

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

December 23, 2013

Sandy Rouse, Administrator  
Central Vermont Home Health & Hospice  
600 Granger Road  
Barre, VT 05641-5369

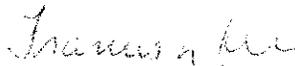
Provider ID #:477003

Dear Ms. Rouse:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 20, 2013**.

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

Sincerely,



Frances L. Keeler, RN, MSN, DBA  
Assistant Division Director  
State Survey Agency Director

FK:jl

Enclosure

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

PRINTED: 12/04/2013  
RECEIVED FORM APPROVED  
Division MB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  477003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/20/2013
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DEC 18 13  
Licensing and Protection

NAME OF PROVIDER OR SUPPLIER  CENTRAL VERMONT HOME HEALTH & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANGER ROAD BARRE, VT 05641
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G 000	INITIAL COMMENTS	G 000		
G 121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</p> <p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>This STANDARD is not met as evidenced by: Based on observation and confirmed through staff interview, the agency nurse failed to comply with acceptable professional standards of practice during the provision of wound care for 1 of 2 clients in the targeted sample. (Patient #1) Findings include:</p> <p>1 Per observation of a dressing change for Patient # 1 at 11:55 A.M. on 11/18/13 the Registered Nurse (R.N.) failed to establish a clean field and to assure that needed supplies were available prior to conducting the dressing changes. In addition, the RN failed to sanitize scissors that were used during the dressing change and re-used a [paper] measuring tape. Per interview on 11/18/13 at 3:45 P.M., the nurse confirmed that she had " not used a barrier for the supplies because the house is dirty and if the supplies fell off [the barrier] I would have to start all over again". S/he also acknowledged that the scissors were not sanitized before or after use and that the items needed were on the patient's</p>	G 121	<p>The nurse in question has been instructed to establish a clean field and scissors must be sanitized prior to and after use.</p> <p>We disagree with the example related to the paper tape measure. The tape measure was stored in the patient's wound care box and never came in contact with the client or the dressing change. The nurse used a Q-tip to measure the wound and then compared it to the tape measure for accurate measurements and then properly disposed of the Q-tip. The patient</p>	11/18/13

T.C. Campas  
12/23/13  
The Clinical Services Director will monitor for completion.  
PK

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James Russ</i>	TITLE CEO	(X6) DATE 12/13/13
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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.

F. Keen  
RN MSN OBA

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NAME OF PROVIDER OR SUPPLIER  CENTRAL VERMONT HOME HEALTH & HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANGER ROAD BARRE, VT 05641		
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G 121	Continued From page 1 bedside. When asked if the paper measuring tape had been used for prior measurements the nurse answered 'yes'. Per interview on 11/18/13 at 4:05 PM the Nursing Supervisor, who was also present during the observation of the dressing change, confirmed the above findings that the nurse failed to follow appropriate standards of nursing practice for wound dressing changes.  References; Lippincott Manual of Nursing Practice, 8th Edition, Basic Nursing -Theory and Practice ; Perry and Potter, The C.V Mosby Company :	G 121	<i>specific tape measure was then returned to the patient's Clean wound Supply box.</i>  <i>we are conducting our wound care skills day in January and all nurses will be required to attend and demonstrate infection control and wound care competency to the instructor.</i>	11/16/14
G 141	484.14(e) PERSONNEL POLICIES  Personnel practices and patient care are supported by appropriate, written personnel policies.  Personnel records include qualifications and licensure that are kept current.  This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that personnel practices are supported by appropriate written policies that meet regulatory requirements.. The findings include;  1. Per review of a sample of 8 nursing employees, 4 of the 8 did not have annual performance evaluations in their employee files.  Per interview with the Human Resource employee on 11/20/13 , he/she indicated that the	G 141	<i>The Personnel Policy will be changed to reflect that all current, active LNA's will receive an annual performance evaluation.</i>  <i>The Human Resource department will monitor compliance with this policy, Annually.</i>	12/13/13  ongoing

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G 141	<p>Continued From page 2</p> <p>agency staff, who do not work over 208 hours in a calendar year do not receive an annual performance evaluation.</p> <p>Review of the agency policy and procedure titled "Performance Evaluations" last reviewed and revised in "02" indicates that "Employee annual performance evaluations will not be required for any staff member working 208 hours or less per year."</p> <p>Per review of the Federal Regulatory requirements for Home Health Agencies indicates under 215: "facility is required to do a performance review of each aide at least every 12 months."</p> <p>Per interview with the Human Resource employee, he/she reviewed the regulatory requirements under 215 and confirmed that 4 of 8 of the PCA/LNA's reviewed did not have annual performance evaluations every 12 months. The Human Resource Employee reviewed the facilities policy and procedure for Personnel Evaluations and confirmed that the policy indicated that for employees the "Employee annual performance evaluations will not be required for any staff member working 208 hours or less per year."</p>	G 141		
G 174	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse furnishes those services requiring substantial and specialized nursing skill.</p> <p>This STANDARD is not met as evidenced by:</p>	G 174	<p>The agency will hold our annual Hi-Tech Skills day in January, 2014. Topics to be covered include but are not limited to:</p> <p>- Bag technique (cont)</p>	5/1/14

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G 174	<p>Continued From page 3</p> <p>Based on observation and staff interview, the home health nurse failed to follow agency policy and procedures during the provision of a peripherally inserted central catheter (PICC) dressing change for 1 applicable patient. (Patient # 2) Findings include:</p> <p>On 11/19/13 at 12:15 PM the following observations were made: Upon arrival to Patient #2's home, Nurse #1, after sanitizing his/her hands was observed removing a stethoscope and blood pressure cuff from his/her nursing bag and proceeded to take Patient #2's blood pressure and pulse. After use, Nurse #1 failed to cleanse/disinfect the reusable items before returning them to his/her bag. Per agency policy Infection Control-Bag Technique/Section: 07.01 last updated 9/12 states the purpose of the cleaning of reusable items is to "...reduce the risk of cross-infection between patients via the visit bag and the supplies it contains". Nurse #1 was then observed preparing to change the extension tubing attached to Patient #2's double lumen PICC, however the nurse failed to establish a clean work surface prior to opening supplies. The patient had been sitting at a table with an oilcloth table cloth, no attempt was made by Nurse #1 to establish a clean work surface prior to preparing the supplies. Nurse #1 donned gloves, opened packaging, disconnected the extension tubing, cleaned the catheter lumens, attached new tubing and flushed the PICC. With the same gloved hands, Nurse #1 began to prepare the PICC dressing kit and loosened the transparent occlusive dressing but did not completely remove. Nurse #1 removed the gloves and failed to sanitize. Per agency policy Infection Control - Standard Precautions; Section: 07.16 section 6. d. i 3. "Always perform hand</p>	G 174	<p>- PICC line dressing change - PICC line extension tubing changes.</p> <p>All nursing staff will be required to demonstrate competency in the above procedures by performing a return demonstration to the instructor.</p> <p>The nurse in question has had bag technique and PICC line care reviewed with her.</p> <p>T.C. K. Campos 12/23/13</p> <p>The Clinical Services Director will monitor for compliance. PC</p>	11/21/13
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G 174	Continued From page 4 hygiene after removing gloves". Nurse #1 applied sterile gloves and mask and proceeded to complete the removal of the transparent occlusive dressing. The nurse did not change gloves as per agency policy: Infusion Therapy - Peripherally Inserted Central Catheter/Maintenance and Management of Potential Complications: Section : 9.33: D. "Dressing change" which states after removing the transparent dressing "Remove contaminated gloves and don new sterile gloves." After completing the dressing change, Nurse #1 removed his/her gloves and failed to sanitize. Upon realizing s/he had missed a step when performing the dressing change Nurse #1 applied gloves and removed the transparent dressing. The nurse again removed the gloves, failed to sanitize and donned sterile gloves to apply a small disc to the PICC site and again applied a transparent dressing.  Per Lippincott Manual of Nursing Practice, 8th Edition, Chapter 31, Infectious Disease page 1033 & 1034 "Fundamentals of Standard Precautions" states "Hand hygiene is the single-most important measure to reduce the risks of transmitting microorganisms" "It may be necessary to clean hands between tasks on the same patient to prevent cross-contamination of different body sites. 2. Wearing gloves does not replace the need for hand hygiene because gloves may have small, inapparent defects or may be torn during use; and hands can become contaminated during removal of gloves."  Per interview on 11/20/13 at 3:20 PM, Nurse #1 confirmed s/he failed to cleanse/disinfect the reusable equipment after use and prior to being placed back into his/her travel bag, noting "S/he	G 174		

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G 174	Continued From page 5 sometimes cleans the equipment at the end of the day". The nurse further stated s/he did not have to change gloves after removing the transparent occlusive dressing because s/he had touched the underside of the transparent dressing which s/he still considered "sterile" which contradicts agency policy.	G 174		
G 215	484.36(b)(2)(iii) COMPETENCY EVALUATION & IN-SERVICE TRAINING  The home health aide must receive at least 12 hours of in-service training during each 12 month period. The in-service training may be furnished while the aide is furnishing care to the patient.  This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that facility personnel received a personnel evaluation once every 12 months for 4 of 8 staff Licensed Nursing Assistant/Personnel Care Aide (LNA/PCA). The findings include;  1. Per review of a sample of 8 nursing employees, 4 of the 8 (LNA's/PCA's) did not have annual performance evaluations in their employee files.  Per interview with the Human Resource employee on 11/20/13, he/she indicated that the agency staff, who do not work over 208 hours in a calendar year do not receive an annual performance evaluation.  Review of the agency policy and procedure titled "Performance Evaluations" last reviewed and revised in "2002" indicates that "Employee annual	G 215	This tag should be marked G 214. We dispute this finding. Only (2) of the (4) staff were employed as LNA's in the home health program. (Currently, these (2) LNA's no longer work in the home health program). The remaining (2) staff were employed as PCA's in our separate entity LTC program and we are not required to follow Medicare regulations. Going forward, the LNA policies have been revised such that even LNA's working 208 or fewer hours will receive an annual performance (cont)	



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G 229	Continued From page 7 visit was due 09/03/13, which did not happen. The nurse made a supervisory visit on 10/01/13 and the next supervisory visit was 10/22/13, nearly a week late. Per interview on 11/18/13 4:55 PM, the Clinical Director confirmed supervisory visits did not occur every 2 weeks.	G 229	<i>J.C. K. Canyon</i> <i>The Quality Management Director will be responsible for monitoring for compliance FC</i>		

Division of Licensing and Protection

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**CENTRAL VERMONT HOME HEALTH & HOSPITAL**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**600 GRANGER ROAD  
BARRE, VT 05641**

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H 001 Initial Comments

An unannounced on-site State Designation survey was conducted by the Division of Licensing and Protection on 11/18/13 through 11/20/13. The following regulatory violations were identified:

H 633 6.7(e) Organization, Services and Administration

VI. Organization, Services and Administration

6.7 A home health agency shall develop, maintain, and upon request provide to the Department, policies and procedures for, but not limited to the following:

(e) Personnel, including but not limited to qualifications, credentialing verification, staff orientation, training and evaluation, and as applicable, policies pertaining to students and volunteers;

This REQUIREMENT is not met as evidenced by:  
VI. Organization, Services and Administration

6.7 A home health agency shall develop, maintain, and upon request provide to the Department, policies and procedures for, but not limited to the following:

(e) Personnel, including but not limited to qualifications, credentialing verification, staff orientation, training and evaluation, and as applicable, policies pertaining to students and volunteers;

1. Per review of a sample of 8 nursing

H 001

H 633

*We dispute this finding. State Designation Regulation 6.7(e) stipulates that we must have personnel policies that address orientation, training and evaluation. It does not contain a requirement for annual evaluation. Our personnel policies were provided to survey staff and evidence shows that they were followed as written.*

*POC accepted 12/23/13  
K. Campos / F. Keen RN MSN DBA*

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

TITLE

(X6) DATE

*Sandra Rousseau*

*CEO*

*12/13/13*

Division of Licensing and Protection

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H 633	Continued From page 1  employees, 4 of the 8 (LNA's/PCA's) did not have annual performance evaluations in their employee files.  Per interview with the Human Resource employee on 11/20/13, he/she indicated that the agency staff, who do not work over 208 hours in a calendar year do not receive an annual performance evaluation.  Per interview with the Human Resource employee, he/she reviewed the regulatory requirements and confirmed that 4 of 8 of the PCA/LNA's reviewed did not have annual performance evaluations every 12 months.	H 633		
H 824 SS=D	8.2(d) Skilled Nursing Services  VIII. Skilled Nursing Services  8.2 The registered nurse shall:  (d) Furnish those services requiring substantial and specialized nursing skill;  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home health nurse failed to follow agency policy and procedures during the provision of a peripherally inserted central catheter (PICC) dressing change for 1 applicable patient. (Patient # 2) Findings include:  On 11/19/13 at 12:15 PM the following observations were made: Upon arrival to Patient #2's home, Nurse #1, after sanitizing his/her hands was observed removing a stethoscope and	H 824	The agency will hold our 2014 Annual Hi-Tech Skills Fair in January 2014. Topics to cover include but are not limited to: - Bag/legiupment technique - PICC line dressing change/extension <sup>Fubing change</sup> All nursing staff will be required to demonstrate competency in the above procedures. Nurse #1 has had bag technique + PICC line dressing change reviewed	11/21/13

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H 824	Continued From page 2  blood pressure cuff from his/her nursing bag and proceeded to take Patient #2's blood pressure and pulse. After use, Nurse #1 failed to cleanse/disinfect the reusable items before returning them to his/her bag. Per agency policy Infection Control-Bag Technique/Section: 07.01 last updated 9/12 states the purpose of the cleaning of reusable items is to "...reduce the risk of cross-infection between patients via the visit bag and the supplies it contains". Nurse #1 was then observed preparing to change the extension tubing attached to Patient #2's double lumen PICC, however the nurse failed to establish a clean work surface prior to opening supplies. The patient had been sitting at a table with an oilcloth table cloth, no attempt was made by Nurse #1 to establish a clean work surface prior to preparing the equipment. Nurse #1 donned gloves, opened packaging, disconnected the extension tubing, cleaned the catheter lumens, attached new tubing and flushed the PICC. With the same gloved hands, Nurse #1 began to prepare the PICC dressing kit and loosened the transparent occlusive dressing but did not completely remove. Nurse #1 removed the gloves and failed to sanitize. Per agency policy Infection Control - Standard Precautions; Section: 07.16 section 6. d. i 3. "Always perform hand hygiene after removing gloves". Nurse #1 applied sterile gloves and mask and proceeded to complete the removal of the transparent occlusive dressing. The nurse did not change gloves as per agency policy: Infusion Therapy - Peripherally Inserted Central Catheter/Maintenance and Management of Potential Complications: Section : 9.33: D. "Dressing change" which states after removing the transparent dressing "Remove contaminated gloves and don new sterile gloves." After completing the dressing change, Nurse #1	H 824	<i>with her, as well as PICC tubing change T.C K. Campese 12/23/13 The Clinical Services Director will be responsible for monitoring compliance</i> FIC	

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H 824	Continued From page 3  removed his/her gloves and failed to sanitize. Upon realizing s/he had missed a step when performing the dressing change Nurse #1 applied gloves and removed the transparent dressing. The nurse again removed the gloves, failed to sanitize and donned sterile gloves to apply a small disc to the PICC site and again applied a transparent dressing.  Per interview on 11/20/13 at 3:20 PM, Nurse #1 confirmed s/he failed to cleanse/disinfect the reusable equipment after use and prior to being placed back into his/her travel bag, noting "S/he sometimes cleans the equipment at the end of the day". The nurse further stated s/he did not have to change gloves after removing the transparent occlusive dressing because s/he had touched the underside of the transparent dressing which s/he still considered "sterile" which contradicts agency policy.	H 824		
H1707 SS=D	17.7 Patient Rights  XVII. Patient Rights  17.7 A patient has the right to appropriate and professional care in accordance with appropriate standards of care.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview agency nursing staff failed to provide care in accordance with appropriate standards of nursing practice for 2 of 2 applicable patients ( Patient #2 & #1) Findings include:  Per Lippincott Manual of Nursing Practice, 8th	H1707	The agency will hold our Annual Hi-Tech Skills Fair in January 2014. Topics to be covered include, but are not limited to: - Bag/equipment technique - PICC line dressing change All nursing staff will be requested to demonstrate competency in the above procedures by performing a return demonstration to the instructor.	2/1/14

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VT477003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/20/2013
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NAME OF PROVIDER OR SUPPLIER  
**CENTRAL VERMONT HOME HEALTH & HOSPI**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**600 GRANGER ROAD  
BARRE, VT 05641**

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H1707 Continued From page 4

Edition, Chapter 31, Infectious Disease page 1033 & 1034 "Fundamentals of Standard Precautions" states "Hand hygiene is the single-most important measure to reduce the risks of transmitting microorganisms" "It may be necessary to clean hands between tasks on the same patient to prevent cross-contamination of different body sites. 2. Wearing gloves does not replace the need for hand hygiene because gloves may have small, unapparent defects or may be torn during use, and hands can become contaminated during removal of gloves."

Per observations made on 11/19/13 at 12:15 PM an agency nurse failed to maintain basic standards of practice during the provision of a PICC line dressing change. Patient #2, who recently completed intravenous antibiotics for a septic knee, required a weekly PICC dressing change. Upon arrival to Patient #2's home, Nurse #1, after sanitizing his/her hands was observed removing a stethoscope and blood pressure cuff from his/her nursing bag and checked the patients blood pressure and pulse. After use, Nurse #1 failed to cleanse/disinfect the reusable items before returning them to his/her bag. Per agency policy Infection Control-Bag Technique/Section: 07.01 last updated 9/12 states the purpose of the cleaning of reusable items is to "...reduce the risk of cross-infection between patients via the visit bag and the supplies it contains". Nurse #1 was then observed preparing to change the extension tubing attached to Patient #2's double lumen PICC, however the nurse failed to establish a clean work surface prior to opening supplies. The patient had been sitting at a table with an oilcloth table cloth, no attempt was made by Nurse #1 to establish a clean work surface prior to preparing the supplies. Nurse #1 donned

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The nurse in question has been instructed to establish a clean field and scissors must be sanitized prior to and after use.

We disagree with the example related to the paper tape measure.

The tape measure was stored in the pt's wound care box + never came in contact with the patient or the dressing change. The nurse used a Q-tip to measure the wound and then compared it to the tape measure for accurate measurements and then properly disposed of the Q-tip. The patient specific tape measure was then returned to the patient's Clean Wound Supply box.

Te. K. Campus 12/23/13  
The Clinical Services

Director will be responsible for monitoring for compliance FK

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER  <b>CENTRAL VERMONT HOME HEALTH &amp; HOSPI:</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 GRANGER ROAD BARRE, VT 05641</b>
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H1707	<p>Continued From page 5</p> <p>gloves, opened packaging, disconnected the extension tubing, cleaned the catheter lumens, attached new tubing and flushed the PICC. With the same gloved hands, Nurse #1 began to prepare the PICC dressing kit and loosened the transparent occlusive dressing but did not completely remove. Nurse #1 removed the gloves and failed to sanitize. Per agency policy Infection Control - Standard Precautions; Section: 07.16 section 6. d. i 3. "Always perform hand hygiene after removing gloves". Nurse #1 applied sterile gloves and mask and proceeded to complete the removal of the transparent occlusive dressing. The nurse did not change gloves as per agency policy: Infusion Therapy - Peripherally Inserted Central Catheter/Maintenance and Management of Potential Complications: Section : 9.33: D. "Dressing change" which states after removing the transparent dressing "Remove contaminated gloves and don new sterile gloves." After completing the dressing change, Nurse #1 removed his/her gloves and failed to sanitize. Upon realizing s/he had missed a step when performing the dressing change Nurse #1 applied gloves and removed the transparent dressing. The nurse again removed the gloves, failed to sanitize and donned sterile gloves to apply a small disc to the PICC site and again applied a transparent occlusive dressing.</p> <p>Per interview on 11/20/13 at 3:20 PM, Nurse #1 confirmed s/he failed to cleanse/disinfect the reusable equipment after use and prior to being placed back into his/her travel bag, noting "S/he sometimes cleans the equipment at the end of the day". The nurse further stated s/he did not have to change gloves after removing the transparent occlusive dressing because s/he had touched the underside of the transparent dressing</p>	H1707		

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER  CENTRAL VERMONT HOME HEALTH & HOSPI		STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANGER ROAD BARRE, VT 05641		
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H1707	<p>Continued From page 6</p> <p>which s/he still considered "sterile" which contradicts agency policy.</p> <p>2. Per observation of a dressing change for Patient # 1 at 11:55 A.M. on 11/18/13 the Registered Nurse (R.N.) failed to establish a clean field and to assure that needed supplies were available prior to conducting the dressing changes.</p> <p>In addition, the RN failed to sanitize scissors that were used during the dressing change and re-used a [paper] measuring tape.</p> <p>Per interview on 11/18/13 at 3:45 P.M., the nurse confirmed that she had " not used a barrier for the supplies because the house is dirty and if I the supplies fell off [the barrier] I would have to start all over again". S/he also acknowledged that the scissors were not sanitized before or after use and that the items needed were on the patient's bedside. When asked if the paper measuring tape had been used for prior measurements the nurse answered 'yes'.</p> <p>Per interview on 11/18/13 at 4:05 PM the Nursing Supervisor, who was also present during the observation of the dressing change, confirmed the above findings that the nurse failed to follow appropriate standards of nursing practice for wound dressing changes.</p>	H1707		