

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

May 15, 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 **April 23, 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

MAY 14 2014

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CDNSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/23/2014
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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 SHDULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 001 SS=A	Initial Comments An unannounced on-site self report and complaint investigations were conducted on 04/21/14 - 04/22/14 by the Dvion of Licensng and Protection and completed on 04/23/14. The following are State Designation regulatory findings.	H 001		
H 644 SS=D	6.11 Organization, Services and Administration VI. Organization, Services and Administration 6.11 A home health agency shall investigate complaints made by a patient, the patient's family or a legal guardian regarding treatment or care that is (or that fails to be) furnished, or regarding the lack of respect for the patient's property, by the agency or by anyone furnishing services on behalf of the home health agency, and must document both the existence of the complaint and the resolution of the complaint. The home health agency shall furnish patients with the toll-free number for the Home Health Hotline. This REQUIREMENT is not met as evidenced by: Based on record review and interview the HHA (Home Health Agency) failed to document the existence of a complaint or the resolution for 1 applicable patient. (Patient #1) Findings include: During record review on 04/21/14, a LNA (Licensed Nursing Assistant) was not providing services although indicated that services were provided during the allotted time. A nursing visit note dated 07/18/13 states Patient #1's caregiver reported to the nurse that the LNA was often late and left early, although wrote more hours than	H 644	H.644 6.11 ORGANIZATION, SERVICES AND ADMINISTRATION Bayada Home Care Division Director will re-educate all office Staff on Bayada Policy, Clients Concerns/Complaints – VT, 0-4537, and the requirements for reporting client complaints, the requirements for documentation to include findings and resolution. By 5/25/14 Division Director for Home care will review all Home Care complaints for completeness and resolution, and report findings to Administrator. By 5/25/14 Quarterly, Bayada Directors will summarize and trend client complaints and report to the Administrator for the purpose of identify any statewide trends. By 6/2/14 To monitor ongoing compliance, trends are to be reviewed at quarterly Directors meetings in order to develop appropriate QI measures. By 7/10/14	

POC accept S Emms JF KERR

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Celine J. Hill</i>	TITLE <i>Administrata</i>	DATE <i>5/13/2014</i>
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H 644	Continued From page 1 actually being provided. The visit note further states that there were no yellow copies of the LNA activity sheets in the home and that the nurse made a call to the office to check the activities records for time in/out of the home. However, there was no further documentation as to the investigation or resolution regarding this complaint. There was no event report or complaint log documentation. Per interview the Director of Home Care on 04/21/14 at 5:05 PM confirmed the HHA failed to document the investigation and resolution of this family's complaint.	H 644		
H1423 SS=D	14.4(k) Clinical Records XIV. Clinical Records 14.4 A home health agency 's patient clinical records, whether written or electronic, shall contain at a minimum: (k) Documentation showing patient receipt of Patient Rights provisions, Home Health Hotline information, complaint or grievance procedures, abuse prevention information, advanced directives information and contact information for the State Long-Term Care Ombudsman, if applicable, and/or the HealthCare Ombudsman; This REQUIREMENT is not met as evidenced by: Based on record review and interviews the HHA failed to have in 1 of 5 patients records documentation of the patient receipt the Resident Rights provisions. (Patient # 3) Findings include: 1. Per record review on 04/22/14 Patient #3's	H1423	H.1423 14.4 (k) Clinical Records Director for Home Health will educate the field and office staff regarding the requirement to obtain signatures and retain a hard/scanned copy of the Client Agreement Form- VT, 0-4292, during the scheduled staff meeting. The Home Health Client Service Manager will review each client file for completeness within 30 days of admission. By 5/25/14 Directors or designee of Home Health Offices will monitor compliance by conducting random audits of clients chart for 3 months. Quarterly, the Clinical Service Quality Surveyor will review 5 charts to monitor ongoing compliance. By 7/2/2014	

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H1423	<p>Continued From page 2</p> <p>EMR (electronic medical record) chart did not contain a signed copy of the Vermont Client agreement form part 1,2,&3 which contains information regarding Patient Rights provisions, Home Health Hotline information, complaint or grievance procedures, abuse prevention information, advanced directives information and contact information for the State Long-Term Care Ombudsman. Patient #3 was admitted on 01/08/14 and the copy of the Client agreement form was not signed and dated. Per interview on 04/22/14 at 10:57 AM the Branch Clinical Manager stated that the process is for the nurse to have the paper version scanned into the EMR, which was also not found. S/he confirmed at that time that there was no documentation showing the patient received signed and dated the Patent Rights provisions.</p>	H1423		