

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

March 23, 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 and complaint investigation conducted on **November 22, 2011**.

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



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

PRINTED: 02/17/2012
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 11/22/2011
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) COMPLETION DATE
G 000	INITIAL COMMENTS	G 000		
G 145	<p>484.14(g) COORDINATION OF PATIENT SERVICES</p> <p>A written summary report for each patient is sent to the attending physician at least every 60 days.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the Agency failed to have a written summary report for 1 applicable patient to the attending physician at least every 60 days. (Patient #1) Findings include:</p> <p>1. Per review on 11/21/11 of Patient #1's record there is no written summary sent to the physician at least every 60 days regarding the treatment or services provided. Per review of the 485 (certification and care plan) and of the progress notes, patient #1 received skilled nursing visits, occupational therapy, and physical therapy during the period 03/29/00 - 05/27/11. There is no summary written regarding the results of the nursing assessments, evaluation from physical therapy nor mention of the pain status or wound. In addition, per a discharge summary note dated 05/23/11, the patient was notified of the discharge from services however the date of notification sent to physician was not documented. Per interview on 11/21/11 at 3:45 PM the Branch Director confirmed a 60 day summary report was not sent to the attending physician.</p>	G 145	<p>G.145</p> <p>Coordination of services</p> <p>The Skilled Visit team at the time of this deficiency has been terminated, and a new team is currently being hired and trained. At the time of the deficiency the use of the new electronic medical record was inconsistent. The EMR is now fully implemented in the Brattleboro branch, providing automatic reminders for required actions, including 60 day summary. The Director of the Brattleboro branch, Division Director and supporting Clinical Mangers will monitor Daily for the required physician notifications.</p> <p>BY: ongoing 3/5/12</p>	

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

TITLE

Poc accepted
3/22/12
Juan J. Sanchez

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 166	<p>484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS</p> <p>Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section 484.4 of this chapter) responsible for furnishing or supervising the ordered services.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the agency failed to assure that the signed Plan of Care (485) was received in a timely manner for 1 applicable patient. (Patient #1) Findings include:</p> <p>1. Per record review on 11/21/11, Patient #1 had an original Certification/ Start of Care (485) date of 03/29/11. The physician signed the 485 orders on 06/28/11, which was 1 month after the next recertification period, which started on 05/28/11.. Per interview on 11/21/11 at 3:15 PM, the Director confirmed that verbal orders for the 485 are signed "within a month" and the 485 for this patient was not signed or returned in a timely manner.</p>	G 166	<p>G 166</p> <p>Conformance with Physician orders.</p> <p>Prior Skilled visits team did not follow Policy and have been terminated.</p> <p>The new Skilled Visits team in the Brattleboro Branch has received education in orders management and appropriate follow up using the Electronic Medical record. Division Director, Branch Director will monitor the Daily reports in the EMR related to timeliness of Orders.</p> <p>By : Ongoing 3/12/12 <i>POC G-166 accepted 3/22/12</i> <i>James Emmers</i></p>	
G 229	<p>484.36(d)(2) SUPERVISION</p> <p>The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient's home no less frequently than every 2 weeks.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the agency failed to assure R.N. supervisory visits occurred</p>	G 229		

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G 229	Continued From page 2 every 2 weeks for one applicable patient receiving skilled services. (Patient #1) Findings include: Per record review, the R.N. failed to conduct a on-site, supervisory visit to Client #1, who is a quadriplegic. The patient receives daily LNA services for personal care and assistance with activities of daily living, as well as weekly nursing visits. Per record review on 11/21/11 of patient #3's chart, the nursing visit notes from 04/30/11 to 06/16/11 [greater than one and a half months] had no supervision visits that are documented on the visit notes in the clinical chart. Per interview on 11/21/11 at 4:55 PM, the Clinical Director confirmed that supervisory visits would be checked off if completed and confirmed this did not occur every 2 weeks.	G 229	G.229 Supervision. Prior Skilled visits team did not follow Policy and have been terminated. Oversight of LNA supervision requirement is currently being provided by Clinical Managers in other branches. New hires for the skilled visits team will be provided education upon hire and during mentoring. Current RN's to be provided supervision	
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 62 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 staff interview and record review, the agency failed to assure direct supervisory visits were made for 1 applicable patient unskilled personal care services. (Patient # 2) Findings include:	G 230	G.230 <i>Doc G 229 accepted 3/22/12 Sandra J. Emmons RN</i> Supervision The Client Services Manager will bring a listing to the Monday morning meeting listing all clients that are due that Week for a visit, and will confirm with the RN that the visits Have been scheduled and have occurred. Any missed Visits will be reported to the Director immediately. The office Directors will print a report monthly to ensure That all supervisory visits are made within a timely manner.	

3/15/11

G-230

*Doc accepted 3/22/12
Sandra J. Emmons RN*

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G 230	Continued From page 3 1. Patient # 2 was receiving unskilled LNA and/or Homemaker services 2 x weekly. Per record review of the nursing visit notes and LNA time sheets, between 08/06/10 - 11/05/10, nearly a 3 month period, there was no 60 day direct supervision visits documented. Per interview on 11/21/11 at 11:55 AM, the Clinical Manager for CFC (Choices for Care) confirmed "there were no direct supervisory visits made at that time."	G 230		
G 300	484.18(c) CONFORMANCE WITH PHYSICIANS ORDERS Verbal orders are only accepted by personnel authorized to do so by applicable State and Federal laws and regulations as well as by the HHA's internal policies. This STANDARD is not met as evidenced by: Based on interview and record review the agency failed to confirm physician's orders for 1 patient in the targeted sample. (Patient #1) Findings include: 1. Per document review, on 03/25/11 an area nursing home sent a referral to the Agency, with the nursing home's orders and nursing notes. There is no correspondence or documentation, that the physician was contacted upon admission on 03/29/11 to the Agency to verify treatments, medications or therapies. The orders (485 certification period) for 03/29/11 - 05/27/11 were not signed by the physician until 05/28/11, 2 months after the start of care and services. Per interview on 11/21/11 at 3:45 PM the Area Director stated that the agency was "having a hard time contacting the doctor". The Director confirmed that the physician was not contacted to	G 300	G.300 Conformance with Physicians orders Prior Skilled visits team did not follow Policy and have been terminated. The new Skilled Visits team in the Brattleboro Branch has received education in orders management and appropriate follow up using the Electronic Medical record. Division Director, Branch Director will monitor the Daily reports in the EMR related to timeliness of Orders. Use of inappropriate referral papers distributed to local MD's has been discontinued. 100% record review in the Brattleboro Branch for 2011 is underway to identify any other clients with untimely or missing orders.	

POC G-300 accepted 3/22/12 Susan L. Emmerson RN

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G 300	Continued From page 4 verify the verbal orders from the referral.	G 300		