

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

October 8, 2012

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

Provider ID #:471505

Dear Ms. Rouse:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 29, 2011**.

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

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471506 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/29/2011 |
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| NAME OF PROVIDER OR SUPPLIER CENTRAL VERMONT HOME HEALTH & HOSPICE | STREET ADDRESS, CITY, STATE, ZIP CODE 800 GRANGER ROAD BARRE, VT 05641 |
|---|--|

| (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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| L 000 | INITIAL COMMENTS | L 000 | | |
| L 698 | <p>418.106(e)(2)(i)(B) LABEL DISPOSE STORAGE DRUGS</p> <p>[At the time when controlled drugs are first ordered the hospice must:] (B) Discuss the hospice policies and procedures for managing the safe use and disposal of controlled drugs with the patient or representative and the family in a language and manner that they understand to ensure that these parties are educated regarding the safe use and disposal of controlled drug;</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the Hospice failed to ensure Client #1's safe use of and education of narcotics in the home. Findings include:</p> <p>1. Per record review of the Client #1's medical record, on several occasions narcotics were reported missing. Per review of a case conference summary dated 04/12/11, it stated "watching narcotic count for diversion last count off 8-9 tabs of both oxycodone and dilaudid, primary care provider unsure where, will bring lock box." Per a reporting form dated 06/01/11 approx 100 tabs of oxycodone 15mg were missing. The skilled nursing routine visit note of 06/30/11 states "narcotic count done; found short 35 oxycodone tabs". A narcotic tracking sheet shows on 07/15/11 that approximately 287</p> | L 698 | <p>"Care of Controlled Drugs" procedure was reviewed with RNs at staff meeting (minutes attached) 1/9/12</p> <p>RN involved in care of this client was counselled regarding time frame for documenting that a household member declined to have drugs destroyed. (copy in staff's record with supervisor) 1/9/12</p> <p>POC accepted S. Commons / Franck & Miller 10/11/12</p> | 1/9/12 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Michelle Walker RN MS | TITLE HOSPICE MANAGER | (X6) DATE 10/11/2012 |
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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.

pmc

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471505 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/29/2011 |
|---|---|--|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER CENTRAL VERMONT HOME HEALTH & HOSPICE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANGER ROAD BARRE, VT 05841 | | |
| (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 | |
| L 696 | Continued From page 1 tablets of oxycodone 15mg were available 2 hours prior to the death. There was no evidence in the clinical notes on the day of the death, regarding education to the disposal nor the purpose of the witnessed narcotic count at the time of death. Per Interview on 12/29/11 at 1:30 PM A.M. the Hospice Director R.N. stated that per the Agency's policy the nurse is to dispose of medications upon death with a mixture of unusable material, seal in a bag and then throw away. If the family declines at that time the nurse is to do a witnessed count and co-sign. The nurses carry kitty litter and bags and the guidelines for the families. There is no evidence in the nursing note that the protocol or policy was discussed with the family nor followed. In addition the nurse was to check back the next day but did not have contact until 2 days after the death when the family called to say the meds were flushed down the toilet. The Hospice Director confirmed that staff failed to ensure safe use and disposal of narcotics. | L 696 | Random review of brightly colored narcotic sheets returned from clients' homes upon death for the following: 1. Correct name + date 2. Co-signature of family member 3. All narcotics listed were documented as destroyed. 4. Timeliness of final narcotic count noted Nurse manager initials forms audited and places in client record. | 6/2012 | |