

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/04/2014
--	--	--	---

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) COMPLETE DATE
H 001	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.	H 001		
H 517 SS=D	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 medical record review, interviews and review of agency policies around Adult Protection, the agency failed to assure that 1 client in the applicable sample sample of 1 (Client # 1) was afforded the right to have his/her property handled with respect. The Agency further failed to report the event to the state agency within the required time frames. 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.	H 517	<u>H 517 Requirements for Operations</u> 5.7 A home health agency shall notify the department of all critical incidents among its current patient population within specified time frames. A home health agency shall report any suspicion of abuse, neglect or exploitation to the Division of Licensing and Protection's Adult Protective Services unit within 48 hours. <u>PLAN OF CORRECTION:</u> 1. The Director of Home Care will review the following policy and revise as necessary by Nov 21, 2014 ADULT PROTECTION-REPORTING ABUSE, NEGLIGENCE or EXPLOITATION <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 Reporting of Abuse, Neglect or Exploitation to all staff. <i>POC accepted J. Coleman / F. Keen</i>	

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

Ronald J. Coffi

TITLE
CEO

11/20/14

(X5) DATE

11/16/14

DATE FORM

6099

3T1111

If continuation sheet 1 of 3

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/04/2014
--	--	--	---

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) COMPLETE DATE
H 517	Continued From page 1 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). It is confirmed during interview with the agency staff at 1:40 PM that reporting to the state agency did not occur within the designated time frames. Staff further indicate that a meeting was scheduled with the staff member who did the laundry, but that meeting never occurred as the care provider did not respond to requests for interviews 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.	H 517	<u>Measurement:</u> Copies of education handouts Policy Meeting Minutes Sign-in sheets Staff not in attendance will be given written information 3. An audit of reports made to APS and L&P for compliance will be completed by Dec 31, 2014 <u>Measurement:</u> Audit tool reflects compliance with the policy COMPLETION DATE FOR H517 December 31, 2014	
H1702 SS=0	17.2 Patient Rights XVII. Patient Rights 17.2 A patient has the right to have his or her property and person respected by the home health agency. This REQUIREMENT 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	H1702	H 1702 <u>Patient Rights</u> 17.2 A patient has the right to have his/her Property and person respected by home health agency <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	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/04/2014
--	--	--	---

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) COMPLETE DATE
H1702	<p>Continued From page 2</p> <p>applicable sample of 1 (Client # 1) was afforded the right to have his/her property handled with respect. The findings are as follows:</p> <p>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.</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 meeting never occurred as the care provider did not 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>	H1702	<p><u>Measurement:</u></p> <p>Review/revision date on policy</p> <p>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</p> <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>COMPLETION DATE FOR H 1702</p> <p>December 15, 2014</p>	