

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 9, 2012

Tracy Chellis, Administrator  
Bayada Nurses, Inc  
110 Kimball Avenue, Suite 250  
South 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



PRINTED: 02/17/2012  
FORM APPROVED

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 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) COMPLETE DATE
H 001 SS=A	Initial Comments  An unannounced complaint investigation was conducted on 11/22/11 by the Division of Licensing and Protection. There were regulatory violations related to "Regulations for the Designation and Operation of the Home Health Agencies".	H 001		
H 520 SS=D	5.9 Requirements for Operation  V. Requirements for Operation  5.9 A home health agency shall comply with all applicable state and federal policies, guidelines, laws and regulations. In the event that State and federal regulations differ, the more stringent shall apply.  This REQUIREMENT is not met as evidenced by: Based on record review, review of personnel files and staff interviews, the agency failed to comply with all applicable State Regulations and their own criminal background check policy for 2 of 2 staff members in the sample. (Staff members # 1,2) Finding's include:  Per record review on 11/21/11 for staff members #1 & 2, the agency failed to follow state designation regulations for criminal background checks as well as their own agency policy for 2 prospective staff members. Per review of staff members' #1 and #2 personnel files, both staff had positive Department of Motor Vehicle checks which included license suspensions/revocations and/or other misdemeanors. In addition, staff member # 1's license had been revoked during his/her time of employment with the agency and during a period of time that the	H 520	H.520  Requirements for Operation.  Effective 12/1/2011 Bayada Home Health Care uses a dedicated person to conduct all required background checks.  BY 2/25/2012 100% of employee files had been reviewed to ensure compliance with background checks. Waivers when appropriate have been documented, others have had their client driving waivers revoked.  Centralized checks of all required background checks will continue per current practice. Compliance will be checked during the internal Quality assurance process.  By: Ongoing  POC accepted Susan Emmons / Frankish/Kelle	

Division of Licensing and Protection

*[Signature]*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*[Signature]*  
Division Director

(X6) DATE 3/2/12

2/27/12

*[Handwritten mark]*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2011</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BAYADA NURSES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 KIMBALL AVENUE, SUITE 250 SO BURLINGTON, VT 05403</b>
---	---

(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 520	Continued From page 1  employee had been authorized to transport by his/her own private car Choices for Care (CFC) clients. Per record review on 11/21/11 the agency failed to follow its own criminal background check policies when they failed to document their decision making process when granting both staff members a waiver that would have included their rationale and any conditions for their employment. Per interview with the agency HR (Human Resource) representative on 11/21/11 at 11:40 A.M. s/he confirmed that there were positive 'hits' from the DMV checks for both of these staff members. In addition, on 11/21/11 at 12:15 P.M. the Administrator confirmed that there was no documentation (as per agency policy) of the decision to grant the employees a waiver.	H 520	<b>H 1419</b>  <b>Clinical records</b>  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.	
H1418 SS=D	14.4(f) Clinical Records  XIV. Clinical Records  14.4 A home health agency's patient clinical records, whether written or electronic, shall contain at a minimum:  (f) Reports of all patient care conferences;  This REQUIREMENT is not met as evidenced by: Based on record review and interview the Agency failed to document patient care conference notes and other important information for 1 applicable patient. (Patient #2) Finding include:  Per review on 11/21/11 of the electronic schedule there was no information documented that the family of Patient #2 was notified of change in schedule. Per review of the LNA (License	H1418	<b>H 1418</b>  <b>Clinical records</b>  Use of Communication notes in the client file has been re-established in all client charts to document discussion with families about any missed coverage. Compliance will be checked during the quarterly Quality Assurance process.  By: Ongoing	

Division of Licensing and Protection

FORM APPROVED

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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

H1418	Continued From page 2 Nursing Assist) time and activity record' there were 3 incidents of weekly visits instead of the twice weekly visits. Per the weeks of 09/22/10, 04/01/11 & 04/29/11 there was only one visit that week with no documentation that the family was notified. Per interview at 11:55 AM the Client Service Manager ( CSM) stated " that we enter information when we contact the family or when there are changes to the schedule and that there was a time when we were down LNA's'. so the visits were not made.' The CSM confirmed at that time that the patient's record did not have evidence that the family was contacted and that the care conferences notes were not in the chart.	H1418		
H1419 SS=D	14.4(g) Clinical Records  XIV. Clinical Records  14.4 A home health agency ' s patient clinical records, whether written or electronic, shall contain at a minimum:  (g) Written summary reports containing home health care services provided, the patient ' s status, recommendations for revision of the plan of treatment, and the need for initiation, continuation or termination of services;  This REQUIREMENT 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 sent to the attending physician . ( Patient #1) Findings include:  1. Per review on 11/21/11 of Patient #1's record there is no summary written to the physician regarding the treatment or services provided. Per	H1419	H 1419  Clinical records  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.  By : Ongoing	

Division of Licensing and Protection

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>11/22/2011</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>BAYADA NURSES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>110 KIMBALL AVENUE, SUITE 250 SO BURLINGTON, VT 05403</b>
---	---

(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
--------------------	--	---------------	---	--------------------

H1419	Continued From page 3  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 date the notification was sent to physician was not documented. Per interview on 11/21/11 at 3:45 PM the Branch Director confirmed a summary report was not sent to the attending physician.	H1419		
-------	--	-------	--	--

H1612 SS=D	16.7(f) 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.  (f) The home health agency shall put verbal orders in writing, signed and dated by the individual who took the verbal order. Verbal orders shall be accepted only by personnel authorized to do so by applicable State and federal laws and regulations as well as by the home health agency's policies. All verbal orders shall be counter-signed by the physician. A facsimile order (fax) is acceptable  This REQUIREMENT is not met as evidenced by:	H1612	H 1612  Plan of Care  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 for 2011 is underway in the Brattleboro Branch to identify any other clients with untimely or missing orders.	
---------------	--	-------	--	--

Division of Licensing and Protection  
STATE FORM

0699

By: 4/1/2012

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 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) COMPLETE DATE
H1612	Continued From page 4  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. 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 the verbal order from the nursing home for 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 verify the verbal orders from the referral.	H1612		