

## 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) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

January 13, 2014

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 unannounced on-site State Designation survey conducted on **December 11, 2013**.

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

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure

JAN - 8 14

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  12/11/2013
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Licensing and Protection

NAME OF PROVIDER OR SUPPLIER  MANCHESTER HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1224 MANCHESTER CENTER, VT 05255
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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
H 001 SS=A	Initial Comments  An unannounced on-site State Designation survey was conducted on 12/09/13 - 12/11/13 by the Division of Licensing and Protection. The following are State Designation findings.	H 001	H 511  The Agency will take the following corrective actions:  The positive record of the employee will be addressed in writing, the letter filed in her personnel folder, and a follow-up background check will be completed per Agency policy.	12/31/2013
H 511 SS=D	5.1 Requirements for Operation  V. Requirements for Operation  5.1 A home health agency shall not employ or have a contract with any direct-care personnel without satisfactory results from the Adult Abuse Registry and the Child Abuse Registry and without having conducted a Vermont criminal record check in compliance with the Department's background check policy.  This REQUIREMENT is not met as evidenced by: Based on review of 7 employee personnel files, 1 of 2 employees with positive reports from the Vermont Criminal Records had no evidence of the agency having addressed the charges. The findings are as follows:  Per review of 7 personnel records beginning on 12/11/2013 at 10:45 am, 1 of 2 employees with a positive record from the Vermont Criminal background check had no evidence in their file that the misdemeanors for disorderly conduct in 1991 and again in 2007 were addressed by the agency prior to hiring this individual. The Employee was hired on 03/05/2001 and performs many roles within the agency and has satisfactory performance annual evaluations relating to each job in which s/he functions. The agency staff confirms during interview on 12/11/2013 at 12:10 pm that there is no evidence in this employee's personnel file to indicate that	H 511	Background checks will be completed on all new employees per Agency policy. If a positive report is received and on-going Business Office Supervisor will inform both the Executive Director and the Clinical Supervisor, making sure that the issue is addressed, verbally with the employee and in writing. The letter will be filed in the employee's personnel file.	12/31/2013

*ACC accepted  
 S Emmons / F Kuen  
 12/31/13*

Division of Licensing and Protection  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Barbara L. Keough*

*Exec Director*

*01/03/14*

Division of Licensing and Protection

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H 511	Continued From page 1 the issue was addressed prior to hire.	H 511		
H 640 SS=C	6.9(a) Organization, Services and Administration  VI. Organization, Services and Administration  6.9 A home health agency shall conduct an overall evaluation of the home health agency's total program at least once a year, with input from the professional advisory group, home health agency staff, and consumers and their representatives.  (a) The evaluation shall consist of an overall policy and administrative review, shall include the results of clinical record reviews, and shall assess the extent to which the home health agency's programs are appropriate, adequate, effective, and efficient.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the Agency failed to conduct in a timely manner an overall Annual evaluation of the Agency's total program. Findings include:  1. Per interview on 12/11/13 at 9:15 AM the Executor Director (E.D.) stated that all departments, including staff and the professional advisory group, gather information throughout the year and the Annual Report is presented for evaluation of the Agency's program to the full Board during the following February Meeting. Per review of the Annual Report present during this February (2013), that would have contained record review, reports of the Agency's programs for the year of 2012, it was noted that the	H 640	H 640 The Agency will take the following corrective action: The Agency evaluation for 2012 and 2013 will be presented at the annual meeting of the Board of Directors in March 2014. Thereafter, the Agency evaluation for the previous year will be presented at the first full Board meeting of the following year.	3/2014

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H 640	Continued From page 2  evaluation was dated 2011. The E.D. acknowledged that in coming year, February 2014, the Annual report will contain information from 2012 and not of the previous year of 2013. S/he confirmed the evaluations are greater than one year behind and not timely.	H 640		
H 645 SS=C	6.12(a) Organization, Services and Administration  VI. Organization, Services and Administration  6.12 A home health agency shall keep a log of all complaints. The log shall include the date of the complaint, name of complainant, subject of the complaint, person assigned and the date and resolution of the complaint.  (a) The home health agency shall respond to all complaints, whether received orally or in writing, within 2 business days.  This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Agency failed to document in a complaint log the date of the complaint, name of complainant, subject of the complaint, person assigned and the date and/or resolution of a complaint, Findings include:  1. Based on record review on 12/11/13, the agency failed to document in a complaint log all complaints orally or written. Per inter on 12/11/13 at 9:15 AM the Executor Director stated that there is no complaint log and that staff will write up concerns on their incident form. S/he also stated "that would be interesting to see a trend and would be good to track". S/he confirmed that	H 645	H 645 The Agency will take the following corrective action: The Agency will maintain a complaint log to include the date of the complaint, name of complainant, subject of the complaint, person assigned, and the date and resolution of the complaint. Patient complaints will be logged in as received by the Executive Director, Clinical Supervisor, or designate. The Complaint Policy will be revised, to state that all complaints will be documented. This will be approved at the next Professional Advisory Meeting.	Begin 12/31/2013

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H 645	Continued From page 3 there is no complaint log.	H 645		
H1303 SS=D	<p>13.3 Unlicensed Caregiver Services</p> <p>XIII. Unlicensed Caregiver Services</p> <p>13.3 A home health agency shall train and determine the competency of unlicensed caregivers employed by the agency to perform specific tasks for specific patients and shall ensure that the caregiver is appropriately supervised.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the home health agency failed to train 1 of 7 employees and did not determine the competency of 1 unlicensed caregiver employed by the agency to perform specific tasks for specific patients and shall ensure that the caregiver is appropriately supervised. The findings include:</p> <p>Per review of personnel records begun on 12/11/2013 at 10:45 am, 1 employee who is providing personal care to a client who is receiving Medicaid Choices For Care has no evidence in his or her personnel record that s/he received the required 12 hours of annual inservices. This employee has documented in the medical record for Client # 2 that showers and personal care were provided 2 times a week by this employee. There are evaluations for this employee dated 11/14/2012 and 02/13/2013. That inservices were not provided or documented for this individual on an annual basis or specific to the needs of Client # 2 is confirmed during</p>	H1303	<p>H1303</p> <p>The Agency will take the following corrective action: PCAs who are providing care to Medicaid Choices for Care clients will receive the required 12 hours of annual in-services. The 12 hours will be provided for existing employees on a calendar schedule and for any new employees based on date of hire for the first year and then per calendar schedule. Tracking of the 12 in-service hours will be done by the Clinical Supervisor. Documentation of the in-service hours will be maintained in the PCA's personnel file.</p>	<p>Begin 1/2/2014</p> <p>Begin 1/2/2014</p>

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H1303	Continued From page 4 interview with staff on 12/11/2013 at 12:10 pm.	H1303		
H1427 SS=C	<p>14.7 Clinical Records</p> <p>XIV. Clinical Records</p> <p>14.7 At least quarterly, appropriate health professionals, representing the scope of the program, shall review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement. There shall be a continuing review of the plan of care for each 60-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continuation of care.</p> <p>This REQUIREMENT is not met as evidenced by: The Agency failed to review at least quarterly, a sample of both active and closed clinical record. Findings include:</p> <p>1. Per record review of Quality Assurance records on 12/11/13 there was no evidence of quarterly reviews for the months of July through December 2013. Per interview at 9:15 AM on 12/11/13 the Executor Director confirmed that "we are behind on our quarterly record reviews for the third and fourth quarters".</p>	H1427	<p>H1427</p> <p>The Agency will take the following corrective action:</p> <p>Clinical record reviews will be completed for 2013.</p> <p>Thereafter, each quarter a sample of both active and discharge clinical records will be reviewed by appropriate Agency health professionals.</p> <p>The sample will be run by the Business Office Supervisor, who will give the list to the Clinical Supervisor.</p> <p>The Clinical Supervisor will assign records to appropriate professional staff for review. A chart audit form is used.</p> <p>The Clinical Supervisor will summarize the findings and recommendations and submit the report to the Executive Director. A report is presented at the annual Evaluation Meeting.</p> <p>Professional clinical staff will be instructed regarding the importance of completing their quarterly record reviews within 3 weeks. The Clinical Supervisor or designate will track timely completion of the audits.</p>	<p>1/15/2013</p> <p>3/31/2014 and on-going.</p>