

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

November 30, 2012

Janet McCarthy, Administrator
Franklin County Hha
3 Home Health Circle Suite 1
St Albans, VT 05478-9737

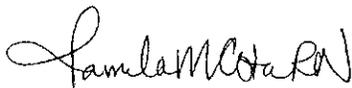
Provider ID #:477016

Dear Ms. McCarthy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 1, 2012**.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/01/2012
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY HHA	STREET ADDRESS, CITY, STATE, ZIP CODE 3 HOME HEALTH CIRCLE SUITE 1 ST 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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G 000	INITIAL COMMENTS	G 000		
G 159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the agency failed to assure the plan of care covers all pertinent diagnoses, including mental status for 1 applicable client. (Client# 1) Findings include:</p> <p>1. Per record review and confirmed through staff interview, Client #1's admission diagnoses included malaise, fatigue, history of falls, urinary retention plus Borderline Personality and ADD (Attention Deficit Disorder). The plan of care dated May 2012 included personal care, housekeeping, errands, catheter care as well as reminding the client to take medications and exercise program. After an incident of crisis behavior on July 22, 2012 a care plan was implemented to direct staff to report in change in behavior, call the crisis worker or call 911 for immediately. The Long Term Coordinator</p>	G 159	<p><i>All attached</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Quint L M Cuty</i>	TITLE <i>CEO</i>	(X6) DATE <i>11/19/2012</i>
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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.

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

RECEIVED
Division of Health Care Regulation
PRINTED: 11/05/2012
FORM APPROVED
NOV 26 2012
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477016	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED C 11/01/2012
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G 159	Continued From page 1 confirmed on 11/01/12 at 1:03 PM that there was no care upon admission to address the mental health diagnoses.	G 159		
G 214	484.36(b)(2)(ii) COMPETENCY EVALUATION & IN-SERVICE TRAINING The HHA must complete a performance review of each home health aide no less frequently than every 12 months. This STANDARD is not met as evidenced by: Based on record review and staff interview, the Agency failed to ensure that 1 applicable licensed nursing aide (LNA's) had a performance evaluation completed within a 12- month period. Findings include: Per review on 10/29/12 of LNA personnel files, the facility failed to complete a performance evaluation for one LNA within the last 12-month period. This was confirmed by the Long Term Coordinator on 11/01/12 at 1:03 PM.	G 214	<i>see attached</i>	

Just M. Carey 11/19/2012

Franklin County Home Health Agency

Plan of Correction

G159 Plan of Care

1. Electronic Health Record System will be revised to allow clinicians to select provision for addressing patient safety in the General Clinical module of the Agency's Information System. This selection will then automatically flow into the Care Plan. This will be accomplished by Executive Director on or before November 26, 2012.
2. Agency staff will be informed of this change by voicemail by Agency Executive Director on or before November 26, 2012.
3. Clinical Managers will review change during team meetings during the month of December. Patient plans of care will be reviewed and updated as required. This will be completed by December 31, 2012.

G214 Competency Evaluation and Inservice Training

1. Process for tracking and scheduling performance review due dates will be modified November 21, 2012 with an effective date of January 1, 2012. Scheduling staff will make appointments and record on Coordinator and Employee work schedules. Transition plan will be implemented for the month of December, 2012 with full implementation expected on or before January 1, 2102. This will be accomplished by direct care scheduling staff.
2. An audit to determine compliance with regulation will be conducted monthly beginning in February, 2012 then monthly through May, 2012. This will be accomplished by Director of Human Resources.

Jane M. Lacey
11.19.2012

Poc accepted for

G-159 & G-214

on 11/29/12

Susan L. Emmons, RN