

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 21, 2014

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

Dear Ms. Rouse:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 21, 2013**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



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

FK:jl

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 C 11/21/2013
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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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(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 CORRECTIDN (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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H 001	Initial Comments An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection from 11/20-11/21/13. The following is a regulatory finding under the State Designation and Operation of Home Health Agencies.	H 001		
H1715 SS=A	<p>17.14 Patient Rights</p> <p>XVII. Patient Rights</p> <p>17.14 A patient has the right to appeal a notice of reduction or discontinuation of home health agency services or a denial of admission to the home health agency and to receive information about the appeal process</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>17.14 A patient has the right to appeal a notice of reduction or discontinuation of home health agency services or a denial of admission to the home health agency and to receive information about the appeal process</p> <p>Based on record review and staff interview, the agency failed to assure that an appeal notice was issued to a patient denied admission to services. Findings include:</p> <p>Per record review on 11/20-11/21/13, Patient #1 was discharged from a hospital after surgery on 7/26/13. The patient's case manager was concerned about the condition of the surgical wound, and spoke with the patient's physician about making a referral to Home Health for a nurse visit to assess the wound status. The agency received a referral from the physician by fax on 7/31/13, after the close of business hours</p>	H1715	<p><i>It was our belief that we handled this situation correctly. After receiving this referral, we discussed our concerns about providing services to this patient with his physician; it was agreed the requested services would appropriately be provided by his surgeon. Therefore, we felt with the referral cancelled, no information was entered into our Clinical Record system and with no care initiated, we were no longer responsible to this patient at this point. It was the</i> (cont.)</p>	

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

Sandra A. Rousse

TITLE

CEO

(X6) DATE

12/20/13

*Thomas Klein
11/21/14*

Division of Licensing and Protection

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H1715	Continued From page 1 at 5:40 PM. The Clinical Director spoke with the doctor the following day to inform them that their agency would not serve Patient #1 based on past difficulties regarding the way staff were treated by the patient. There was discussion about where the patient could be referred to besides their agency, and based on limited options, it was discussed that s/he would probably have to go back to the surgeon who performed the procedure. During an interview on 11/20/13 at 10:40 AM, the Clinical Director stated that the MD canceled the referral after discussing the case with the agency, and they did not follow up with the patient by issuing a written denial with the required elements such as the Ombudsman contact information or the appeal process information as required in the regulations.	H1715	<i>physician's responsibility to identify the next steps for this patient. Because you have a different opinion on this matter, we will send the potential patient a formal notification of the reason we did not take him as a patient; because other arrangements had been made. We will have our legal advisor review this letter prior to sending.</i>	1/31/14
H2110 SS=A	21.1 (a) APPEALS XXI. Appeals 21.1 A patient may appeal a notice of reduction or discontinuation of home health agency services or a denial of admission to the home health agency by requesting a Commissioner's review. (a) The request for a Commissioner's review by a patient may be made orally or in writing, and shall be made within fifteen (15) days of receiving written notice. The home health agency shall include in the written notice information on how to contact the Health Care Ombudsman or, if applicable, the Long-Term Care Ombudsman. The written notice also shall inform the patient that the request for a Commissioner's review shall be made by calling or writing to:	H2110	<i>all patients will be notified if a reduction or discharge of services or a denial of admission of their rights for a Commissioner's review. A random audit will be performed to validate adherence to this regulation for H1715 and H2110.</i>	ongoing 3/31/14

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H2110	<p>Continued From page 2</p> <p>Commissioner ' s Office Department of Disabilities, Aging & Independent Living 103 South Main Street Waterbury, VT 05671 802-241-2401</p> <p>This REQUIREMENT is not met as evidenced by: XXI. Appeals</p> <p>21.1 A patient may appeal a notice of reduction or discontinuation of home health agency services or a denial of admission to the home health agency by requesting a Commissioner ' s review.</p> <p>(a) The request for a Commissioner ' s review by a patient may be made orally or in writing, and shall be made within fifteen (15) days of receiving written notice. The home health agency shall include in the written notice information on how to contact the Health Care Ombudsman or, if applicable, the Long-Term Care Ombudsman. The written notice also shall inform the patient that the request for a Commissioner ' s review shall be made by calling or writing to:</p> <p>Commissioner ' s Office Department of Disabilities, Aging & Independent Living 103 South Main Street Waterbury, VT 05671 802-241-2401</p>	H2110		
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H2110	<p>Continued From page 3</p> <p>Based on record review and staff interview, the agency failed to assure that an appeal notice was issued to a patient that was denied admission to services. Findings include:</p> <p>Per record review on 11/20-11/21/13, Patient #1 was discharged from a hospital after surgery on 7/26/13. The patient's case manager was concerned about the condition of the surgical wound, and spoke with the patient's physician about making a referral to Home Health for a nurse visit to assess the wound status. The agency received a referral from the physician by fax on 7/31/13, after the close of business hours at 5:40 PM. The Clinical Director spoke with the doctor the following day to inform them that their agency would not serve Patient #1 based on past difficulties regarding the way staff were treated by the patient. There was discussion about where the patient could be referred to besides their agency, and based on limited options, it was discussed that s/he would probably have to go back to the surgeon who performed the procedure. During an interview on 11/20/13 at 10:40 AM, the Clinical Director stated that the MD canceled the referral after discussing the case with the agency, and they did not follow up with the patient by issuing a written denial with the required elements such as the Ombudsman contact information or the appeal process information as required in the regulations.</p>	H2110		
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