



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
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December 6, 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 **October 24, 2011**.

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

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure - State Form Event ID# O2BL11



NOV 28 11

Licensing and  
Protection

PRINTED: 10/31/2011  
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 10/24/2011
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 on-site complaint investigation was conducted by the Division of Licensing and Protection on 10/24/11. The following are State Regulatory violations.	H 001		
H 518 SS=D	5.7 (b) Requirements for Operation  V. Requirements for Operation  5.7 A home health agency shall notify the Department of all critical incidents among its current patient population within specified time frames below. Verbal reports shall be followed by a written report that summarizes the occurrence.  (b) A home health agency shall report critical incidents other than abuse, neglect or exploitation to the Division by the next business day after the agency learns of the incident. Such incidents include but are not limited to:  (1) Any unexpected death; (2) Loss of limb or function occurring during the provision of home health services; (3) Any serious injury occurring during the provision of home health services that results in or from, among other things:  (i) A medication or drug error by home health agency staff; (ii) Use of medical devices or restraints (including bed rails).  (4) Any patient suicide; and/or (5) Any poisoning.  This REQUIREMENT is not met as evidenced by:	H 518	Director will review requirements for notifying the state of critical incidents with all Clinical Managers and Client Service managers by 11-11-11. Director will ensure written incident reports are submitted by the next business day.  <i>Poc complete</i> <i>11-29-11 sd</i> <i>SS [Signature]</i>	1/1/12

Division of Licensing and Protection

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

(X6) DATE

11-11-11

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H 518	Continued From page 1  Based on interview the Agency failed to notify the licensing division of an untimely death of one applicable client in the in a timely manner. (Client # 1) Findings include:  Per review of an anonymous complaint on 10/19/11, the intake reported the unexpected death of Client # 1. Per record review on 10/24/11 Client #1 died on 10/03/11, however, the Agency did not report the unexpected death to the Division of Licensing and Protection (DLP). Per interview on 10/24/11 at 3:30 PM, the Clinical Manager stated that Client #1 was found by an Aide on Oct. 3, 2011 and was shocked as Client #1 " was not in failing health or sick at the time and was young....it was unexpected". The Clinical Manager also stated "I'm not aware of the policy regarding unexpected death" but made a telephone call to the Director, who was out of town, to confirm that DLP was not notified of this unexpected death.	H 518		
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 interview and record review, the Agency failed to comply with State Regulations for 1 applicable client. (Client #1). Findings include:	H 520	Director will review the Time and Activity Records of a random sampling of 10% of active field staff to assess the extend of the training needs. This will occur by 11-30-11.  Director will review Long-term care Medicaid Waiver Regulations concerning the Homemaker/ Companion Service Plan with Clinical Managers by 11-11-11. Homemakers/Companions will receive additional training on adherence to the Plan of Care and proper documentation by 11-25-11. Time and Activity records will be reviewed weekly by the Clinical Manager to ensure they are being completed correctly.  <i>Doc aupt</i>	1/1/12

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H 520	Continued From page 2  1. Per the State of Vermont Choices for Care (CFC) 1115 Long-term care Medicaid Waiver Regulations, the Homemaker/Companion Service Plan dated 06/23/11 - 12/23/11 for client #1, was not adhered to. The Homemaker/CompanionService Plan directed staff to provide daily bathroom and kitchen cleaning , dishes, maintaining clutter-free environment, as well as other weekly light duty cleaning and errands. Per record review of the homemaker/companion time & activity record on 09/07/11, 09/09/11, 09/15/11, 09/16/11, 09/23/11, 09/29/11, &09/30/11 maintaining a clutter-free environment, dishes, cleaning the kitchen and bathroom were not documented as being completed. In addition, Client #1 received personal care such as foot soaks/and or supervision of showers on 09/16/11, 09/23/11 and 09/30/11. Per interview on 10/24/11 at 4:15 PM PM, the Nurse Manager confirmed that homemaker services were not provided according to the CFC service plan and staff provided personal care services not part of the CFC service plan.	H 520			
H1018 SS=D	10.4(f) Licensed Nursing Assistant Services  X. Licensed Nursing Assistant Services  10.4 The duties of a licensed nursing assistant include the provision of hands-on personal care, the performance of simple procedures such as an extension of therapy or nursing services, and assistance in ambulation or exercises. Duties include, but shall not be limited to:  (f) Completing appropriate records and signing full name, title and date.  This REQUIREMENT is not met as evidenced	H1018	Clinical Managers will perform additional trainings with Home Health Aides about the proper completion of Time and Activity Records by 11-25-11. Clinical Manager will review Time and Activity Records on a weekly basis to verify that they are being done correctly and will perform individual counseling sessions with HHA's as needed. Director will ensure the adherence to this plan.	1/1/12	

*for unit*  
11-29-11  
*SSA/SM*

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H1018	Continued From page 3  by: Based on record review and interview the Licensed Nursing Assistants (LNAs) failed to appropriately complete time and activity record for 1 applicable client. (Client #1). Findings include:  1. Per interview on 10/24/11 at 4:15 PM the Nurse Manager stated that client #1 received assistance with showers and foot soaks daily but would regularly refuse the general support services such as housekeeping, bed/linen changes or laundry. Per record review, the Home Health Aide Care Plan directed LNAs to provide care under #3 assist showers daily or #5 sponge bath if not showering, and #16 foot soaks daily. Item #9 skin care, #25 meal prep, #43 escort for shopping/errands, #48 housekeeping, #49 change linens, #50 bed making, and #52 grocery shopping, were to be provided "upon request". The Time and Activity record during the 9/21/11 visit had "check marks" for all areas of services mentioned above. When questioned why staff would provide a shower and a sponge bath on the same day the Nurse manager, stated that "staff sometimes check things off when they're not done because they're not allowed to leave open areas unmarked". The Clinical Manager stated, at that time, that staff need to "accurately document and not just check things off" as to whether services are provided, refused or client does on their own. The Clinical Manager confirmed at 4:30 PM that the documentation was not appropriately completed.	H1018		