

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HOS00114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH COUNTY HOSPITAL INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 KENYON AVE WAKEFIELD, RI 02879</b>
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H 380	<p><b>PATIENT CARE SERVICES 4.6.1.C. Admission, Transfer, &amp; Discharge/ DC</b></p> <p><b>4.6.1.C. Discharge Planning</b> The hospital shall have a discharge planning process for all inpatients. Discharge planning policies and procedures must be in writing and shall include a mechanism for discharge planners to receive regular updates regarding new offerings of community programs and the complete range of current options available at discharge.</p> <p>1. The hospital shall identify, at an early stage in hospitalization, all inpatients who are likely to suffer adverse health consequences on discharge if there is no adequate discharge planning.</p> <p>2. A discharge planning evaluation shall be provided to all inpatients identified in (1) above, to other patients on patient request, the request of the person acting on the patient ' s behalf, or upon the request of the physician.</p> <p>a. The evaluation shall be timely to avoid unnecessary delays in discharge and must be part of the patient's medical record.</p> <p>b. The evaluation shall include a needs assessment, the patient's capacity for self-care, and the availability of post-hospital services to meet the needs of the patient.</p> <p>c. A registered nurse or social worker shall develop or supervise the development of the evaluation.</p> <p>d. The results of the evaluation shall be discussed with the patient or the individual acting on the patient's behalf.</p> <p>e. The evaluation shall be used to establish an appropriate discharge plan.</p> <p>3. A registered nurse or social worker shall develop or supervise the development of a discharge plan if the discharge planning evaluation indicates the need for a discharge</p>	H 380		

Facilities Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>05/09/23</b>
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H 380	<p>Continued From page 1</p> <p>plan.</p> <p>a. The hospital shall arrange for implementation of the discharge plan.</p> <p>b. The hospital shall transfer or refer inpatients and outpatients to appropriate facilities, agencies, or outpatient services, as needed, for follow-up care.</p> <p>c. Designated hospital personnel shall complete the "Continuity of Care" form approved by the Department for each patient who is discharged to another health care facility licensed under the provisions of R.I. Gen. Laws Chapter 23-17 (e.g., nursing facility). The Continuity of Care form and instructions for its use should be downloaded from the Department's website: <a href="http://health.ri.gov">http://health.ri.gov</a></p> <p>4. The hospital shall reassess its discharge planning process on an on-going basis. The reassessment shall include a review of discharge plans, as well as a review of patients who were discharged without plans, to ensure that the process is responsive to discharge needs</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interviews it has been determined that the hospital failed to follow state regulations and their own policy relative to completing a Rhode Island Continuity of Care Form for each patient who is discharged or transferred to another health care facility for 10 of 11 patients reviewed who were transferred to other health care facilities, Patient ID #s 8, 9, 11, 14, 15, 16, 17, 18, 19, and 20.</p> <p>Findings are as follows:</p> <p>The Rhode Island "Continuity of Care Discharge/Transfer of Patient Form" dated</p>	H 380		

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H 380	<p>Continued From page 2</p> <p>September 2018 states in part, "Use this form when permanently discharging or transferring a patient from your facility."</p> <p>The hospital's policy titled, "Procedures for Case Management" last revised in 2/2023 states in part,</p> <p>" ...The Continuity of Care Form or the equivalent electronic COC is to be used when referring a patient to any health care agency/facility or institution..."</p> <p>Patient ID #8 presented to the hospital in November of 2022 for a flu-like illness and was later diagnosed with COVID-19. The patient was transferred to an acute care hospital for treatment. Patient ID #8's record failed to reveal a Rhode Island (RI) Continuity of Care form was completed and sent with the patient per state regulations and hospital policy.</p> <p>Patient ID #9 presented to the hospital in December of 2022 after an injury to the third and fourth fingers involving a table saw. The patient was transferred to an acute care hospital for further treatment. Patient ID #9's record failed to reveal a RI Continuity of Care form was completed and sent with the patient per state regulations and hospital policy.</p> <p>Patient ID #11 presented to the hospital in February of 2023 due a chronic wound ulceration and was later diagnosed with necrotizing fasciitis, a serious bacterial infection. The patient was transferred to an acute care hospital for further treatment. Patient ID #11's record failed to reveal a RI</p>	H 380		

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H 380	<p>Continued From page 3</p> <p>Continuity of Care form was completed and sent with the patient per state regulations and hospital policy.</p> <p>Patient ID #14 presented to hospital in April of 2023 with a laceration on the forehead after a fall at the Assisted Living Facility (ALF) where she/he resides. The patient was transferred back to the ALF after treatment for the laceration. Patient ID #14's record failed to reveal a RI Continuity of Care form was completed and sent with the patient upon his/her return to the ALF per state regulations and hospital policy.</p> <p>Patient ID #15 presented to the hospital in April of 2023 with chest pain and was diagnosed with unstable angina. The patient was transferred to an acute care hospital for further treatment. Patient ID #15's record failed to reveal a RI Continuity of Care form was completed and sent with the patient per state regulations and hospital policy.</p> <p>Patient ID #16 presented to the hospital in April of 2023 with difficulty breathing and was diagnosed with second degree heart block. The patient was transferred to an acute care hospital for further treatment. Patient ID #16's record failed to reveal a RI Continuity of Care form was completed and sent with the patient per state regulations and hospital policy.</p> <p>Patient ID #17 presented to the hospital in November of 2022 with a laceration on the scalp after a fall and was diagnosed with a subdural hematoma. The patient was transferred to an acute care hospital for further treatment. Patient ID #17's record failed to reveal a RI Continuity of Care form was completed and sent</p>	H 380		

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H 380	<p>Continued From page 4</p> <p>with the patient per state regulations and hospital policy.</p> <p>Patient ID #18 presented to the hospital in November of 2022 for a bleeding neck abscess. The patient was subsequently transferred to an acute hospital for vascular surgery evaluation. Patient ID #18's record failed to reveal a RI Continuity of Care form was completed and sent with the patient per state regulations and hospital policy.</p> <p>Patient ID #19 presented to the hospital in November of 2022 after a chain saw accident resulting in multiple complicated wounds to his/her left hand. The patient was transferred to an acute care hospital for further treatment. Patient ID #19's record failed to reveal a RI Continuity of Care form was completed and sent with the patient per state regulations and hospital policy.</p> <p>Patient ID #20 presented to the hospital in November of 2022 after a fall and was diagnosed with an intracerebral hemorrhage and a concussion. The patient was transferred to an acute care hospital for an additional trauma evaluation. Patient ID #20's record failed to reveal a RI Continuity of Care form was completed and sent with the patient per state regulations and hospital policy.</p> <p>During a surveyor interview on 4/19/2023 at 3:30 PM with the Manager of Case Management, she informed the surveyors that the hospital does not complete a RI Continuity of Care Form when a patient is transferred from hospital to hospital.</p>	H 380		

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H1825	Continued From page 5	H1825		
H1825	<p><b>CONFIDENTIALITY, VARIANCE &amp; SEVERABILITY 4.9.2.A. Variance Procedure</b></p> <p>4.9.2.A. The licensing agency may grant a variance upon request of the applicant from the provisions of any these regulations, if it finds in specific cases, that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interviews, it was determined the agency failed to obtain a variance from the licensing agency for use of the standard Rhode Island Continuity of Care form.</p> <p>Findings are as follows:</p> <p>During a complaint investigation survey at the hospital on 4/18/2023, the surveyors reviewed 16 records of patients that were transferred to other health care facilities. None of these records contained the standard Rhode Island Continuity of Care Form.</p> <p>During a surveyor interview with the Risk Manager, on 4/20/2023 at approximately 9:00 AM, she informed the surveyors that the hospital had a variance from the Rhode Island Department of Health's Standard Continuity of Care Form. She provided the surveyor with a copy of a letter dated 2/13/2015 from the Office of Facilities Regulation granting a variance from use of the standard Rhode Island Continuity of Care Form. The letter states in part, "this variance is in effect until the time of your annual license renewal and can be requested again at renewal time."</p>	H1825		

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H1825	<p>Continued From page 6</p> <p>The Risk Manager was unable to produce evidence that the hospital had requested any additional variances from the Department of Health since 2015.</p> <p>During a surveyor interview with the Assistant Vice President of Performance Improvement and Regulator and Corporate Compliance on 4/20/2023 at approximately 9:45 AM, she acknowledged that the hospital did not have a variance for the standard Continuity of Care Form and informed the surveyors that she was unaware that the variance had to be renewed on an annual basis when the hospital license is renewed.</p>	H1825		

# SOUTH COUNTY HEALTH

## South County Hospital, Inc. Plan of Correction for Survey Completed

Confidential *Attachment "A"*

ID Prefix Tag	Provider Plan of Correction	Completion Date
A1100	See A1104	
A1104	<ul style="list-style-type: none"> <li>• South County Hospital (SCH) policy titled, 'Psychiatric/Behavioral Health Care in the Emergency Department' has been revised and approved, removing the process of provider telephone call prior to transfer, as this is not required by RI Regulations.</li> <li>• As it relates to the documentation of an assessment and plan for the patient's neck wound, this case has been reviewed by the Emergency Department Medical Director and has been referred for peer review at which time a determination will be made regarding placing the provider on a Focused Professional Practice Evaluation (FPPE) to monitor documentation for accuracy and completeness.</li> <li>• Lippincott Wound Assessment procedure will be shared with nursing and provider staff to reinforce the standard of care expectation in the ED.</li> <li>• Audit of 10% records where chief complaint is related to skin integrity/wound per month for up to 3 months to ensure appropriate documentation is completed by ED providers in accordance with Lippincott procedure 'Wound Assessment'. Gaps in following wound care procedure will be addressed by Chief of Emergency Services and the ED Nursing Director. Non-compliance will be addressed in accordance with SCH just culture policy.</li> <li>• Each of the three (3) emergency carts will be assigned on the daily assignment sheet. Non-Director will audit for 3 months to ensure sustained compliance on all 3 carts. Non-compliance will be addressed with any missed checks in accordance with SCH just culture policy.</li> <li>• SCH immediately requested a variance from the RI Department of Health for allowance of electronic transmission of the Continuity of Care (CoC) form which has since been approved. A request for variance will be resubmitted with the annual licensure application in December of 2023 and annually thereafter under the direction of the Vice President of Quality and Risk.</li> </ul>	<p style="text-align: right; margin-right: 20px;"><i>5/9/23</i></p> <p>May 19, 2023</p> <p>June 23, 2023</p> <p>June 16, 2023</p> <p>July 31, 2023</p> <p><i>May 5, 2023</i> July 31, 2023</p> <p>May 5, 2023</p>



# SOUTH COUNTY HEALTH

## South County Hospital, Inc. Plan of Correction for Survey Completed

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*5/1/23*

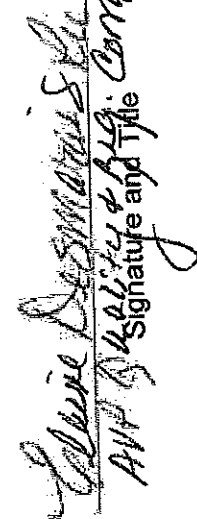
Confidential

# SOUTH COUNTY HEALTH

## South County Hospital, Inc. Plan of Correction for Survey Completed

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	<ul style="list-style-type: none"> <li>Hospital-wide notification of the requirement for the CoC form to be completed for acute care and psychiatric hospital transfers.</li> <li>Random audit will be conducted for one month to ensure compliance with completion of the CoC form. Non-compliance will be addressed through SCH Just Culture Policy.</li> </ul>	<p>May 12, 2023</p> <p>June 30, 2023</p>
H380	<ul style="list-style-type: none"> <li>Hospital-wide notification of the requirement for the CoC form to be completed for acute care and psychiatric hospital transfers.</li> <li>Random audit will be conducted for one month to ensure compliance. Non-compliance will be addressed through SCH Just Culture Policy.</li> </ul>	<p>May 12, 2023</p> <p>June 30, 2023</p>
H1825	<ul style="list-style-type: none"> <li>SCH immediately requested and received approval for a variance from the RI Department of Health for allowance of electronic transmission of the Continuity of Care (CoC) form. A requested will be resubmitted with the annual licensure application in December of 2023 and annually thereafter.</li> </ul>	<p>May 5, 2023</p>

*Copy 10/23*

  
 Colleen Desmarais  
 ANP Director of Compliance  
 Signature and Title

May 9, 2023  
 Date


Confidential

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*5/9/23*

  
 Signature and Title

PRESIDENT & CEO  
 Date 5/9/23