

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

PRINTED: 07/21/2009
FORM APPROVED
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 _____	(X3) DATE SURVEY COMPLETED 07/07/2009
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY HHA	STREET ADDRESS, CITY, STATE, ZIP CODE 3 HOME HEALTH CIRCLE SUITE 11 ST ALBANS, VT 05478
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AUG - 3 2009

(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	The Agency note the following points of clarification to the findings stated:	
G 121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</p> <p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the agency failed to assure staff complied with acceptable professional standards of practice pertaining to Foley catheter care for 1 client in the targeted sample (Client # 1) Findings include:</p> <p>Per interview at 2:15 PM on 7-7-09, the Registered Nurse (RN) conducted a routine Foley catheter change on 5-28-09 for Client # 1, and met with with uncharacteristic resistance during the procedure. The Registered Nurse then failed to wait for a return of urine from the newly inserted catheter prior to leaving Client #1's home. Approximately 6 hours later, the RN returned to the home and removed the Foley catheter, noting that the catheter did not drain any urine into the collection bag during her absence. During interview, the RN stated there was frank bloody drainage from the urethra, combined with an unmeasured amount of urine drainage released after the catheter was removed at approximately 4:30 PM that day. The RN again left the client's home, instructing the care provider that s/he would call to check on the client's status in 30 minutes. Client # 1 was taken to the emergency Department within the 30 minute time. During this interview, the RN stated s/he should</p>	<p>G 121</p> <p>G 121</p>	<p>The nurse left the patient's home at 10:53 a.m. after instructing the primary caregiver to call the nurse if there was no urinary drainage from the foley catheter with an hour. It is common for this patient to not have urinary drainage immediately after catheter insertion; urine usually begins to flow within the hour.</p> <p>The patient did not experience pain, discomfort or distention at the time of insertion. The patient's primary caregiver contacted the office at 1:00 p.m. to page the nurse to report that the catheter was not draining. The primary caregiver advised that the patient was in Plattsburgh, NY and would not be available for a visit until after 3:30 p.m. the nurse initiated the second visit at 4:12 p.m.</p> <p>ACTION PLAN</p> <ol style="list-style-type: none"> 1. Agency will revise content of urinary catheter policy to include signs and symptoms of complications associated with procedure and recommendations for problem solving. Person responsible: Betty Lavoie Completion Date: September 1, 2009. 2. Agency shall provide education to all nursing staff responsible for insertion of urinary catheters. Person responsible: Betty Lavoie Completion Date: October 1, 2009. 3. Agency will develop nursing competency assessment process and tool for insertion of urinary catheters. Person responsible: Betty Lavoie Completion date: Completed 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 07-29-2009
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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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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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G 121	Continued From page 1 not have left the home without waiting for urine return from the Foley catheter after insertion. Per record review, Client # 1 had a history of a recent urinary tract infection (UTI). Additionally, the Client's blood pressure and temperature were not checked by the Registered Nurse on 5-28-09 after the episode of bloody urinary drainage. This was confirmed through interview with the Clinical Nurse Manager on the morning of 7-13-09. The hospital discharge summary of 6-2-09 notes reason for admission: Urological bleeding requiring transfusions and urosepsis. Lippincott Manual Nursing Practice 8th edition: Lippincott Williams & Wilkins; 2006 page 754.	G 121	4. Agency will assess competency of urinary catheter procedure of all nursing staff responsible for insertion of urinary catheters. Person responsible: Betty Lavoie Completion date: November 1, 2009. 5. Agency will monitor effectiveness of plan by: a. Analyzing infection control reports for incidence of urinary tract infections. b. Analyzing patient incident reports c. Audit clinical records of all patients with urinary catheters for two months (Nov - Dec) identifying complications. Person responsible: Janet McCarthy Completion date: January 1, 2010.	
G 176	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs. This STANDARD is not met as evidenced by: Per record review and interview the agency staff failed to notify the physician of changes in the client's status, for 1 of 3 clients in the targeted sample (Client # 1). Findings include: Per interview at 2:15 PM on 7-7-09 the Registered Nurse (RN) stated that on 5-28-09 s/he failed to notify the physician of issues that occurred during and after a Foley catheter change for Client # 1. The RN stated during the catheter change, there was uncharacteristic resistance during the insertion of the catheter and the RN left the client's home prior to witnessing urine return from the newly inserted Foley	G 176 G 176	<i>PDC accepted</i> <i>8-20-09</i> <i>[Signature]</i>	
			1. Agency will develop guidelines to assist staff in recognizing changes in patient condition and needs which prompt notification of physician. Person responsible: Janet McCarthy Completion date: September 1, 2009 2. Agency will provide education to all nurses about requirements to notify physician of changes in patient condition and needs. Person responsible: Betty Lavoie Completion date: October 1, 2009 3. Agency will provide education to all rehab therapists about requirements to notify physician of changes in patient condition and needs. Person responsible: Kathy Marn Completion date: October 1, 2009	

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G 176	Continued From page 2 catheter. Approximately 6 hours later, the RN returned to the home and removed the catheter because it was not draining. There was frank bleeding from the urethra along with an unmeasured amount of urinary drainage. Per record review, Client # 1 had a urinary tract infection (UTI) about 1 month prior and was treated with an antibiotic. During the interview on 7-7-09, the RN confirmed the physician had not been notified of Client # 1's change in condition.	G 176	4. Monitor effectiveness of plan by: a. Analyzing patient incident reports b. Conducting random record review of thirty (30) patients to determine if physician was notified of change in patient condition and needs. Person responsible: Janet McCarthy Completion date: November 1, 2009 <i>DOC accepted 8/20/09</i> <i>Janet McCarthy</i>	