

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

December 13, 2011

Joel Stephens, Administrator
Caledonia Home Health Care
161 Sherman Drive
Saint Johnsbury, VT 05819-1146

Provider ID #:477010

Dear Mr. Stephens:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **November 15, 2011**.

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

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



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

DEC 02 2011

PRINTED: 11/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/2011
NAME OF PROVIDER OR SUPPLIER CALEDONIA HOME HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 161 SHERMAN DRIVE SAINT JOHNSBURY, VT 05819	
(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 230	<p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 10/31/11, and completed on 11/15/11. The following Federal Home Health Regulations violation was identified as a result. 484.36(d)(3) SUPERVISION</p> <p>If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 62 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the agency failed to assure that supervision of Home Health Aides was conducted with the frequency required by regulation. Findings include:</p> <p>Per record review on 10/31/11, Client #1 was receiving Home Health Aide services in December 2010, and at that time was not on skilled services. Per review of the RN supervisory visits required every 60 days, there were gaps between these visits that exceeded this timeframe. From the supervisory visit done on 1/4/11 to the next one on 3/30/11 is a period of 83 days. The next supervisory visit was completed 71 days later on 6/9/11. The following supervisory visit date was on 8/11/11, 63 days after the previous one. Per interview by telephone on</p>	G 230	<p>The RN responsible for supervision of the long term care patient noted has been counselled verbally regarding the standard. Not met</p> <p>The Supervisory RN maintains a folder file which lists the previous Supervisory date and calculated current supervisory date. The list will be updated with each patient at the appropriate time.</p> <p>The long term care manager will monitor and review the process with the RN quarterly.</p> <p><i>PC</i> 12/9/11 <i>JK</i></p>	<p>11/30/11</p> <p>11/30/11</p> <p>11/30/11</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Gail Lary, RN TITLE *Clinical Manager* (X6) DATE *12/9/11*

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 230	Continued From page 1 11/1/11 at 4:18 PM, the RN in charge of the supervisory visits for the home health aides confirmed that these visits were longer than 60 days apart.	G 230		