

Division of Licensing and Protection

103 South Main Street

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 1, 2015

Lyne Limoges, Director
Orleans Essex VNA & Hospice
46 Lakemont Road
Newport, VT 05855-1550

Provider ID #:477018

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 7, 2015**.

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

Sincerely,



Suzanne Leavitt, RN, MSN
State Survey Agency Director
Assistant Division Director

Enclosure

Skilled Nursing
Occupational Therapy
Physical Therapy
Speech Therapy
Licensed Nurses Aides
Nutrition
Social Services



Hospice
Maternal Child Health
Special Services
Long Term Care
Personal Care Attendants
Homemakers

Phone: (802) 334-5213 Fax: (802) 334-6074 46 Lakemont Road, Newport, Vermont 05855 Lync B. Limoges, MSN, RN, Executive Director

August 28, 2015

State of Vermont - Dept. of Disabilities, Aging & Independent Living
Division of Licensing & Protection
103 South Main Street - Ladd Hall
Waterbury, VT 05671-2306

Attn: Suzanne Leavitt

FAX: (802) 871-3318

RE: Addendum to POC for Survey done 07/07/2015

Please disregard prior Addendum dated and faxed 8/21/15.

Please accept the following amended Plan of Correction for TAG# H 517 5.7(a) Requirements for Operation Request has been made to Adult Protective Services on 08/20/15 with regards to having an APS staff member come to the Agency to give a presentation on the parameters that encompass mandatory reporting to APS and expected investigative responses by the Agency and its staff. Received Voice Mail from APS on 8/26/15 indicating we have been added to their list of facilities/agencies to be scheduled for APS Staff In services once they have adequate staff to provide the training.

The OEVNA Agency will provide written instructions and definitions, in addition to presenting an in-service with focus on guidelines for Reporting Abuse, to all staff during the week of August 24-28, 2015. Collaborative discussion with time for a question and answer period will be provided. Information will be presented to all field staff by their respective supervisors during scheduled staff meetings on 8/25/15 and 8/27/2015. All Field Staff, Supervisors, and Managers have been presented all materials and instructions on Reporting Abuse, Neglect and Exploitation.

Effective immediately, a copy of all INCIDENT REPORTS /CLIENT COMPLAINTS involving suspected, alleged or actual abuse, neglect or exploitation by staff of the clients of OEVNA will be faxed to Adult Protective Services for their review and subsequent investigation within 48 hours of OEVNA having been notified of an incident or having received a complaint.

Respectfully submitted,

Lync B. Limoges, MSN, RN
Executive Director

*Document
8.26.15
MLB*

AUG 18 2015

PRINTED: 07/22/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0477018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2015
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NAME OF PRDVIDER OR SUPPLIER ORLEANS ESSEX VNA & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 46 LAKEMONT ROAD NEWPORT, VT 05855
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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 CDRRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 001	Initial Comments An unannounced on site investigation of a complaint was conducted on 7/7/2015 & 7/8/2015 by the Division of Licensing & Protection. The following State regulatory deficiencies were identified:	H 001		
H 517	5.7(a) Requirements for Operation V. Requirements for Operation 5.7 A home health agency shall notify the Department of all critical incidents among its current patient population within specified time frames below. Verbal reports shall be followed by a written report that summarizes the occurrence. (a) A home health agency shall report any suspicion of abuse, neglect or exploitation as defined in 33 V. S. A. §6902 to the Division of Licensing and Protection ' s Adult Protective Services unit within 48 hours. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the agency failed to assure that a report was made to the State Agency regarding a complaint/suspicion of exploitation for P#1. Findings include: Per record review on 5/23/15 a family member of P#1 called with a concern regarding missing money, approximately \$100.00. There was an agency staff member present at the time of the money going missing and the discovery that it was missing. The agency did investigate the concern and could not find evidence to substantiate that the staff person was involved. There is no evidence in the record that the	H 517	H 517 In reviewing the deficiencies resulting from the completed complaint investigation at the Orleans Essex VNA & Hospice on July 7, 2015, we disagree with Tag H517 5.7(a) Requirements for Operation stating the agency failed to assure that a report was made to the State "Division of Licensing and Protection's Adult Protective Services within 48 hours." We do not believe this occurrence should have been considered exploitation due to the nature of the complaint and the Vermont statutes' (33 V.S.A. 6902) definition of exploitation of a vulnerable adult. Our thorough and complete investigation included discussion with the client (the complaint had been filed by the daughter) who declined to file a police report and a written account of the employee involved with the events of that day as well as meeting and questioning of a staff person and having her write down an	

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

Lynne B. Amodeo EXECUTIVE DIRECTOR

TITLE

(X6) DATE

8/12/2015

Division of Licensing and Protection

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H 517	Continued From page 1 concern was reported to the State Agency. In an interview at 2:40 PM the Clinical Manager confirmed that there had been no report made to the agency.	H 517	Cont. from H 517 Page 1 account of her visit. We did not report the occurrence as we do not feel it was considered exploitation, as defined. We would welcome the parameters from the Division of Licensing and Protection regarding requirements for reporting to Adult Protective Services.	
H 829	8.2(i) Skilled Nursing Services VIII. Skilled Nursing Services 8.2 The registered nurse shall: (i) Counsel the patient and family in meeting nursing and related needs; This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the agency failed to assure that the registered nurse counseled the patient and/or family in meeting nursing and related needs for Patient #1 (P#1). Findings include: Per staff interview on 7/8/15 at 10:20 AM the Primary Nurse for P#1 stated that P#1 was often non-compliant with nursing instructions and interventions. S/he stated that the patient had stated on numerous occasions: I'm not going to do that I don't want to. I just want to die. They [the hospital] told me I'm going to die why should I do anything. I don't want to go on. They say there's nothing else they can do for me. The client cited these feelings as cause for him/her to be non-compliant with health care instructions. The statements reflect potential Depression. During the same interview the Clinical Manager (CM), who was also present, stated that the patient was more compliant before his/her spouse died a couple of years prior. The CM further stated that significant health improvement	H 829	H 829 - Corrective Action Plan: The OEVNA Agency will provide written responsibilities to each employed skilled nursing staff that states the expectations at the time of the initial evaluation visit and ongoing skilled nursing visits as it relates to the Plan of Care and necessary revisions. This includes but not limited to counseling the patient and family in meeting their goals and outcomes. The OEVNA Agency will present an in-service focusing on the CMS regulation 484.30(a) to all skilled nursing staff. Collaborative discussion with time for a question and answer period will be provided.	08/11/2015

*Doc signed 5/8/15
MFB*

Division of Licensing and Protection

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H 829	Continued From page 2 was achieved before the spouse died. S/he stated that his/her death was very difficult for the patient. During the interview the surveyor asked if the patient had ever been referred to the Social Worker or a counselor for screening for Depression. The Primary Nurse stated that s/he hadn't talked to the resident about it because s/he would have refused. The Clinical Manager stated that s/he didn't believe that there had been any referrals at the time of the death of P#1's spouse either. Both staff member's stated that the patient had never been approached regarding the use or availability of the Hospice program either because s/he wasn't ready and s/he would have to discontinue his/her dialysis to qualify. In a review of the record there is no evidence of any discussion with the patient, who is his/her own decision maker, or the family regarding counseling or Hospice.	H 829		
H1011	10.2 Licensed Nursing Assistant Services X. Licensed Nursing Assistant Services 10.2 Licensed nursing assistant services shall be assigned to a particular patient pursuant to that patient ' s plan of care and shall be supervised by a registered nurse or appropriate therapist, who shall prepare written patient care instructions for the licensed nursing assistant. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the agency failed to assure that written patient care instructions present reflected the current needs of the resident for P#1, Findings include:	H1011	H 1011 - Corrective Action Plan: The OEVNA Agency will provide written information to each skilled nursing and professional staff that states the Standard: Assignments and Duties of the home health aide specifically as it relates to written patient care instructions that are prepared by the registered nurse or other appropriate professional who is responsible for supervision on the home health aide. These written care plans must be clear, concise,	08/11/2015

Blair P. 8.28.15

Division of Licensing and Protection

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H1011	Continued From page 3 Per staff interview on 7/8/15 at 8:20 AM an HCA who provided care to P#1 on 6/19/15, was new to this resident. The HCA was to provide care according to printed instructions present in the patient's home. During the care provision on this date the patient, who had a dressing on her right foot, refused to allow the HCA to place a plastic bag over the foot/dressing prior to her shower. In a review of the printed patient care instructions the plan of care for the patient did not address the patients labile blood sugars, need to wear adequate footwear, dressing and care provision that protected the integrity of the dressing, and environmental considerations regarding infection hazards. The Primary Nurse confirmed that the printed instructions in the office record were identical to the instructions posted in the home.	H1011	H 1011 - Corrective Action Plan Continued: complete and address patient's current needs. The OEVNA Agency will present an in-service focusing on the CMS regulation 484.36(c) to all skilled nursing and professional staff. Collaborative discussion with time for a question and answer period will be provided.	

*Doc and PNL
M 17 762
8-25-15*