



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

December 13, 2010

Kathleen Demars, Administrator  
Lamoille Home Health & Hospice  
54 Farr Avenue  
Morrisville, VT 05661

Provider ID #:477015

Dear Ms. Demars:

Enclosed is a copy of your acceptable plans of correction for the survey conducted **November 1, 2010 through November 3, 2010.**

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN". The signature is written in a cursive style.

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:  477015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/03/2010
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NAME OF PROVIDER OR SUPPLIER  LAMOILLE HOME HEALTH & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 64 FARR AVENUE MORRISVILLE, VT 05661
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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
G 000	<p>INITIAL COMMENTS</p> <p>An unannounced Federal recertification survey was conducted by the Division of Licensing and Protection between 11/01/10 - 11/03/10. The following regulatory violations are related to this survey.</p> <p>G 121 484.12(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 observation, record review and interviews the Agency failed to assure nursing staff complied with acceptable standards and principles that apply to providing nursing care for 1 applicable patient (Patient # 2) and for the storage of influenza vaccines. Findings include:</p> <p>1. Per observation of a dressing change procedure for Patient # 2 on 11/01/10 at 12:00 PM, the Registered Nurse (RN) failed to establish a clean field and/or barrier prior to conducting wound care. The nurse positioned the patient's leg on the couch's arm and then proceeded to open the packages of gauze, skin prep, Q-tips and the dressing material on the arm and the back of the couch without first establishing a clean field for the dressing materials. There was no barrier between the leg wound and the couch and/or rug.</p> <p>Per interview on 11/03/10 at 10:30 AM the Clinical Director confirmed that a clean field and barrier should have been established prior to the wound dressing per acceptable wound care practices.</p>	G 000	<p>1. RN of patient #2 has been inserviced individually by clinical director on proper wound care technique.</p> <p>2. All staff RN's, LPN's, PT's inserviced on 12/7/10 on proper wound care techniques. Written protocols given to all appropriate staff.</p> <p>3. Clean fields being carried in all clinicians bags.</p> <p>4. Clinical Director will make increased joint visits with field staff to ensure proper technique and documentation</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE

*Kathleen Demas RN* *Executive Director* 12/8/10

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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PRINTED: 11/16/2010  
FORM APPROVED  
OMB NO. 0938-0391

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G 121	Continued From page 1 Lippincott Manual of Nursing Practice 8th addition, page 10 and 724.  2. Per observation on 11/01/10 at 10:00 AM and 3:30 PM of a staff refrigerator in the kitchen there were 2 partial vials of the influenza vaccine stored on the middle shelf, which also contained food and drinks. Per interview on 11/01/10 at 4:00 PM the Administrator stated that vaccines are not stored in the staff refrigerator because this refrigerator did not have consistent temperatures. Per interview on 11/02/10 at 8:30 AM the staff nurse stated that s/he 'picks up the vaccines in the morning before flu clinics and will bring extra vials to the staff refrigerator in case these are needed during the day'. S/he also confirmed that the vials observed the day before were left in the staff refrigerator. Per interview on 11/03/10 at 10:30 AM the Clinical Director confirmed that the flu vaccines are not to be stored in staff refrigerators.  CDC Recommendations and Guidelines for Safe Vaccine Handling and Storage, Item # P3035, July 2008.	G 121	1. There is no vaccine in staff refrigerator. 2. Cost of vaccine only refrigerator being assessed at this time for purchase. 3. Vaccine (Au) being stored at all times at Copley Hospital lab. 4. Executive director to assure no vaccine will be stored in staff refrigerator.  G121 POC Accepted 12/9/10 D. Chittenden / P. M. Sturn	
G 230	484.36(d)(3) SUPERVISION  If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 62 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care.	G 230		

*K. Demaree  
12/8/10*

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G 230	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the agency failed to assure direct supervisory visits were made for 1 applicable patient in the targeted sample receiving unskilled personal care services. (Patient # 3) Findings include:</p> <p>1. Patient # 3 was receiving unskilled LNA and/or Homemaker services weekly. Per record review, between 06/29/10 - 10/26/10, a 4 month period, there was no 60 day direct supervision visits documented.</p> <p>Per interview on 11/03/10 at 9:30 AM, the Long Term Care Manager confirmed "there were no direct supervisory visits made at that time."</p> <p>G 236 484.48 CLINICAL RECORDS</p> <p>A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews the agency failed to have current and/or accurate clinical records for 2 of 20 patients in the total sample. (Patients # 1, 2) Findings include:</p> <p>1. Per record review on 11/2/10 at 1 PM the agency failed to have a copy of an Independent Living Assessment (ILA) on file for Patient # 1, a</p>	G 230	<p>1. PCA has been and was supervised every 60 days per CFC regulation. This was a MNB patient not highest needs.</p> <p>2. LNA's who provide personal care to patients and are the only discipline in home are supervised every 62 per regulation by RN.</p> <p>3. CFC regulation state if no hands on care from PCA, no direct supervision needed q 60 days in that home.</p> <p>4. LTC manager to continue 60 PCA supervision SN to continue q 62 day LNA supervision in LNA only/medicaid homes per regulation.</p> <p>Executive Director to</p>

assure this practice continues.

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12/8/10

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G 236	Continued From page 3 self-directed Choices for Care client. The skilled nursing piece of the assessment for the Home-Based Service Plan ( with a start date of 9/3/10 ) had been completed by the home health agency for the Central Vermont Council for Aging (CVCOA) who was the Case Manager for this patient. On 11/3/10 at 10:45 AM the Clinical Manager and the Office Manager confirmed that a copy had not been on file at the office until the afternoon of 11/2/10 when a copy was obtained from the CVCOA.  2. Per record review Patient # 2 who was admitted to the Visiting Nurses Association (VNA) on 07/22/10, had inaccurate pertinent past and current medical information. The 485 plan of care dated 9/20/10 - 11/18/10, lists under Procedures to "change ileostomy 1-2 week". In addition, the Current Status section notes refers to "management of urostomy". The Physician's History and Physical as well as referral notes states the patient has an ileoconduit. The initial nursing note of 7/22/10 states patient has an ileostomy while a subsequent nursing note of 10/27/10 states 'changed ureterostomy'. Per interview on 11/03/10 at 10:30 AM the Clinical Director confirmed that the patient's record contained inaccurate information.	G 236	1. Copy of ILA for patient #1 now in chart. 2. Copies of all portions of ILA will be filed in patient chart. Nurse completing SN portion of assessment will assure copy is made & given to filing department. 3. Auditing department to audit LTC charts every six to twelve months to assure compliance 4. LTC manager to verify audits being done and charts complete G 236 POC Accepted 12/11/10 D.Chittenden/Amstar RN 1. Chart on patient #2 has been audited, corrected and verified with MD correct diagnosis. 2. Full time QA RN hired August 2010, RN to review referral information to 485 and visit notes. If errors found reported immediately to clinical director. 3. Increased audits of charts occurring weekly 4. Clinical Director to verify audits being done timely and accurately.	
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K. Demas  
12/8/10

G 236 POC Accepted 12/9/10  
D.Chittenden/Amstar RN