

Division of Licensing and Protection
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Voice/TTY (802) 871-3317
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December 23, 2014

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

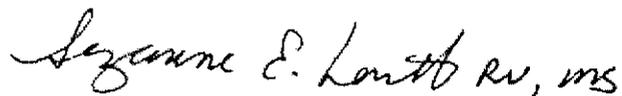
Provider ID #:477010

Dear Ms. Burgess:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 19, 2014**.

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

Sincerely,



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

Enclosure



Attachments

DLP Survey – State Designation and Operations

Prefix Tag	Designation Rule Number	Plan of Correction	Person(s) Responsible & Completion Date
H1606	16.6	<p>Improve communication regarding patient's plan of care for CFC(Choices For Care) clients case managed by other agencies:</p> <ul style="list-style-type: none"> • Institute policy and procedure for development and communication of PCA/Homemaker care plans, including documentation; • Educate staff and other agencies regarding Regulations for the Designation and Operation of Home Health Agencies, Section 16.6 and policy and procedure, through in-services and memos; • Review clinical records of current clients to ensure this requirement is met. (This will require coordination/cooperation from other agencies for about 75-100 clients.) <p>This will be monitored through the quarterly peer review process and during routine case conferences.</p>	<p>Community Based Care Manager (Patricia MacNichols)</p> <p>01/30/2015</p> <p>01/30/2015 (on-going)</p>

*Patricia MacNichols
12-22-14*

PRINTED: 12/01/2014
FORM APPROVED

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 _____	(X3) DATE SURVEY COMPLETED 11/19/2014
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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) COMPLETE DATE
H 001	Initial Comments An unannounced State Designation and Operation of Home Health Agencies survey was conducted by the Division of Licensing and Protection from 11/17 - 11/19/14. The following is a regulatory finding.	H 001		
H1606 SS=A	16.6 Plan of Care XVI. Plan of Care 16.6 A home health agency shall consider a patient's preferences for services and care givers and shall collaborate with the patient's other services persons, service agencies or service systems if appropriate and desired by the patient. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interviews the HHA failed to collaborate with the patient's other service person regarding the plan of care for 1 applicable patient in the sample. (Patient #2) Findings include: 1. Per record review of the intake information sheet on 11/18/14 Patient #2 was admitted on 10/28/14 with a diagnosis of colon cancer. Per observation of the patient on 11/18/14 at 11:30 AM, s/he had noteworthy weakness, adaptive equipment and exercise equipment that was not identified on the care plan. Per record review the patient was receiving CFC (Choices for Care) services for moderate needs. The care plan's goal presents as "activities are being performed safely and successfully according to personal care worksheet and approved service plan." Per interview on 11/18/14 at 2:13 PM the Nurse	H1606		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director	(X6) DATE 12/16/14 If continuation sheet 1 of 2
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H1606	<p>Continued From page 1</p> <p>Manager stated that the case management was provided by COA (Council On Aging). The CFC's ILA form (independent living assessment), which generates the service plan, was not available S/he confirmed that the agency failed to collaborate with the patient's other service person regarding the service plan for care.</p> <p>Also See Federal findings G-159</p>	H1606		