
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 6, 2014

Celine McGill, Administrator
Bayada Home Health Care
80 Pearl Street
Essex Junction, VT 05452-3668

Provider ID #:477019

Dear Ms. McGill:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 6, 2014**.

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

Sincerely,



Frances L. Keeler, RN, MSN, DBA
Assistant Division Director
State Survey Agency Director

FK:jl

Enclosure

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

Licensing and
Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/06/2014
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NAME OF PROVIDER OR SUPPLIER BAYADA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 PEARL STREET ESSEX JUNCTION, VT 05452
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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) COMPLETION DATE
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G 000	INITIAL COMMENTS	G 000		
G 105	<p>An unannounced onsite self report and complaint investigation was conducted on 01/14/14 - 01/15/14 by the Division of Licensing and Protection and completed on 02/06/14. The following are Federal deficiencies.</p> <p>484.10(b)(3) EXERCISE OF RIGHTS AND RESPECT FOR PROP</p> <p>The patient has the right to have his or her property treated with respect.</p> <p>This STANDARD is not met as evidenced by: on interviews and record review 1 staff person failed to respect the personal property of 1 patient in the targeted sample. (Patient #2) findings include:</p> <p>1. The HHA aide failed to comply with patient's rights by taking money for personal use. Per a complaint to DLP, (Division of Licensing and Protection) Patient# 2's family stated they were going over the patient's check book and that there were in the handwriting of her aide for \$50 - \$100 checks made out for cash to run errands. Additionally, On 9/27/13 a check made out directly to [the aide] for \$350.00 from the back of the checkbook and on 10/30/13 a check was made out directly to [the aide] for \$150.00 from the back of the checkbook. Patient #2 stated that [s/he] did not consent to money and or give gifts to the aide and was adamant that she did not authorize these transactions. Per the Agency's investigation the aide admitted to writing checks to her/him self from the client's account. S/he deposited the funds in her/his own account and then used the debit card to allegedly purchase</p>	G 105	<p>Bayada works hard to ensure that all client rights are respected. Bayada became aware of a situation with Patient #2 where their Rights were not respected. Following an Investigation the employee was terminated, appropriate Agencies notified and a reimbursement made to the Patient.</p> <p>Bayada will revise policy 0-4550 to more clearly address exploitation.. Confirmation of changes will be made by Administrator.</p> <p>Bayada will re-educate all office and field employees On Client Rights, referencing policies 0-4550 and 0-4595. (attached)</p> <p>Branch Director is responsible for implementation and will confirm completion to Administrator.</p> <p>During New Hire Orientation, the Client Services Manager will provide new employees with expanded education specific to Client Rights referencing policies 0-4550 and 0-4595.</p> <p>This new education will be added to the Personnel File Checklist. Personnel files of New Employees will be audited monthly for 100% compliance with this requirement for 3 months then quarterly during the corporate quality survey</p>	3/15/2014 3-25-14

*POC accepted
S Emmerson F Keen RA MSA
DIA 3/6/14*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Celene M. Lee Administrator</i>	TITLE	(X6) DATE 3/4/14
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 02/24/2014
FORM APPROVED
OMB NO. 0938-0391

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G 105	Continued From page 1 items for Patient#2. The two checks found by family totaled \$500.00. Per review of the Agency's policy#1- Standard of Conduct - I will respect the client's homes and property by not taking objects or money that belong to them, or accepting any money or gifts from them. Per Interview on 01/14/14 at 3:41 PM the Branch Manager confirmed that the aide failed to respect the patient's property by taking money without permission.	G 105		
G 106	484.10(b)(4) EXERCISE OF RIGHTS AND RESPECT FOR PROP The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the HHA and must not be subjected to discrimination or reprisal for doing so. This STANDARD is not met as evidenced by: Based on interview and record review the Home Health Agency (HHA) failed to investigate timely grievances made by 2 of 4 patients in the sample (Patient # 3 & #4). Findings include: 1. An anonymous complaint was received on 10/01/13 to the Division of Licensing and Protection (DLP) regarding missing money for Patient #3. Per record review on 01/14/14 Aide #1 failed to timely report the concern over missing money at least a week prior to the HHA's internal investigation. A Service Coordination note states "on 10/01/13 spoke to [aide #1] stated that on 09/25/13 [patient] could not find any money to go shopping ...[patient] has accused [aide#2] of	G 106	G106 Patient Rights Bayada works hard to ensure that all client rights are respected. Bayada became aware of a situation with Patient #2 where their Rights were not respected. Following an Investigation the employee was terminated, appropriate Agencies notified and a reimbursement made to the Patient. However Bayada Staff responded to client exploitation under the complaints reporting timeliness rather than the 48 hour exploitation requirement. Bayada will revise policy 0-4550 to more clearly address exploitation. Confirmation of changes will be made by Administrator. The office Director will re-educate all office and field employees on Client Rights, referencing policies 0-4550 and 0-4595. (attached) Branch Directors will confirm training completion to Administrator.	3-25-14 3-25-14

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G 106	<p>Continued From page 2 theft to [aide#1]".</p> <p>Per further review of the HHA's internal investigation, which was not signed or dated, sent to DLP on 10/11/13, states that six aides were interviewed and the expressed that patient #3 is "confused and often misplaces belongings". It also notes that the Patient has in the past expressed disapproval of Aide #2 for personal reasons. Per interview on 01/14/15 at 11:30 AM the Clinical Manager acknowledged that there are not any written statements from the staff regarding the above concerns and confirmed the statements are "summaries". S/he further stated "truthfully [aide#1] didn't believe the accusation of missing money so didn't think to report but certainly staff should know to report those things as listed on the orientation booklet" S/he was not sure if staff are in-serviced on a yearly basis regarding abuse, neglect or exploitation.</p> <p>Per review of the orientation booklet 'Becoming a hero'; page 29, does not clearly state what 'exploitation' means and what guidelines should be used by staff. The booklet states to "see Policy#0-556, however, upon review of policy #0-556 there are no guidelines or indications for the meaning of exploitation and the policy only speaks about abuse and neglect.</p> <p>Per interview on 01/14/14 at 1:20 PM the Division Director confirmed staff failed to report the grievances Patient#3 expressed to staff on several occasions.</p> <p>2. Per review on 01/14/14 Patient's #4 made several allegations of missing property to four aides which were not reported timely. During the course of the Agency's investigation on 12/06/13 - 12/23/13 the written statements by four aides show that staff were aware of alleged concerns of missing property but 'thought [patient#4] was</p>	G 106	<p>The Bayada Vermont Administrator will receive from each Branch Director a quarterly summary (in additional to all individual ongoing reports) of all incidents and complaints for the purpose of identifying any statewide trends.</p> <p>Any trends are to be reviewed at quarterly Director meetings in order to develop appropriate QI measures.</p> <p>During New Hire Orientation, the Client Services Manager will provide all new employees with expanded education specific to Client rights referencing policies 0-4550 and 0-4595. Ongoing and Policy will be reviewed during the employees annual evaluation. This new education will be added to the Personnel File Checklist. Personnel files of New Employees will be audited monthly for 100% compliance with this requirement for 3 months then quarterly during the corporate quality survey</p>	April 1, 2014	3-25-14

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G 106	Continued From page 3 confused". Per interview on 01/14/14 at 11:52 AM the Clinical manager stated "I am disappointed that I didn't hear right away" and confirmed staff are expected to let us know when patients report missing items.	G 106			
G 121	484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA. This STANDARD is not met as evidenced by: Based upon record review and confirmed through interview with the Agency Clinical Director, nurses failed to provide adequate assessments and measurements of wounds for one applicable patient. (Patient #2) Findings include: 1. Per record review Patient#2 was admitted for skilled nursing care for wounds. The doctor's orders as noted on the 485 dated 10/22/13, states 'Nursing to observe and assess integument status' and to also apply a dressing. Per the initial visit note of 10/29/13 wound care was provided however, no wound assessment was documented. Per a visit note of 11/05/13 states "no wound dressing- intact". Visit note of 11/06/13 states -- PRN (as needed) changed dressing but right leg wound large check again next visit". Per interview on 01/15/13 at 11:58 AM the Clinical manager for home care stated that the expectation would be that the nurse would assess on the visit first the actual wounds size and make note of the dimensions, wound bed granulation and any other other important information	G 121	Bayada patient #2 has been discharge from care since the finding of this survey. Pursuant to standards of practice issue regarding wound assessments and measurements, Bayada has taken the following actions. The Director provided a mandatory in-service to all field clinicians regarding wound management, and the clinicians completed competency testing. To ensure ongoing compliance, the Director will provide wound management and competency in-service training annually thereafter. The Director added to the point of care device a weekly alert to perform wound measurements at first visit of the week. When the alert is active on the clinicians' device, the clinician cannot proceed with the visit until this alert is acknowledged and completed. 2/24/2014 The Clinical Manager or designee will review required wound documentation with all field staff upon start of care for wound care for 2 months then it will be reviewed as part of the quarterly coroporate survey	2-10-14 2-10-14 4/30/2014	



RECEIVED
Division of

MAR 25 14

80 Pearl Street
Essex Junction, VT 05452
Licensing and
Protection

802-857-5030
802-861-2921 fax
www.bayada.com

March 4, 2014

Ms. Frances Keeler, Assistant Division Director
Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

Dear Ms. Keeler:

Bayada Home Health Care is requesting the opportunity for a review of the findings regarding Bayada Survey dated 2/6/2014. We had contacted your office and sent an email that outlined our questions referencing Federal Regulations; G 211, and G230 that we are seeking additional clarification. However, we were unable to reach a state representative to clarify our questions prior to the submission deadline of 3/4/2014.

We are requesting a meeting to discuss these findings, so that we may be in full compliance with the federal and states regulations. Enclosed is our Plan of Correction which addresses all the deficiencies as currently cited. We look forward to the opportunity to discuss our concerns, and I can be reached at 802-655-7111, or cmcgill@bayada.com , to schedule a time to review.

Sincerely,

Celine McGill
Division Director
Administrator

Copy:

Nick McCardle
Division Director

Enclosures:
Bayada Home Health Care Plan of Correction

Division of Licensing and Protection

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H 001
SS=A

Initial Comments

An unannounced onsite self report and complaint investigation was conducted on 01/14/14 - 01/15/14 by the Division of Licensing and Protection and completed on 02/06/14. The following are State Designation deficiencies.

H 001

H 513
SS=C

5.3 Requirements for Operation

V. Requirements for Operation

5.3 A home health agency shall have the staffing and supplies necessary to provide the services it offers. A home health agency shall ensure that services and staff are available to meet the needs of patients who have been accepted for services within the home health agency's specified geographic area and that there are contingency plans for each patient in the event of an unexpected, temporary unavailability of scheduled services

This REQUIREMENT is not met as evidenced by:
The home health agency failed to ensure that services and staff are available to meet the needs of patients within the home health agency's northern specified geographic area. This has the potential to effect all patients in this northern area. Findings include:

1. Review of the Non-admission Report from March 2013 - September 2013 shows three patients not receiving admission for insufficient staffing. Per interview on 01/15/14 at 12:05 PM the Administrator confirmed that patients in Franklin County area were not admitted to the Home Health Agency for services during the above time period stating "there just wasn't a nurse up in the Franklin area".

H 513

A review of Bayada Non-Admission report for 2013, listed 3 patients who were not provided services for insufficient staffing in the county of Franklin. Bayada had received an increase of referrals within this county which historically was very low. With the emergent demand Bayada placed recruiting ads targeting this county, collaborated and shared staff with branch offices to provide staffing assistance until appropriate staffing levels is achieved. Bayada has secured additional staff within Franklin County to meet the needs of the geographic area, as of 3/5/2014. Bayada branch office will contact sister offices to secure staff as additional staffing needs arise, Director will review staffing levels with Division Director weekly for 4 weeks, then monthly thereafter.

*POC accepted
S. Emmons / F. Kuhn
3/6/14
D.N. MSA
CSA*

3-5-14

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature] TITLE
Administrator **3/4/14** (X6) DATE

STATE FORM 6899 6TQV11 If continuation sheet 1 of 5

Division of Licensing and Protection

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H 517 SS=D	<p>5.7(a) Requirements for Operation</p> <p>V. Requirements for Operation</p> <p>5.7 A home health agency shall notify the Department of all critical incidents among its current patient population within specified time frames below. Verbal reports shall be followed by a written report that summarizes the occurrence.</p> <p>(a) A home health agency shall report any suspicion of abuse, neglect or exploitation as defined in 33 V. S. A. §6902 to the Division of Licensing and Protection 's Adult Protective Services unit within 48 hours.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the agency failed to report any suspicion of abuse, neglect or exploitation as defined in 33 V.S.A. 6902 to the Division of Licensing and Protection's Adult Protective Services (APS) unit within 48 hours for 1 applicable clients in the targeted sample. (Patient #4). Findings include:</p> <p>During record review on 01/14/15, the HHA failed to report several incidents of alleged financial exploitation to APS within 48 hours after becoming aware of the allegations. On 12/01/12 a caregiver reported to the Clinical Manager an allegation of missing money and/or property. The Clinical Manager made a visit to the patient's home on 12/03/13. The HHA made a report on 12/06/13 . The Home Care Director confirmed that a report had not been made to the APS hotline within 48 hours of discovering the allegations of financial exploitation.</p>	H 517	<p>Bayada will revise policy 0-4550 to more clearly address exploitation By 3/15/2014. Confirmation of changes will be made by Administrator..</p> <p>Bayada will re-educate all office and field employees on Client Rights, referencing policies 0-4550 and 0-4595. (attached) Branch Directors will confirm training completion to Administrator <u>By 3/25/2014</u></p> <p>The Bayada Vermont Administrator will receive from each Branch Director a quarterly summary (in addition to all individual ongoing reports) of all incidents and complaints for the purpose of identifying any statewide trends. Any trends are to be reviewed at quarterly Director meetings in order to develop appropriate QI measures. 4/30/2014</p> <p>H1702 During New Hire Orientation, all new employees will receive expanded education specific to Client rights referencing policies 0-4550 and 0-4595. Ongoing and Policy will be reviewed during the employees annual evaluation.</p>	
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Division of Licensing and Protection

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H1702	Continued From page 2	H1702	H 1702 Patient Rights	
H1702 SS=D	17.2 Patient Rights	H1702	Bayada works hard to ensure that all client rights are respected. Bayada became aware of a situation with Patient #2 where their Rights were not respected.	12-15-13
	XVII. Patient Rights		Following an Investigation the employee was terminated, appropriate Agencies notified and a reimbursement made to the Patient	
	17.2 A patient has the right to have his or her property and person respected by the home health agency.			
	This REQUIREMENT is not met as evidenced by: Based on interviews and record review 1 staff person failed to respect the personal property of 1 patient in the targeted sample. (Patient #2) findings include:		Bayada will revise policy 0-4550 to more clearly address exploitation. Confirmation of changes will be made by Administrator..	3-15-14
	1. The HHA aide failed to comply with patient's rights by taking money for personal use. Per a complaint to DLP, (Division of Licensing and Protection) Patient# 2's family stated they were going over the patient's check book and that there were in the handwriting of her aide four \$50 - \$100 checks made out for cash to run errands. Additionally, On 9/27/13 a check made out directly to [the aide] for \$350.00 from the back of the checkbook and on 10/30/13 a check was made out directly to [the aide] for \$150.00 from the back of the checkbook. Patient #2 stated that [s/he] did not consent to money nor gave gifts to the aide and was adamant that she did not authorize these transactions. Per the Agency's investigation the aide admitted to writing checks to her/him self from the client's account. S/he deposited the funds in her/his own account and then used the debit card to allegedly purchase items for Patient#2. The two checks found by the family totaled \$500.00. Its unknown how many other checks were written. Per review of the Agency's policy#1- Standard of Conduct - I will respect the client's homes and		Bayada will re-educate all office and field employees on Client Rights, referencing policies 0- 4550 and 0-4595. (attached) Branch Directors will confirm training Completion to Administrator. During New Hire Orientation, all new employees will receive expanded education specific to Client rights referencing policies 0-4550 and 0-4595 Ongoing	3-25-14

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H1702	Continued From page 3 property by not taking objects or money that belong to them, or accepting any money or gifts from them. Per interview on 01/14/14 at 3:41 PM the Branch Manager confirmed that the aide failed to respect the patient's property by taking money without permission. Also see Federal tag G-105	H1702		
H1715 SS=C	17.14 Patient Rights XVII. Patient Rights 17.14 A patient has the right to appeal a notice of reduction or discontinuation of home health agency services or a denial of admission to the home health agency and to receive information about the appeal process This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home health agency failed to assure patients were provided information about the appeal process regarding denial of admission for 2 of 5 applicable patients in the sample. (Patients # 1 & #4) Findings include: 1. Per record review on 01/14/14 and 01/15/14 Patients #4 and #1 were denied admission to the agency on 07/18/13 and 07/28/13, respectively. Per review of the Non-admission Report Patient # 4 was referred by the physician on 07/17/13 for physical therapy and nursing. The physical therapy[PT] care coordination note dated 07/18/13 states "declined by this therapist at this time as feel client is at risk being at home." Per the Registered Nurse care	H1715	H1715 Bayada Home Health Care strives to meet the needs of all referrals and to clearly communicate with all referrals that cannot be served, including providing information as to how to appeal the denial of services. The Directors will educate all Client Service Managers and Clinical Managers on the Vermont HH designation requirements related to client admission and discharge. 3/15/2014 The Division Directors will review process monthly with Directors for 3 months, then Quarterly at Directors meeting to be reported to Administrator. 4/30/ 2014	

Division of Licensing and Protection

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H1715	<p>Continued From page 4</p> <p>coordination note of 07/18/13 states " Nursing and PT have both refused to go into client's home as they felt it is not a safe environment.....[client] will continue with Bayada hourly team".</p> <p>Patient #1 was denied admission after surgery on 07/28/14. Per interview on 01/14/14 at 12:12 PM the Division Director stated "I do remember hearing about [Patient#1] and recall that there was a feeling of [not wanting to admit related to past behaviors] but also stated that there should be a referral per the referral log. The Agency was unable to find any additional information regarding the referrals or case coordination that the patients received the appeal notice.</p> <p>The Division Director confirmed at 01/14/14 at 12:12 PM that Patient #1 and #4 did not receive information about the appeal process for denial and stated "the process didn't happen".</p>	H1715		