

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

November 11, 2015

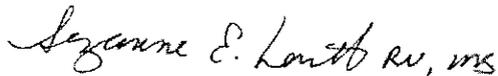
Ms. Celine McGill, Director
Bayada Home Health Care
80 Pearl Street
Essex Junction, VT 05452-3668

Dear Ms. McGill:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 14, 2015**. Please post this document in a prominent place in your facility.

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



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

PRINTED: 10/20/2015
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 10/14/2015
NAME OF PROVIDER DR 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	Client #1 was admitted to the hospital on 10/14/15, due to the hospitalization, the requested week-end services are not able to be provided. Documentation has been updated to include discussions with client #1 preferences for visit frequency and week-end service. Upon discharge from the hospital the Clinical Manager will update the care plan in accordance with the physician. The Clinical Manager (CM) and Client Service Manager (CSM) have been re-educated regarding appropriate documentation and MD notification requirements for hourly clients receiving services under Physician orders.	10/19/15
G 158	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by: Based on record reviews and staff interviews on 10/14/2015, the home health agency failed to provide LNA (licensed nurses aides) visits that were ordered by the physician or to notify the physician that a decrease in the number of visits occurred for 1 of 3 clients in the applicable sample (Client # 1) The specifics are as follows: Per review of medical record for Client # 1 on 10/14/2015 at 11:08 am, s/he was admitted to the Choices For Care (CFC) program on 2/18/2015. Client # 1 was already receiving skilled services since admission to the agency on 1/25/2015. The admission orders signed and dated by the physician for the certification period 2/16/2015-4/16/2015 are for 2-5 hours of LNA (Licensed nursing assistant) care 6-7 days/ week. For the certification period of 4/16/2015-6/14/2015 orders are for 3-5 hours /day for 7 days a week (not to exceed 31.875 in 7 days), and for 7/3- 8/31/2015 for the same frequency of LNA services. The current certification period directs orders for 31.75 hours of care per week. Per further review the client never received more than 14 hours of	G 158	The Manager of Clinical Operations (MCO) will provide education to hourly service team Clinical Managers on Policy #0-983 Physician Orders, with specific focus regarding the care plan follows a written plan of care established and periodically reviewed by a doctor of medicine. Corrective action will also include implementation of a structured process for interdisciplinary conferences to review active clients, (2x/month) to assure actions and goals of services are complimentary and evaluated related to goal achievement. Monitoring: A focus audit of active hourly service clients receiving services under the provision of Physician Orders will be conducted by the MCO	11/13/15

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

Elaine M. Jello

TITLE

Administrator

(X6) DATE

10/14/15

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 158	Continued From page 1 assistance since being on CFC. The Director confirms this during interview at 1:30 PM and further indicates that this client is directing his/her own care, is as independent as the diagnosis of paralysis will allow and has help from friends and neighbors. Client # 1 often does not answer the phone, the door, or text messages, so notifying him/ her of staffing changes or scheduling issues are difficult. This is documented in the record for missed visits. The schedule of 14 or less hours is per his/ preference but this is not documented in the medical record according to the interview with the Director..	G 158	reviewing 25% of clients records for 3 months. Sustained improvement and compliance will be monitored through quarterly record review by the Clinical Standards and Quality department. Results of the focused audit and the quarterly record review will be reported to the Administrator to monitor for on-going compliance.	12/30/15	
G 176	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs. This STANDARD is not met as evidenced by: Based on medical record review, staff interviews and review of social service notes on 10/14/2015, the home health agency failed to provide for adequate coordination of care to meet the needs of 1 of 3 clients in the applicable sample. (Client #0 1). The specifics are as follows: Per medical record review for Client # 1 at 1:30 PM, the regular supervisory visit notes of August and September 2015 indicate that the client would like week-end visits by the agency staff. The supervisory note further documents that this was communicated to the Case Manager and the physician of Client # 1. The Director confirms	G 176	Client #1 request for social service visit and additional week-end hourly services could not be met due to Client #1 current hospitalization. Documentation has been updated to include discussions with client #1 preferences for visit frequency and week-end service. The RN assigned to client#1 for skilled services was re-educated regarding the coordination and documentation of services and physician notification when requested services were not provided. Upon discharge from the hospital the Clinical Manager will update the care plan in accordance with the physician. The MCO and Director of Clinical Operations (DCO) for the skilled visit team will provide education to	10/14/15 10/16/15 10/27/15	<i>Accepted 11/09/2015 K. Coleman, RN</i>

