

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

September 11, 2012

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 on **August 8, 2012**.

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

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Enclosure



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

Protection and Licensing Division  
PRINTED: 08/24/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/08/2012</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>LAMOILLE HOME HEALTH &amp; HOSPICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>54 FARR AVENUE MORRISVILLE, VT 05661</b>
---	--

(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	INITIAL COMMENTS	G 000		
G 174	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse furnishes those services requiring substantial and specialized nursing skill.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the HHA nurses' failed to follow the physician ordered plan of care and failed to inform the physician of changes to the care plan for 1 applicable client (client # 1) Findings include:</p> <p>1. Per review of the 5 nursing visit notes from 03/01/12 - 03/29/12, the nurse did not assess the skin at these visits and did not inform the physician when the spouse stopped giving a laxative to the client, who has a history of constipation. Per record review of the physician order and care plan (485) for the certification period of 02/18/12 - 04/17/12, skilled nursing visits were to be done weekly for 'compliance with medications regime, (including the laxative, Miralax 17grams every day), and to monitor the signs and symptoms of physical drainage, type, color odor, assess drainage and skin integrity every visit.</p> <p>The client's caregiver reported to nursing an open area on the buttocks on 03/01/12, 03/18/12, and 03/22/12. There is no nursing documentation</p>	G 174	<p>8/31/12</p> <ul style="list-style-type: none"> <li>After reviewing the clinical notes the following findings were made: On 3/1/12 and 3/8/12 SN recieved verbal report of skin integrity from spouse. Skin on buttocks assessed and documented on the 3/14/12 SN visit. On 3/27/12 and 3/29/12 caregivers verbally reported skin integrity to SN. Patient frequently refused SN to assess skin integrity. Visit by SN on 4/5/12 documented all skin intact. Bowel regime was reinforced on SN visit 2/8/12, 3/1/12 and 3/8/12. Miralax (OTC medication) was on 485 as QD dosage. Spouse managed bowels with multiple regimes as noted.</li> <li>All SN staff have been inserviced on visually <sup>assessing</sup> all skin integrity issues. If unable to visualize, MD will be notified. If wound is measurable, it will be measured weekly. Any medication on 485 that is not being given as ordered</li> </ul>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Kathleen Demas RN* TITLE *S. Emmons Francis* EXECUTIVE DIRECTOR (X6) DATE *9/7/12*

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.

*Am*

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

PRINTED: 08/24/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAMOILLE HOME HEALTH &amp; HOSPICE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>54 FARR AVENUE MORRISVILLE, VT 05661</b>		
(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 174	Continued From page 1 indicating if the wound was draining, size, color or integrity. In addition, on 04/05/12 the nurse wrote "[client's spouse] recently stopped giving patient miralax related to loose stools". There is no written documentation that the physician was notified that medication was not being given as ordered. Per interview on 08/15/12 at 10:15 AM the Administrator confirmed that the physician was not notified of the stopped medication and nursing did not assess the skin integrity as ordered.	G 174	by MD will be reported to MD and documented in clinical chart.  • Chart audits will be done by Carol McKeon RN, QI and Jen Beebe RN, Clinical director to assure protocols are being followed. Effective 8/8/12  • Kathy Demars RN, Executive Director will meet with Clinical Director and QI staff regularly to discuss best practice and documentation, and any chart audit concerns. Effective 8/8/12		