VERMONT

AGENCY OF HUMAN SERVICES
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

February 10, 2012

Tracy Chellis, Administrator
Bayada Nurses, Inc
110 Kimball Avenue, Suite 250
So Burlington, VT 05403-6925

Provider ID #:477019

Dear Ms. Chellis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 11, 2012**.

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

Sincerely,

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure - STATE Form

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	(X3) DATE SURVEY COMPLETED 01/11/2012
NAME OF PROVIDER OR SUPPLIER BAYADA NURSES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 KIMBALL AVENUE, SUITE 250 SO BURLINGTON, VT 05403		

(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 Home Health Survey for Federal, State Designation and one complaint was conducted by the Division of Licensing & Protection between the dates of January 9 through January 11, 2012. These are the State Designation findings:	H 001		
H 511 SS=A	5.1 Reqirements for Operation V. Requirements for Operation 5.1 A home health agency shall not employ or have a contract with any direct-care personnel without satisfactory results from the Adult Abuse Registry and the Child Abuse Registry and without having conducted a Vermont criminal record check in compliance with the Department's background check policy. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the agency failed to assure the required background checks were conducted for 1 of 8 applicable employees. Findings include: Per review of a Licensed Nursing Assistant personnel record on 1/10/12, the Adult and Child Abuse registry checks had not been conducted for Staff member #1 who had been re-hired by the agency on 8/18/2010. This was confirmed on the afternoon of 1/10/12 by the Associate Director for the Bennington branch of this agency.	H 511	H.511 Requirements for operation Coordination of background checks for potential hires and rehires will be centralized. The administrative Coordinator in the Parent office will receive all background check requests from the Branch offfices. All background checks will be completed and returned to the branches. Any backgrounds that are unnaceptable will be copied to the Division Director. Review of the process will be provided to office staff By 2/10/12 by the Branch Director. H511 POC accepted 2/2/12 Sommon RN / [illegible] RN	
H 639 SS=D	6.8 Organization, Services and Administration VI. Organization, Services and Administration 6.8 A home health agency shall develop a fee	H 639		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Division Director — (X6) DATE: 1/30/12

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H 639	Continued From page 1 schedule which shall be provided to all patients or their legal representatives and to the public upon request. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the agency failed to develop a fee schedule and provide it to 1 client (# 1) in the applicable sample. Findings include: Per record review and staff interview, the agency failed to offer Client #1 an alternative fee source for LNA services pending private insurance authorization. Client #1 was admitted to the agency on 10/04/2011 with orders for LNA services 2 times per week to assist with his/her activities of daily living. Per record review on 01/09/2012 these services did not begin until 10/19/2011, 15 days later. There is no evidence in the record to support that the client was offered an option for a sliding fee scale to pay for these ordered services until the insurance authorization was complete. The clinical manager confirmed during interview on 01/10/2012 at 2:30 PM that the LNA services did not begin until 15 days after they were ordered and that the agency does not have/does not provide a sliding fee scale as an option for reimbursement.	H 639	H639 **Organization, services and administration** All office staff will have a private pay fee schedule readily available.The fee schedule will reflect fees that do not fall below the medicaid minimums per regulation. Office staff will be educated as to the requirement to offer such private duty services in the event that insurance authorizations are delayed. By 2/10/12 Branch Directors to confirm completion with Division Director by 2/13/12 H639 POC accepted 2/2/12 Semmonsen/ Pinotaro	
H1424 SS=A	14.4(l) Clinical Records XIV. Clinical Records 14.4 A home health agency ' s patient clinical records, whether written or electronic, shall contain at a minimum: (l) A copy of any advanced directive, Do Not	H1424		

PRINTED: 01/25/2012
FORM APPROVED

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H1424	Continued From page 2 Resuscitate Order (DNR) or Clinician ' s Order for Life Sustaining Treatment (COLST), if applicable. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Agency failed to ensure a copy of the Advanced Directives was available in each client's chart for 3 of 18 clients in the total sample. (Clients # 2, #3 & #4) Findings Include: Per record review on 01/10/12 Client #2, #3 and #4 did not have a copy of the Advanced Directives in the paper chart. The clients had been identified in the hard copy and/or electronic record as having Living Wills or Advanced Directives, however, there was no evidence that copies were obtained for the charts. On 01/10/12 at 2:15 PM the Regional Director confirmed there were no copies of the Living Wills/Advanced Directives for these Clients.	H1424	H 1424 Clinical records Advance Directives Management and documentation of efforts to Obtain Advance Directives education will be provided by Branch Directors. Office staff will review 20% of active clients for compliance by 2/20/12 and initiate efforts to bring deficiencies into compliance by 2/25/12. Bayada QA reviewers to review for compliance, ongoing.	
H1607 SS=D	16.7(a) Plan of Care XVI. Plan of Care 16.7 A home health agency and the patient ' s physician shall review the plan for skilled care at least once every 60 days or as required by a specific program. A home health agency ' s professional staff shall promptly alert the physician to any changes that suggest a need to alter the plan of care. (a) If a physician refers a patient with a specific plan of care that cannot be completed until after an evaluation visit, the physician shall be consulted to approve additions or modifications to the ordered plan. Orders for therapy services shall include the type, modality,	H1607	by 2/10/12. H1424 POC accepted 2/2/12 SemmonsRN | Dmcotaren H 1607 Plan of care Office staff and field staff will receive education as to the requirement to provide Physician notification in the event of a delay in start of services.	

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H1607	Continued From page 3 frequency and duration of therapy. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the agency failed to notify the physician of changes in the plan of care for 2 of 18 clients in the targeted sample or that services had not been delivered in a timely manner. (Client #1 & #2) Findings include: 1. Per record review on 01/10/12 the physician was not notified of changes to the plan of care for Client #2, who was recently hospitalized for general weakness and a fall. Per the referral order of 12/18/11 it states, 'skilled nursing for vital signs, diet, assessment, physical therapy (PT) for evaluation , exercise gait and balance and home aide for bath assistance and meal prep'. The physician also stated: "please reinforce the use of the rolling walker, a new assistive device". Per review of nursing note of 12/20/11 it states, "client will need (PT) eval for education with use of rolling walker, a new device.". The PT did not make a visit until 12/29/11, 12 days after admission. Per interview on 01/10/12 at 3:15 PM the Regional Director and Acting Director confirmed that the client should've been seen sooner and the physician was not notified of delay in the plan of care. 2. Per record review on 01/09/2012 the agency failed to notify the physician that LNA services ordered when Client # 1 was admitted on 10/02/2011 did not begin until 10/19/2011, 17 days later. The facility further failed to notify the physician that Occupational Therapy (OT) ordered on admission was not provided to the client as Client # 1 declined those services. The	H1607	Continuing education in the use of the new Electronic Medical record with clinicians with a focus on generating notifications to Physicians of any missed or declined visits by 2/10/2012. Each office will review 100% of EMR Charts for any missed visits by 2/10/12. H1607 POC accepted 2/2/12 Sammons RN / Pineda RN	

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H1607	Continued From page 4 clinical manager confirmed during interview on 01/10/2012 at 2:30 PM that the physician was not notified of non-delivery of ordered services for Client # 1.	H1607		