



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

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Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 12, 2024

Shawn Tester, CEO
Northeastern Vermont Regional Hospital
1315 Hospital Drive
Saint Johnsbury, VT 05819-9758

Dear Mr. Tester:

The Division of Licensing and Protection completed a complaint investigation at your facility on **July 24, 2024**. The purpose of the investigation was to determine if your facility met the conditions of participation for Critical Access Hospitals found in 42 CFR Part 485.

Following the investigation, your facility submitted a Plan of Corrections (POC), which was found to be acceptable on **August 12, 2024**.

Sincerely,

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

Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Director, Division of Licensing & Protection

Enclosure

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

PRINTED: 08/01/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2024
NAME OF PROVIDER OR SUPPLIER NORTHEASTERN VERMONT REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 000	INITIAL COMMENTS	C 000	PATIENT CARE POLICIES CFR(s): 485.635(a)(1)	
C1006	<p>During the course of an unannounced complaint investigation #23154 conducted by the Division of Licensing & Protection on 7/22/24 -7/23/24 the following Standard level regulatory violation was identified. Findings include:</p> <p>PATIENT CARE POLICIES CFR(s): 485.635(a)(1)</p> <p>(1) The CAH's health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law. This STANDARD is not met as evidenced by: Based on staff interviews and policy review the CAH failed to ensure staff responsible for the management and coordination during a EMS (Emergency Management System) Diversion followed the Critical Access Hospital (CAH) policy and procedure process. Findings include:</p> <p>The CAH policy Facility Alert - EMS Diversion is enacted upon after the recommendation from CAH administration that transporting EMS agencies divert patients to an alternative appropriate hospital facility. Diversion can result due to a medical surge capacity or critical patient surge. The CAH utilized Diversion during times in June and July/2024 when the CT scanner (Computed tomography) "went down". Due to the necessity of this diagnostic imagery being utilized to determine disease or injury, the Emergency Department physicians in collaboration with the CAH house supervisor would enact a Diversion status when the CT scanner was not in service. As a result, certain patients would be transported to another hospital with a functioning CT scanner.</p> <p>Per facility policy, "the supervisor will complete</p>	C1006	<p>7/23/24 at 11:16 AM the QA/PI manager confirmed although Diversions had been enacted, there are no Diversion log entries, as required per policy. It was further confirmed the CAH nursing supervisor was the responsible individual to complete the log.</p> <p>As a result, there was a lack of tracking of these Diversion events, preventing appropriate review of the process and tracking of actual times when a Diversion was being utilized. Diversion is generally isolated occurrences which require tracking and review. The CAH was unable to provide any of the required documentation as per Diversion policy.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> ✓ In collaboration with the CMO, Risk, EMS Director, ED Director, Director of Nursing Operations, Emergency Preparedness Coordinator, a review of the ED/EMS Diversion sheet and policy was performed on 8/5/2024 and 8/6/2024. ✓ All housing supervisors will fill out the ED/ EMS Diversion Sheet that serves as a tool to log and document diversion on 7/25/2024. ✓ The ED/EMS Diversion Sheet will be uploaded and housed in the NVRH Quality System, SQSS (Strategic Quality Support System) that will enable diversion to be tracked and reviewed immediately by responsible staff as well as reviewed and reported out to the NVRH Safety Committee Meeting monthly starting 8/22/2024. 	

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

TITLE

(X6) DATE



CEO

8/12/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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C1006	Continued From page 1 the CAH EMS Diversion log entry to document Diversion event". This activation also includes: contacting ED Medical Director, all local EMS, hospitals and mental health organizations within the CAH region of service. Per interview on 7/23/24 at 11:16 AM the QA/PI manager confirmed although Diversions had been enacted, there are no Diversion log entries, as required per policy. It was further confirmed the CAH nursing supervisor was the responsible individual to complete the log. As a result, there was a lack of tracking of these Diversion events, preventing appropriate review of the process and tracking of actual times when a Diversion was being utilized. Diversion is generally isolated occurrences which require tracking and review. The CAH was unable to provide any of the required documentation as per Diversion policy.	C1006	<u>Corrective Action:</u> ✓ Email correspondence with step by step process on logging diversion entries, uploading, and documenting diversion in SQSS was sent to all housing supervisors on 7/25/2024 with a follow up email on 8/9/2024 ✓ In person education and training sessions will be held with all housing supervisors to have a in depth review and reeducate staff on policy and processes, beginning 8/26/2024. Tag C1006 POC accepted on 8/12/24 by M. McIntosh/S. Leavitt		