

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

April 8, 2011

Janet McCarthy, Administrator
Franklin County Home Health & Hospice
3 Home Health Circle Suite 1
Saint Albans, VT 05478

Provider ID #:471501

Dear Ms. McCarthy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on March 16, 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

PRINTED: 03/18/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2011
NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY HOME HEALTH & HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 3 HOME HEALTH CIRCLE, SUITE 1 SAINT ALBANS, VT 05478	
(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 000	INITIAL COMMENTS	L 000		
L 693	<p>An unannounced on-site Hospice Recertification survey was conducted by the Division of Licensing & Protection from 3/14/11 through 3/16/11.</p> <p>418.106(e)(1) LABEL DISPOSE STORAGE DRUGS</p> <p>(1) Labeling. Drugs and biologicals must be labeled in accordance with currently accepted professional practice and must include appropriate usage and cautionary instructions, as well as an expiration date (if applicable).</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the Agency failed to assure that drugs and/or biological's were stored at the proper temperature. Findings include:</p> <p>1. Per observation on 03/14/11 at 12:45 PM of the branch office's medication refrigerator, the log sheet had no temperatures recorded for the month of February or March. The last recorded temperature was dated 01/12/11. A staff member confirmed that temperatures are to be recorded weekly per the Agency's policy to assure medications are within the accepted storage temperatures. Additionally, per observation on 03/15/11 at 1:20 PM, the main office's medication refrigerator also had temperature log sheets that were not current. The last documented temperature was in October 2010. Both refrigerators contained flu and hepatitis vaccines. The administrator assistant confirmed, at this time, that the temperatures were not documented.</p>	L 693	<p>A procedure will be established for documentation of temperature of refrigerators used to store vaccines. This will be accomplished by Peggy Palm, by March 31, 2011.</p> <p>Appropriate staff will be educated about procedure. This will be accomplished by Peggy Pal, RN, by March 31, 2011.</p> <p>An audit to determine compliance with the procedure will be conducted at 2 weeks, 1 month and every month thereafter for a period of 6 months.</p> <p>This will be accomplished by Peggy Palm by April 15, 2011, April 30, 2011 then monthly through October 31, 2011.</p> <p>L693 PDC Accepted 3/31/11 S.EMMONS RN / Pincot RN</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *[Signature]* (X6) DATE: 03-22-2011

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.