

Division of Licensing and Protection

103 South Main Street

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

February 27, 2015

Celine McGill, Administrator
Bayada Home Health Care
80 Pearl Street
Essex Junction, VT 05452-3668

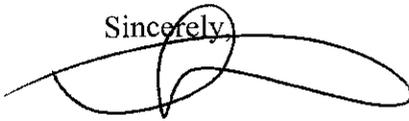
Provider ID #:477019

Dear Ms. McGill:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 4, 2015**.

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

Sincerely,



Suzanne Leavitt, RN, MSN
State Survey Agency Director
Assistant Division Director

Enclosure

FEB 24 2015

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

PRINTED: 02/06/2015
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 02/04/2015
NAME OF PROVIDER OR SUPPLIER BAYADA HOME HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 80 PEARL STREET ESSEX JUNCTION, VT 05452	
(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 144	<p>484.14(g) COORDINATION OF PATIENT SERVICES</p> <p>The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and staff interviews the agency failed show in the clinical record of case conferences that provide for effective reporting and coordination of patient care for 2 of 3 Patients (#1 and #2) in the applicable sample. Findings include:</p> <p>1. Based on record review and staff interview, agency staff failed to consistently document that case conferences had occurred for Patient #1 regarding on-going staffing concerns. Although there are some case coordination's notes regarding the Agency notifying the patient about lack of staffing, there is no evidence of the patient's expressed wish of having later in the day services or other communications. Per anonymous report to the Licensing Division stated that the Agency had been contacted several times regarding lack of staffing to meet the need of the patient. The reporter stated that the Supervisor of the Client Service Manager</p>	G 144	<p>CSM will document in case coordination notes efforts to provide all services per client requests. If Agency is unable to provide requested services, client will be offered alternative options, times, and referrals to another agency. All requests and denials for service will be appropriately documented in clients chart.</p> <p>To ensure on going compliance; weekly the director/or CSM will review any unmet client needs.</p>	<p>3-16-15</p> <p>3-16-15</p>

Doc dated 2-25-15 signed [signature]

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

Celine McCall

TITLE

Administrator

(X8) DATE

2/6/15

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 144	Continued From page 1 (CSM) was contacted on 10/31/14 stating that the patient would be receptive to having male caregivers. Nor is there written information that the patient on numerous to occasions expressed options for Monday, Wednesday or Friday visits to be held after 3:00 PM.. Per interview on 02/04/15 at 2:23 PM the CSM acknowledged that s/he was aware of the patient's concerns and not all of that information was documented in case notes. 2. Patient #2 was referred on 01/20/15, with a case coordination note stating called [patient]regarding transfer, yes, no other information noted". A case coordination note of 01/23/15 states "client ill this morning and refusing visit till next week on Monday [26th]. There is no other information as to why the patient did not have an initial/admitting visit by the nurse until the 28th . In addition, there is no documentation that the physician was contacted for orders for any of the visits made either by nursing or of the five visits made by the HHA the week of the 26th. Per interview on 02/04/14 at 3:01 PM the Associate Director stated that the schedulers [from one service to the other] apparently didn't notify each other of the schedule and confirmed the lack of documentation regarding follow up to the patient and physician.	G 144	Bayada Home Health Care Director and/or Clinical Manager will review with all field clinicians the coordination of patient services during the field staff meeting. Weekly the Clinical Manager will review all new clients care plan with the assigned clinicians to ensure appropriate coordination of care.	2-27-15 2-27-15	
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.	G 157			

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G 157	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review and interviews the agency failed to assure that patients are accepted based upon a reasonable expectation that the patient's needs can be met adequately in the place of residence for 1 of 3 patients in the sample (Patient #1) Findings include 1. Per record review on 02/04/15 Patient #1 did not receive weekly showers for nearly a two month period. The Plan of Care since August 2014 through December 22, 2014 notes that Home Health Aides (HHA) provide personal care one hour weekly. The HHA care plan directs staff to assist with a shower weekly 1-2 hours. Per review of the HHA activity sheets, no visit were made the week of October 3rd, 10th and 24th as well as no visits during the month of November 1014 and two weeks in December 2014. The case coordination notes for these missed visits states that the Agency was having a hard time filling the position for the time slot that worked for the patient. Per a case coordination note dated 11/10/14 states' called client and left message stating there was no one able to work on Friday the 14th from 3-PM called and spoke with case manager and let her know what was happening that we were having difficulty staffing this particular case [case manger] stated that the client would not accept any care before 3 PM the very earliest". There is no evidence that other options were offered to the patient. The Client Service Manager (CSM) on 02/04/15 at 2:23 PM stated "we didn't have staff to meet [patient#1's] needs. The CSM was aware of the patient's expressed and desired need to be seen later in the day [after 3:00 PM] but was not able to get someone for that time.	G 157	CSM will document in case coordination notes efforts to provide all services per client requests. If Agency is unable to provide requested services, client will be offered alternative options, times, and referrals to another agency. All requests and denials for service will be appropriately documented in clients chart. The Director will continue to contact sister offices to provide available staff as needs arise. The Administrator will ensure compliance by a review of recruiting needs weekly with each Director for 2 months, then monthly for 2 months, and quarterly thereafter	3-16-15 2-27-15	

*POC done
2-26-15
S. [Signature]*

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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 interview, the Agency failed to obtain physician's orders for 1 of 3 applicable patients in the sample (Patient # 2). Findings include:</p> <p>1. Per review on 02/04/15 of Patient #2's electronic and hard copy clinical record, an order by the physician was not obtained for 1 initial nursing visit and 5 HHA visit. The Agency sent a discharge summary letter on 01/13/15 to the physician stating "transfer of service management from Assist Care Division to Home Care Client Services". The stop date of service was noted as 01/22/15. The HHA made visits on January 26, 27, 28, 29 & 30, 2015 and the nurse made a home visit on 01/28/15.</p> <p>Per interview on 02/04/15 at 3:01 PM, the Associate Director confirmed that the nurse failed to obtain physician orders for the referral and visits.</p>	G 166	<p>Clinical Manager will obtain complete physician orders for the SOC for all clients. The RN will sign and date all verbal orders.</p> <p>To ensure compliance the CSM will audit all new SOC client charts prior to scheduling a visit to verify a complete physician order is obtain.</p>	<p>2-27-15</p> <p>3-16-15</p>	

*Reviewed
2/5/15
S. W. [Signature]*