

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

January 31, 2012

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 30, 2011**.

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

Sincerely,



Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure - FEDERAL



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

PRINTED: 01/10/2012
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 11/30/2011
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 118	<p>An unannounced complaint investigation was conducted on 11/30/11 by the Division of Licensing and Protection. There were Federal regulatory violations.</p> <p>484.12(a) COMPLIANCE WITH FED, STATE, LOCAL LAWS</p> <p>The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the home health agency failed to give proper notice of discharge in compliance with State regulations as required by Vermont Regulations for the Designation and Operation of Home Health Agencies 7.3(a)(1)(2). Findings include:</p> <p>Per record review on 11/30/11 of Patient #1's medical record, the Agency failed to give prior notice of discharge to the patient, who needs 2 hours a day for personal care. The Agency called the family member on 06/210/11, the day of discharge, stating that no one would be coming out. The is no written notice in the electronic or hard copy chart prior to being discharged. Per interview on 11/30/11 at 1:03 PM the clinical manager stated that "usually the discharge is given during a visit and at least 2 days prior". Per interview at 1:30 PM the Director confirmed the agency failed to give prior notice before</p>	G 118	<p>Discontinuation of Services Plan:</p> <ol style="list-style-type: none"> 1. Conduct an in-service with staff concerning policy and procedure requirements for discontinuation of services by Feb 15, 2012. 2. Adherence to discharge policy and procedures will be monitored through: <ol style="list-style-type: none"> A. Peer chart audits. B. Results of these chart audits will be reviewed by the clinical director, management team and PAC. <p>Completion Date Feb 2012</p> <p><i>Joe Wynn</i> 1.25.12 <i>SR W/JS</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Joel D. Stephens *[Signature]* TITLE
Clinical Director (X6) DATE
1/20/2012

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.

Amc

