

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

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

PRINTED: 05/06/2014
FORM APPROVED
OMB NO. 0938-0391

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 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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G 000	INITIAL COMMENTS An unannounced on-site complaint and self report investigations on 04/21/14 - 04/22/14 were conducted by the Division of Licensing and Protection and completed on 04/23/14. The following are Federal Home Health regulatory findings.	G 000		
G 103	484.10(a)(2) NOTICE OF RIGHTS The HHA must maintain documentation showing that it has complied with the requirements of this section. This STANDARD is not met as evidenced by: Based on record review and interviews the HHA (Home Health Agency) failed to have in 1 of 5 patients' records documentation of the patient's written notice of the Resident Rights. (Patient # 3) Findings include: 1. Per record review on 04/22/14 Patient #3's EMR (electronic medical record) chart did not contain the written notice 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 a blank 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	G 103	G103 484.10(a)(2) Notice of Rights 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	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Celine M. Jelle</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/13/2014</i>
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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.

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G 103	Continued From page 1 showing the patient was informed of the Patent Rights.	G 103			
G 107	484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint. This STANDARD 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 investigation 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 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.	G 107	G107 484.10(b)(5) Exercise of Rights and Respect for Property 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		

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G 107	Continued From page 2 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.	G 107		
G 118	<p>484.12(a) COMPLIANCE WITH FED, STATE, LOCAL LAWS</p> <p>The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the HHA failed to comply with an applicable Federal requirement for 1 of 5 patients. (Patient #3) Findings include:</p> <p>Per the Federal Face to Face requirement, Section 6407 of the Affordable Care Act, requires the physician to document that he or she has seen the patient. More specifically, Centers for Medicare Services(CMS) requires that the encounter must occur within 90 days prior to the start of home health care or within 30 days after the start of care.</p> <p>Per record review on 04/22/14, Patient #3 was admitted on 01/08/14. The Face to Face encounter was signed and dated on 03/03/14 greater than 30 days after admission.</p> <p>Per interview on 04/22/14 at 10:57 AM the Branch Clinical Manger confirmed that the Face to Face encounter found in the patients chart was greater than 30 days after the start of care.</p>	G 118	<p>G118 484.12(a) Compliance with Fed, State, Local Laws Bayada Client Service Manager will review the F2F Encounter Tracking report weekly with Clinical Manager to identify outstanding F2F. The Client Service Manager will check received F2F for accuracy and continuity of care. The Client Service Manager and/or Clinical Manager will contact the ordering MD to review outstanding issues 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</p>	

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G 144	<p>484.14(g) COORDINATION OF PATIENT SERVICES</p> <p>The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews the HHA failed to show effective coordination, interchange, or reporting of patient care needs. This has the potential to effect all patients of the HHA's programs. This is a repeat deficiency. Findings include:</p> <p>On 04/21/14 at 9:30 AM the nurse surveyor requested access to records which required the use of computers for the EMR but only the medical or skilled services were accessible. When asked for the unskilled or home care records the nurse surveyor was told that was 'another program' and only a few people had access and "the two systems do not talk to each other".</p> <p>Per interview on 04/22/14 at 10:26 AM, regarding all services provided for a patient, the staff nurse stated "I don't know how often the housekeeper [went] in because that is on the other side of the house, it wasn't medical".</p> <p>Per interview later that day at 12:54 PM the Manager of Homecare at a branch office was unable to state how the nurse, other than the managers know about care coordination for patients and stated " I would imagine there are case coordination notes that are suppose to be used but I am not able to have excess into the Nursing side, we use another system."</p>	G 144	<p>G144 484.14(g) Coordination of Patient Services</p> <p>Bayada will ensure that pertinent client information is available to all of the teams providing care. Bayada Office staff will be re-educated on, Bayada Policy 0-944 Coordination of Services, which requires ongoing care coordination and documentation in the client's record. By 5/20/14</p> <p>Weekly, the Clinical Managers or designee for Home Care and Home Health will meet to review care coordination for shared clients. Documentation of the case conferences will be noted in the patients chart to reflect the coordination of services.</p> <p>The Directors for Home Care and Home Health Offices will monitor compliance by conducting random audits of clients chart for 3 months. By 5/30/14</p> <p>Quarterly, the Division Directors will review documentation of care coordination of shared clients, and report findings to Administrator at scheduled directors meetings. Ongoing 7/10/14</p>	

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G 144	Continued From page 4 Per review on 04/22/14 of the schedule for LNA services there is no information as to why some visits were missed for a patient. There was no information in the EMR as to the reason. Per interview later that day the Clinical Manager stated " I agree there is no coordination between staff." Per interview during the exit conference on 04/22/14 at 4:30 PM the Homecare Director confirmed the lack of effective systems for the coordination for all patients between all HHA's services provided.	G 144		
G 165	484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS Drugs and treatments are administered by agency staff only as ordered by the physician. This STANDARD is not met as evidenced by: Based on record review and interview the agency staff failed to assure physician orders for treatments were provided for 3 of 5 patients. (Patients #3, 4 & 5) Findings include: 1. Per record review on 04/22/14 Patient #3 was admitted on 01/08/14 and had received no LNA services for approximately three weeks. Per the Physician order (485) dated 01/08/14 states that the patient is to received a Home Health Aide (LNA) once a week for one week, twice a week for three weeks and then once for one week. Per review of the LNA schedule showed projected visits for January 9th, 13th, 17, 20, 22, 30th. Per the LNA activity sheet shows the LNA allegedly made visits on the 17th, 20th and 22nd, although these Activity sheets did not have the patients as expected. No activity sheets were found for the	G 165	G165 484.18(c) Conformance with Physician Orders The Director of Home Health will re-educate the staff on Bayada Policy, Plan of Treatment - Medicare, 0-3446, during scheduled staff meeting. By 5/30/14 Weekly the Clinical Manager and Client Services Manager will review new admissions to ensure services order have been provided. If any changes occur in the ordered services, the PCP, and Director for Home Health will be notified to ensure on going compliance, the Clinical Manager or designee will document in the clients record to reflect any variances in the plan of treatment. By 5/30/14 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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G 165	<p>Continued From page 5</p> <p>9th and 13th. Per a concern voiced by the patient about not receiving LNA visits and upon further investigation the LNA did in fact, not make any visits from 01/09/14 through 01/22/14. Per interview on 04/22/14 at 11:46 AM the branch Clinical Manager confirmed that LNA services were not provided as ordered.</p> <p>2. Per record review on 04/21/14 Patient #4 did not receive services per the Physician's order. A physician order dated 01/28/14 was for Home Health Aid (LNA) twice weekly. A physician order dated 02/11/14 was for an OT [occupational therapy] evaluation to help with hygiene. Per review of the patient's record the LNA made only weekly visits on 01/23/14, 02/06/14, 02/12/14 and 02/21/14. No visits were made for the week of January 26, 2014. A note dated 02/18/14 states [patient] canceled LNA visit that day. No OT evaluation visit was found. There is no documentation as to why twice weekly visits were not made nor the OT evaluation visit. Per interview on 04/21/14 at 4:00 PM the Clinical Director confirmed visits had not been provided for OT and LNA as ordered.</p> <p>3. Per review on 04/22/14 Patient #5 did not receive nursing visits as ordered. The physician's order via the 485 dated 01/07/14 -01/22/14 was for skilled nursing once weekly for general assessments and compliance with medications and routine. Per record review nursing made visits on the 14th and 21st, omitting the visit from 01/07/14. Per interview the Clinical Manager (CM) at 12:14 PM stated "I think it was because [the nurse] did [a] visit on the 6th but yes that was part of the previous cert period and yes [nurse] missed that first week skilled nursing visit because [s/he] counted wrong". The CM</p>	G 165		

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G 165	Continued From page 6 confirmed nursing visits had not been provided as ordered.	G 165			
G 230	484.36(d)(3) SUPERVISION If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 60 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care. This STANDARD is not met as evidenced by: Based on record review and interview, the Agency failed to provide Registered Nurse (RN) supervisory visits for 2 applicable patients receiving non-skilled services.(Patient #1 and #2) This is a a repeat deficiency. Findings include: 1. Per review on 04/21/14 of the Patient #2's record, there was no evidence that RN supervisory visits were conducted with the care giver present in the home for nearly 4 months . Per review Patient #2 was receiving up to 34 hours every 2 weeks personal care services per week from 12/12/13 until 12/11/14 for the CFC [choices for care] program. Per review of visit notes, progress or field supervisory visit notes there is no documentation that supervisory visits were made from 12/20/13 to 04/04/14. This was confirmed by the Home care Director on 04/21/14 at 5:05 PM.	G 230	G230 484.36(d)(3) Supervision Directors of Home Care will provide education to the Clinical Managers regarding the frequency and required content of supervision visits per Bayada policy 0-0122, Frequency of Clinical Management Visits and Staff Supervision. By 6/1/14 Directors of Home Care Offices will ensure compliance by conducting random chart audits of supervisory visits for 3 months. These results will be trended and reported to the Division Director of Home Care. By 6/1/2014 Quarterly, the Clinical Home Care Mentor and Internal QA Surveyor will review 5 charts to monitor ongoing compliance. By 7/2/2014		

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G 230	Continued From page 7 2. Per review on 04/21/14 Patient #1 there was no evidence that RN supervisory visits were conducted with the care giver providing services. Per review of the CFC service plan dated 07/18/13 -01/15/14 notes LNA services for 5 hours every 2 weeks for personal care. Per review of the field supervisory visit notes shows from 06/11/13 thru 09/19/13 that no care was observed by the RN. Additionally, from 01/22/14 until March no supervisory visits were noted. This was confirmed by the Home Care Director on 04/21/14 at 5:05 PM	G 230		