

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

August 13, 2012

Renee Kilroy, Administrator
Caledonia Home Health Care
161 Sherman Drive
Saint Johnsbury, VT 05819-1146

Provider ID #:477010

Dear Ms. Kilroy:

Enclosed is a copy of your acceptable plans of correction for the State Designation survey conducted on **July 11, 2012**.

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

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure - STATE



AUG - 3 12

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED 07/11/2012
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NAME OF PROVIDER OR SUPPLIER CALEDONIA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 161 SHERMAN DRIVE SAINT JOHNSBURY, VT 05819
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H 001 SS=A	Initial Comments An unannounced on site State Designation survey was conducted on 07/09/12 - 07/11/12 by the Division of Licensing and Protection. The following are State findings.	H 001		
H 645 SS=C	6.12(a) Organization, Services and Administration VI. Organization, Services and Administration 6.12 A home health agency shall keep a log of all complaints. The log shall include the date of the complaint, name of complainant, subject of the complaint, person assigned and the date and resolution of the complaint. (a) The home health agency shall respond to all complaints, whether received orally or in writing, within 2 business days. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview, the Home Health Agency failed to maintain a complete complaint log which included a resolution and response time to all complaints received orally or in writing. Findings include: Review of the "Client Complaint Log 2011 & 2012" revealed that it did not consistently address requirements specific to the Regulations for the Designation and Operation of Home Health Agencies, which require a response to all complaints within 2 business days, the person assigned to review and the resolution of the complaint. Per interview on the afternoon of 07/11/12 the Risk Safety Manager (RSM) confirmed that the complaint log did not contain all the required components for the State required	H 645	See attachment	8/9/12

*P.O.C. accepted
S. Emmons / Franushkin*

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

TITLE
COO

(X6) DATE
8/2/12

pmc

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H 645	Continued From page 1 complaint log. Also see H-0646	H 645		
H 646 SS=C	<p>6.12(b) Organization, Services and Administration</p> <p>VI. Organization, Services and Administration</p> <p>6.12 A home health agency shall keep a log of all complaints. The log shall include the date of the complaint, name of complainant, subject of the complaint, person assigned and the date and resolution of the complaint.</p> <p>(b) A home health agency shall report any quality of care or service-related complaint not resolved to the satisfaction of the patient within 7 days to the Department ' s Division of Licensing and Protection and shall notify the complainant in writing of the right to request assistance from the Health Care Ombudsman or, if applicable, the State Long-Term Ombudsman and include information on how to do so. If a resolution is pending or in progress and both the home health agency and the patient are actively seeking resolution but the final resolution will take more than 7 days, the home health agency shall report the complaint within 30 days if no final resolution is reached. The home health agency shall notify the patient in writing that he or she may complain to the Department during that time.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview, the Home Health Agency failed to maintain a complaint log with all the required elements and failed to develop a policy which included a correct response time to all complaints</p>	H 646	See attachment	

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H 646	Continued From page 2 received orally or in writing. Findings include: 1. Per review on the afternoon of 07/11/12 of the Agency's complaint process, the complaint log did not have all the required components and the Agency's Policy did not have the correct information in accordance to the Regulations for the Designation and Operation of Home Health Agencies for the State of Vermont's Division of Licensing and Protection(DLP) , Per review, the Agency's "Complaint /Grievance Process Policy No. C:2-006.1 states in #1 "...The supervisor will investigate the grievance within five (5) days".....and "Response to the patient regarding the complaint will occur within ten (10) days of receipt" While #2 states ..."The executive director/administrator will respond to the patient within ten (10) days of notification of failure to resolve the complaint". There is no policy noted for reporting unresolved complaints to DLP within 7 days. Per review of the complaint log for 2012 , a complaint came in to the Agency on 01/24/12 and the resolution date was noted as 03/13/12. Per interview that afternoon the Risk Safety Manager (RSM) ,stated that s/he was not aware of the State regulation to report any quality of care or service-related complaint not resolved to the satisfaction of the patient within 7 days to the Department ' s Division of Licensing and Protection and confirmed the Agency's policy contained incorrect procedures according to State regulation. Also see H-0645.	H 646		
H 730 SS=B	7.3(a)(1) Discontinuation of Services	H 730	See attachment	

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H 730	<p>Continued From page 3</p> <p>VII. Discontinuation of Services</p> <p>7.3 When a home health agency identifies a need to discontinue or reduce services to a patient, the home health agency shall provide a verbal notice, followed by a written notice, accessible to the patient.</p> <p>(a) If services will be reduced or discontinued, the home health agency shall give written notice as follows:</p> <p>(1) In general, written notice shall be provided by the home health agency at least 14 days prior to the discontinuation or reduction of services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the agency failed to assure 1 patient in the applicable sample (Resident # 4) had received a written notice that skilled nursing services were going to be decreased. Findings include:</p> <p>Per record review on 7/9/12, the agency failed to assure that Resident # 4 received a written notice when daily skilled nursing services were decreased from every day to 2 times per week. Between the dates of 11/30/11 and 12/19/11 nursing visits were ordered for 1 skilled nursing visit daily. On 12/19/11 the nurse decreased the skilled nursing visits to 2 times per week. On 7/10/12 at 8:30 A.M. the home care manager confirmed that a written notice had not been given to the patient when visits were decreased.</p>	H 730		
H1412 SS=C	<p>14.3 Clinical Records</p> <p>XIV. Clinical Records</p>	H1412	See attachment	

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H1412	Continued From page 4 14.3 A home health agency shall maintain the confidentiality of all clinical records and shall safeguard clinical record information against loss or unauthorized use. A home health agency shall develop written procedures governing the use and removal of records and the conditions for release of information pursuant to state and federal law. The home health agency shall obtain the patient's written consent for release of information not authorized by law. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home health agency failed to ensure the confidentiality and safeguard of clinical records. Findings include: 1. Per observation on 07/09/12 -07/11/12 - stacks and piles of loose papers on open book shelves and a small end table, were in the office next to the front door. During the afternoon on 07/09/12 at approximately 1:25 PM the door to the office was open and no staff were in the general area. Per interview on 07/11/12 at 8:15 AM the medical secretary and and the clinical manager stated "we are behind on the scanning but we try to get it done when we can" Upon further interview and observation some of the clients' nformation is well over a year old dating back to April/ May of 2011 and is still not scanned into the current medical record . During this interview both the medical secretary and clinical manager stated "we lock the door at night" but confirmed that the records are not safeguarded.	H1412		
H1424 SS=C	14.4(l) Clinical Records	H1424	See attachment	

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H1424	<p>Continued From page 5</p> <p>XIV. Clinical Records</p> <p>14.4 A home health agency ' s patient clinical records, whether written or electronic, shall contain at a minimum:</p> <p>(l) A copy of any advanced directive, Do Not Resuscitate Order (DNR) or Clinician ' s Order for Life Sustaining Treatment (COLST), if applicable.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home health agency failed to ensure a copy of the Advance Directives was available in each client's chart for 8 of 12 applicable records reviewed. (Clients # 1, #2, #3, #4, #5, #7, #8. and #9) Findings include:</p> <p>Per record review during the days of survey, Clients #1, #2, #3, #4, #5, #7, #8 & #9 did not have a copy of their Advanced Directives in their chart. Each of the clients had been identified in the Electronic Medical Record (EMR) as having Advanced Directives, however there was no evidence the agency retained copies in the EMR. When requested to provide evidence of the Advanced Directives, the Home Care Manager confirmed on the afternoon of 07/11/12 that the Agency had not obtained copies of the Advanced Directives.</p>	H1424		

Attachments

DLP Survey – Designation of Home Health Agencies

Prefix Tag	Designation Rule Number	Plan of Correction	Completion Date
H 645	6.12(a)	Client Complaint Log will be updated to reflect the required components.	8/1/12
H 646	6.12(b)	<p>Policy and procedure No. C:2-006.1 will be updated to meet the Regulations for the Designation and Operation of Home Health Agencies.</p> <p>Safety Risk Manager will be re-educated on Section 6.12 in the Regulations for the Designation and Operation of Home Health Agencies, the policy and procedure for client complaints and how to complete the Client Complaint Log.</p>	8/31/12
H 730	7.3(a)(1)	<p>Agency will hold a Professional Staff Inservice/ Education training on 8/22/12 that will cover the following agenda item:</p> <ul style="list-style-type: none"> Regulations regarding the required verbal/written notice when agency identifies the need to discontinue or reduce services. <p>This will be monitored during the quarterly Peer Review process and during routine case conferences with the Team Leader.</p>	8/22/12
H1412	14.3	The agency will ensure the confidentiality and safeguarding of clinical records. Clinical records will be filed in individually identified patient files and stored in locked metal four-drawer filing cabinets. The secured filing cabinets will be housed in an interior building room accessible only via a locked door. A master key to all files will be stored with the facilities manager. Patient information arriving daily will be filed and stored appropriately as outlined above or scanned into an electronic filing system.	8/31/12
H 1424	14.4(l)	<p>Agency will contact all active clients and request a copy of Advance Directives. Once received the copy will be included in the client's clinical record. If client is unable to provide a copy of their Advance Directives to the Agency, it will be noted in their clinical record.</p> <p>Client Treatment Agreement will be updated to include a section where the clinician can indicate whether a copy was requested/obtained and the location(s) of said document.</p>	12/31/12

		This will be monitored during the quarterly Peer Review process and routine case conferences with the Team Leader.	
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