

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

July 7, 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 **June 13, 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

JUL - 1 11

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

Licensing and
Protection

PRINTED: 06/20/2011
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 06/13/2011
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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) COMPLETION DATE
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G 000	INITIAL COMMENTS	G 000		
G 157	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. This STANDARD is not met as evidenced by: Based on record review and staff interview the agency failed to provide one patient in the sample (Patient # 1) accepted for treatment the reasonable expectation that the patient's medical needs could be adequately be met by the agency. Findings Include: Per record review on 6/13/11 Patient # 1 who was admitted to the agency on 12/21/10 with physician identified physical therapy (PT) and occupational therapy (OT) needs had orders for PT & OT evaluations after being discharged from a skilled nursing facility. The agency failed to provide PT services after an initial PT evaluation (which occurred on 12/29/10, 8 days after the patient was admitted) identified the need for further therapy services. When the initial PT evaluation was completed, the physical therapist requested orders from the physician for services '3 x a week x 6 weeks' (three times a week times six weeks) and no further PT visits were made.	G 157	G 157: Bayada Nurses provides home health services to the entire state through four locations. Bayada Nurses has added additional therapy staff to their teams throughout the state, and will continue to do so, in order to ensure that clients receive care in a timely manner. In the event that a particular Bayada Nurses office faces challenges in staffing a client, they will collaborate with other Bayada offices in the state to meet the needs of the client. Whenever a staffing collaboration is called for, the Office Clinical Manager will inform the Office Director, who will facilitate staff sharing with other Directors. All Directors and Clinical Managers will be instructed in this practice by 7/6/11. In the Brattleboro office, re-education will be given to all professional clinicians, as well as office staff involved in the referral process, regarding the requirement for timely services. This education shall be provided by the clinical manager, and shall take place on or before July 8, 2011. The Brattleboro Office Director will audit 100% of admissions to ensure that this timeliness standard is met, as well as all related Bayada Nurses policies and procedures.	

*July 8 2011
Per Dawn
Christal emp*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sharon Chelton</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7-1-11</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 157	Continued From page 1 In addition, there was no evidence that the per diem OT had been contacted or was available to do an evaluation and/or provide services to this patient. Per interview with the Acting Director on 6/13/11 at 12 noon, s/he confirmed that the initial PT evaluation was completed by a therapist from another agency branch. The per diem physical therapist that worked from this branch (s/he worked part time, usually 2 days per week, as able) was not working for the agency for a period of approximately 7-10 days during the time period that the patient was admitted. At this time, there were no other physical therapists working at this branch. S/he also confirmed that a physical therapist from another branch was contacted and completed the initial PT evaluation. However, due to a 'miscommunication between branches' there were no further PT visits provided to the patient after the initial evaluation. In addition, although there was a per diem OT that worked out of this branch there was no evidence that this person had been contacted or was available to do an evaluation and/or provide services to this patient.	G 157		
G 164	The Home Health Advance Beneficiary Notice completed by staff on 1/5/11 stated that skilled nursing visits would be discontinued then because, 'We cannot provide physical therapy services you need and you request no more visits from Bayada.' 484.18(b) PERIODIC REVIEW OF PLAN OF CARE Agency professional staff promptly alert the physician to any changes that suggest a need to	G 164		

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G 164	Continued From page 2 alter the plan of care. This STANDARD is not met as evidenced by: Based on record review and staff interview, agency staff failed to inform the physician and/or agency administrative staff in a timely manner that one patient's physical therapy and occupational therapy needs (Patient # 1) were not being met. Findings include: Per record review on 6/13/11 Patient # 1, who was admitted to the agency on 12/21/10 with physician identified physical therapy (PT) and occupational therapy (OT) needs had orders for a PT & OT evaluation after being discharged from a skilled nursing facility. Although the initial PT evaluation was completed on 12/29/10 (eight days after admission) there were no further physical therapy visits made even when the physical therapist requested orders for 'PT visits 3 times a week for 6 weeks' after the initial evaluation. In addition, although there was no OT (Occupational Therapy) evaluation completed there was no evidence of notification of either the physician or agency administrative staff. Per interview with the Acting Director on 6/13/11 at 12 noon, s/he confirmed the case manager for Patient # 1 (who was no longer working for the agency) had documented in the nursing notes on 1/2/11 that 'physical therapy came and did eval (evaluation) and has not returned.' S/he confirmed there was no documentation of a follow-up by the case manager to notify the physician or the agency administrative staff and that the first time the Acting Director was made	G 164	G 164: Bayada Nurses has established secure e-mail for all licensed field clinicians, as of April 1, 2011. This allows faster, secure delivery of client information, and has improved communication between field and office staff. In the Brattleboro office, re-education will be given to all professional clinicians, as well as office staff involved in the referral process, that any changes to the plan of care require notification of the physician, as well as obtaining a verbal order approving this change. As part of this re-education, it shall be reinforced that all communications between members of the care team, whether they are Bayada employees or not, must be documented, in order to clearly demonstrate full coordination of care. A copy of each communication shall be forwarded to the clinical manager in order to keep them fully aware of the change to the plan of care. This re-education shall be provided by the clinical manager, and shall take place on or before July 8, 2011. The clinical manager shall be responsible for ensuring this standard is met, and ensuring that all appropriate Bayada policies and procedures regarding this area are followed. <i>APC written 7-7-11 DCH/SA</i>	July 8 2011	

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G 164 G 236	Continued From page 3 aware of this was either 1/3 or 1/4/11. 484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary. This STANDARD is not met as evidenced by: Based on record review and staff interview, the agency failed to have evidence of a referral for one patient in the sample (Patient # 1) after the patient's family requested a transfer to another home health agency. Findings include: Per record review on 6/13/11 Patient # 1 who was admitted to the agency on 12/21/10 with physician identified physical therapy (PT) and occupational therapy (OT) needs had orders for PT & OT evaluations after being discharged from a skilled nursing facility on 12/20/10. The agency failed to provide the services even after an initial PT evaluation (which occurred on 12/29/10, 8 days after the patient was admitted) identified the need for therapy services. When the initial PT evaluation was completed, the physical therapist requested orders from the physician to see the patient '3 x a week x 6 weeks' (three times a week times six weeks) however no further PT	G 164 G 236	G236: Bayada Nurses has a referral form which is to be included as part of every client record. The clinical manager or their designee will be responsible for reviewing this form at the time of referral to ensure it is complete, signing the referral, and shall then ensure that this form is part of the client chart being put together at the time of admission. All transfer of Clients to another provider shall be documented on a HHABN and Bayada Form 37-6 "client transfer Form" shall be completed, appropriately disseminated and included in the client chart Each Office Clinical manager is responsible to ensure that this standard, as well as applicable Bayada Nurses policies and procedures, are being met. Office Director will review each transfer to ensure complete compliance on an ongoing basis. <i>POC accepted 7-2-11</i> <i>DCH/SEW</i>	<i>July 8 2011</i>

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G 236	<p>Continued From page 4</p> <p>visits were made to this patient. In addition, there was no evidence that an OT was available to do the initial evaluation/assessment of the patient's needs.</p> <p>Per interview with the Acting Director on 6/13/11 at 12 noon, s/he confirmed that the OT evaluation was not completed and that after the initial PT evaluation, completed on 12/29/10, no other PT visits were made to the patient. S/he also confirmed that the Home Health Advance Beneficiary Notice completed by agency staff on 1/5/11 stated that skilled nursing visits would be discontinued then because, 'We cannot provide physical therapy services you need and you request no more visits from Bayada.' After his/her review of the patients file, s/he confirmed that there was no evidence that a referral had been sent to the other home health agency that the patient had been transferred to.</p>	G 236		

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H 001 Initial Comments

H 001

An unannounced onsite investigation was conducted and completed by the Division of Licensing & Protection on 6/13/11. The following regulatory violations are under the State Home Health Designation Regulations.

H 513:

Bayada Nurses provides home health services to the entire state through four locations.

H 513 5.3 Requirements for Operation
SS=D

H 513

V. Requirements for Operation

Bayada Nurses has added additional therapy staff to their teams throughout the state, and will continue to do so, in order to ensure that clients receive care in a timely manner.

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

In the event that a particular Bayada Nurses office faces challenges in staffing a client, they will collaborate with other Bayada offices in the state to meet the needs of the client.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the agency failed to have the necessary staffing to provide the services it offers for one patient in the survey (Patient # 1). Findings Include:

Whenever a staffing collaboration is called for, the Office Clinical Manager will inform the Office Director, who will facilitate staff sharing with other Directors. All Directors and Clinical Managers will be instructed in this practice by 7/6/11.

Per record review on 6/13/11 Patient # 1 who was admitted to the agency on 12/21/10 with physician identified physical therapy (PT) and occupational therapy (OT) needs had orders for PT & OT evaluations when discharged from a skilled nursing facility on 12/20/10. The agency failed to provide the services even after an initial PT evaluation (which occurred on 12/29/10, 8 days after the patient was admitted) identified the need for therapy services. When the initial PT evaluation was completed, the physical therapist

In the Brattleboro office, re-education will be given to all professional clinicians, as well as office staff involved in the referral process, regarding the requirement for timely services. This education shall be provided by the clinical manager, and shall take place on or before July 8, 2011.

The Brattleboro Office Director will audit 100% of admissions to ensure that this timeliness standard is met, as well as all related Bayada Nurses policies and procedures.

pic complete 7-7-11
DCH/18

July 20, 11

Division of Licensing and Protection

Tracy Chellis
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrator

(X6) DATE

7-1-11

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H 513	<p>Continued From page 1</p> <p>requested orders from the physician to see the patient '3 x a week x 6 weeks' (three times a week times six weeks) however no further PT visits were made for this patient. In addition, there was no evidence that an OT evaluation was made nor attempts to obtain an OT's services.</p> <p>Per interview with the Acting Director on 6/13/11 at 12 noon, s/he confirmed that although the initial PT evaluation was completed by a therapist from another one of their branches, the physical therapist at their branch works per diem (part time for the agency, 2 days a week, as able) and was not working for a period of approximately 7-10 days during the time period that the patient was admitted. There were no other physical therapists working out of this branch at that time. S/he also confirmed that a physical therapist from another branch was contacted and completed the initial PT evaluation (8 days after the patient's admission) however, due to a 'miscommunication between the branches' there were no further PT visits provided to the patient after the initial evaluation. In addition, although there was a per diem OT that worked out of this branch there was no evidence that this person had been contacted or was available to do an evaluation and/or provide services to this patient.</p> <p>The Home Health Advance Beneficiary Notice completed by staff on 1/5/11 stated that skilled nursing visits would be discontinued because, 'We cannot provide physical therapy services you need and you request no more visits from Bayada.'</p>	H 513	
H 828 SS=D	8.2(h) Skilled Nursing Services VIII. Skilled Nursing Services	H 828	

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H 828 Continued From page 2

H 828

8.2 The registered nurse shall:

(h) Inform the physician and other personnel of changes in the patient's condition and needs in a timely manner;

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, agency staff failed to inform the physician and/or agency administrative staff in a timely manner that one patient's physical therapy and occupational therapy needs (Patient # 1) were not being met. Findings include:

Per record review on 6/13/11 Patient # 1, who was admitted to the agency on 12/21/10 with physician identified physical therapy (PT) and occupational therapy (OT) needs had orders for a PT & OT evaluation after being discharged from a skilled nursing facility. Although the initial PT evaluation was completed on 12/29/10 (eight days after admission) there were no further physical therapy visits made even when the physical therapist requested orders for 'PT visits 3 times a week for 6 weeks' after the initial evaluation. In addition, although there was no OT (Occupational Therapy) evaluation completed there was no evidence of notification of either the physician or agency administrative staff.

Per interview with the Acting Director on 6/13/11 at 12 noon, s/he confirmed the case manager for Patient # 1 (who was no longer working for the agency) had documented in the nursing notes on 1/2/11 that 'physical therapy came and did eval (evaluation) and has not returned.' S/he confirmed there was no documentation of a

H 828:

Bayada Nurses has established secure e-mail for all licensed field clinicians, as of April 1, 2011. This allows faster, secure delivery of client information, and has improved communication between field and office staff.

In the Brattleboro office, re-education will be given to all professional clinicians, as well as office staff involved in the referral process, that any changes to the plan of care require notification of the physician, as well as obtaining a verbal order approving this change. As part of this re-education, it shall be reinforced that all communications between members of the care team, whether they are Bayada employees or not, must be documented, in order to clearly demonstrate full coordination of care. A copy of each communication shall be forwarded to the clinical manager in order to keep them fully aware of the change to the plan of care. This re-education shall be provided by the clinical manager, and shall take place on or before July 8, 2011.

The clinical manager shall be responsible for ensuring this standard is met, and ensuring that all appropriate Bayada policies and procedures regarding this area are followed.

*POC unnta 78-11
DCH 18*

July 8, 2011

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H 828	Continued From page 3 follow-up by the case manager to notify the physician or the agency administrative staff and that the first s/he was made aware of this was either on 1/3 or 1/4/11.	H 828		
H1421 SS=D	14.4(i) Clinical Records XIV. Clinical Records 14.4 A home health agency ' s patient clinical records, whether written or electronic, shall contain at a minimum: (i) A copy of appropriate patient transfer information, if the patient is transferred to a health care facility or other home health agency; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the agency failed to have evidence of a referral for one patient in the sample (Patient # 1) after the patient's family requested a transfer to another home health agency. Findings Include: Per record review on 6/13/11 Patient # 1 who was admitted to the agency on 12/21/10 with physician identified physical therapy (PT) and occupational therapy (OT) needs had orders for PT & OT evaluations after being discharged from a skilled nursing facility. The agency failed to provide the services even after an initial PT evaluation (which occurred on 12/29/10 , 8 days after the patient was admitted) identified the need for therapy services. When the initial PT evaluation was completed, the physical therapist requested orders from the physician to see the patient '3 x a	H1421	H 1421: Bayada Nurses has a referral form which is to be included as part of every client record. The clinical manager or their designee will be responsible for reviewing this form at the time of referral to ensure it is complete, signing the referral, and shall then ensure that this form is part of the client chart being put together at the time of admission. All transfer of Clients to another provider shall be documented on a HHABN and Bayada Form 37-6 "client transfer Form" shall be completed, appropriately disseminated and included in the client chart Each Office Clinical manager is responsible to ensure that this standard, as well as applicable Bayada Nurses policies and procedures, are being met. Office Director will review each transfer to ensure complete compliance on an ongoing basis. <i>POC complete 7-7-11 DLH f82</i>	<i>July 2011</i>