

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 8, 2016

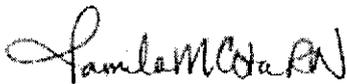
Ms. Brenda Smith, Administrator
Central Vermont Home Health & Hospice
600 Granger Road
Barre, VT 05641-5369

Dear Ms. Smith:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 19, 2016**. 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,



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 05/02/2016
FORM APPROVED
OMB NO. 0938-0391

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 04/19/2016
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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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(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 537	<p>418.56 IDG, CARE PLANNING, COORDINATION OF SERVICES</p> <p>The hospice must designate an interdisciplinary group or groups as specified in paragraph (a) of this section which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews the agency failed to provide evidence that the designated Interdisciplinary Team (IDT) prepared an individualized, comprehensive plan of care for 7 patients (Patients #1 through #7) in a sample of 13 patients. Findings include:</p> <p>1). Per record review Patient #4 had a start of care date (SOC) of 4/5/2016. In a review of the Case Conference notes the note dated 4/5/2016 at 10:15 AM stated that the IDT had approved Admission to Hospice and the Plan of Care (POC). In a review of the Skilled Nursing visit notes the admitting nurse conducted the first (admission) visit at 4:10 PM on 4/5/2016. The Hospice Plan of Care form 485 is completed and dated 4/5/2016. There is no indication in the Care Conference notes or the Skilled Nursing notes which members of the IDT were involved in the formulation of the Plan of Care. In an interview on 4/19/2016 the Interim Hospice Director confirmed that there is no documentation available to</p>	L 537	<p>Please see attached sheet for plan of correction for L 537 Use of the McKesson IDT/IDG Communication Note within the nursing forms to document communication with the IDT on a consistent basis to assure that all members of the IDT have an opportunity to be involved in the development of the comprehensive plan of care no later than 5 calendar days after the election of hospice in accordance with 418.24.</p> <p>1).The case conference notes referenced states, "IDG approves admission to hospice today and the initial care plan as outlined." The verbiage of, "initial care plan" used in these statements do not refer to the IDT approval of the patient's comprehensive plan of care, but refers purely to the initial plan for admission being approved by the IDT. It is however recognized that this verbiage could be confusing and effective immediately our agency will omit this verbiage from further case conference notes.</p> <p><i>Beant 6/6/16 KC/ST</i></p>	6/6/16
				4/19/16 Complete.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Derek Kouwenhoven, RN</i>	TITLE Director of Clinical Services	(X6) DATE 05/18/16
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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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L 537	Continued From page 1 indicate the IDT involvement prior to the acceptance of the plan of care. 2). Per record review Patient #5 had a start of care date (SOC) of 8/31/2015. In a review of the Case Conference notes the note dated 8/31/2015 at 1:11 PM stated that the IDT had approved Admission to Hospice and the Plan of Care (POC). In a review of the Skilled Nursing visit notes the admitting nurse conducted the first (admission) visit at 12:45 PM on 8/31/2015. The Hospice Plan of Care form 486 is completed and dated 8/31/2015. There is no indication in the Care Conference notes or the Skilled Nursing notes which members of the IDT were involved in the formulation of the Plan of Care. In an interview on 4/19/2016 the Interim Hospice Director confirmed that there is no documentation available to indicate the IDT involvement prior to the acceptance of the plan of care. 3) Per medical review, Client # 2 was admitted to Hospice services on 04/06/2016. The IDT (Interdisciplinary Team) note indicates that the team was notified on 04/05/2016, that the team agreed to the admission and that they approved the plan of care at that time. The admission assessment was done on 4/06/2016 and does not mention that the team was involved in the formulation of the plan of care. The formal IDT meeting was held on 4/11/2016 and Client # 2 was discussed at that time. This is confirmed during interview on 04/19/2016 with the Interim Hospice Director. 4) Per medical record review, Client # 3 as admitted to Hospice services on 12/31/2015. The IDT notes indicate that the referral for admission	L 537	On further review the nursing POC was communicated to the IDT team through a IDT/IDG Communication Note portion of the nursing admission forms documented on 4/5. This document was missed by the Interim Director initially. There is clear documentation within 5 calendar days of election of hospice that all members of the IDT were notified at the nursing admission of the plan of care and had opportunity to be involved in the development of the comprehensive plan of care for patient # 4. 2). See earlier note regarding case conference notes and IDT approval of "initial plan of care" verbiage. On further review, a full IDT case conference note report documented on 9/1 was found to be present in patient #5's chart. This document was missed by the Interim Director initially. Fax of documentation found sent to DOLP on 4/20. There is clear documentation within 5 calendar days of election of hospice that all members of the IDT were notified of the admission nursing plan of care and had opportunity to be involved in the development of the comprehensive plan of care for patient # 5. 3). See earlier note regarding case conference notes and IDT approval of "initial plan of care" verbiage. On further review, a full IDT case conference note report documented on 4/11 was found to be present in patient #2s chart. This document was missed by the Interim Director initially. Fax of documentation sent to DOLP on 4/20. There is clear documentation within 5 calendar days of election of hospice that all members of the IDT were notified of the admission nursing plan of care and had opportunity to be involved in the development of the comprehensive plan of care for patient # 2.	

POC complete 6-16-16 KC/ST

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L 537	Continued From page 2 was accepted on 12/30/2015 and that the plan of care was "accepted as outlined" on 12/30/3015. The Interim Director of Hospice confirms during interview on 4/19/2016 that the team was not involved in the formulation of the comprehensive plan of care prior to having accepted it. 5) Client #6 was admitted to Hospice on 04/01/16. The Case Conference Note dated 04/01/16 states that the IDT gave verbal approval for the Hospice admission. In addition, per review of the initial admission record there is no evidence that full participation of the IDT members contributed to the comprehensive care plan until 04/11/16. The Interim Hospice Director confirmed on 04/19/16 at 3:25 P.M. the above finding. 6) The review of Client # 7's chart shows admission to Hospice services on 12/09/15. Although the IDT team was notified on 12/08/15 via the Case Conference note, of the "Hospice admission and initial POC as outlined", there is no documentation of a client-specific written plan of care. Nor was there evidence that the initial care plan included the nurse visit two days later. The team met 6 days later on 12/15/16 for discussion of the care to include nursing visits times and further services. Per interview on 04/19/16 at 3:25 PM the Interim Director of Hospice stated that the initial plan of care is that the nurse does the evaluation and provides hospice care as needed. The Interim Director of Hospice confirmed there is no documentation showing the participation of all IDT members in each patient-specific written plan of care until 12/15/16. 7) Per record review of Client #1, they were	L 537	4). See prior note explaining confusing verbiage used in case communication notes - "initial plan of care." On further review the nursing POC was communicated to the IDT team through a IDT/IDG Communication Note portion of the nursing admission forms documented on 12/31 - this note was missed initially by the Interim Hospice Director. There is clear documentation within 5 calendar days of election of hospice that all members of the IDT were notified of the admission nursing plan of care and had opportunity to be involved in the development of the comprehensive plan of care for patient # 3. Please see attached sheet for plan of correction for L 537 Use of the McKesson IDT/IDG Communication Note within the nursing forms to document communication with the IDT on a consistent basis to assure that all members of the IDT have an opportunity to be involved in the development of the comprehensive plan of care no later than 5 calendar days after the election of hospice in accordance with 418.24. <i>POC completed 6/6/16</i>	6/6/16	

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L 537	Continued From page 3 admitted to Hospice on 4/1/16, by a late afternoon initial admission nursing visit. Per review of the IDT meeting notes, the team approved the admission and plan of care as outlined on 4/1/16, approximately six hours prior to the actual admission. Per further review of the record, there was no evidence that the IDT members had input into developing the plan of care after the initial nursing visit on 4/1/16. The next IDT meeting occurred on 4/11/16, and Client #1 was discussed at that time. Per interview on 4/19/16 at 4:15 PM, the Mentor to the Interim Hospice Director confirmed that there was no documentation in the record to indicate that the IDT members had provided input into developing the plan of care after admitting the resident.	L 537	Please see attached sheet for plan of correction for L 537 Use of the McKesson IDT/IDG Communication Note within the nursing forms to document communication with the IDT on a consistent basis to assure that all members of the IDT have an opportunity to be involved in the development of the comprehensive plan of care no later than 5 calendar days after the election of hospice in accordance with 418.24.	6/6/16	
L 543	418.56(b) PLAN OF CARE All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire. This STANDARD is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that care and services furnished to patients followed a written plan of care established by the Hospice IDT for 1 Client (Client#7) regarding Skilled Nursing visits. Findings include 1) Per record review and confirmed through interview, the Hospice failed to provide services	L 543			

Per unit 6.6.16/18

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L 543	Continued From page 4 according to the plan of care for skilled nursing visits. The physician order/Plan of Care dated 12/09/15 -03/07/16 directed nursing staff to make skilled visits weekly. The nurse made a visit on 02/24/16 with the next nursing visit being made on 03/11/16, 16 days later. Upon further review of the case conference note dated 03/04/16, 9 days after the last visit, the nurse wrote "missed visit, canceled/refused". However, the note further stated a staff nurse, at the facility where the client was living, said that a visit wasn't needed. There is no indication that the client actually refused. The Interim Hospice Director on 4/19/16 at 3:25 PM said "it does look like the facility canceled...there should've been a follow up". He/she confirmed that the weekly nursing visit was not made according to the care plan.	L 543	See attached document for plan of correction for L 543	6/6/16	
L 619	418.76(c)(5) COMPETENCY EVALUATION (5) The hospice must maintain documentation that demonstrates the requirements of this standard are being met. This STANDARD is not met as evidenced by: Based on record review and interview the Hospice Agency failed to maintain documentation that demonstrated that 2 of 5 Hospice Aides had competencies that were completed and evaluated. Findings include: 1. Based on record review of the Hospice Aide's personnel records, the competency evaluations of 2 Hospice Aides did not show documentation of observations by the nurse of performances for tasks or skills with Hospice clients. One Aide had a competency dated 2015 (no month or date), however upon further review and confirmation with the Clinical Director, the	L 619	See attached document for plan of correction for L 619	6/6/16	

POC correct 6.6.16 KC/DA

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L 619	Continued From page 5 competency was conducted for a home care client, which did not have some of the Hospice required elements. For another Aide, no competencies were found for the past year. Per interview on 04/19/16 at 4:36 - 4:43 PM P.M. the Human Resource Director and Clinical Director confirmed that the competencies were not documented for the 2 Hospice Aides.	L 619		
L 620	418.76(d) IN-SERVICE TRAINING A hospice aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient. This STANDARD is not met as evidenced by: Based on record review and staff interviews the agency failed to assure that Hospice Aides receive at least 12 hours of in-service training during each 12-month period for 4 of 5 Hospice Aides randomly chosen for review. Findings include: 1) Per review of 5 employee personnel files, hired greater than one year, 4 Aides did not have all the required 12 hours of in-service training during a 12 month period. The annual in-service period was identified from mid-2014 through mid-2015. Staff #1, hired in 2009, had 5 hours inservices for the year. Staff #2, hired in 1989, had 9 hours of inservice. The Staff#3, hired in 2013, had 6 hours of inservice. And staff#4, hired in 2002, had 9 hours of inservice. These documented hours were confirmed during interview with Human Resource Director on 04/19/2016 at 4:36 PM.	L 620	See attached document for plan of correction for L 620 Note: On further review, it was discovered that, during the annual review time-frame 07/01/2014 through 06/30/2015 there were paper records clearly documenting LNA attendance at trainings that had not been transcribed to into our HR electronic system for OSHA training, Core Competency Skills Fair and Wound Care Skills Fair for 3 of the 4 individuals. This information was faxed to the DOLP on 4/21/16. One of the 5 LNA files pulled during survey attained their LNA in September 2015, and as such, would have a year to meet her hour CEU requirements. At the time of survey, the remaining LNA deficient in the required 12 hours of in-service training, was no longer employed at CVHHH.	6/6/16

Revised 6/6/16 KC/SL

Plan of Correction Attachment 1 of 4

	PLAN OF CORRECTION How To Accomplish / Responsible Party / Completion Date	How To Identify Other Clients:	Preventive Measures
L 537 Patient #4	The case conference notes referenced states, "IDG approves admission to hospice today and the initial care plan as outlined." The verbiage of, "initial care plan" used in this statement does not refer to the IDT approval of the patient's comprehensive plan of care, but refers purely to the initial plan for admission being approved by the IDT. It is acknowledged that this verbiage could be confused with the, "comprehensive plan of care" and will be removed from the admission note immediately. Hospice Manager and Hospice Administration - Immediate	Change is applicable to all new hospice admissions.	The confusing verbiage, "initial care plan" will be removed from any new case conference notes.
L 537 Patient #5	To assure consistent notification of the IDT after the nurse completes his/her admission and enters the plan of care. The nurse will notify all members of the IDT by consistent use of the "IDT/IDG Communication Note" contained within the nursing forms. This will assure that all members of the IDT will have the opportunity to be contributing members of the patients comprehensive plan of care within five days of the election to hospice. Hospice Manager and Hospice Administration - 06/06/2016	Change is applicable to all new hospice admissions.	All hospice staff will be retrained regarding consistent process of documenting IDT involvement in POC.
L 537 Patient #5	The case conference notes referenced states, "IDG approves admission to hospice today and the initial care plan as outlined." The verbiage of, "initial care plan" used in this statement does not refer to the IDT approval of the patient's comprehensive plan of care, but refers purely to the initial plan for admission being approved by the IDT. It is acknowledged that this verbiage could be confused with the, "comprehensive plan of care" and will be removed from the admission note immediately. Hospice Manager and Hospice Administration - Immediate	Change is applicable to all new hospice admissions.	The confusing verbiage, "initial care plan" will be removed from any new case conference notes.
	To assure consistent notification of the IDT after the nurse completes his/her admission and enters the plan of care. The nurse will notify all members of the IDT by consistent use of the "IDT/IDG Communication Note" contained within the nursing forms. This will assure that all members of the IDT will have the opportunity to be contributing members of the patients comprehensive plan of care within five days of the election to hospice. Hospice Manager and Hospice Administration - 06/06/2016	Change is applicable to all new hospice admissions.	All hospice staff will be retrained regarding consistent process of documenting IDT involvement in POC.

Rec onmt 6/6/16 KC/ST

Plan of Correction Attachment

Z of 4

L 537 Patient #2	The case conference notes referenced states, "IDG approves admission to hospice today and the initial care plan as outlined." The verbiage of, "initial care plan" used in this statement does not refer to the IDT approval of the patient's comprehensive plan of care, but refers purely to the initial plan for admission being approved by the IDT. It is acknowledged that this verbiage could be confused with the, "comprehensive plan of care" and will be removed from the admission note immediately. Hospice Manager and Hospice Administration - Immediate	Change is applicable to all new hospice admissions.	The confusing verbiage, "initial care plan" will be removed from any new case conference notes.
L 537 Patient #3	To assure consistent notification of the IDT after the nurse completes his/her admission and enters the plan of care. The nurse will notify all members of the IDT by consistent use of the "IDT/IDG Communication Note" contained within the nursing forms. This will assure that all members of the IDT will have the opportunity to be contributing members of the patients comprehensive plan of care within five days of the election to hospice. Hospice Manager and Hospice Administration - 06/06/2016	Change is applicable to all new hospice admissions.	All hospice staff will be retrained regarding consistent process of documenting IDT involvement in POC.
L 537 Patient #3	The case conference notes referenced states, "IDG approves admission to hospice today and the initial care plan as outlined." The verbiage of, "initial care plan" used in this statement does not refer to the IDT approval of the patient's comprehensive plan of care, but refers purely to the initial plan for admission being approved by the IDT. It is acknowledged that this verbiage could be confused with the, "comprehensive plan of care" and will be removed from the admission note immediately. Hospice Manager and Hospice Administration - Immediate	Change is applicable to all new hospice admissions.	The confusing verbiage, "initial care plan" will be removed from any new case conference notes.
L 537 Patient #6	To assure consistent notification of the IDT after the nurse completes his/her admission and enters the plan of care. The nurse will notify all members of the IDT by consistent use of the "IDT/IDG Communication Note" contained within the nursing forms. This will assure that all members of the IDT will have the opportunity to be contributing members of the patients comprehensive plan of care within five days of the election to hospice. Hospice Manager and Hospice Administration - 06/06/2016	Change is applicable to all new hospice admissions.	All hospice staff will be retrained regarding consistent process of documenting IDT involvement in POC.
L 537 Patient #6	The case conference notes referenced states, "IDG approves admission to hospice today and the initial care plan as outlined." The verbiage of, "initial care plan" used in this statement does not refer to the IDT approval of the patient's comprehensive plan of care, but refers purely to the initial plan for admission being approved by the IDT. It is acknowledged that this verbiage could be confused with the, "comprehensive plan of care" and will be removed from the admission note immediately. Hospice Manager and Hospice Administration - Immediate	Change is applicable to all new hospice admissions.	The confusing verbiage, "initial care plan" will be removed from any new case conference notes.

POC correct 6.6.16 KCS/SL

Plan of Correction Attachment

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	<p>To assure consistent notification of the IDT after the nurse completes his/her admission and enters the plan of care. The nurse will notify all members of the IDT by consistent use of the "IDT/IDG Communication Note" contained within the nursing forms. This will assure that all members of the IDT will have the opportunity to be contributing members of the patients comprehensive plan of care within five days of the election to hospice. Hospice Manager and Hospice Administration - 06/06/2016</p>	<p>Change is applicable to all new hospice admissions.</p>	<p>All hospice staff will be retrained regarding consistent process of documenting IDT involvement in POC.</p>
<p>L 537 Patient #7</p>	<p>The case conference notes referenced states, "IDG approves admission to hospice today and the initial care plan as outlined." The verbiage of, "initial care plan" used in this statement does not refer to the IDT approval of the patient's comprehensive plan of care, but refers purely to the initial plan for admission being approved by the IDT. It is acknowledged that this verbiage could be confused with the, "comprehensive plan of care" and will be removed from the admission note immediately. Hospice Manager and Hospice Administration - Immediate</p>	<p>Change is applicable to all new hospice admissions.</p>	<p>The confusing verbiage, "initial care plan" will be removed from any new case conference notes.</p>
	<p>To assure consistent notification of the IDT after the nurse completes his/her admission and enters the plan of care, the nurse will notify all members of the IDT by consistent use of the "IDT/IDG Communication Note" contained within the nursing forms. This will assure that all members of the IDT will have the opportunity to be contributing members of the patients comprehensive plan of care within five days of the election to hospice. Hospice Manager and Hospice Administration -</p>	<p>Change is applicable to all new hospice admissions.</p>	<p>All hospice staff will be retrained regarding consistent process of documenting IDT involvement in POC.</p>
<p>L 537 Patient #1</p>	<p>The case conference notes referenced states, "IDG approves admission to hospice today and the initial care plan as outlined." The verbiage of, "initial care plan" used in this statement does not refer to the IDT approval of the patient's comprehensive plan of care, but refers purely to the initial plan for admission being approved by the IDT. It is acknowledged that this verbiage could be confused with the, "comprehensive plan of care" and will be removed from the admission note immediately. Hospice Manager and Hospice Administration - Immediate</p>	<p>Change is applicable to all new hospice admissions.</p>	<p>The confusing verbiage, "initial care plan" will be removed from any new case conference notes.</p>
	<p>To assure consistent notification of the IDT after the nurse completes his/her admission and enters the plan of care. The nurse will notify all members of the IDT by consistent use of the "IDT/IDG Communication Note" contained within the nursing forms. This will assure that all members of the IDT will have the opportunity to be contributing members of the patients comprehensive plan of care within five days of the election to hospice. Hospice Manager and Hospice Administration - 06/06/2016</p>	<p>Change is applicable to all new hospice admissions.</p>	<p>All hospice staff will be retrained regarding consistent process of documenting IDT involvement in POC.</p>

Rec submitted 6.6.16 K.C. (R)

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Plan of Correction Attachment

L 543	<p>When physician ordered visits are cancelled, the nurse will clarify that it is the patient's decision to cancel the visit. All staff will be educated on this and to follow the visit frequency as ordered. (Of note: In this deficiency the quote cited from the Director during interview is disputed - the director acknowledged the surveyor's very similar statement saying, "it could be interpreted that way, however given the other documentation present in the clients record which indicates that the care home had been asked by the client to cancel visits on their behalf, I believe this is more likely a case where the nurse could have done a better job of documenting that the care home asked the client to cancel.") Hospice Manager and Hospice Administration - 06/06/2016</p>	<p>Cancelled visits and visit frequencies will be reviewed at IDT</p>	<p>All hospice staff will be retrained in the importance of clearly indicating that a client has cancelled a visit or that the care home is cancelling the visit on behalf of the client.</p>
L 619	<p>Each LNA providing care to a hospice patient will demonstrate competency through direct supervision of the nurse in the tasks specified on the plans of care for hospice patients. The competent tasks will be documented in the LNA skills checklist. Hospice Manager and Hospice Administration - 06/06/2016</p>	<p>All LNAs currently providing care to hospice patients will have a registered nurse directly supervise and document competency in task(s).</p>	<p>All hospice staff will be trained to new process.</p>
L 620	<p>Run quarterly reports updating employees on inservice hours earned to date. At third quarter of annual evaluation year, supervisors give notice to all clinical employees of the required hours remaining. Supervisors will meet with the employees during the fourth quarter to assure required in-service hours are completed. Hospice Manager and Hospice Administration - 06/06/2016</p>	<p>N/A</p>	<p>N/A</p>

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FAX COVER SHEET

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DATE: 5/27/16

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