



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

Division of Licensing and Protection

HC 2 South, 280 State Drive

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<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 1, 2024

Dr. Stephen Leffler, CEO
University of Vermont Medical Center
111 Colchester Ave
Burlington, VT 05401

Provider ID #: 470003

Dear Dr. Leffler:

The Division of Licensing and Protection completed a survey at your facility on **September 12, 2024**. The purpose of the survey was to determine if your facility met the conditions of participation for Acute Care Hospitals found in 42 CFR Part 482.

Following the survey, your facility submitted a Plan of Corrections (POC), which was found to be acceptable on **September 30, 2024**.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

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

PRINTED: 09/16/2024
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 09/12/2024
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 450	<p>MEDICAL RECORD SERVICES CFR(s): 482.24(c)(1)</p> <p>All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the hospital failed to ensure that nursing documentation was complete in identifying the course and results of care and treatment after experiencing a fail for one for applicable patient (Patient #1). Findings include:</p> <p>On 10/31/23 Patient #1 underwent significant abdominal surgery. Post operatively, Patient #1 demonstrated a slow recovery. After being evaluated on Postoperative Day 3 (POD #3) by Physical therapy it was noted Patient #1 demonstrated issues with balance, gait, mobility and impaired self care. During the evaluation the</p>	A 450	<p>See Plan of Correction</p> <p>Tag A 450 POC accepted on 9/30/24 by M. McIntosh/P. Cota</p>	10/26/24

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

TITLE

(X6) DATE

Carol Muzzy



AVP Accreditation and Regulatory Affairs 9/24/2024

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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A 450	<p>Continued From page 1</p> <p>physical therapist states: "During all functional activities noted the patient was provided with manual assist and education via a combination of verbal and demonstration...Patient instructed in how to appropriately pace activity now and in the future. Recommend for patient to be OOB (out of bed) and ambulate as tolerated with nursing assist and rolling walker". Patient #1 was considered a Fall Risk.</p> <p>On the early morning at 11/4/23, Patient #1 was reportedly found on the floor in his/her hospital room. The medical record is unclear if the patient was ambulating to the bathroom, returning back from the bathroom or the actual fall occurred in the bathroom. After being found on the floor a Surgical Resident was contacted and evaluated the patient for injury. Patient #1 informed the Surgical Resident s/he "...had gotten up to use the bathroom.....and as s/he was walking towards the bathroom, felt himself/herself falling backwards.....states s/he bent his/her knees and slowly descending to the ground". No injuries were identified.</p> <p>The patient's family described a different scenario regarding the fall which occurred on 11/4/23. The family stated Patient #1 sent a text message to a family member after falling on the floor in the bathroom. Patient #1 asked family to call the nurse's station on Baird 6, to alert staff s/he required help. In the Post Fall DAR Report for 11/4/23 at 2:54 the nurse documents: "Pt assisted to bathroom by staff member and instructed to pull bathroom assist cord when finished per staff member. Pt. attempted to return to bed without assistance resulting in fall..." Per interviews on 9/11/24 at 3:00 PM, LNA #1 (Licensed Nursing Assistance) assigned to the unit on the night of</p>	A 450	See Plan of Correction	1026/24

A 000 INITIAL COMMENTS

An unannounced on-site complaint investigation for #23052, 23239, & 23177 was conducted at the University of Vermont Medical Center on 9/10/24 -9/12/24 by the Division of Licensing and Protection as authorized by the Centers for Medicare and Medicaid to determine compliance with the 42 CFR Part 482 Conditions of Participation for Hospitals: Patient Rights, Emergency Services, Nursing Services and Medical Records. As a result of the investigation for complaint #23239 a regulatory violation was identified. Findings include:

A450 MEDICAL RECORDS SERVICES DFR(s): 482.24(c)(1)

All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.

This STANDARD is not met as evidenced by: Based on interview and record review the hospital failed to ensure that nursing documentation was complete in identifying the course and results of care and treatment after experiencing a fall for one for applicable patient (Patient #1). Findings include:

On 10/31/23 Patient #1 underwent significant abdominal surgery. Post operatively, Patient #1 demonstrated a slow recovery. After being evaluated on Postoperative Day 3 (POD #3) by Physical therapy it was noted Patient #1 demonstrated issues with balance, gait, mobility and impaired self-care. During the evaluation the physical therapist states: "During all functional activities noted the patient was provided with manual assist and education via a combination of verbal and demonstration...Patient instructed in how to appropriately pace activity now and in the future. Recommend for patient to be OOB (out of bed) and ambulate as tolerated with nursing assist and rolling walker". Patient #1 was considered a Fall Risk.

On the early morning at 11/4/23, Patient #1 was reportedly found on the floor in his/her hospital room. The medical record is unclear if the patient was ambulating to the bathroom, returning back from the bathroom or the actual fall occurred in the bathroom. After being found on the floor a Surgical Resident was contacted and evaluated the patient for injury. Patient #1 informed the Surgical Resident s/he ".had gotten up to use the bathroom and as s/he was walking towards the bathroom, felt himself/herself falling backwards states s/he bent his/her knees and slowly descending to the ground". No injuries were identified.

The patient's family described a different scenario regarding the fall which occurred on 11/4/23. The family stated Patient #1 sent a text message to a family member after falling on the floor in the bathroom. Patient #1 asked family to call the nurse's station on Baird 6, to alert staff s/he required help. In the Post Fall DAR Report for 11/4/23 at 2:54 the nurse documents: "Pt assisted to bathroom by staff member and instructed to pull bathroom assist cord when finished per staff member. Pt. attempted to return to bed without assistance resulting in fall." Per interviews on

9/11/24 at 3:00 PM, LNA #1 (Licensed Nursing Assistance) assigned to the unit on the night of 11/4/24 stated s/he did not recall a fall or being assigned to Patient #1. Further interviews on 9/12/24 neither LNA #2 at 1:00 PM or LNA #3 at 3:15 PM had any recall of the incident with Patient #1. All 3 LNAs were familiar with the Fall Precaution policy.

Per interview on 9/10/24 at 2:10 PM neither the Nurse Manager nor the Assistant Nurse Manager on Baird 6 were able to confirm the record for Patient #1 was accurate regarding the fall incident. The nurse's documentation within the Post Fall DAR Note is reversed mixing the "Response" with "Actions", presenting a different scenario from what the Surgical Resident wrote on 11/4/23 after examining the patient and what family had reported in allegations associated with the fall. Whether Patient #1 was instructed to pull bathroom assist cord on 11/4/23 when finished in the bathroom; or whether staff assigned failed to remain with Patient #1 as a fall precaution is also unknown. The medical record does not provide the complete information to ensure the safe provision of care had been provided and allowing a closer review of ensuring patient safety and staff awareness for maintaining Fall Precautions.

ACTION PLAN

- University of Vermont Nursing Services will host a Fall Prevention Week September 23-27, 2024. A multidisciplinary team lead by the Director of Nursing Practice, Nursing Director of Medicine, Quality Partners and Patient Safety will round in person on all inpatient nursing units reinforcing the UVMHC Falls Policy and related Nursing Documentation. Specifically highlighted will be the communication between team members must capture the patient story and contain consistent documentation. In addition, the content of the rounding and related educational materials will be communicated through a combination of electronic and team meetings and is part of orientation.
- A Fall huddle debrief pilot will be conducted developed and initiated on Baird 6 . The purpose of the debrief is to review the event, support real time communication proximal to the event, assure all elements of the Fall Prevention Policy were followed to include that the documentation reflects the course and results the care and treatment.
- Ongoing Performance will be monitored for documentation in accordance with the Falls Prevention Policy will be reviewed by the Regulatory Readiness RN Clinical Analyst. Performance Data will be shared with the Nursing Directors and Chief Nursing Officer and at the Standard of Operation Committee Meeting chaired by the Chief Medical Officer
- All actions will be completed by 10/26/24.

This Plan of Correction (POC) constitutes written allegation of compliance for the deficiencies cited. However, submission of this POC is not admission that the deficiencies exist or that one was cited correctly, nor is it an admission that the facts listed on the 2567 are accurate. The POC is submitted to meet the requirements established by federal and state law.