

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

December 13, 2011

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 and complaint investigation conducted on **August 25, 2011** .

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

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Enclosure



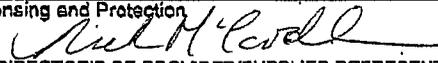
Division of Licensing and Protection

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 C 08/25/2011
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NAME OF PROVIDER OR SUPPLIER BAYADA NURSES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 KIMBALL AVENUE, SUITE 250. SQ 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) COMPLETE DATE
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H 001 SS=A	Initial Comments An unannounced on site investigation was conduct by the Division of Licensing and Protection on 08/17/11 and concluded on 08/25/11. The following are State Designation findings.	H 001	H.732	
H 732 SS=A	7.3(a)(3) Discontinuation of Services VII. Discontinuation of Services 7.3 When a home health agency identifies a need to discontinue or reduce services to a patient, the home health agency shall provide a verbal notice, followed by a written notice, accessible to the patient. (a) If services will be reduced or discontinued, the home health agency shall give written notice as follows: (3) Prior to discontinuing services for safety reasons to a patient or staff, the home health agency shall: notify the physician, if applicable, or the case manager; advise a patient that a discontinuation of services for safety reasons is being considered; make a serious effort to resolve the problem(s) presented by the patient's behavior or situation; ascertain that the proposed discontinuation of services to the patient is not due to the patient's use of necessary home health agency services; and document the problem(s) and efforts made to resolve the problem(s) in the patient's clinical record. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Agency.	H 732	A review of the Documentation processes as Required by the both Bayada Nurses and the State of Vermont will take place with all Clinical Managers and Client Services Managers by 12/23/2011. Topics to be reviewed include, use of the Coordination of Services Note to document client and family communications, documentation of client concerns and efforts made by staff to resolve concerns and communications with physicians and external case managers. Any potential discharges must be reviewed by the office Director to ensure consistency with the permissible reasons for discharge allowed by the State of Vermont. The Division Director for all Bayada offices in Vermont must be informed of all potential discharges for further review and problem solving of alternatives. Implementation of the POC to be completed by Nick McCardle, Division Director by 12/23/2011. Ongoing monitoring of Documentation quality to be ensured by Individual Office Directors.	12/8/11 

Division of Licensing and Protection 	Division Director TITLE 12/4/11	(X6) DATE
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM 8899 JXK311 If continuation sheet 1 of 3

Division of Licensing and Protection

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H 732	<p>Continued From page 1</p> <p>failed to resolve circumstances for the discontinued services for 1 applicable patient. (Patient #1) Finding include:</p> <p>1. Per review on 08/17/11 of the Agency's discharge notice of 11/12/10 to Patient #1, the reasons specified were not documented in the patient's chart. The reason for discontinuation was "unable to provide requested services outside your care plan that are not authorized by the Medicaid Waiver Program....[family] requested [specific named] RN not be associated with the case, RN is the clinical manager for clinical oversight of all hourly services, thereby making adequate oversight impossible".</p> <p>Per review of the coordination of service notes, client progress notes, as well as home health aide notes, there was no information documented to verify what outside services were requested nor if other clinical manager were able to provide oversight.</p> <p>Per interview on 08/17/11 at 1:15 PM the regional manager stated that family members were unhappy, asked the Aides for services not care planned and complained about the RN clinical manager, not wanting that RN again. The regional manager was not sure if "if this rose to a complaint verse a concern" but confirmed there was "never a formal discharge process".</p> <p>The client notes of 09/10/10 and 10/29/10 noted patient and family were "happy with services" & "things are great". In addition, a Homemaker/companion note of 10/03/10 states " please be advised that (patient#1) has 82 hours every 2 weeks under medicaid wavier, has some respite left. please let me know how many hours, I cannot jeopardize (patient#1)'s benefit, please call social worker to verify". There was no documentation if other nurses were available and visits tried or , if the social worker was contacted</p>	H 732		
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H 732	Continued From page 2 regarding benefits and services. Per interview the Director confirmed the reasons specified on the discharge notice were not in the patient's chart.	H 732		
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