting the She both individuals fa confirmed s/he wa	al room and staff moving a ched restraints, Patient #1 and lunged towards Sheriff in the head, resulting in alling to the floor. Sheriff #1 as able to return punches, a of Patient #1's face.			are responsible for development a ongoing education of the "Restrain Management of a Restraint Free Environment" Policies. Colleen Sir Quality Management Programs is responsible for development and communication of the new Securit	nts and	
=	Sheriff #1 despite remove the patien security guards/Co involved in the be	Patient #1 remained on top of other staff attempting to it off Sheriff #1. The 2 CAH county Sheriffs also became havioral management of ity guard/Sheriff #2 confirmed			Management Plan. New Policy fo Security Management and the rev "Restraints and Management of a Restraint Free Environment" Polic be in place by October 31, 2018.	r ised	

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If continuation sheet Page 11 of 13

Ren By ceo 10/15/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/02/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIS AND PLAN OF CORRECTION A BULDING A BULDING A BULDING A BULDING A BULDING COMPLETED STREET ADDRESS, CITY, STATE, ZIP CODE 1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819 PREFEX COMPLETED SAINT JOHNSBURY, VT 05819 COMPLETED COMPLETED SAINT JOHNSBURY, VT 05819 COMPLETED COMPLETED COMPLETED SAINT JOHNSBURY, VT 05819 COMPLETED COMPLETED SAINT JOHNSBURY, VT 05819 COMPLETED COMPLETED SAINT JOHNSBURY, VT 05819 COMPLETED SAIT JOHNSBURY, VT 05819 REFORM AND JOHNSBURY, VT 05819 REFORM FREFX REFORM CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY CORRECTION AND JOHNSBURY, VT 05819 REFORM CROSS-REFERENCED TO THE APPROPRIATE PREFX REFORM CROSS-REFERENCED TO THE APPROPRIATE PREFX TAG COALLITY ASSURANCE CFR(s): 485.641(b)(1) SURVEYORS OF COALLITY ASSURANCE CFR(s): 485.64	CENTE	KS FOR MEDICARE	: & MEDICAID SERVICES			U	MR NO.	0938-0391
ANAME OF PROVIDER OR SUPPLIER NORTHEASTERN VERMONT REGIONAL HOSPITAL (24) ID PHELTIX TAG. CONTINUED FROM USE FROM DEPCIENCY WITH THE PROPERTIES (EACH DEPCIENCY MUST BE PRECIDED BY FILL TAG. TAG. CONTINUED From page 11 on 9/18/18 at 12:00 s/he was able to "deliver strikes with his/her baton." onto Patient #1 when attempting to intervene between the patient and Sheriff #1. When Patient #1 was attempting to reach Sheriff #1. Service revolver, security guard (Sheriff #3) deployed his/her tazer hitting Patient #1 in close proximity, landing 2 tazer darts into the patients upper back torso. After being tazed, Patient #1 was extracted off of Sheriff #1, hand cuffed by the sheriffs, and with staff assistance was then placed on the stretcher, handcuffs were removed and restraints were applied to Patient #1 was extracted off of Sheriff #1, band cuffed by the sheriffs, and with staff assistance was then placed on the stretcher, handcuffs were removed and restraints were applied to Patient #1 sarms and legs. Involuntary emergency medication was administered to include Haldol (antipsychotic) 5 mg. IM (Intramuscular) and Ativan (seedative) 1 mg IM. Eventually, Patient #1 became loss agitated, and remained in restraints for several hours. The patient sustained bruising of face and upper torso. On 9/4/18 to patient was discharged to a psychiatric hospital. After the event on 9/3/18 a staff member completed a adverse event report via the Risk Management Reporting System. However, as of 9/18/18 there has not been a formal review of the significant chain of events to include the use of a tazer by contracted security on a hospitalized patient; the seriousness of the altercation that pursued; the effective use of the the Code Gray was individually debriefed and the need for policy revisions was acknowledged. Involved staff members participated in a debriefing with our Employee Assistance Program Counselor. The group was not gathered together for a formal review of the events. Corrective Action Plan. 1. Formal Review of i				AC PROPERTY AND ADDRESS			COMPLETED	
NORTHEASTERN VERMONT REGIONAL HOSPITAL (X4) ID SUMMARY STREMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG. (R4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG. (R4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG. (R4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG. (R4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG. (R4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG. (R4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG. (R4) ID (EACH DEFICIENCY) TAG. COntinued From page 11 on 9/18/18 at 12:00 s/he was able to " deliver strikes with his/her baton." onto Patient #1 when attempting to intervene between the patient and Sheriff #1. When Patient #1 was attempting to reach Sheriff #1's service revolver, security guard (Sheriff #3) deployed his/her tazer hitting Patient #1 in close proximity, landing 2 tazer darts into the patient's upper back torso. After being tazed, Patient #1 was extracted off of Sheriff #1, had outfed by the sheriffs, and with staff assistance was then placed on the stretcher, handcuffs were removed and restraints were applied to Patient #1's arms and legs. Involuntary emergency medication was administered to include Haldol (antipsychotic) 5 mg. IM (intramuscular) and Ativan (sedative) 1 mg IM. (intramuscular) and very development was administered to include Haldol (antipsychotic) 5 mg. IM (intramuscular) and Ativan (sedative) 1 mg IM. (intramuscular) and very development in the patient was discharged to a psychiatric hospital. After the event			471303	B. WING		(training (during a large and		
NORTHEASTERN VERMONT REGIONAL HOSPITAL Mail	NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
(XA) ID SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES TAG (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) C 337 Continued From page 11 on 9/18/18 at 12:00 she was able to "deliver strikes with his/her baton." onto Patient #1 when attempting to intervene between the patient and Sheriff #1. When Patient #1 was attempting to reach Sheriff #1's service revolver, security guard (Sheriff #3) deployed his/her tazer hitting Patient #1 in close proximity, landing 2 tazer darts into the patient's super back torso. After being tazed, Patient #1 was extracted off of Sheriff #1, hand cuffed by the sheriffs, and with staff assistance was then placed on the stretcher, handcuffs were removed and restraints were applied to Patient #1's arms and legs. Involuntary emergency medication was administered to include Haldol (antipsychotic) 5 mg. IM (intramuscular) and Ativan (sedative) 1 mg IM. Eventually, Patient #1 became less agitated, and remained in restraints for several hours. The patient sustained bruising of face and upper torso. On 9/4/18 the patient was discharged to a psychiatric hospital. After the event on 9/3/18 a staff member completed a adverse event report via the Risk Management Reporting System. However, as of 9/18/18 there has not been a formal review of the significant chain of events to include the use of a tazer by contracted security on a hospitalized patient; the seriousness of the altercation that pursued; the effective use of the the Code Gray team, and the lack of psychiatric consultation and direction to staff to assist in the management of the patient's behavioral symptoms. Per pitcher Action Plan 1. Formal Review of incidents and completion of Trajectory Analysis and/or RCA will take place when there has been harm or potential for significant harm to a patient. Ill mediate change in practice								
C 337 Continued From page 11 on 9/18/18 at 12:00 s/he was able to "deliver strikes with his/her baton" onto Patient #1 when attempting to intervene between the patient and Sheriff #1. When Patient #1 was attempting to reach Sheriff #1's service revolver, security guard (Sheriff #3) deployed his/her tazer hitting Patient #1 in close proximity, landing 2 tazer darts into the patient's upper back torso. After being tazed, Patient #1 was extracted off of Sheriff #1, hand cuffed by the sheriffs, and with staff assistance was then placed on the stretcher, handcuffs were removed and restraints were applied to Patient #1's arms and legs. Involvulnary emergency medication was administered to include Haldol (antipsychotic) 5 mg. IM (intramuscular) and Ativan (sedative) 1 mg IM. Eventually, Patient #1 became less agitated, and remained in restraints for several hours. The patient sustained bruising of face and upper torso. On 9/4/18 there has not been a formal review of the significant chain of events to include the use of a tazer by contracted security on a hospitalized patient, the seriousness of the altercation that pursued; the effective use of the the Code Gray team; and the lack of psychiatric consultation and direction to staff to assist in the management of the patient's behavioral symptoms. Per interview on 9/18/18 at 11:00 AM, the Chief	NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL	SAINT JOHNSBURY, VT 05819				
on 9/18/18 at 12:00 s/he was able to "deliver strikes with his/her baton" onto Patient #1 when attempting to intervene between the patient and Sheriff #1. When Patient #1 was attempting to reach Sheriff #1's service revolver, security guard (Sheriff #3) deployed his/her tazer hitting Patient #1 in close proximity, landing 2 tazer darts into the patient's upper back torso. After being tazed, Patient #1 was extracted off of Sheriff #1, hand cuffed by the sheriffs, and with staff assistance was then placed on the stretcher, handcuffs were removed and restraints were applied to Patient #1's arms and legs. Involuntary emergency medication was administered to include Haldol (antipsychotic) 5 mg. IM (intramuscular) and Ativan (sedative) 1 mg IM. Eventually, Patient #1 became less agitated, and remained in restraints for several hours. The patient sustained bruising of face and upper torso. On 9/4/18 the patient was discharged to a psychiatric hospital. After the event on 9/3/18 a staff member completed a adverse event report via the Risk Management Reporting System. However, as of 9/18/18 there has not been a formal review of the significant chain of events to include the use of a tazer by contracted security on a hospitalized patient; the seriousness of the altercation that pursued; the effective use of the the Code Gray team; and the lack of psychiatric consultation and direction to staff to assist in the management of the patient's behavioral symptoms. Per interview on 9/18/18 at 11:00 AM, the Chief burger of the patient's behavioral symptoms. Per interview on 9/18/18 at 11:00 AM, the Chief burger of the patient's behavioral symptoms. Provided the second and the patient's behavioral symptoms and the lack corporate to consultation and direction to staff to assist in the management of the patient's behavioral symptoms. The patient was discharged to a patient. Immediate change in practice and restraints were applied to Patient #1 would agree to take only medication to events was administered to consultation and	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE		BE	
events on 9/3/18 and confirmed informal conversations with the VP of Quality Management Program had occurred. There has	C 337	on 9/18/18 at 12:00 strikes with his/her attempting to interv Sheriff #1. When Preach Sheriff #1's signard (Sheriff #3) of Patient #1 in close darts into the patient being tazed, Patient Sheriff #1, hand custaff assistance was handcuffs were remapplied to Patient #emergency medical include Haldol (anticulde Haldol (anticulde Haldol) (o s/he was able to "deliver baton" onto Patient #1 when ene between the patient and atient #1 was attempting to ervice revolver, security leployed his/her tazer hitting proximity, landing 2 tazer nt's upper back torso. After at #1 was extracted off of feed by the sheriffs, and with the sthen placed on the stretcher, noved and restraints were et's arms and legs. Involuntary tion was administered to psychotic) 5 mg. IM Ativan (sedative) 1 mg IM. #1 became less agitated, and nts for several hours. The ruising of face and upper e patient was discharged to a see event report via the Risk ring System. However, as of ot been a formal review of the events to include the use of a security on a hospitalized ness of the altercation that we use of the the Code Gray of psychiatric consultation ff to assist in the management avioral symptoms. Per 8 at 11:00 AM, the Chief firmed awareness of the nd confirmed informal the VP of Quality	C 3	3337	Refer to C-253 QUALITY ASSURANCE CFR(s): 485.641(b)(1) Surveyors are correct. An incident was submitted following this describe event. The chain of events was addressed with the individuals involte actual incident. Patient #1 woult to take only medications for things unrelated to management of his psychiatric and behavioral sympton. There is limited availability for Psychonsultation and we do not provide treatment at this facility. Use of we was immediately addressed with the Supervisor of Security and clarified tazers, pepper spray and firearms who prohibited from use in patient care as the nursing Supervisor serving as leader for the Code Gray was individed briefed and the need for policy rewas acknowledged. Involved staff members participated in a debriefin our Employee Assistance Program Counselor. The group was not gath together for a formal review of the Corrective Action Plan 1. Formal Review of incidents and completion of Trajectory Analysis a RCA will take place when there has harm or potential for significant har patient. Immediate change in practimplemented. Colleen Sinon, VP (Management Programs is responsi	ved in dagree ins. hiatric apons e that vere areas. team dually evisions g with hered events.	

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evaluation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY COMPLETED	
		471303	B. WING		C		
	PROVIDER OR SUPPLIER	L	S 1	TREET ADDRESS, CITY, STATE, ZIP CODE 315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	09/18/201	8	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPL		
C 337	and appropriatene services provided was further confirm Management on the acknowledging a fall the circumstance 9/3/18 and to identifor improvement eduse of non-hospital interventions and the services of th	review to evaluate the quality ss of the treatment and to Patient #1 on 9/3/18. This ned by the VP of Quality he afternoon of 9/18/18, ailure to examine and review ces which had occurred on tify preliminary opportunities especially associated with the all employees during behaviorathe use of weapons on hits who are not in police		Continued from page 9 of 13 Refer to C-253 QUALITY ASSURANCE CFR(s): 485.641(b)(1) Response on Page 10 of 13			
# C							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:9N1X11

Facility ID: 471303

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PerB (00 10/15/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/02/2018 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	n constitution and must be a selected and the selected an	471303	B. WING		C 09/18/2018	
	ROVIDER OR SUPPLIEF		S	STREET ADDRESS, CITY, STATE, ZIP CODE 315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	1 00/16/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
C 337	and appropriate of services provided was further confir Management on tacknowledging a all the circumstar 9/3/18 and to ider for improvement use of non-hospit interventions and	review to evaluate the quality ess of the treatment and to Patient #1 on 9/3/18. This med by the VP of Quality the afternoon of 9/18/18, failure to examine and review res which had occurred on hitrory preliminary opportunities especially associated with the all employees during behavioral the use of weapons on ents who are not in police	C 337	Continued from page 12 of 13 QUALITY ASSURANCE CFR(s): 485.641(b)(1) Corrective Action Plan (cont.) 2. The incident report on file for #1 was fully investigated and closs September 19, 2018. Areas for improvement were identified for employee orientation, ongoing earnd training, use of security staff development, code gray drills. Improvement activity will be ongo Seleem Choudhury, DNP, Chief Officer in collaboration with Mich Moss, DNP, Emergency Service: Director; Sharon Mallett, DNP, MInf Director; Laura Sophrin, MSN Director; Carol Hodges, Nursing Education Coordinator; Colleen SVP Quality Management Program the House Supervisors, are resp for ongoing education, training, orientation and policy development.	Patient sed on new ducation, policy bing. Nursing ael s IS/Pedi/I,ICU Sinon, ms and onsible ent.	

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Facility ID: 471303

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ReRB 10/18/2018

PRINTED: 10/02/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Organization of the second		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		471303	AND THE PROPERTY OF THE PROPER	B. WING		C 09/18/2018		
	PROVIDER OR SUPPLIER	REGIONAL HOSPITAL		S'	TREET ADDRESS, CITY, STATE, ZIP CODE 315 HOSPITAL DRIVE AINT JOHNSBURY, VT 05819	1 09/	16/2018	
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C 000	INITIAL COMMEN	тѕ	Co	000				
9	was conducted on the Division of Licensin compliance with Comp	on-site complaint investigation 9/17/18 & 9/18/18 by the ng and Protection to determine anditions of Participation for spitals at 42 CFR. Part 485,						
C 250	determined not to be Federal Condition of Access Hospitals to Staffing Responsibe Evaluation and Quifollowing regulatory complaint #16999:	on gathered, the hospital was be in compliance with the of Participation for Critical o include: COP: Staffing and ilities and CoP: Periodic ality Assurance Review. The y deficiencies are the result of TAFF RESPONSIBILITIES	C2	250	C250 STAFFING AND STAFF			
	CFR(s): 485.631 Staffing and Staff F				RESPONSIBILITIES CFR(s): 485.6 Staffing and Staff Responsibilities	31)		
	Based on observa review, the Conditi- and Staffing Respo- evidenced by the fa sufficent staff cove and able to respon- procedures and to of patients demons	is not met as evidenced by: tion, interview and record on of Participation: Staffing onsibilities was not as ailure of the CAH to ensure rage was available at all times d to emergent events or be sufficent to meet the needs strating psychosis or other ms. Findings include:				8		
C 253	CFR(s): 485.631(a The staff is sufficie	no *		253	C253 Staffing CFR(s) 485.631(a)(3) Response is on page 2 of 13 Poc ant ID-18-R fr		(XG) 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.

CEO

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	·		Oli Oli	VR NO	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		471303	B. WING	i		C 09/18/2018	
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
NODTHE	ACTEDU VEDMONT	DECIONAL HOODITAL	0	13	315 HOSPITAL DRIVE		1
NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL		S	AINT JOHNSBURY, VT 05819	*	
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C 253	Continued From pa	-	C	253	C253 CFR(s) 485.631(a)(3) (Continued from Page 1)		
	There was a failure Hospital (CAH) to a coverage was avail to respond to emer sufficient to meet to demonstrating beht CAH failed to ensuit cannot be drawn up or care which is the staff in meeting the	s not met as evidenced by: e of the Critical Access ensure sufficient staff lable at all times and available gent events and to be ne needs of patients avioral symptoms; and the re non-hospital personnel bon for behavior management e responsibility of the CAH individuals assessed health pplicable patients. (Patient #1)		3 8	Patient #1 was on hold waiting for a available bed and Inpatient Psychia admission. There were no available beds in Vermont when he arrived of 8/22/18 through until his eventual transfer to an appropriate Inpatient Psychiatric Hospital on 9/4/18. The whole team including DMH actively sought an appropriate treatment placement each of the 13 days he remained on hold at this hospital. The patient was on involuntary status at the custody of the Commissioner of Mental Health. Second Certification	The nd in	2
	#1 was brought by Department (ED) of evaluated for acute #1 was determined others and was platfor psychiatric hospavailable psychiatric held in the ED but medical-surgical particular psychiatric facility. treatment by offering the properties of t	aff at a health center, Patient police to the Emergency n 8/23/18 at 18:00 to be a mental health issues: Patient to be a threat to self and ced on an involuntary status pitalization. Due to lack of a ic bed, Patient #1 was initially then transferred to the CAH atient care unit under pending transfer to a The initial plan was to starting Patient #1 medication to		2	been completed and confirmed that patient would remain on involuntary status and warranted the use of Shalevel Cadre. DMH has a contract the Lamoille County Sheriff Depart and Sheriff staff are deployed to Vermont Hospitals to assist with the patient population. Lamoille sends Officers to serve as Cadre. If no Officers available from Lamoille Co. the request assistance from other Verr County Sheriff Offices. There were	t the y heriff with ment is two fficers ey mont e no	
	psychotic features, prescribed medical (anticonvulsant use and Seroquel (anti 9 days, Patient #1 medical-surgical un to redirect the patie	gement of bipolar disorder with Patient #1 refused the cion to include Depakote ed to treat bipolar disorders) osychotic). Over the course of remained on the nit and nursing staff were able ent to remain in his/her able to manage Patient #1's			Officers available from Lamoille an Caledonia County Sheriff's Office able to provide one Officer for Pati #1. The Officer serving as Cadre for DMH on that shift is also part of the NVRH Security Staff. Hospital Security one person 24/7 and are part of the healthcare team. (Continued on Page 3 of 13)	was ent for e urity	

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Event ID:9N1X11

Perry (00 10/15/2018

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
				3	С	
		471303	B. WING _		09/18/2018	
	PROVIDER OR SUPPLIER EASTERN VERMONT	REGIONAL HOSPITAL	74.	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE COMPLÉTION	
C 253	Patient Safety Obs continuously provided by Depart On 9/2/18 Patient demonstrating an in paranoia with verbal especially aggressi uniform, to include 9/2/18 Sheriff #1, cassigned to provide #1's room on the padvised by CAH costay out of Patient expressed dislike fuspecifically Sheriff 9/2/18 Patient #1's escalate and s/he be movement in and croom. As a result, the notified the attending reporting concerns and agitated behave received for the apand involuntary me concern for the phy hospitalized patien was received the na "Code Gray" (received for assigned CAF behavioral situation additional situation and situation assigned CAF behavioral situation and situation assigned CAF behavioral situation and situation assigned CAF behavioral situation and situation assigned case signed	lege 2 leening behaviors. A Clinical lerver (CPSO) was assigned to le direct one-on-one lent #1 in order to redirect aviors. Due to safety all monitoring was provided by curity (local Caledonia available Sheriffs were also ment of Mental Health (DMH). #1's behaviors escalated, increase in delusions and lead threats to harm staff and lead to any individual in Sheriffs. At 11:00 PM on contracted through DMH, was a presence outside Patient attent care unit. Sheriff #1 was intracted security officers to lead to be a presence outside patient #1's or individuals in uniforms, so During the late evening of behavior continued to be came more intrusive with leading the night nursing supervisor ing physician for Patient #1's regarding increased paranoia liors. A physician's order was plication administration due to lead to safety of staff and other its. Once the physician's order light nursing supervisor called luesting immediate assistance if staff to assist with a safety or leading the later to a safety or later to include 2 leading to a safety or later to a safety or later to include 2 leading to a safety or later to a safety or later to include 2 leading to a safety or later to a safety or later to a safety or later to include 2 leading to a safety or later to a safety or later to include 2 leading to a safety or later to a safety or later to a safety or later to include 2 leading to a safety or later to a safety o	C 25	C253 CFR(s) 485.631(a)(3)	also part as ing with on with on to a safe of staff, and ort when failed s at risk emical physical ntrols I harm Patient or efforts ued to hysical and the of sight es s of the ond ed staff cipated	

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Event ID:9N1X11

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1927	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		471303	B. WING			C 18/2018	
NAME OF PROVIDER OR SUPPLIER NORTHEASTERN VERMONT REGIONAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP O 1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
C 253	CAH, who are Cahuddle transpired the nursing super application of resistransporting the swith staff assistant stretcher; apply 4 administered behatelephone intervies Sheriff #1 confirm pull out a restrain the nursing super Patient #1, however included in the initial although not empore to be comprocedure and emprocedure and emproced	by guards employed by the dedonia County Sheriffs. A staff and a plan was formulated by visor which included the traints to a stretcher; tretcher to Patient #1's room; the position Patient #1 on a point restraints and safely avioral medication. Per aw on 9/18/18 at 9:00 AM, and she saw a group of nurses to bed and was then informed by visor of the intention to restrain are Sheriff #1 had not been that the code Gray plan. Sheriff #1, alloyed or trained by CAH, are involved with the emergency thered Patient #1's room with the r. Upon seeing the uniformed and with the nursing supervisor all room and staff moving a suched restraints, Patient #1 and lunged towards Sheriff #1 and lunged towards #1 and lunged towards #1 and	C 2	C253 CFR(s) 485.631(a) (Continued from Page 3) The Code Gray Team led Nursing Supervisor enterer #1's room. The Team also the stretcher with the 4 poin place. Patient #1 did not being placed in restraints intense physical altercation Physical and Chemical resused successfully as order physician and Patient #1 calm down. Sheriff #1 joined the Code and entered ahead of the Supervisor in an attempt the from harm. Upon reviewing surveillance video, Sheriff included in the Team Hudentering the patient room. Supervisor directed Sheriff the room first, she follower emaining members of the Team followed bringing the into the room as well. The visual for the several minuroom. We have only the original possed the hospital bother two waiting just outs The recliner was passed of All three of the remaining entered into the patient room.	by the ed Patient or brought in intrestraints of agree to and an in ensued. Straints were red by the was able to e. Gray Team Nursing or protect staffing the e. #1 was die prior to the House of #1 to enter d and the 10 e. Code Gray the estretcher ere was noutes in the descriptions in the door, but as well, staff then som with the	et Page 4 of 13	

Per By (00 10/15/2018

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CEMIE	19 I OK MEDICAKE	A MEDICAID SERVICES			2140 NO. 0000-0001
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		471303	B, WING		C 09/18/2018
NAME OF S	PROVIDER OR SUPPLIER	1,1300		STREET ADDRESS, CITY, STATE, ZIP CODE	1 09/10/2010
NAME OF FROMBER OR SUFFLIER			1315 HOSPITAL DRIVE		
NORTHEASTERN VERMONT REGIONAL HOSPITAL			SAINT JOHNSBURY, VT 05819		
WW.D	SUMMARY ÉT	ATEMENT OF DEFICIENCIES	l ID	PROVIDER'S PLAN OF CORRECTION	ON 1 (75)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	DBE COMPLÉTION
C 253	reach Sheriff #1's signard (Sheriff #3) of Patient #1 in close darts into the patient azed, Patient #1 whand cuffed by the assistance was the handcuffs were rerapplied to Patient remained in Patient remained in restrait #1 sustained an above redness to left and nursing staff on 9/3 Patient #1 was transplial. Per CAH policy Be Patient-Management #1 was transplial. Per CAH policy Be Patient-Management #1 was transplial. Per CAH policy Be Patient-Management #1 was transplial staff on 9/3 behavioral Health same manner as a care. The behavioral impulse control, a difficulty in communication in the composition of the CA knowledgeable state to provide the necession-hospital staff for the CA was evident at the provide the necession-hospital staff for the CA was evident at the provide the necession-hospital staff for the CA was evident at the provide the necession-hospital staff for the CA was evident at the provide the necession-hospital staff for the CA was evident at the provide the necession-hospital staff for the CA was evident at the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident that the provide the necession-hospital staff for the CA was evident the provide the necession-hospital staff for the CA was evident the provide the necession-hospital staff for	service revolver, security deployed his/her tazer hitting proximity, landing 2 tazer nt's upper torso. After being was extracted off of Sheriff #1, sheriffs, and with staff in placed on the stretcher, moved and restraints were #1's arms and legs. Involuntary ation was administered to ipsychotic) 5 mg. IM d Ativan (sedative) 1 mg IM. at #1 became less agitated, and ints for several hours. Patient orasion to right eyebrow and right flank was observed by 3/18 at 8:00 AM. On 9/4/18, insferred to a psychiatric whavioral Health ent of the Admitted approved patients presenting with a concern will be cared for in the II other patients presenting for ral concerns can include poor low frustration tolerance, unicating needs, and an	C 253	C253 CFR(s) 485.631(a)(3) (Continued from Page 4) joining the rest of the Code Gray Patient #1 was placed in 4 point restraints and chemical restraint also administered. Code gray Teexited the room. House Supervise a brief discussion and then the stee members returned to their regulate assigned duties. Entire episode initial Code Gray Huddle to compand return to assigned duties was minutes. This CAH did have sufficient and knowledgeable staff available to necessary interventions during mepisodes of behavioral crisis through Patient #1's 13 day stay. Clarific needed regarding the use of our Security Staff and the use of a Staff available to the direction of the Commissione DMH including role clarification with the person is also one of our regisecurity Staff members. Corrective Action Plan 1. Revise Code Gray (Violent Plan) 1. Revise Code Gray (Violent Plan) 2. Develop new Security Manage Policy outlining role of NVRH Sestaff, DMH contracted Sheriff an of weapons.	was eam sor had taff irly from bletion s 12 provide nultiple bughout eation is heriff inty at er of when ular ratient/ y to becurity m. ement curity
		tial safety hazards and injury.		(Continued on page 6 of 13)	C 101

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<u> </u>	TO TON WEDIOMINE	G MEDIONID SERVICES			AND NO. 0830-038
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		471303	B. WING		C 09/18/2018
NAME OF I	PROVIDER OR SUPPLIER	1. 1000		STREET ADDRESS, CITY, STATE, ZIP CODE	1 09/18/2018
TO THE OT	THO TIDEN ON OUT FEILIN			1315 HOSPITAL DRIVE	
NORTHE	EASTERN VERMONT	REGIONAL HOSPITAL		SAINT JOHNSBURY, VT 05819	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLÉTION
C 271	PATIENT CARE PO CFR(s): 485.635(a)	수당이 있었다면서 Ban - 4. (2017)	C 27	C253 CFR(s) 485.631(a)(3) (Continued from Page 5)	
	The CAH's health of accordance with apare consistent with This STANDARD is Based on staff interest CAH failed to ensure accordance with write regarding the use of out of 10 applicable was also a failure to procedures to direct of contracted secure Findings include: 1. On 08/03/2018, I Emergency Departing a psychiatric problet agitation, hallucinate health evaluation with the CAH until trans 08/08/2018. Per Phylaced under const Patient Safety Obsisafety. During the Patient #2's transfer	care services are furnished in applicable State law. It is not met as evidenced by: erview and record review, the re that care was provided in itten policies and procedures of mechanical restraints for 1 in patients (Patient #2). There is develop policies and it the role and responsibilities it y utilized by the CAH. Patient #2 was brought to the ment with a chief complaint of item and presented with item and presented with item and presented which item the method in the process of mechanical in the process of mechanical in the patient #2 was brought to the ment with a chief complaint of item and presented with item and presented which item the medical process of the medical in the process of the proc		Corrective Action Plan (cont.) Seleem Choudhury, DNP, Chief N Officer in collaboration with Michael Moss, DNP, Emergency Services Director; Sharon Mallett, DNP, MS Inf Director, Carol Hodges, Nursing Education and the House Supervision are responsible for development a ongoing education of the Code Grangesponse Team. New Policy for Signal Management and the revised Codicarification for use of Security and contracted DMH Sheriff in response behavioral emergent events to be place by October 31, 2018. C271 PATIENT CARE POLICICICER(s) 485.635(a)(1) The CAH's health care services are furnished in accordance with appropriate that are consistent applicable State law. The Surveyors are correct. Staff for remove mechanical restraints duriperiods of time when Patient #2 with calm. The Surveyors are also correct.	el /Pedi/ gsors, nd ay Security e Gray I se to in ES e opriate with ailed to ng as rect
	At approximately 5. #2 began demonstrand aggressive ber Security attempted	#2 in mechanical restraints. 52 PM on 08/03/2018, Patient ating an increase in agitation navior. Nursing staff and to verbally redirect Patient #2 eir room and, "bolted" to the	В	that a Security Management Policy defining the role and responsibilities NVRH Security and Sheriffs contrast through DMH was not available for (Continued on Page 7 of 13)	es of acted

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CENTE	KO FOR MEDICARE	A MEDICAID SERVICES			JMB NO	0938-0391	
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	FIPLE CONSTRUCTION NG	СОМ	(X3) DATE SURVEY COMPLETED	
		471303	B. WING		50	C 09/18/2018	
NAME OF	PROVIDER OR SUPPLIER	<u> </u>	i i	STREET ADDRESS, CITY, STATE, ZIP CODE		10/2010	
			1	1315 HOSPITAL DRIVE		*	
NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL		SAINT JOHNSBURY, VT 05819			
SCOUNTED HERE	,	annual see		SAINT JOHNSBURT, VT 03819		y	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI ((EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE	
C 271	floor. Per Nursing pace with the patie talk this patient into When additional stanssistance, Patient "grabbed" at staff, screamed threats the members present. Patient #2 was place Patient #2, "fought continued to screar requiring emergent Haldol 5mg, and At intramuscularly in obehavior while restrictensed Nursing A "appears to be asled". The CAH policy, "Ra Restraint-Free Er 07/05/2018) states, restraints may be not all other options are use of restraints may when it is perceived occur to self or other restraint is necessat treated with human dignity." Following with Patient #2 on 0 documented period and/or asleep demoposing an immediat safety. Between 11 08/04/2018, Patient	empt to leave the hospital Progress note, "This RN kept and was trying to calmly or going back" to their room. Affect responded to the area for #2, "became hostile", starting fighting, and they would kill staff. Per Nursing Progress note, against the restraints" and mand, "fight the restraints" and mand, "fight the restraints" does of Benadryl 25 mg, ivan 3mg given order to manage self-injurious rained. Per documentation by assistant (LNA), Patient #2, the pin restraints" at 11:12 PM. Restraints and Management of the proved "Chemical and/or physical eeded in severe cases once the exhausted. The judicious and that imminent danger may be exampled that imminent danger may be exampled that imminent danger may be exampled that imminent danger may be a care that preserves human the application of restraints 18/03/2018 there were so when Patient #2 was calmonstrating s/he was no longer the threat to staff or their own 130 PM and 3:00 AM on 14 #2 was documented to be,	C 2	C271 PATIENT CARE POLICIES CFR(s) 485.635(a)(1) (Continued from page 6 of 13) Corrective Action Plan 1. Revise the "Restraints and Management of a Restraint Free Environment policies to specifical address appropriate removal of restraints. 2. Develop new Security Manage Policy outlining role of NVRH Sec Staff, DMH contracted Sheriff and weapons on individuals not in custaw enforcement. Seleem Choudhury, DNP, Chief I Officer in collaboration with Micha Moss, DNP, Emergency Services Director, Sharon Mallett, DNP, Minf Director, Carol Hodges, Nursin Education and the House Superviare responsible for development ongoing education of the "Restrain Management of a Restraint Free Environment" Policies. Colleen Signality Management Programs is responsible for development and communication of the new Securi Management Plan. New Policy for Security Management and the resurresponsible for development and communication of the new Securi Management Plan. New Policy for Security Management and the resurresponsible for development and communication of the new Securi Management Plan. New Policy for Security Management and Management of a Restraint Free Environment" Policies in place by October 31, 2018.	ment curity I use of stody of Nursing ael S/Pedi/ ng isors, and nts and mon, VP		
	"asleep", "lying quie	t #2 was documented to be, etly in bed, and "sleeping"					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1908 to	90	E CONSTRUCTION		(X3) DATÉ SURVEY COMPLETED	
		474000				C		
	PROVIDER OR SUPPLIER	471303	B. WING			09/1	8/2018	
NORTHEASTERN VERMONT REGIONAL HOSPITAL				13	REET ADDRESS, CITY, STATE, ZIP CODE 315 HOSPITAL DRIVE AINT JOHNSBURY, VT 05819			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOUL) TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		BE	(X5) COMPLETION DATE	
	Continued From particensed Nursing Adocumented evide discontinue the reservidence of imminimestraints to ensure Of Quality Manage Informatics RN condocumented calm 1:40 PM on 9/18/20 During a review of VP of Quality Management at Calm that the CAH policy for staff to remove criteria were democonfirmed the lack guide staff with the when risk of imminimal present at 2:00 PM upon review of recombined the courred on contracted security become involved was management of a confirmed the CAH and procedure to conservice/staff and to service/staff and to service and service service/staff and to service service/staff and to service servic	age 7 Assistants. There was no noce of attempt to begin to straints, and no documented ent danger requiring continued e safety. The Vice President ement Programs and Clinical of firmed Patient #2's behavior while restrained at	C2	3330	DEFICIENCY)	EVIEW able Code ken he use the The C253 7 of 13 d the Gray vement following		
C 330	CFR(s): 485.641	JATION & QA REVIEW	С	330	of weapons, resource allocation for ongoing performance evaluation at	d roles aff, Use or nd		
	Review	n and Quality Assurance			(Continued on Page 9 of 13)		,	

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CLIVICI	13 FOR MEDICARE	A MEDICAID SERVICES	,	Q1	VID NO.	0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Who may with a company of the latest of	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		471303	B. WING	and the second s	1	C 18/2018
NAME OF F	PROVIDER OR SUPPLIER		5	TREET ADDRESS, CITY, STATE, ZIP CODE		
			1	315 HOSPITAL DRIVE		
NORTHE	ASTERN VERMONT	REGIONAL HOSPITAL		SAINT JOHNSBURY, VT 05819		
				,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
C 330	Continued From pa	ge 8	C 330	PERIODIC EVALUATION & QA RE CFR(s): 485.641	VIEW	=1
	The Condition of P Evaluation and Qua	s not met as evidenced by: articipation: Periodic ality Assurance Review was		Response is on page 8 of 13		* 2
s	review the CAH fail appropriateness of timely manner, and	taff interview and record ed to evaluate the quality and treatment and services, in a develop corrective actions as erse patient event. Findings	C 337	CFR(s): 485.641(b)(1) The CAH has an effective quality		ï
	improvement to inc sufficient staff cover times and available events and to be su- patients demonstra and the CAH failed	to identify opportunities for lude the failure to ensure trage was available at all to respond to emergent difficient to meet the needs of ting behavioral symptoms; to ensure non-hospital	.1	assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished in CAH and of the treatment outcomes Surveyors did not find documented evidence to support an effective program of the program o	s. ogram,	
Α	management or car	e drawn upon for behavior e which is the responsibility meeting the individuals eds.	P	Patient #1 and Patient #2 are individually within the population that has been focus for this CAH for several years Individuals within this category are experiencing an acute Mental Healt crisis and pose a real physical threat	a h at of	
C 337	QUALITY ASSURA CFR(s): 485.641(b)	(1)		harm and are a danger to themselv and others. When an individual is screened by the QMHP and/or Cris	is	
	program to evaluat appropriateness of furnished in the CA outcomes. The pro-	the diagnosis and treatment H and of the treatment		Worker from our local deemed ager and it has been determined that the in need of inpatient psychiatric treat but are unwilling or incapable of agit to the plan it is necessary to provide Emergency Evaluation (EE) to dete if Involuntary Admission Status is needed. Both Patient #1 and Patier were Involuntary admissions on hol an available inpatient Psychiatric be	ey are tment reeing e an rmine nt #2 d for	

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OTATEMENT OF DESIGNATION					2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COM	COMPLETED	
		471303	B. WING		C 09/18/201 8			
	PROVIDER OR SUPPLIER	REGIONAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819				200 DE 200 D	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)		BE	(X5) COMPLETION DATE	
C 337	Based on staff inter there was a failure improvement to ind sufficient staff cover times and available events and to be supatients demonstrate the failure to ensur cannot be drawn upor care which is the staff in meeting the needs. Findings incomedical patient was medical-surgical upon a psychiatric hosping 1/2/18, Patient #1's delusions escalater increased verbal the PM on 9/2/18 Shern DMH, was assigned outside Patient #1's unit. Sheriff #1 was security officers to due to Patient #1's individuals in unifor result of increased and out of hospital supervisor notified patient and received application of physmedication adminitisafety and risk of his supervisor in the staff was safety and risk of his supervisor in the staff was a feet of the sta	s not met as evidenced by: erview and record review, to identify opportunities for clude the failure to ensure erage was available at all e to respond to emergent ufficient to meet the needs of eting behavioral symptoms and e non-hospital personnel con for behavior management e responsibility of the CAH e individuals assessed health clude: #1, with a diagnosis of held involuntarily on the nit while awaiting placement in tal. During the late evening of s symptoms of paranoia and d and the patient made meats to harm staff. At 11:00 iff #1, contracted through d to provide a presence s room on the medical-surgical s advised by CAH contracted stay out of Patient #1's view, expressed dislike for rms, specifically Sheriff's. As a symptoms and wandering in room, the night nursing the attending physician for the ed a physician orders for the ical restraints and involuntary stration due to concern for the narm to staff and other		3337	Refer to C-253 QUALITY ASSURANCE CFR(s): 485.641(b)(1) Patient #1 and #2 exhibited verbal threatened physical harm to the st Qualified licensed staff members to in CPI techniques were provided the for our patients each day. This Correcognizes that Patient #1 (bipolar disorder with acute psychosis) renat this facility 13 days on bed hold awaiting an admission to a Psychilinpatient setting and this is not the best situation for all involved. Pati (acute psychosis and aggressive behavior) remained at this facility days also awaiting an opening for admission for inpatient psychiatric stabilization and treatment. This Cointerested in the clinical outcomes similar patients, but we do not cur have access to the results of treat from the Psychiatric facilities; neit we have a communication to inform of a return to the community and the plan for follow up care. This CAH will continue to provide qualified staff to manage the need our patients and seek opportunities improve communication across the continuum.	aff. crained o care AH r nained atric e the ent #2 for 6 CAH is for rently ment her do m us the		
	hospitalized patien	ts. Once the physician's order ight nursing supervisor called			Continued on page 11 of 13	٠ / ١	,	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION (X		(X3) DATE SURVEY COMPLETED	
*						С		
A71303 NAME OF PROVIDER OR SUPPLIER		471303	B. WING	,	TREET ADDRESS, CITY, STATE, ZIP CODE	09/18/2018		
NORTHEASTERN VERMONT REGIONAL HOSPITAL			1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	ILD BE COMPLÉTIC		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		C:	3337	Continued from page 10 of 13 The Corrective Action Plans lister C253 and C271 address the chain for Code Gray, the Security Management Plan and use of Restraints Corrective Action Plan 1. Revise the "Restraints and Management of a Restraint Free Environment policies to specifically address appropriate removal of res 2. Develop new Security Management Policy outlining role of NVRH Secu Staff, DMH contracted Sheriff and weapons on individuals not in custo law enforcement. Seleem Choudhury, DNP, Chief No. Officer in collaboration with Michael Moss, DNP, Emergency Services Director; Sharon Mallett, DNP, MS/Inf Director, Carol Hodges, Nursing Education and the House Supervisiane responsible for development and congulity Management Programs is responsible for development and communication of the new Security Management Plan. New Policy for	traints. ent rity use of ody of ursing ! /Pedi/ ors, nd ts and on, VP		
Sheriff #1 despite other staff attempting to remove the patient off Sheriff #1. The 2 CAH security guards/County Sheriffs also became involved in the behavioral management of Patient #1. Security guard/Sheriff #2 confirmed		Andrews and the state of the st		Restraints and Management of a Restraint Free Environment" Polici be in place by October 31, 2018.		101		

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OLIVIL	TO TOT MEDIOM	E & MEDICAID SEKVICES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· OND NO.	0930-0391	
STATEMENT OF DEFICIENCIES (X1) PF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000 M	PLE CONSTRUCTION G	СОМІ	(X3) DATE SURVEY COMPLETED	
8	471303		B. WING			C 09/18/2018	
NAME OF	PROVIDER OR SUPPLIER		T	STREET ADDRESS, CITY, STATE, ZIP C		10/2010	
NORTHE	EASTERN VERMONT	REGIONAL HOSPITAL		1315 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819)		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
C 337	on 9/18/18 at 12:0 strikes with his/her attempting to inter Sheriff #1: When Freach Sheriff #1's guard (Sheriff #3) Patient #1 in close darts into the patie being tazed, Patie Sheriff #1, hand custaff assistance was handcuffs were relapplied to Patient emergency medical include Haldol (and (intramuscular) and Eventually, Patien remained in restrapatient sustained by the strike with his patient sustained in the strike wit with his patient sustained in the strike with his patient susta	O s/he was able to "deliver baton" onto Patient #1 when wene between the patient and Patient #1 was attempting to service revolver, security deployed his/her tazer hitting proximity, landing 2 tazer ent's upper back torso. After int #1 was extracted off of affed by the sheriffs, and with as then placed on the stretcher, moved and restraints were #1's arms and legs. Involuntary ention was administered to tipsychotic) 5 mg. IM d Ativan (sedative) 1 mg IM. t #1 became less agitated, and ints for several hours. The pruising of face and upper the patient was discharged to a	C 33	C 337 Continued from page 9 of 13 Refer to C-253 QUALITY ASSURANCE CFR(s): 485.641(b)(1) Surveyors are correct. An incident report was submitted following this described event. The chain of events was addressed with the individuals involved in the actual incident. Patient #1 would agree to take only medications for things unrelated to management of his psychiatric and behavioral symptoms. There is limited availability for Psychiatric consultation and we do not provide treatment at this facility. Use of weapons was immediately addressed with the Supervisor of Security and clarified that tazers, pepper spray and firearms were prohibited from use in patient care areas. The nursing Supervisor serving as team			
	completed a adver Management Repo 9/18/18 there has significant chain of tazer by contracted patient; the serious pursued; the effect team; and the lack and direction to state of the patient's belinterview on 9/18/1 Nursing Officer control events on 9/3/18 at conversations with	9/3/18 a staff member rise event report via the Risk orting System. However, as of not been a formal review of the f events to include the use of a d security on a hospitalized sness of the altercation that tive use of the the Code Gray of psychiatric consultation aff to assist in the management navioral symptoms. Per 18 at 11:00 AM, the Chief of nfirmed awareness of the and confirmed informal of the VP of Quality		debriefed and the need for was acknowledged. Involve members participated in a cour Employee Assistance P Counselor. The group was together for a formal review Corrective Action Plan 1. Formal Review of incider completion of Trajectory An RCA will take place when the harm or potential for signific patient. Immediate change implemented. Colleen Sind Management Programs is rongoing monitoring and	ed staff debriefing with Program not gathered w of the events. Ints and halysis and/or here has been cant harm to a in practice on, VP Quality		

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		471303	B. WING		*	C 09/18/2018	
NAME OF PROVIDER OR SUPPLIER NORTHEASTERN VERMONT REGIONAL HOSPITAL				S 1:	TREET ADDRESS, CITY, STATE, ZIP CODE 315 HOSPITAL DRIVE AINT JOHNSBURY, VT 05819		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIDE DEFICIENCY)		BE	(X5) COMPLETION DATE
C 337	and appropriateness services provided to was further confirm Management on the acknowledging a fall the circumstance 9/3/18 and to identify for improvement escuse of non-hospital interventions and the services services.	eview to evaluate the quality is of the treatment and o Patient #1 on 9/3/18. This led by the VP of Quality e afternoon of 9/18/18, illure to examine and review es which had occurred on fy preliminary opportunities specially associated with the employees during behavioral ne use of weapons on its who are not in police	C 337		Refer to C-253 QUALITY ASSURANCE CFR(s): 485.641(b)(1) Response on Page 10 of 13 Pac ant 10.18.18 Fm /Sl		

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