Official Accreditation Report

Vermont Psychiatric Care Hospital
350 Fisher Road
Berlin, VT 05602

Organization Identification Number: 532729

Unannounced Full Event: 6/29/2016 - 7/1/2016

Report Contents

Executive Summary

Survey Analysis for Evaluating Risk (SAFER™)

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right.

Requirements for Improvement

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in 60 days. *(Please note: If your survey event resulted in a Preliminary Denial of Accreditation status, your timeframe for ESC completion will be 45 days.)* The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

Plan for Improvement

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Executive Summary

Program(s)	Survey Date(s)
Hospital Accreditation	06/29/2016-07/01/2016

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- As a result of a Condition Level Deficiency, an Unannounced Medicare Deficiency Follow-up Survey will occur. Please address and correct any Condition Level Deficiencies immediately, as the follow-up event addressing these deficiencies will occur within 45 days of the last survey date identified above. The follow-up event is in addition to the written Evidence of Standards Compliance response.
- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission

SAFER™ Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

All Evidence of Standards Compliance (ESC) forms, which outline corrective actions, will be due in 60 days. For those findings of a higher risk, two additional fields will be required within the ESC for the organization to provide a more detailed description of leadership involvement and preventive analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full triennial survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER Matrix Placement	Required Follow-Up Activity
LOW/LIMITED	• 60 day Evidence of Standards Compliance (ESC) -ESC will include Who, What, When, and How sections
MODERATE/LIMITED, **LOW/PATTERN,** **LOW/WIDESPREAD**	• 60 day Evidence of Standards Compliance (ESC) -ESC will include Who, What, When, and How sections
MODERATE/PATTERN, **MODERATE/WIDESPREAD**	• 60 day Evidence of Standards Compliance (ESC) -ESC will include Who, What, When, and How sections • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis • Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full triennial survey
HIGH/LIMITED, **HIGH/PATTERN,** **HIGH/WIDESPREAD**	• 60 day Evidence of Standards Compliance (ESC) -ESC will include Who, What, When, and How sections • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis • Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full triennial survey

Note: If an Immediate Threat to Health and Safety, also known as Immediate Threat to Life (ITL), is discovered during a survey, the organization immediately receives a preliminary denial of accreditation (PDA) and, within 72 hours, must either entirely eliminate that ITL or implement emergency interventions to abate the risk to patients (with a maximum of 23 days to totally eliminate the ITL). Please see the Accreditation Process Chapter within the Comprehensive Accreditation Manual for more information.

SAFER Matrix

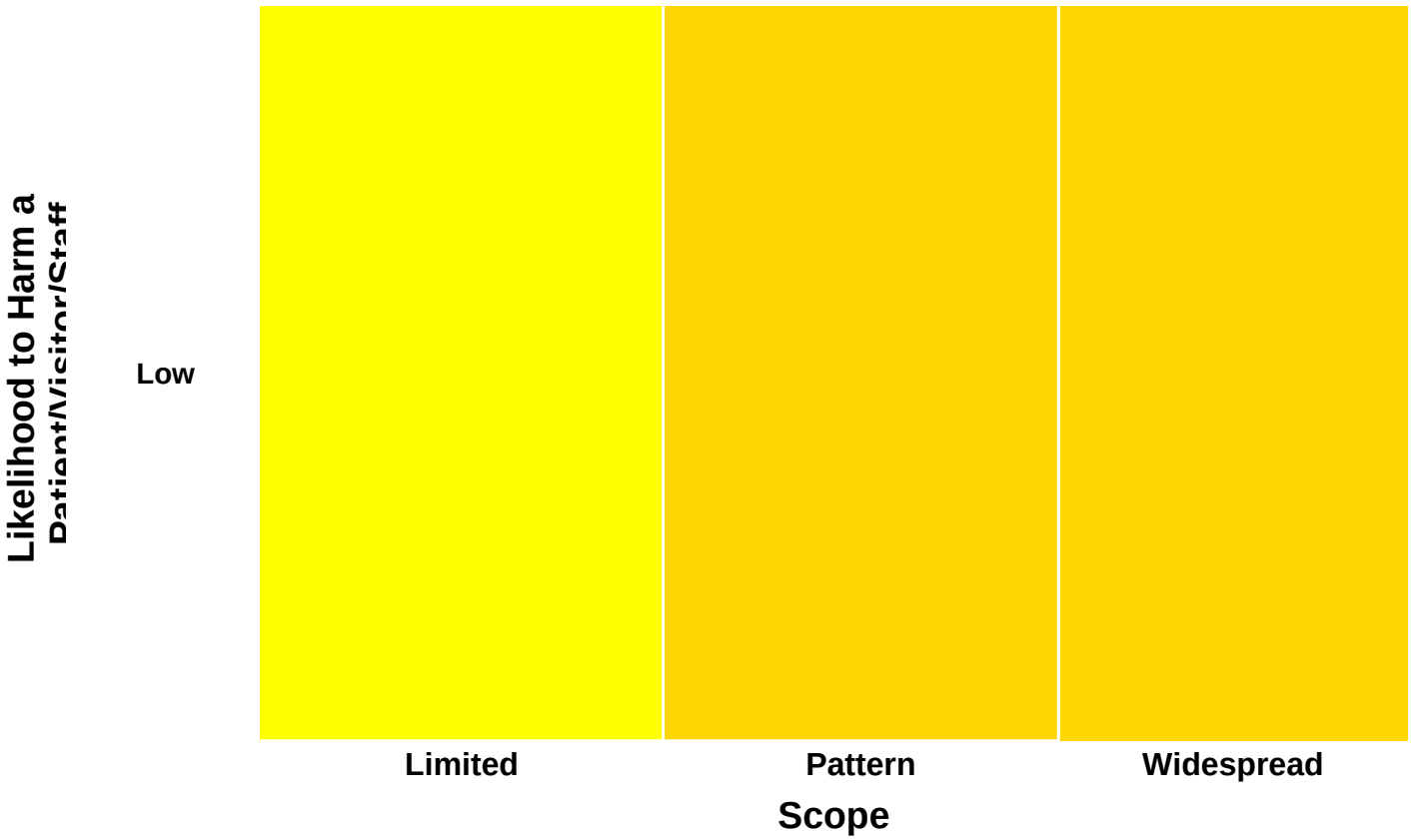
Hospital Accreditation Program

Likelihood to Harm a Patient/Visitor/Staff

ITL			
High			
Moderate	HR.01.02.05 EP 1 IM.02.02.01 EP 3 LD.04.03.09 EP 4 PC.01.03.01 EP 23 RC.02.01.01 EP 2	HR.01.06.01 EP 6 IC.02.01.01 EP 1 LS.02.01.20 EP 8	EC.02.04.03 EP 2 HR.01.02.05 EP 16 IC.01.03.01 EP 1 IC.01.03.01 EP 3 IC.01.04.01 EP 1 IC.01.04.01 EP 2 IC.01.04.01 EP 4 IC.01.04.01 EP 5 IC.03.01.01 EP 1 LD.01.03.01 EP 2 MM.03.01.01 EP 2 MS.06.01.05 EP 4 MS.08.01.01 EP 5 PC.01.02.13 EP 2 PC.01.02.13 EP 6 PC.01.03.01 EP 5 PC.01.03.01 EP 6
Low	EC.02.05.01 EP 1 EC.02.05.07 EP 5 HR.01.02.05 EP 3 LS.02.01.35 EP 4 LS.02.01.70 EP 2 PC.01.03.01 EP 1 PC.02.02.03 EP 11	IC.02.02.01 EP 4 LS.02.01.30 EP 18 PC.01.02.03 EP 5 RC.02.03.07 EP 4	EC.02.03.05 EP 4 LD.04.01.01 EP 16 LD.04.04.05 EP 10 MS.06.01.03 EP 5 MS.08.01.03 EP 1 RC.01.01.01 EP 7 RC.01.01.01 EP 19 RC.02.01.01 EP 10

The Joint Commission

SAFER Matrix



Requirements for Improvement – Summary

Observations noted within the Requirements for Improvement (RFI) section require follow up through the Evidence of Standards Compliance (ESC) process. The timeframe assigned for completion is due in 60 days. *(Please note: If your survey event resulted in a Preliminary Denial of Accreditation status, your timeframe for ESC completion will be 45 days.)* The identified timeframes of submission for each observation are found within the Requirements for Improvement Summary portion of the final onsite survey report. If a follow-up survey is required, the unannounced visit will focus on the requirements for improvement although other areas, if observed, could still become findings. The time frame for performing the unannounced follow-up visit is dependent on the scope and severity of the issues identified within the Requirements for Improvement.

CoP: §482.11 **Tag:** A-0020 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.11 Condition of Participation: Compliance with Federal, State and Local Laws

CoP Standard	Tag	Corresponds to	Deficiency
§482.11(c)	A-0023	HAP - HR.01.02.05/EP1	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.01.01/EP19	Standard
§482.24(c)(2)	A-0450	HAP - RC.02.03.07/EP4, RC.01.01.01/EP19	Standard
§482.24(c)(4)(vi)	A-0467	HAP - RC.02.01.01/EP2	Standard
§482.24(c)(4)(i)(B)	A-0461	HAP - PC.01.02.03/EP5	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP - EC.02.05.01/EP1

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.03.05/EP4, EC.02.04.03/EP2, EC.02.05.07/EP5	Standard
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.20/EP8, LS.02.01.30/EP18, LS.02.01.35/EP4, LS.02.01.70/EP2	Standard

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CoP: §482.42 **Tag:** A-0747 **Deficiency:** Condition

Corresponds to: HAP - IC.01.03.01/EP1, EP3, IC.02.01.01/EP1, IC.02.02.01/EP4

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.61 **Tag:** B103 **Deficiency:** Condition

Corresponds to: HAP - LD.04.01.01/EP16

Text: §482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals.

The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.

CoP Standard	Tag	Corresponds to	Deficiency
§482.61(d)	B130	HAP - RC.02.01.01/EP10	Standard
§482.61(a)(3)	B107	HAP - PC.01.02.13/EP2	Standard
§482.61(a)(5)	B109	HAP - PC.01.02.13/EP6	Standard
§482.61(b)(6)	B116	HAP - PC.01.02.13/EP2	Standard
§482.61(b)(7)	B117	HAP - PC.01.02.13/EP6	Standard
§482.61(c)(1)	B119	HAP - PC.01.03.01/EP1, EP23	Standard
§482.61(c)(2)	B125	HAP - RC.01.01.01/EP7	Standard
§482.61(c)(1)(i)	B120	HAP - PC.01.03.01/EP6	Standard
§482.61(c)(1)(ii)	B121	HAP - PC.01.03.01/EP5	Standard
§482.61(c)(1)(iii)	B122	HAP - PC.01.03.01/EP6	Standard

CoP: §482.62 **Tag:** B136 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.62 Condition of Participation: Special staff requirements for psychiatric hospitals.

The hospital must have adequate numbers of qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures, and engage in discharge planning.

CoP Standard	Tag	Corresponds to	Deficiency
§482.62(d)(1)	B147	HAP - HR.01.02.05/EP16	Standard
§482.62(d)(1)	B148	HAP - HR.01.02.05/EP16	Standard

CoP: §482.12 **Tag:** A-0043 **Deficiency:** Condition

Corresponds to: HAP - LD.01.03.01/EP2

Text: §482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

CoP Standard	Tag	Corresponds to	Deficiency
§482.12(e)	A-0083	HAP - LD.04.03.09/EP4	Standard

CoP: §482.22 **Tag:** A-0338 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.22 Condition of Participation: Medical staff

The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.22(a)(1)	A-0340	HAP - MS.08.01.03/EP1	Standard

Requirements for Improvement – Detail

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Element(s) of Performance:

4. Every 12 months, the hospital tests visual and audible fire alarms, including speakers. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

Likelihood to Cause Harm: Low
Scope : WideSpread

Observation(s):

EP 4
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:

Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
Observed during the document review, individual visual and audible fire alarm device test results were not recorded in 2015 or 2016 testing.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.04.03

Standard Text: The hospital inspects, tests, and maintains medical equipment.

Element(s) of Performance:

2. The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (See also EC.02.04.01, EPs 3 and 4; PC.02.01.11, EP 2)
Note: High-risk medical equipment includes life-support equipment.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

Observation(s):

EP 2
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
It was noted that the hospital was not performing the monthly maintenance on the Automated External Defibrillators as per manufacturer's guidelines.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01

Standard Text: The hospital manages risks associated with its utility systems.

Element(s) of Performance:

1. The hospital designs and installs utility systems that meet patient care and operational needs. (See also EC.02.06.05, EP 1)

Likelihood to Cause Harm: Low
Scope : Limited

Observation(s):

EP 1
§482.41 - (A-0700) - §482.41 Condition of Participation: Condition of Participation: Physical Environment
This Standard is NOT MET as evidenced by:

Observed in Building Tour at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
Observed during the building tour, there was no battery powered emergency lighting installed at the generator location.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.07

Standard Text: The hospital inspects, tests, and maintains emergency power systems.
Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

Element(s) of Performance:

5. The monthly tests for diesel-powered emergency generators are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 4, then it must test the emergency generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 2 continuous hours. Note: Tests for non–diesel-powered generators need only be conducted with available load.

Likelihood to Cause Harm: Low
Scope : Limited

Observation(s):

EP 5
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:

Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
Observed during the document review, the annual load bank testing for the emergency generator did not have readings for 2 continuous hours as required. The test had documented readings for 105 minutes.

Chapter: Human Resources

Program: Hospital Accreditation

Standard: HR.01.02.05

Standard Text: The hospital verifies staff qualifications.

Element(s) of Performance:

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)

Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.

Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.
Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.

Likelihood to Cause Harm: Moderate
Scope : Limited

3. The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.

Likelihood to Cause Harm: Low
Scope : Limited

16. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The director of psychiatric nursing is a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent, from a school of nursing accredited by the National League for Nursing, or is qualified by education and experience in the care of the mentally ill. The director of psychiatric nursing demonstrates competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

Observation(s):

EP 1
§482.11(c) - (A-0023) - (c) The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.
This Standard is NOT MET as evidenced by:

Observed in HR File Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
It was noted that the Licensed Social Worker renewed her license for the period beginning 2/1/16.
Documentation reflected the hospital verified this license with the primary source on 6/30/16.

EP 3

**Observed in HR File Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
The hospital could not provide documented evidence they had verified the education requirements for the activity therapist.**

EP 16
§482.62(d)(1) - (B148) - (1) The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.
This Standard is NOT MET as evidenced by:
§482.62(d)(1) - (B147) - (1) The director of psychiatric nursing services must be a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent from a school of nursing accredited by the National League for Nursing, or be qualified by education and experience in the care of the mentally ill.
This Standard is NOT MET as evidenced by:

**Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 7 of 7 patient records reviewed, it was noted that the treatment plans were not individualized. The Director of Nursing did not ensure that the treatment plans were individualized.**

**Observed in HR File Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
The job description for the Director of Nursing defined the job qualifications as "MSN and 5 years or more of professional nursing experience in the specialty area" . While the Director of Nursing had experience in psychiatric nursing, at the time of the survey, there was no documented evidence he had a Masters degree.**

Chapter: Human Resources

Program: Hospital Accreditation

Standard: HR.01.06.01

Standard Text: Staff are competent to perform their responsibilities.

Element(s) of Performance:

6. Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.

Likelihood to Cause Harm: Moderate
Scope : Pattern

Observation(s):

EP 6

Observed in HR File Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
In 4 of 10 HR files reviewed, there was no documentation to demonstrate that job specific competency had been assessed. Specifically, there was no documentation of job specific competencies for:
1. Dietician
2. Licensed Social Worker
3. Infection Control Practitioner
4. Activity Therapist

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.01.03.01

Standard Text: The hospital identifies risks for acquiring and transmitting infections.

Element(s) of Performance:

1. The hospital identifies risks for acquiring and transmitting infections based on the following: Its geographic location, community, and population served. (See also NPSG.07.03.01, EP 1)

Likelihood to Cause Harm: Moderate
Scope : WideSpread

3. The hospital identifies risks for acquiring and transmitting infections based on the following: The analysis of surveillance activities and other infection control data. (See also NPSG.07.03.01, EP 1; TS.03.03.01, EP 2)

Likelihood to Cause Harm: Moderate
Scope : WideSpread

Observation(s):

EP 1
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:

Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In review of the hospital's infection control plan, there was no evidence that the hospital identified risks for acquiring and transmitting infections based on its geographic location, community, and population served.

EP 3
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:

Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In review of the hospital's infection control plan, there was no evidence that the hospital identified risks for acquiring and transmitting infections based on the analysis of surveillance activities and other infection control data.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.01.04.01

Standard Text: Based on the identified risks, the hospital sets goals to minimize the possibility of transmitting infections.
Note: See NPSG.07.01.01 for hand hygiene guidelines.

Element(s) of Performance:

1. The hospital's written infection prevention and control goals include the following: Addressing its prioritized risks.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

2. The hospital's written infection prevention and control goals include the following: Limiting unprotected exposure to pathogens.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

4. The hospital's written infection prevention and control goals include the following: Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

5. The hospital's written infection prevention and control goals include the following: Improving compliance with hand hygiene guidelines. (See also NPSG.07.01.01, EP 1)

Likelihood to Cause Harm: Moderate
Scope : WideSpread

Observation(s):

EP 1

Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site. The hospital could not provide evidence that their written infection prevention and control goals included addressing its prioritized risks.

EP 2

Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site. The hospital could not provide evidence that their written infection prevention and control goals included limiting unprotected exposure to pathogens.

EP 4

**Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
The hospital could not provide evidence that their written infection prevention and control goals included limiting the transmission of infections associated with the use of medical equipment, devices, and supplies.**

EP 5

**Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
The hospital could not provide evidence that their written infection prevention and control goals included improving compliance with hand hygiene guidelines.**

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.01.01

Standard Text: The hospital implements its infection prevention and control plan.

Element(s) of Performance:

1. The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

Likelihood to Cause Harm: Moderate
Scope : Pattern

Observation(s):

EP 1
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:

**Observed in Tracer Activities at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
During the dietary tracer, it was noted that there were eight different shifts in the month of June that there was no documentation that either the final rinse temperature or the dishwasher sanitizer concentration had been monitored.**

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.02.02.01

Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance:

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

Likelihood to Cause Harm: Low
Scope : Pattern

Observation(s):

EP 4
§482.42 - (A-0747) - §482.42 Condition of Participation: Condition of Participation: Infection Control
This Condition is NOT MET as evidenced by:

Observed in Tracer Activities at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
It was noted that on unit "C", clean linens were stored on a wire rack that did not have an impervious bottom.

Observed in Individual Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
It was noted that on unit "A", clean linens were stored on a wire rack that did not have an impervious bottom.

Chapter: Infection Prevention and Control

Program: Hospital Accreditation

Standard: IC.03.01.01

Standard Text: The hospital evaluates the effectiveness of its infection prevention and control plan.

Element(s) of Performance:

1. The hospital evaluates the effectiveness of its infection prevention and control plan annually and whenever risks significantly change.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

Observation(s):

EP 1

Observed in Data Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
The hospital was not able to provide evidence that they had evaluated the effectiveness of its 2015 infection prevention and control plan.

Chapter: Information Management

Program: Hospital Accreditation

Standard: IM.02.02.01

Standard Text: The hospital effectively manages the collection of health information.

Element(s) of Performance:

3. The hospital follows its list of prohibited abbreviations, acronyms, symbols, and dose designations, which includes the following:
- U,u
- IU
- Q.D., QD, q.d., qd
- Q.O.D., QOD, q.o.d, qod
- Trailing zero (X.0 mg)
- Lack of leading zero (.X mg)
- MS
- MSO4
- MgSO4

Note 1: A trailing zero may be used only when required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.
Note 2: The prohibited list applies to all orders, preprinted forms, and medication-related documentation. Medication-related documentation can be either handwritten or electronic.

Likelihood to Cause Harm: Moderate
Scope : Limited

Observation(s):

EP 3

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site. In 3 of 8 patient records reviewed, it was noted that the prohibited abbreviation "QD" was utilized in documentation related to patient medications. (Physician progress notes and discharge summary)

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.01.03.01

Standard Text: The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Element(s) of Performance:

2. The governing body provides for organization management and planning.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

Observation(s):

EP 2

Observed in Auto Score for CLD at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site. The governing body/leadership did not ensure that the following Conditions of Participation were met as determined through observations, documentation, and staff interviews:§482.42 - (A-0747), §482.61 - (B103), §482.12 - (A-0043)

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.01.01

Standard Text: The hospital complies with law and regulation.

Element(s) of Performance:

16. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes:
- The psychiatric hospital is primarily engaged in providing, by or under the supervision of a doctor of medicine or osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons.
- The psychiatric hospital meets the hospital conditions of participation specified in 42 CFR 482.1 through 482.23, and 42 CFR 482.25 through 482.57.
- The psychiatric hospital maintains clinical records on all patients to determine the degree and intensity of treatments, as specified in 42 CFR 482.61.
- The psychiatric hospital meets the staffing requirements specified in 42 CFR 482.62.

Likelihood to Cause Harm: Low
Scope : WideSpread

Observation(s):

EP 16
§482.61 - (B103) - §482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals.
This Condition is NOT MET as evidenced by:

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In review of medical records it was noted that the hospital did not maintain clinical records on all patients to determine the degree and intensity of treatments as specified in 42 CFR 482.61. This is evidenced by noncompliance with B107,B109, B116, B117, B120, B121, B122, B125, B130, .

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.03.09

Standard Text: Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Element(s) of Performance:

4. Leaders monitor contracted services by establishing expectations for the performance of the contracted services.
Note 1: In most cases, each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the hospital using their services following the process described in the 'Medical Staff' (MS) chapter.
Note 2: For hospitals that do not use Joint Commission accreditation for deemed status purposes: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:
- Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
- Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges.
Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: The leaders who monitor the contracted services are the governing body.

Likelihood to Cause Harm: Moderate
Scope : Limited

Observation(s):

EP 4
§482.12(e) - (A-0083) - §482.12(e) Standard: Contracted Services

The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services.
This Standard is NOT MET as evidenced by:

Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 1 of 2 contracts reviewed, (Pharmacy and Medication Contracted Service), there was no evidence that the hospital had established expectations for the performance of the contracted service.

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.04.05

Standard Text: The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.

Element(s) of Performance:

10. At least every 18 months, the hospital selects one high-risk process and conducts a proactive risk assessment. (See also LD.04.04.03, EP 3)
Note: For suggested components, refer to the Proactive Risk Assessment section at the beginning of this chapter.

Likelihood to Cause Harm: Low
Scope : WideSpread

Observation(s):

EP 10

Observed in Data Session at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
At time of survey, the hospital was not able to demonstrate they had selected a high risk process and conducted a proactive risk assessment within the past 18 months.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.20

Standard Text: The hospital maintains the integrity of the means of egress.

Element(s) of Performance:

8. Exits discharge to the outside at grade level or through an approved exit passageway that is continuous and terminates at a public way or at an exterior exit discharge. (For full text and any exceptions, refer to NFPA 101-2000: 7.2.6 and 7.7)

Likelihood to Cause Harm: Moderate
Scope : Pattern

Observation(s):

EP 8
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:

Observed in Building Tour at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
Observed during the building tour, the exterior egress for A unit did not terminate at the public way and was not level to ground as the concrete pad was approximately 6" higher.

Observed in Building Tour at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
Observed during the building tour, the exterior egress for D unit did not terminate at the public way and was not level to ground as the concrete pad was approximately 6" higher.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Element(s) of Performance:

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

Likelihood to Cause Harm: Low
Scope : Pattern

Observation(s):

EP 18
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:

Observed in Building Tour at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 2 of 7 smoke barrier wall checks, there were two conduits for data cabling that were not properly sealed. The conduits were at the smoke barriers leading into units B and C.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Element(s) of Performance:

4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)

Likelihood to Cause Harm: **Low**
Scope : **Limited**

Observation(s):

EP 4
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:

Observed in Building Tour at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
Observed during the building tour, in the ceiling space at the entrance to C unit, ductwork was laying on sprinkler piping.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.70

Standard Text: The hospital provides and maintains operating features that conform to fire and smoke prevention requirements.

Element(s) of Performance:

2. Soiled linen and trash receptacles larger than 32 gallons (including recycling containers) are located in a room protected as a hazardous area. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.7.5.5)

Likelihood to Cause Harm: **Low**
Scope : **Limited**

Observation(s):

EP 2
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:

Observed in Building Tour at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
A confidential shredding collection bin greater than 32 gallons was not stored in a room designated as "hazardous area". The bin was located at the Pharmacy entrance. Corrected during survey.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.06.01.03

Standard Text: The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.

Element(s) of Performance:

5. The hospital verifies that the practitioner requesting approval is the same practitioner identified in the credentialing documents by viewing one of the following:
- A current picture hospital ID card
- A valid picture ID issued by a state or federal agency (for example, a driver's license or passport)

Likelihood to Cause Harm: Low
Scope : WideSpread

Observation(s):

EP 5

Observed in Credentialing and Privileging at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
In 4 of 6 medical staff/credentialing files reviewed, The file did not have a picture ID in the file. Three of the four files were from medical staff members that had been with the facility some time; however, one had just been credentialed in 2014.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.06.01.05

Standard Text: The decision to grant or deny a privilege(s), and/or to renew an existing privilege (s), is an objective, evidence-based process.

Element(s) of Performance:

4. The hospital has a clearly defined procedure for processing applications for the granting, renewal, or revision of clinical privileges.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

Observation(s):

EP 4

Observed in Credentialing and Privileging at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
In 5 of 5 medical staff/credentialing files reviewed, The psychiatrists had privileges for EKG and IV fluids; however, there was no process for assessing who was competent for such. Furthermore, the equipment for IV fluids was not readily available.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.08.01.01

Standard Text: The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's professional performance.

Element(s) of Performance:

5. The triggers that indicate the need for performance monitoring are clearly defined.
Note: Triggers can be single incidents or evidence of a clinical practice trend.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

Observation(s):

EP 5

Observed in Credentialing and Privileging at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
The hospital did not appear to have a clear process or description of circumstances to trigger a focused review. This may be handled by UVMC, but the organization was unsure.

Chapter: Medical Staff

Program: Hospital Accreditation

Standard: MS.08.01.03

Standard Text: Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.

Element(s) of Performance:

1. The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.

Likelihood to Cause Harm: Low
Scope : WideSpread

Observation(s):

EP 1
§482.22(a)(1) - (A-0340) - (1) The medical staff must periodically conduct appraisals of its members.
This Standard is NOT MET as evidenced by:

Observed in Medical Management Session at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 4 of 4 medical staff/credentialing files reviewed, OPPE had not been done in the past year. Two of the charts last had OPPE on 6/17/15 and the other 2 charts, OPPE had not been done since 6/23/16.

Observed in Medical Management Session at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
An emergency medicine physician credentialing record most recent OPPE was 2/15. There had been no complaints about his care.

Observed in Medical Management Session at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In the medical management session the Medical director reported that the 16 on-call physicians did not have OPPE from this hospital, although there was an assumption that OPPE was being done in their other hospitals which are Joint Commission accredited. However, the hospital did not have copies of the OPPE.

Observed in Credentialing and Privileging at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
There was no clearly defined process in place that facilitated the evaluation of each practitioner's professional practice. The hospital was believed UVM, where the practitioner's were also credentialed had defined a process. The hospital was doing some OPPE for the active staff; however, there was not a clear policy.

Chapter: Medication Management

Program: Hospital Accreditation

Standard: MM.03.01.01

Standard Text: The hospital safely stores medications.

Element(s) of Performance:

2. The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions. Note: This element of performance is also applicable to sample medications.

Likelihood to Cause Harm: **Moderate**
Scope : **WideSpread**

Observation(s):

EP 2

Observed in Medication Management Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
Refrigerated medications were stored in the pharmacy. The pharmacy was not opened on the weekends, and did not have a process to monitor the temperature of the medication refrigerator during these weekend hours.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.01.02.03

Standard Text: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

Element(s) of Performance:

5. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (See also MS.03.01.01, EP 8; RC.02.01.03, EP 3)

Likelihood to Cause Harm: **Low**
Scope : **Pattern**

Observation(s):

EP 5
§482.24(c)(4)(i)(B) - (A-0461) - (4) [All records must document the following, as appropriate:

(i) Evidence of --]

(B) An updated examination of the patient, including any changes in the patient’s condition, when the medical history and physical examination are completed within 30 days before admission or registration. Documentation of the updated examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.
This Standard is NOT MET as evidenced by:

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 2 of 8 patient records reviewed, it was noted that while there was notation that the history and physical examination performed at a different facility within 30 days of admission had been reviewed, there was no documentation to indicate that the patient had been examined within 24 hours of admission.

Observed in Individual Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
A H and P had been signed off as reviewed from another organization, and not that a full exam had been done. Although, a neuro exam had been documented.

Chapter:	Provision of Care, Treatment, and Services
Program:	Hospital Accreditation
Standard:	PC.01.02.13
Standard Text:	The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.
Element(s) of Performance:	

2. Patients who receive treatment for emotional and behavioral disorders receive an assessment that includes the following:
- Current mental, emotional, and behavioral functioning
- Maladaptive or other behaviors that create a risk to the patient or others
- Mental status examination
- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Reason for admission as stated by the patient and/or others significantly involved in the patient's care
- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Onset of the patient's illness and circumstances leading to admission
- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inventory of the patient's strengths and disabilities (such as psychiatric, biopsychosocial problems requiring treatment/intervention) written in a descriptive manner on which to base a treatment plan (See also PC.01.03.01, EP 1)

Likelihood to Cause Harm: **Moderate**
Scope : **WideSpread**

6. Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
- A psychiatric evaluation
- Psychological assessments, including intellectual, projective, neuropsychological, and personality testing
- For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Complete neurological examination at the time of the admission physical examination, when indicated (For more information on physical examination, see PC.01.02.03, EP 4)

Likelihood to Cause Harm: **Moderate**
Scope : **WideSpread**

Observation(s):

EP 2
§482.61(a)(3) - (B107) - (3) The reasons for admission must be clearly documented as stated by the patient and/or others significantly involved.
This Standard is NOT MET as evidenced by:
§482.61(b)(6) - (B116) - (6) Estimate intellectual functioning, memory functioning, and orientation; and
This Standard is NOT MET as evidenced by:

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 4 of 7 patient records reviewed, it was noted that the psychiatric evaluation did not include the patient's reason for admission in the patient's own words.

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 3 of 8 patient records reviewed, it was noted that the mental status documentation in the psychiatric evaluation was incomplete. Specifically
1. For patient #1, the mental status examination described the patient's intellectual functioning and memory as "intact" with no further descriptive information or detail as to how these were assessed.
2. For patient #2, there was no documented assessment of the patient's memory
3. For patient #3, record of care indicated "not formally assessed because appears absolutely intact & above average" for memory and intellectual functioning.

EP 6
§482.61(a)(5) - (B109) - (5) When indicated, a complete neurological examination must be recorded at the time of the admission physical examination.
This Standard is NOT MET as evidenced by:
§482.61(b)(7) - (B117) - (7) Include an inventory of the patient's assets in descriptive, not interpretative, fashion.
This Standard is NOT MET as evidenced by:

Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 3 of 7 patient records reviewed, there was no documentation of a neurological screening exam. For example:
1. Documentation for patient #1 reflected that the patient refused on day of admission. There was no documentation that cranial nerve testing was completed, or that there was subsequent refusal from the patient.
2. Documentation for patient #2 reflected that the patient refused assessment of cranial nerves on day of admission. Some nine months after admission, there was no documentation of assessment of cranial nerves or subsequent refusal from the patient.
3. Documentation for patient #3 reflected "not tested" for three of the entries related to cranial nerves. For those cranial nerves that were tested, documentation reflected "intact" with no further information as to how they were tested.

Observed in Regulatory Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 8 of 8 patient records reviewed, it was noted that the psychiatric evaluation did not include an inventory of the patient's assets.

Program: Hospital Accreditation

Standard: PC.01.03.01

Standard Text: The hospital plans the patient's care.

Element(s) of Performance:

1. The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2; PC.01.02.13, EP 2)

Likelihood to Cause Harm: Low
Scope : Limited

5. The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals. Note: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The patient's goals include both short- and long-term goals.

Likelihood to Cause Harm: Moderate
Scope : WideSpread

6. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The written plan of care includes the following:
- A substantiated diagnosis (The substantiated diagnosis is the diagnosis identified by the treatment team to be the primary focus upon which treatment planning will be based. It evolves from the synthesis of data from various disciplines. The substantiated diagnosis may be the same as the initial diagnosis or it may differ, based on new information and assessment.)
- Documentation to justify the diagnosis and the treatment and rehabilitation activities carried out
- Documentation that demonstrates all active therapeutic efforts are included
- The specific treatment modalities used to treat the patient

Likelihood to Cause Harm: Moderate
Scope : WideSpread

23. The hospital revises plans and goals for care, treatment, and services based on the patient's needs. (See also RC.02.01.01, EP 2)

Likelihood to Cause Harm: Moderate
Scope : Limited

Observation(s):

EP 1
§482.61(c)(1) - (B119) - (1) Each patient must have an individual comprehensive treatment plan that must be based on an inventory of the patient's strengths and disabilities.

The written plan must include—
This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
After 2 High risk events that occurred on 6/20 and 6/26, that did not results in restraints or seclusion; however, the treatment plan had not been updated.

EP 5
§482.61(c)(1)(ii) - (B121) - (ii) Short-term and long-range goals;
This Standard is NOT MET as evidenced by:

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 7 of 9 patient records reviewed, it was noted that the treatment plan goals were not written in such as way that patient progress could be measured. For example, written goals included
1. Demonstrate ability to maintain an internal locus of control, practice non violence and present more reality based thinking
2. Assume responsibility for his treatment and current situation
3. Will be able to maintain adequate behaviors and personal boundaries for 7 days in a row
4. Will appear less distracted
5. Continue discussions about his recent symptoms and perceptions of events leading to arrest.
6. Engage in reality based conversation with each team member for at least 10 minutes
7. All staff to provide feedback about delusional beliefs with a challenge back to reality base conversation

Observed in Individual Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
For one patient chart reviewed short term goals were, "Team feels his health may decline and his risk increase if hospitalization is prolonged . Process is best advanced by emotional management skill building." This goal is not measurable.

EP 6
§482.61(c)(1)(iii) - (B122) - (iii) The specific treatment modalities utilized;
This Standard is NOT MET as evidenced by:
§482.61(c)(1)(i) - (B120) - (i) A substantiated diagnosis;
This Standard is NOT MET as evidenced by:

Observed in Document Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 7 of 7 patient records reviewed, it was noted that the written plan of care did not include the specific treatment modalities used to treat the patient. For example,
1. The treatment plans stated "core groups" and the focus of the group for the patient was not individualized. Interventions were worded as "encourage participation on and off unit groups"' "encourage to attend off unit activities and display appropriate behaviors.". It was confirmed with the activities therapist that treatment modalities were not individualized to the patients. It was reported that patients were allowed to choose the groups that they wished to attend.
2. Nursing interventions stated the nursing staff would provide "medication education", however, did not specify the medication that would be the focus of the education.

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 6 of 7 patient records reviewed, it was noted that the written plan of care did not include the specific problem that was being addressed. For example:
1. The problem identified for patient #1 was "Psychosis". There were no patient specific descriptors to the problem being addressed.
2. The problem identified for patient #2 was "Aggression in the community in the context of psychiatric illness" There were no patient specific descriptors to the problem being addressed
3. The problem identified for patient #3 was "Disorganized and dangerous behavior in the context of untreated psychosis"
4. Patient #4 was receiving active treatment for diabetes, however this was not reflected on the plan of care.
5. The problem identified for patient #5 was "Anxiety in the context of psychosis and cannabis use" There were no patient specific descriptors to the problem being addressed
6. The problem identified for patient #6 was "Delusions/unrealistic beliefs in the context of violent history and lengthy incarceration" There were no patient specific descriptors to the problem being addressed.

EP 23
§482.61(c)(1) - (B119) - (1) Each patient must have an individual comprehensive treatment plan that must be based on an inventory of the patient's strengths and disabilities.

The written plan must include—
This Standard is NOT MET as evidenced by:

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 1 of 7 patient records reviewed, it was noted that the revised treatment plan/goals was not based on the patient's needs. At time of revision, the only goal on the plan indicated: "Patient will participate in off unit activities". This revision did not address the patient's noted increased irritability and noted anxiety/ambivalence about discharge". Additionally, it was noted that although the goal was to participate in off unit activities, "core" groups was not selected as a treatment modality on this treatment plan revision

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Chapter:	Provision of Care, Treatment, and Services
Program:	Hospital Accreditation
Standard:	PC.02.02.03
Standard Text:	The hospital makes food and nutrition products available to its patients.

Element(s) of Performance:

11. The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, temperature, light, moisture, ventilation, and security.

Likelihood to Cause Harm: **Low**
Scope : **Limited**

Observation(s):

EP 11

Observed in Building Tour at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site.
The patient food refrigerator temperatures had not been checked for 2 days in June.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.01.01

Standard Text: The hospital maintains complete and accurate medical records for each individual patient.

Element(s) of Performance:

7. The medical record contains information that documents the course and result of the patient's care, treatment, and services.

Likelihood to Cause Harm: **Low**
Scope : **WideSpread**

19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

Likelihood to Cause Harm: **Low**
Scope : **WideSpread**

Observation(s):

EP 7
§482.61(c)(2) - (B125) - (2) The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.
This Standard is NOT MET as evidenced by:

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 7 of 7 patient records reviewed, documentation was not reflective of the patient's active treatment program: For example:
1. Staff reported that the patients did not attend therapeutic groups on the weekends and that diversional activities were offered on the units during the weekends (i.e. movie and recreation).
2. Documentation indicated that the groups patient #1 attended in a five day period were two Recovery Services groups . These groups were identified as Karaoke and Creative music. The group objective for Karaoke was "provide individuals an opportunity to sing alone or listen to groups". This was not reflective of the various ongoing active treatment provided to the patient.
3. Documentation indicated that in a 14 day period patient #2 attended four Recovery Services groups. These groups included two pet therapy groups and two open library groups (where patient used computer). This was not reflective of ongoing active treatment.
4. The treatment plan review for patient #3 indicated that the patient attended seven groups in one month. There was no other documentation of active treatment measures or alternatives to groups.
5. Documentation indicated that patient #4 attended two Recovery services groups in a 10 day time period. One group was "Friday movies" and the other was "Yard Activities". This was not reflective of ongoing active treatment.
The purpose/goals of these noted groups did not link back to the patient's goals and treatment plan. In discussion with staff, individual therapeutic activities were being offered to the patients, however, there was a lack of documentation of such in the medical record.

Observed in Individual Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 3 of 3 tracers conducted, In talking with staff it was clear the patients were receiving more therapeutic effort than was being documented. For an example, while formal individual session were documented as were groups, other therapeutic efforts were informal and a large amount of care given in a informal way. This care is not documented. One patient had only library groups, 1 cooking group a gardening and an art group. These groups were not tied back to his treatment plan and again much of the therapeutic treatment was more informal and not documented.

EP 19
§482.24(c)(1) - (A-0450) - (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:
§482.24(c)(2) - (A-0450) - (2) All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.
This Standard is NOT MET as evidenced by:

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
The integrated physician assessment was not timed.

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 6 of 6 patient records reviewed, it was noted that the discharge summary was not timed.

Observed in Individual Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 2 of 4 patient records reviewed, Several telephone orders had been signed but not dated or timed.

Observed in Individual Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
A behavior plan had not been timed or dated, but had been signed by the psychologist.

Chapter:	Record of Care, Treatment, and Services
Program:	Hospital Accreditation
Standard:	RC.02.01.01
Standard Text:	The medical record contains information that reflects the patient's care, treatment, and services.
Element(s) of Performance:	

2. The medical record contains the following clinical information:
- The reason(s) for admission for care, treatment, and services
- The patient's initial diagnosis, diagnostic impression(s), or condition(s)
- Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)
- Any allergies to food
- Any allergies to medications
- Any conclusions or impressions drawn from the patient's medical history and physical examination
- Any diagnoses or conditions established during the patient's course of care, treatment, and services (including complications and hospital-acquired infections). For psychiatric hospitals using Joint Commission accreditation for deemed status purposes: The diagnosis includes intercurrent diseases (diseases that occur during the course of another disease; for example, a patient with AIDS may develop an intercurrent bout of pneumonia) and the psychiatric diagnoses.
- Any consultation reports
- Any observations relevant to care, treatment, and services
- The patient's response to care, treatment, and services
- Any emergency care, treatment, and services provided to the patient before his or her arrival
- Any progress notes
- All orders
- Any medications ordered or prescribed
- Any medications administered, including the strength, dose, and route
- Any access site for medication, administration devices used, and rate of administration
- Any adverse drug reactions
- Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23)
- Results of diagnostic and therapeutic tests and procedures
- Any medications dispensed or prescribed on discharge
- Discharge diagnosis
- Discharge plan and discharge planning evaluation
(See also PC.01.02.03, EPs 6-8)

Likelihood to Cause Harm: Moderate
Scope : Limited

10. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Progress notes are recorded by the following individuals involved in the active treatment of the patient:
- The doctor of medicine or osteopathy responsible for the care of the inpatient
- A nurse
- A social worker
- Others involved in active treatment modalities
The above individuals record progress notes at least weekly for the first two months of a patient's stay and at least monthly thereafter. The progress notes include recommendations for revisions in the plan of care as indicated, as well as a precise assessment of the patient's progress in accordance with the original or revised plan of care.

Likelihood to Cause Harm: Low

Scope : **WideSpread**

Observation(s):

EP 2
§482.24(c)(4)(vi) - (A-0467) - [All records must document the following, as appropriate:]

(vi) All practitioners' orders, nursing notes, reports of treatment, medication records, radiology, and laboratory reports, and vital signs and other information necessary to monitor the patient's condition.
This Standard is NOT MET as evidenced by:

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 1 of 7 patient records reviewed, it was noted that the history and physical examination was not in the medical record. This assessment had been completed within 30 days of admission at a different location was not included in the record of care. Staff did not have access to this assessment.

EP 10
§482.61(d) - (B130) - §482.61(d) The frequency of progress notes is determined by the condition of the patient but must be recorded at least weekly for the first 2 months and at least once a month thereafter,
This Standard is NOT MET as evidenced by:

Observed in Record Review at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 5 of 7 patient records reviewed, it was noted that the social worker did not record progress notes at least weekly for the first two months of the patient's stay.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.02.03.07

Standard Text: Qualified staff receive and record verbal orders.

Element(s) of Performance:

4. Verbal orders are authenticated within the time frame specified by law and regulation.

Likelihood to Cause Harm: **Low**
Scope : **Pattern**

Observation(s):

EP 4
§482.24(c)(2) - (A-0450) - (2) All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.
This Standard is NOT MET as evidenced by:

Observed in Individual Tracer at Vermont Psychiatric Care Hospital (350 Fisher Road, Berlin, VT) site for the Psychiatric Hospital deemed service.
In 2 of 4 patient records reviewed, Had unsigned telephone orders that were more than 48 hours out. For one closed record the telephone order had not been signed for 2 months.

Plan for Improvement - Summary

The Plan for Improvement (PFI) items were extracted from your Statement of Conditions™ (SOC) and represent all open and accepted PFIs during this survey. The number of open and accepted PFIs does not impact your accreditation status, and is fully in sync with the self-assessment process of the SOC. The implementation of Interim Life Safety Measures (ILSM) must have been assessed for each PFI. The Projected Completion Date within each PFI replaces the need for an individual ESC (Evidence of Standards Compliance) so the corrective action must be achieved within six months of the Projected Completion Date. Future surveys will review the completed history of these PFIs.

Number of PFIs: 0