

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

January 6, 2016

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

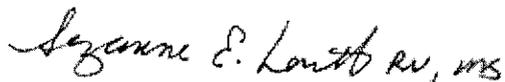
Provider ID #:477018

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 2, 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



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

PRINTED: 12/11/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2015
NAME OF PROVIDER OR SUPPLIER ORLEANS ESSEX VNA & HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 46 LAKEMONT ROAD NEWPORT, VT 05855	
(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 101	484.10 PATIENT RIGHTS An unannounced recertification survey was conducted by the Division of Licensing and Protection on 11/30 - 12/2/15. The following are regulatory findings. The patient has the right to be informed of his or her rights. The HHA must protect and promote the exercise of those rights. This STANDARD is not met as evidenced by: The Agency failed to inform or promote the client's rights for 1 of 16 clients. (Client #2) Findings include: 1. Client #2's referral was dated and received on 06/05/15 with a start of care date of 06/09/15. Per record review there is a communication note dated 06/08/15 states "call to client, friend agreeable for visit tomorrow". However, this friend is not listed as or recognized as a significant other nor listed on the emergency contact list as provided by the client. No further information was found to verify if this was agreeable to the client. There are no notations in the clients's chart describing the circumstances or a particular situation in which this individual could speak on behalf of the client. Per interview on 12/01/15 at 3:52 PM the Clinical Manager stated that " the friend is a nurse who works here" and confirmed that this situation was not noted in the chart describing the circumstances, or if this was agreeable by the client. Also see G-340	G 101	G101 484.10 PATIENT RIGHTS PLAN OF CORRECTION: OEVNA&H will provide additional written instructions, in addition to presenting an in-service with specific focus on informing all clients of their rights at the time of admission as well as periodic discussion regarding emergency contact lists and if updates are needed. In addition, will include at all start and resumptions of care discussion under what circumstances and to whom staff can communicate situations regarding the client's care, documenting these guidelines in the client's chart. Information will be presented to all nursing and therapy field staff and their respective supervisors during scheduled nursing and rehabilitation department staff meetings the week of 01/04/16-01/08/2016.	1/8/2016
G 164	484.18(b) PERIODIC REVIEW OF PLAN OF CARE	G 164	G164 484.18(b) -- See Page 2 <i>Revised 1.4.16 allk</i>	

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

TITLE

(X6) DATE

Alyse S. [Signature]

Executive Director

12/28/2015

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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G 164	Continued From page 1 Agency professional staff promptly alert the physician to any changes that suggest a need to alter the plan of care. This STANDARD is not met as evidenced by: Based on record review and staff interviews the agency failed to provide evidence that the physician was notified of frequency or changes in provision of ordered services for 3 of 16 sampled clients (Client #1, #2 & #3). Findings include: 1. Client #1 did not received skilled nursing visits as ordered and the physician was not alerted to the missed and/or canceled visits. Physician's orders were for dressing changes on Saturday and Sunday by the skilled nurse at this Agency [Monday through Friday by another entity]. Per record review the visits were not made on Saturdays 02/28/15 and 03/07/15 or missed visit on Sundays on April 6, 13, 20 or 27. No documentation or communication notes to the physician were found that would suggest or require a change in the plan of care. The Clinical Director on 12/01/15 at 3:25 PM confirmed that the physician did not receive the notifications. 2. Client #2's physician was not notified of a delay in the start of care or missing skilled nursing visits. The referral was dated and received on 06/05/15 and was delayed of four days with the start of care date dated 06/09/15. The orders were for 2 nursing visits the first week and once weekly thereafter. There were no weekly visits the week of 06/14 and 06/28, 07/5, 07/12, or the week of 07/19/15. There are no communication notes or verbal orders found in the chart to suggest that the physician was	G 164	G164 484.18(b) PERIODIC REVIEW OF PLAN OF CARE PLAN OF CORRECTION: The importance of notifying the physician of changes in client care secondary to cancelled visits or refusal of care will be reviewed and additional education provided to all nursing and therapy staff for ongoing documentation in the clients call logs and follow-up with client's physician. Nursing and Therapy staff will contact the client's primary physician by phone, fax or email on a weekly basis regarding missed or cancelled appointments in order to assess for follow up care. This information will be presented to all nursing and therapy staff during scheduled staff meetings on 12/29/2015 and 01/05/2016. <i>Beumont 1.4.16 [signature]</i>	1/8/2016	

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G 164	Continued From page 2 notified of these missed and/or canceled visits. In addition, a telephone call from the client on 07/13/15 states that the dressing change was for Medi-Honey dressing with compression, but there are no orders to verify this change. Per interview on 12/01/15 at 4.00 PM the Clinical Director confirmed the above findings. Also see G-340	G 164			
G 230	3. Per record review of client #3 on 12/01/2015 at 11:00 AM, the physician orders for therapies were for Physical Therapy (PT) 2 times a week for 9 weeks and for Occupational Therapy (OT) 1 time a week for 9 weeks. The recertification period of 03/29/2015 to 05/16/2015 indicates that client # 3 refused a PT visit on 04/16/2015 and was not seen by OT on 4/22/2015 and was discharged from OT services. A PT note dated 4/23/2015 states that the client said that s/he "did not want to be discharged but didn't want a visitor." The medical record does not reflect that the physician was notified that the therapy visits were decreased or that the client was declining visits. This was confirmed by the Clinical Coordinator during interview on 12/02/2015 at 12:15 PM. 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 60 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	G230 484.36(d)(3) SUPERVISION PLAN OF CORRECTION: The calendar of home health aide's supervisory visits will be maintained by the managers of home care and long term care working with the aide supervisor and nurse scheduler to ensure that supervisory visits are done when due and whom will be responsible	1/8/2016	

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G 230	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure that home health aides received supervision as required for 2 clients sampled (Clients #4, #5). Findings include: 1. Per record review on 12/1/15, Client #4 was receiving Home Health Aide services for personal care and housekeeping tasks. Supervision of the aide was completed on 3/2/15 and 9/25/15 by a Registered Nurse. The other supervisory visits were made by the Case Manager who is not a nurse. These were completed on 5/26/15, 7/27/15, and 11/20/15. The 60 day 5/26/15 supervisory visit was late as the previous was done on 3/2/15. Per interview on 12/2/15, the Long Term Care Coordinator confirmed that the 5/26/15 visit was late, and that the supervisory visits were not always completed by an RN as required. 2. Per record review on 12/1/15, Client #5 was receiving Home Health Aide services for personal care and housekeeping. The supervisory visit was completed on 11/3/15 by an RN. The other supervisory visits for this client were completed by the Case Manager who is not a nurse. Per interview on 12/2/15, the Long Term Care Coordinator confirmed that the supervisory visits were not always completed by an RN as required.	G 230	G230 484.36(d)(3) SUPERVISION PLAN OF CORRECTION CONT'D: to complete them. In addition to the current charts audits done for home care, long term care will do chart audits on a quarterly basis of 10% of their census, focusing on the documentation of supervisory visits. Implementation of the supervisory calendar and chart audits will be implemented the week of 01/04/2016.	
G 340	484.55(d)(2) UPDATE OF THE COMPREHENSIVE ASSESSMENT The comprehensive assessment must be updated and revised (including the administration	G 340	G340 484.55(d)(2) UPDATE OF THE COMPREHENSIVE ASSESSMENT – See Page 5 <i>Beard 1.4.16 KCF</i>	

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G 340	Continued From page 4 of the OASIS) within 48 hours of the patient's return to the home from a hospital admission of 24 hours or more for any reason other than diagnostic tests. This STANDARD is not met as evidenced by: The facility failed to complete the OASIS within 48 hours of the admission to the Agency for 1 of 16 clients in the sample (Client #2). Findings include: 1. Client #2's referral was dated and received on 06/05/15 with a start of care date of 06/09/15. Per record review there is a communication note dated 06/08/15 states "call to client, friend agreeable for visit tomorrow". However, this friend is not listed as or recognized as a significant other nor listed on the emergency contact list as provided by the client. No further information was found to verify if this was agreeable to the client. Per interview on 12/01/15 at 3:25 PM the Clinical Director confirmed the comprehensive assessment was not completed within 48 hours of the client's return home. Also see G-101 and G-164	G 340	G340 484.55(d)(2) UPDATE OF THE COMPREHENSIVE ASSESSMENT PLAN OF CORRECTION: OEVNA&H will provide additional written instructions, in addition to presenting an in-service with specific focus on readmission following a hospital stay and required visit within 48 hours of (or knowledge) the patient's return home. Should the client's refuse and not be seen within the time; the physician will be notified (See POC for G164 484.18(b)) regarding any delay in the resumption of care. Information will be presented to all nursing and therapy field staff during scheduled nursing and rehabilitation department staff meetings the week of 01/04/16-01/08/2016.	1/8/2016	

POC completed 1.4.16 KCS

Orleans Essex VNA & Hospice
46 Lakemont Road
Newport, VT 05855
Provider # 477018

Plan of Correction for Survey Completed 12/02/2015, revised 1/04/2016

G101 484.10 PATIENT RIGHTS

PLAN OF CORRECTION:

The OEVNA Agency will provide additional written instructions, in addition to presenting an in-service with specific focus on informing all clients of their rights at the time of admission as well as periodic discussion regarding emergency contact lists and if updates are needed. In addition, will include at all start and resumptions of care discussion under what circumstances and to whom staff can communicate situations regarding the client's care, documenting these guidelines in the client's chart. To ensure compliance at each Quarterly Chart Audit Report (10% of our quarterly census) the QI committee members will include the indicator of Home Care client's rights documented at Start of Care and Resumption of Care. This will begin FY 2016 third quarter. Information will be presented to all nursing and therapy field staff and their respective supervisors during scheduled nursing and rehabilitation department staff meetings the week of 01/04/16-01/08/2016. Will be completed by 01/08/2016

G164 484.18(b) PERIODIC REVIEW OF PLAN OF CARE

PLAN OF CORRECTION:

The importance of notifying the physician of changes in client care secondary to cancelled visits or refusal of care will be reviewed and additional education provided to all nursing and therapy staff for ongoing documentation in the clients call logs and follow-up with client's physician. Nursing and Therapy staff will contact the client's primary physician by phone, fax or email on a weekly basis regarding missed or cancelled appointments in order to assess for follow up care. To ensure compliance at each Quarterly Chart Audit Report (10% of our quarterly census) the QI committee members will include the indicator physician notified of Home Care client's cancelled visit or refusal of care. This will begin FY 2016 third quarter. This information will be presented to all nursing and therapy staff during scheduled staff meetings on 12/29/2015 and 01/05/2016. Will be completed by 01/08/2016

*BCant 1.4.16
12/2/15*

G230 484.36(d)(3) SUPERVISION

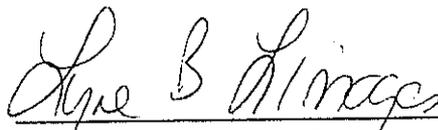
PLAN OF CORRECTION:

The calendar of home health aide's supervisory visits will be maintained by the managers of home care and long term care working with the aide supervisor and nurse scheduler to ensure that supervisory visits are done when due and whom will be responsible to complete them. In addition to the current charts audits done for home care, long term care will do chart audits on a quarterly basis of 10% of their census, focusing on the documentation of supervisory visits. To ensure compliance at each Quarterly Chart Audit Report (10% of our quarterly census) the QI committee members will include the indicator of Home Care HCA supervisory visits no less frequently than every 60 days. This will begin FY 2016 third quarter. Implementation of the supervisory calendar and chart audits will be implemented the week of 01/04/2016. Will be completed by 01/08/2016

G340 484.55(d)(2) UPDATE OF THE COMPREHENSIVE ASSESSMENT

PLAN OF CORRECTION:

The OEVNA Agency will provide additional written instructions, in addition to presenting an in-service with specific focus on readmission following a hospital stay and required visit within 48 hours of (or knowledge) the patient's return home. Should the client's refuse and not be seen within the time; the physician will be notified (See POC for G164 484.18(b)) regarding any delay in the resumption of care. To ensure compliance Home Care Intake Staff will provide Clinical Manager with a weekly Admission Report Tool that documents date of referral, date of discharge, date of Admission or Resumption of Care status. Information will be presented to all nursing and therapy field staff during scheduled nursing and rehabilitation department staff meetings the week of 01/04/16-01/08/2016. Will be completed by 01/08/2016


Lyne B. Limoges, MSN, RN

1/4/2016

Date

*POC and 1/4/16
KC/SJ*