

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

March 17, 2011

Barbara Keough, Administrator  
Manchester Health Services  
Po Box 1224  
Manchester Center, VT 05255

Provider ID #:477009

Dear Ms. Keough:

Enclosed is a copy of your acceptable plans of correction for the State survey conducted on **February 2, 2011**.

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

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:  
  
VT477009

(X2) MULTIPLE CONSTRUCTION  
A. BUILDING \_\_\_\_\_  
B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

2/02/2011

NAME OF PROVIDER OR SUPPLIER

MANCHESTER HEALTH SERVICES

STREET ADDRESS, CITY, STATE, ZIP CODE

PO BOX 1224  
MANCHESTER CENTER, VT 05255

(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) COMPLETE DATE
H 001	Initial Comments  An unannounced State Designation survey was conducted by the Division of Licensing and Protection from 1/31/11 to 2/2/11. The following regulatory violation was identified.	H 001		
H 735 SS=D	7.3 (b) DISCONTINUATION OF SERVICES  VII. Discontinuation of Services  7.3 When a home health agency identifies a need to discontinue or reduce services to a patient, the home health agency shall provide a verbal notice, followed by a written notice, accessible to the patient.  (b) All notices shall include the reason for the discontinuation of services, the date services will be discontinued and information regarding the patient's right to appeal, if applicable, and where to file an appeal, the name and address of the Health Care Ombudsman or, if applicable, the State Long-Term Care Ombudsman and a statement that the patient may request that services continue while the appeal is pending, if applicable.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the Agency failed to provide information for 1 applicable client of their right to appeal discontinued speech language therapy (SLP) services. (Client #1) Findings include:  1. Per record review, Patient # 1 was last visited by SLP on Oct 8, 2010, however, was discharged from the (SPL) service on 01/27/11. The agency	H 735		

Division of Licensing and Protection

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

TITLE

*Epic Director*

(X9) DATE

3/14/11

If continuation sheet 1 of 1

PRINTED: 02/15/2011  
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VT477009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/02/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANCHESTER HEALTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 1224 MANCHESTER CENTER, VT 05255</b>
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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) COMPLETE DATE
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H 735

Continued From page 1  
did not provide written information regarding the patient's appeal rights, where to file the appeal and the name and the address of the Health Care Ombudsman and/or State Long Term Care Ombudsman. Per interview on 01/31/11 at 11:30 AM the Speech Language Therapist confirmed that a discharge notification letter had not been formulated prior to discharge and that the above information had not been provided to the client.

H 735

H 735

The Agency will take the following corrective actions:  
 In-service for professional clinicians, including contracted, on State reduction/discharge notification requirements, both verbal and written. 3/18/2011  
 The contracted therapists will consult with the primary clinician prior to reduction/discharge to ensure that verbal and State written notice of reduction/discharge has been given. 3/31/2011  
 The primary clinician will monitor the provision of appropriate State notices for reduction/discharge by contracted therapists. 3/31/2011

H735 POC Accepted 3/15/11  
D. Chittenden RN / RMCotURN