

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

February 17, 2011

Tracy Chellis, Administrator
Bayada Nurses, Inc
110 Kimball Avenue, Suite 250
So Burlington, VT 05403-0188

Provider ID #:477019

Dear Ms. Chellis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on
January 18, 2011.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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Division of

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	FEB 1 Licensing and Protection. C 01/18/2011
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NAME OF PROVIDER OR SUPPLIER BAYADA NURSES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 KIMBALL AVENUE, SUITE 250 SO BURLINGTON, VT 05403
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(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) COMPLETE DATE
H 001 SS=A	Initial Comments An unannounced complaint investigation was conducted on 01/18/11 by the Division of Licensing and Protection. There were regulatory violation related to 'Regulations for the Designation and Operation of the Home Health Agency.	H 001		
H 616 SS=D	6.3(a) Organization, Services and Administration VI. Organization, Services and Administration 6.2 A for-profit home health agency shall have an advisory board that is representative of the demographic makeup of the area or areas served by the home health agency. (a) A majority of the members of the advisory board shall be composed of individuals who have received or currently are receiving services from the home health agency and family members of individuals who have received or currently are receiving such services. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Agency did not have a majority of the advisory board that is composed of individuals who received Agency services . Findings include: 1. Per review on 01/18/11 at 3:00 PM, of the the Agency's Professional/Public Advisory Committee Attendees 2010 list , there were 3 consumers(clients) out 20 members listed. Per interview on 01/18/11 at 4:00PM the Area Director stated that the majority of the committee, did not have family members nor the individuals themselves, who are receiving and/or received	H 616	H616: Bayada Nurses provide Home Health services to the entire state through 4 locations. The Parent office and each branch location will establish an advisory board that meets the 51% consumer representation requirement. This advisory board will meet twice per year. The minutes from these meetings will be maintained in each office and provided to the parent office Administrator. The Area Director will consolidate the minutes into a single document in order to establish any trending of feedback and for review at Bi-Annual PAC meeting. The Area Director will ensure that this standard is met.	3-30-11 March-September 3-30-11 3-30-11

*Accepted
POC
H 616
2/15/11
Susan Emmons, RN*

vision of Licensing and Protection <i>Jacqui Chiles</i> LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>administrator</i>	(X6) DATE <i>2-10-11</i>
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H 616	Continued From page 1 services. In addition, the 3 clients are located in the Burlington area, with no representation of the demographic make up of the areas of Rutland, Bennington or Brattleboro area. The Director confirmed "the current Advisory Board does meet the regulation".	H 616		
H 640 SS=D	6.9(a) Organization, Services and Administration VI. Organization, Services and Administration 6.9 A home health agency shall conduct an overall evaluation of the home health agency's total program at least once a year, with input from the professional advisory group, home health agency staff, and consumers and their representatives. (a) The evaluation shall consist of an overall policy and administrative review, shall include the results of clinical record reviews, and shall assess the extent to which the home health agency's programs are appropriate, adequate, effective, and efficient. This REQUIREMENT is not met as evidenced by: Based on record review and interview the annual evaluation did not have input from the professional advisory group and consumers. Findings include: 1. On 01/18/11 at 3:00 PM., per review of the Advisory Board Meeting dated 09/15/10 in which the annual program evaluation was reviewed there were no patient (consumers) or their representatives present. In addition, the 2009 Annual Report (the 2010 Report is due March 2011) did not list the area home health agency	H 640	H640: The Bi annual consolidated minutes generated by the local advisory board will be complied into an annual review of consumer feedback. This annual review will be included in the standing agenda for the professional advisory board September meeting. With the input of the PAC, the report will be forwarded to Bayada Nurses headquarters for management review and inclusion into the company annual evaluation. The area director is responsible for forwarding this material and ensuring that this standard is met.	9-30-11 9-30-11 9-30-11

*Accepted POC H640
2/15/11
Susan J. Emmerson, RN*

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H 640	Continued From page 2 staff, consumers or their representatives as contributors. Per interview on 01/18/11 at 4:00 PM the Area Director confined the Annual review is "complied at the Corporate level and has no local input".	H 640		
H 715 SS=D	7.2(d) Discontinuation of Services VII. Discontinuation of Services 7.2 A home health agency may discontinue services to a patient when the home health agency determines: (d) After attempting to resolve the situation, that the patient ' s needs cannot be adequately met in the home by the home health agency; This REQUIREMENT is not met as evidenced by: Based on record review and interview the home health agency failed to resolve the circumstances for discontinuation of services for 1 applicable patient. (Patient #1) Findings include: 1. When interviewed on 1/18/11 at 3:20 PM staff stated that the reason for discontinuation of services for Patient #1 was "for non-compliance with the bowel regime." Per review of the Client Notification of Discharge-Vt dated 8/11/10 stated the reason "as your goals have been met as outlined in your start of care order". Per record review later that same day, Patient #1's Plan of Care (485) dated 7/7/10 - 9/4/10 had the goals listed as; achieve optimal pain control, free from injury, bowel regime. There was no specific interventions or perimeters for the bowel regime other than listed as fleets enema 1/2, fleets enema 1/2 PRN (as needed) and MOM 30 cc	H 715	H715: Prior to any client discharge the Clinical Manager will conduct a review of the client goals to determine that all goals have been attained. Should the reason for Discharge be any other than goals attained, the local team will review the case to ensure that the regulatory requirements for discharge are met. Nursing will review that this standard is met while conducting quarterly office surveys. The Area Director will ensure that this standard is met.	2-11-11 2-11-11 3-30-11 3-30-11

*Accepted POC 2/15/11
H715
Susan J. Emmons, RN*

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H 715	Continued From page 3 PRN. Review of the nursing visits and nursing notes for this time period reveals weekly visits by nursing, pain assessed and reported 'as being 8-10' on the pain scale, occasional constipation and during the last 2 weeks of July 2010 "bowels constantly moving". In addition, per review of the Agency's policy 0-4540 Client Discharge - VT it states under the practice as 1.0(b) 'all goals have been attained' and 1.0(d.) client or caregiver is not participating in the care plan.....unable to comply with the plan of treatment'. as reasons for discharge. Per interview at 3:20 PM the Clinical Manager confirmed the following: there was no bowel regime outlined on the plan of care(485), the patient did not have optimal pain control, incorrectly documented the reason for discharge of services and through the appeals process the patient continues to receive services.	H 715		
H1414 SS=D	14.4(b) Clinical Records XIV. Clinical Records 14.4 A home health agency ' s patient clinical records, whether written or electronic, shall contain at a minimum: (b) A care plan for the patient, developed by the interdisciplinary team with input from the patient; This REQUIREMENT is not met as evidenced by: Based on record review and interview the Agency failed to ensure 2 of 3 applicable patients had care plans in their charts. (Patient #1 & #2) Findings include: 1. Per record review on 1/18/11 at 3:20 PM,	H1414	H 1414: Clinical Managers will review 100% of all active client records to ensure that a Plan of Care is present and that appropriate interventions and perimeters exist for all established goals, using Bayada's chart audit tool. Clinical Managers will review policy 0-983 regarding Physician Orders. Directors will ensure that the audits are performed. Ongoing, Clinical Managers will audit 10% of the admission charts. The Area Director will ensure that this standard is met.	3-1-11 3-1-11 3-30-11 3-30-11 3-30-11

Accepted POC H1414
2/15/11 Susan J. Simmons, PA

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H1414	Continued From page 4 Patient #1 who has a history and diagnosis as severe constipation did not contain specific interventions or perimeters for a bowel regime. The Plan of Care (485) dated 7/7/10 - 9/4/10 had one of the goal listed as bowel regime. However, only the medications listed as fleets enema 1/2, fleets enema 1/2 PRN (as needed) and MOM 30 cc PRN was noted. Per interview at 3:20 PM the Clinical Manager confirmed there was no bowel regime outlined on the plan of care(485) 2. Per record review on 01/18/11 for patient #2, there was no the plan of care (485) that contained a diagnosis, list of medications, frequency of visits, goals and interventions nor signed by the physician . Per interview at 12:30 PM P.M. the clinical manager confirmed that there was no 485 that contained the pertinent information for this patient.	H1414	<p style="font-size: 1.2em; margin: 0;"><i>Accepted 2/15/11 Susan J. Gammon RN</i></p> <p>H1602: Clinical Managers will review 100% of all active client records to ensure that a Plan of Care is present and that appropriate interventions and perimeters exist for all established goals, using Bayada's chart audit tool.</p> <p>Clinical Managers will review policy 0-983 regarding Physician Orders.</p> <p>Directors will ensure that the audits are performed.</p> <p>Ongoing, Clinical Managers will audit 10% of the admission charts.</p> <p>The Area Director will ensure that this standard is met.</p>	
H1602 SS=D	16.2 Plan of Care XVI. Plan of Care 16.2 A home health agency shall develop the plan of care in consultation with the physician and the patient and/or the patient ' s representative. The plan of care shall cover all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discontinuation of services or referral, shall be consistent with any advanced directive, if applicable, and include any other appropriate items. The home health agency shall submit the	H1602		