

Division of Licensing and Protection
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April 2, 2015

Treny Burgess, Administrator
Caledonia Home Health Care
161 Sherman Drive
Saint Johnsbury, VT 05819-1146

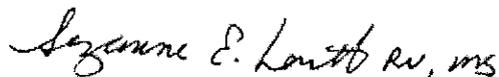
Provider ID #:477010

Dear Ms. Burgess:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 18, 2015**.

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

Sincerely,



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

Enclosure

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

PRINTED: 03/12/2015
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 02/18/2015
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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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(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
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G 000	INITIAL COMMENTS	G 000	<i>See attached</i>	
G 212	<p>484.36(b)(1) COMPETENCY EVALUATION & IN-SERVICE TRAINING</p> <p>The HHA is responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review, staff and caregiver interview, the agency failed to ensure that training and evaluation of skills was provided to a Personal Care Attendant by a nurse before providing care to one patient sampled (Patient #1). Findings include:</p> <p>Per record review on 2/10/15, Patient #1 had a start of care date of 11/13/12, due to being in a persistent vegetative state, and requiring full caregiver assistance for all Activities of Daily Living. The patient received nutrition through a G-tube, was on seizure precautions, and received passive range of motion to all extremities daily. Per review of the PCA care plan for this patient, there were personal care tasks that include bed bath, dressing the patient, perineal care, shaving, observing seizure precautions, feeding with G-tube (and to be sure bag does not run out, alternating between Jevity and Pedialyte), repositioning in bed with special instructions to be sure rail is halfway up on left side of bed to</p>	G 212		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Henry J. Burgess</i>	TITLE <i>Director</i>	(X6) DATE <i>3/25/15</i>
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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 212	Continued From page 1 prevent patient from getting stuck in the gap if a seizure occurs, and some housekeeping tasks such as laundry and sweeping the floor. Per a self-reported incident by the agency, a Personal Care Attendant who is licensed as a Nursing Assistant was caring for the patient in the home on 1/3/15. The family caregiver of the patient was out of the home running errands while the PCA was providing care. When the caregiver returned to the home, Patient #1 was found alone in the home, in bed and uncovered, and the PCA had left. Per review of the documentation, there was no evidence of an orientation to the care of Patient #1 by a nurse. Per interview on 2/10/15 at 2:25 PM. the Clinical Manager most familiar with this case confirmed that the PCA had been oriented by another PCA who was experienced in the care of Patient #1, however had not been oriented by a nurse to delegate the care tasks to the PCA. Due to the complex nature of the case, including G-tube feedings, preventative measures for contractions, Seizure precautions, and specialized instruction for positioning, the Clinical Manager confirmed that a nurse should have been the one orienting the new PCA to the patient's care, to ensure that they were able to correctly provide care per the instructions in the PCA care plan.	G 212			

Attachments

DLP Federal Survey – Plan of Correction – 3/25/15

Prefix Tag	COP Number	Plan of Correction	Person Responsible/Completion Date
G 212	484.36(b)(1)	<p>Review and revise the policy/procedure concerning orientation of PCA's to patients with complex plans of care.</p> <p>Education of PCA's and clinicians regarding the revised process.</p> <p>Audits will be done quarterly by the PCA supervisor to ensure that all PCA's that are caring for patients with complex plans of care have been oriented by a nurse.</p>	<p>Allison Wright-Roberts, RN</p> <p>5/8/15</p>

POC attached
4.1.15
R Camps / 8