



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0383

Survey and Certification Reporting Line: (888) 770-5330

To Report Adult Abuse: (800) 564-1612

March 29, 2019

Eileen Whalen, Administrator  
University Of Vermont Medical Center  
111 Colchester Ave  
Burlington, VT 05401

Provider ID #:470003

Dear Ms. Whalen:

On **February 26, 2019**, a complaint investigation was completed at your facility which resulted in Standard Level Deficiencies. Subsequently, you submitted a plan of correction for that complaint investigation that was accepted on March 28, 2019.

Thank you for the Plan of Correction and it will be put in your facility file.

Sincerely,

A handwritten signature in black ink that reads "Suzanne E. Leavitt RN, MS".

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

cc: Carol Muzzy, UVMMC

Enclosure

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

PRINTED: 03/06/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  470003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/26/2019
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY OF VERMONT MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE BURLINGTON, VT 05401	
(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
A 000	INITIAL COMMENTS	A 000		
A 396	<p>NURSING CARE PLAN CFR(s): 482.23(b)(4)</p> <p>The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the hospital failed to ensure that nursing staff developed a care plan to address each of current care needs for 1 of 10 patients in the total sample. (Patient #1). Findings include:</p> <p>Per review of the medical record for Patient #1 on 2/25/19, there was no care plan to address the patient's nightly use of a CPAP (Continuous Positive Airway Machine) treatment of a medical condition known as Obstructive Sleep Apnea. The patient was admitted to the hospital's inpatient acute rehab unit for services on 1/31/19 and discharged on 2/5/19. During interview on 2/26/19 at 11:12 AM, a Registered Nurse (RN) who had provided care to the patient on the evening shift stated that s/he had seen the CPAP in the</p>	<p>A 396</p> <p>See attached Plan of Correction</p> <p>A-396 P.O.C Accepted 3/28/19 Debra Toth</p>		

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

TITLE

(X6) DATE

*[Signature]*

*[Signature]*

3/28/19

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.

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

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A 396	Continued From page 1 patient's room on the evening shift on 2/1/19 and it was set up on the following day. The RN confirmed that the patient, who was post CVA (cerebral vascular accident), needed physical assistance to properly place the mask on their face for treatment. Per review of the care plan (2/26/19) there was no nursing plan to address the patient's use of the CPAP nightly treatments, including RN review of the machine for correct settings and water reservoir level, and placing the face mask. The lack of the nursing plan to address this need was confirmed with the RN and the Unit Nurse Manager at the conclusion of the interview.	A 396	See attached Plan of Correction		

**C 000 INITIAL COMMENTS:**

An unannounced on-site visit was conducted by the Division of Licensing and Protection on 2/25/19 -2/26/19 to investigate complaint #17455. The Conditions of Participation authorized by the Centers for Medicare and Medicaid Services for review included: Patient Rights, 482.13; Quality Assurance/Performance Improvement, 482.21; Nursing Services, 482.23; and Emergency Services, 482.23 the following regulatory violation was identified related to Nursing Services:

**A 396 NURSING CARE PLAN CFR(s): 482.23(b)(4)**

The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan

This STANDARD is not met as evidenced by: Based on staff interview and record review, the hospital failed to ensure that nursing staff developed a care plan to address each of current care needs for 1 of 10 patients in the total sample. (Patient #1). Findings include:

Per review of the medical record for Patient #1 on 2/25/19, there was no care plan to address the patient's nightly use of a CPAP (Continuous Positive Airway Machine) treatment of a medical condition known as Obstructive Sleep Apnea. The patient was admitted to the hospital's inpatient acute rehab unit for services on 1/31/19 and discharged on 2/5/19. During interview on 2/26/19 at 11:12 AM, a Registered Nurse (RN) who had provided care to the patient on the evening shift stated that s/he had seen the CPAP in the patient's room on the evening shift on 2/1/19 and it was set up on the following day. The RN confirmed that the patient, who was post CVA (cerebral vascular accident), needed physical assistance to properly place the mask on their face for treatment. Per review of the care plan (2/26/19) there was no nursing plan to address the patient's use of the CPAP nightly treatments, including RN review of the machine for correct settings and water reservoir level, and placing the face mask. The lack of the nursing plan to address this need was confirmed with the RN and the Unit Nurse Manager at the conclusion of the interview.

**ACTION PLAN**

- Under the direction of the Nursing Director Surg Srvs/Trauma/Rehab, the Nurse Manager, Assistant Nurse Manager, and in collaboration with Respiratory Therapy, a care plan specific to non-invasive ventilation (NIV) addressing CPAP patient-owned device interventions was developed for nightly treatments including sterile water in reservoir and level of assistance required from nursing to assure appropriate machine use and proper facemask fitting.
- The Nurse Manager assured nursing staff education to the NIV care plan use and expectation for documentation occurring during four scheduled staff meetings completed on 03/27/19. Going forward, NIV care plan has been added to orientation. Newly hired staff will be educated on NIV care plan development during local nurse orientation training.
- An RN Clinical Analyst will review all identified patients specific to NIV use monthly for NIV care plan. Performance data will be provided to the Director and Manager for feedback as required. Performance data will be shared at the Standard of Operation Committee chaired by the Chief Medical Officer. Audit frequency will be reevaluated based on sustained performance.

A-396  
p.O.C  
Accepted  
3/28/19  
J. [Signature]

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2325  
Boston, MA 02203



Northeast Division of Survey & Certification

March 6, 2019

Ms. Eileen Whalen, President  
University of Vermont Medical Center  
111 Colchester Avenue  
Burlington, VT 05401

Re: CMS Certification Number (CCN): 470003  
Survey ID: 0YDV11, 02/26/2019

Dear Ms. Whalen:

I am pleased to inform you that as a result of the substantial allegation survey conducted on February 26, 2019 by the Vermont Division of Licensing and Protection (State Survey Agency), University of Vermont Medical Center was found in compliance with the Medicare Conditions of Participation for Hospitals at 42 CFR Part 482 and will continue to be "deemed" to meet applicable Medicare requirements based upon accreditation by The Joint Commission (TJC).

The State Survey Agency advised you of the Medicare deficiencies noted during the substantial allegation survey of your hospital, and we are enclosing a complete listing of all deficiencies found by the State. We have forwarded a copy of this letter to The Joint Commission and to the State.

Since your hospital has been found to be "in compliance," you do not have to submit a plan for correcting any of the Medicare deficiencies cited by the State Survey Agency. However, you should be aware that copies of the Form CMS-2567 and subsequent plans of correction are releasable to the public upon request in accordance with the provisions of Section 1864(a) of the Act and the Secretary's regulation set forth at 42 CFR §401.133(a) and (b). You may therefore wish to submit for public disclosure, if you have not already done so, your comments on the survey findings, and any plans you may have for correcting the cited deficiencies.

We thank you for your cooperation and look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Mackin".

Kathy Mackin, Health Insurance Specialist  
Survey Branch

Enclosure: CMS-2567

cc: State Survey Agency  
TJC

THE  
University of Vermont  
MEDICAL CENTER

March 28, 2019

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2325  
Boston, MA 02203

Re: CMS Certification Number (CCN): 470003  
Survey ID: 0YDV11, 02/26/2019

Dear Kathy Mackin,

Please find attached CMS-2567 form and the attached Plan of Correction in response to the Statement of Deficiencies from the survey completed by the Division on February 26, 2019.

The University of Vermont Medical Center is committed to continuously improving the quality of services we provided to our patients. As part of our ongoing performance improvement program, we would like to take this opportunity to respond to the regulatory deficiencies that were cited.

If you have questions regard the attached Plan of Correction or require further clarification, please do not hesitate to contact me.

Sincerely,



Carol Muzzy, Director  
Accreditation & Regulatory Affairs  
University of Vermont Medical Center  
1 South Prospect Street  
Burlington, VT 05401  
Telephone: 802-847-5007  
Fax: 802-847-6274  
[Carol.Muzzy@UVMHealth.org](mailto:Carol.Muzzy@UVMHealth.org)