

Division of Licensing and Protection

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Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 4, 2016

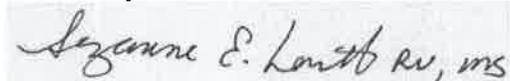
Ms. Celine McGill, Director
Bayada Home Health Care
80 Pearl Street
Essex Junction, VT 05452-3668

Dear Ms. McGill:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 28, 2016.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



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

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 01/28/2016
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NAME OF PROVIDER OR SUPPLIER BAYADA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 PEARL STREET ESSEX JUNCTION, VT 05452
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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
H 001 SS=A	Initial Comments An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 01/20/16 and completed on 01/28/16. The following are State Designation findings.	H 001	On 12/15/2014 Bayada documented Client #1 complaint concerning Clients dissatisfaction with the hours of services received. This was resolved 2/16/14 with the hire of new staff. Since that complaint, Bayada has specifically hired and assigned 8 LNA's/PCA's and contracted for multiple PCA's from other providers in an attempt to meet the Clients schedule. Of these only 1 has been willing to work consistently with the client due to the unique behavioral challenges presented. In addition the client has provided Bayada with 7 criteria that she requires in her care giver that make hiring specific staff much more challenging.	
H 514 SS=D	5.4 Requirements for Operation V. Requirements for Operation 5.4 A home health agency has the obligation and the responsibility to provide or arrange for all designated services to all eligible patients within their designated geographic area who request its services This REQUIREMENT is not met as evidenced by: The Home Health Agency (HHA) failed to provide or arrange designated services under the Choices for Care (CFC) program for 1 applicable client in the sample (Client #1) Findings include: 1. During an interview on 01/19/16 at 6:20 PM, Client #1 stated that care and services are not being provided. Client "feels underserved" and the HHA is "not meeting my needs", in order to keep[the client] safe and functioning in the home. Per interview the Client Service Manager on 01/20/16 at 10:00 AM stated that there were "on-going attempts to recruit staff", as a block of time is needed and not all staff will work with her. The Client Service Manger acknowledged that although the client is aware of the limited hours per week, the client is not happy/satisfied. Per record review on 01/20/16 at 10:30 AM the CFC Service Plan notes that the client is allowed up to 48 hours for a two week period for care and services such as personal care, housekeeping,	H 514	Client #1. was found to be ineligible for Choices for Care in April, 2015 but has being pursuing avenues of appeal since that time. Director of the Parent office CFC team will place ads for a care giver specific to Client #1. Client Services Managers in the Parent office CFC team will interview all applicants and screen for the specifics requested by client #1 as applications are received. Division Director supervising the CFC teams will ensure compliance by a weekly review of recruiting activity related to Client #1. On going monitoring will be conducted by the Division Director until additional staff is hired and trained. The Divisional Director will update Administrator weekly regarding staff shortage and recruitment activities.	2/21/16. 2/21/16

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER BAYADA HOME HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 80 PEARL STREET ESSEX JUNCTION, VT 05452		
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H 514	Continued From page 1 food prep, shopping/errands. The care plan dated 11/23/15 -1/21/16 shows client was present and participated in care planning. Staff are directed to provide personal care with bathing, skin care and nail care as directed, toileting in independent, mobility with wheelchair and assist with transfer if out of home, can set up/prep meals, support, light housekeeping to include trash removal, laundry, grocery shopping and errands. The Client Progress Report dated 12/16/15 demonstrates the level of care/frequency as '5 days/wk, 5 hours /day'. There is notation that the care plan was reviewed and to "Continue. Level/frequency of services are appropriate". The Client Progress Note of 11/23/15 also states "client does not feel that the program or the HHA provide [client] with the extent of services that [client] wants". However, per review of the LNA [Licensed nursing assistant]worksheets for the past several months, only one day is being provided with 4 - 4.5 hours only. And more recently, no errands being provided. Also noted is an expressed concern with the State Ombudsman during a meeting dated 10/15/15 regarding that the HHA were meeting less than half of [time] that was authorized. The Clinical Nurse Manager in interview at 11:20 AM stated "I think we can't meet [client's] needs through the CFC program because this is not the appropriate program". The nurse was unwilling or not able to state why the hours being provided differ so vastly from what the State CFC program deemed appropriate, according to the client's Service Plan.	H 514		
H 646 SS=D	6.12(b) Organization, Services and Administration VI. Organization, Services and Administration	H 646		

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H 646	Continued From page 3 12/16/15, respectively, shows that the client stated she is not satisfied with services by not providing her with the extent of services that she wants, and "client not satisfied with services". On 01/28/16 a review of all of Bayada's files in the DLP office did not show evidence that a report or correspondence was sent to DLP regarding Client #1's unresolved dissatisfaction. There is no evidence that the state requirement to send in a report to DLP of unresolved concerns or that seeking final resolution that would take greater than seven days was met.	H 646		