

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 6, 2013

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 **May 1, 2013**.

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: 05/20/2013
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 C 05/01/2013
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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
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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

An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 05/01/2013. The following regulatory issue was identified:

L 544 418.56(b) PLAN OF CARE

L 544

The hospice must ensure that each patient and the primary care giver(s) receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the plan of care.

This STANDARD is not met as evidenced by:
Based on medical record review and staff interviews, the hospice failed to assure that staff providing care to hospice clients who are not living in their own homes are educated and trained to furnish care and services identified in the plan of care for 1 of 4 sampled clients. (Client # 1)

Per review of the medical record on 05/01/2013 between 12:30 and 1:00 pm, Client # 1 was admitted to hospice services on 02/11/2013 while living at a Community Care Home (CCH). There is no evidence in the care plan of Client # 1 to support that the CCH staff was included in the educational needs of this client. There is evidence in the hard copy of the record that medication lists with changes were faxed to the CCH on 02/18/2013, 02/28/2013 and 03/15/2013 which included the care plan.

The electronic record has the care plan dated 02/11/2013 with revision done 03/15/2013. The care plan lists educational plans for family and client, but not the Community Care Home staff. This is confirmed during interview with hospice

1. Clinical note template will be modified to include prompt of documentation of education provided to staff at CCH.
2. Clinical interventions will be modified to include prompt to educate staff at CCH about their responsibilities for the care and services identified in the plan of care.
3. Agency staff will be educated regarding documentation of education provided to CCH.
4. Record audit will be completed to assess presence of documentation.

Persons responsible:
A. Blanchard
K. Volk

Timeline of completion
#1, 2, 3 will be completed no later than 6/30/2013
#4 will be completed no later than 7/30/2013
Suzette Coleman for
accepted 10/14/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

CEO

5.30.2013

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.