

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

November 25, 2014

Ron Cioffi, Administrator
Rutland Area Vna
7 Albert Cree
Rutland, VT 05701-4648

Provider ID #:477007

Dear Mr. Cioffi:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 4, 2014**.

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

Sincerely,



Frances L. Keeler, RN, MSN, DBA
Assistant Division Director
State Survey Agency Director

Enclosure

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

PRINTED: 11/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/04/2014
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NAME OF PROVIDER OR SUPPLIER RUTLAND AREA VNA	STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05701
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(X4) JD 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
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G 000	INITIAL COMMENTS An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 11/04/2014. Both federal and state deficiencies were identified.	G 000	G 105 <u>Exercise of Rights and Respect for Pro</u> The patient has the right to have his/her property and person respected	
G 105	484.10(b)(3) EXERCISE OF RIGHTS AND RESPECT FOR PROP The patient has the right to have his or her property treated with respect. This STANDARD is not met as evidenced by: Based on medical record review, interviews and review of agency policies around Adult Protection, the agency failed to assure that 1 client in the applicable sample of 1 (Client # 1) was afforded the right to have his/her property handled with respect. The findings are as follows: Per review of the medical record for Client # 1 on 11/04/2014 at 12:21 PM the supervisory note dated 09/22/2014 by the RN indicates that the client mentioned during the visit that s/he had withdrawn money from the bank earlier in the month and could not find the money or the wallet. The client thinks this may have happened on 09/18/2014 when staff did the laundry. Client # 1 is assessed as having dementia, misplaces items but eventually the missing items are found. The agency did not do an internal investigation and only notified APS (Adult Protective Services on 10/01/2014). This is confirmed during interview with the agency staff at 1:40 PM. Staff further indicate that a meeting was scheduled with the staff member who did the laundry, but that meeting never occurred as the	G 105	<u>PLAN OF CORRECTION:</u> 1.The Director of Home Care will review the following policy and revise as necessary by November 21, 2014 PATIENTS RIGHTS AND RESPONSIBILITIES <u>Measurement:</u> Review/revision date on policy 2. In November of 2014, the Director of Home Care will coordinate with all Program Managers the re-education (In written and verbal format) of The Patients Bill of Rights to all staff <u>Measurement:</u> Copies of education handouts Policy Meeting Minutes Sign-in sheets Staff not in attendance will be given written information COMPLETION DATE FOR G 105 December 15, 2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ronald J. Croft</i>	TITLE CEO	DATE 11/24/14	(X6) DATE 11/10/14
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any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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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NAME OF PROVIDER OR SUPPLIER RUTLAND AREA VNA			STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05701		
(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 105	Continued From page 1 care provider did not attend and has not returned to work since that day. Per telephone interview at 12:35 PM with the individual who reported the event at the request of Client # 1, neither the money (which varies in amount from \$100.00 to \$300.00-400.00) nor the wallet have been found. The local police were not contacted.	G 105	G 107 Exercise of Rights and Respect for Prop The HHA must investigate complaints made by A patient or the patient's family or guardian Regarding the treatment or care that is (or fails to be) furnished or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and) must document both the existence of the complaint and the resolution of the complaint PLAN OF CORRECTION 1. The Director of Home Care will review/develop revise the following policy as necessary by November 21, 2014 COMPLAINT INVESTIGATION <u>Measurement:</u> Review/revision/developed date on policy 2. In November of 2014, the Director of Home Care will coordinate with all Program Managers the re-education (in written and verbal format) of Complaint Investigations to all staff		
G-107	Cross cited at Vt. State regs: (XVII) 17.2 484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint. This STANDARD is not met as evidenced by: Based on medical record review, interviews and review of agency policies around Adult Protection, the agency failed to assure that 1 client in the applicable sample of 1 (Client # 1) was afforded the right to have his/her property handled with respect. The agency further failed to investigate this event. The findings are as follows: Per review of the medical record for Client # 1 on 11/04/2014 at 12:21 PM the supervisory note dated 09/22/2014 by the RN indicates that the client mentioned during the visit that s/he had	G 107			

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G 107	<p>Continued From page 2</p> <p>withdrawn money from the bank earlier in the month and could not find the money or the wallet. The client thinks this may have happened on 09/18/2014 when staff did the laundry.</p> <p>Client # 1 is assessed as having dementia, misplaces items but eventually the missing items are found. The agency did not do an internal investigation and only notified APS (Adult Protective Services on 10/01/2014). This is confirmed during interview with the agency staff at 1:40 PM. Staff further indicate that a meeting was scheduled with the staff member who did the laundry, but that the meeting never occurred as the care provider did not respond to requests to attend and has not returned to work since that day.</p> <p>Per telephone interview at 12:35 PM with the individual who reported the event at the request of Client # 1, neither the money (which varies in amount from \$100.00 to \$300.00-400.00) nor the wallet have been found. The local police were not contacted.</p>	G 107	<p><u>Measurement:</u></p> <p>Copies of education handouts</p> <p>Policy</p> <p>Meeting Minutes</p> <p>Sign-in sheets</p> <p>Staff not in attendance will be given written information</p> <p>2.All complaints will be documented on the VNA's of VT Client Complaint Reporting Form. The complaint will be Investigated by the Manager of the program. A listing of the complaint and investigation will be forwarded to the Director of Home Care for review/auditing</p> <p><u>Measurement:</u></p> <p>Audit of complaint reflects compliance</p> <p>COMPLETION DATE FOR G 107</p> <p>December 31, 2014</p>		