

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
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November 22, 2013

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

Provider ID #:477007

Dear Mr. Cioffi:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 20, 2013**.

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

FK:jl

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

PRINTED: 11/22/2013
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 08/20/2013
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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) 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
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G 000	INITIAL COMMENTS An unannounced on-site complaint investigation was conducted on 8/21/13 by the Division of Licensing and Protection. There wer federal regulatory deficiencies identified. The findings include;	G 000		
G 230	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. This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that services provided by a surrogate designated care giver where supervised by a Registered Nurse no less than every 60 days and occurring while the surrogate designated care giver was providing patient care for 1 of 3 patients identified in the sample. (Patient #1). 1. Based on record review Patient #1 , was admitted to case management services with RAVNA on 5/25/13 for Surrogate Directed home care. Per the ILA 's Personal Care Worksheet dated 4/22/13 completed by the Case Manager (CM) and the Registered Nurse (RN) indicated	G 230		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 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 230	<p>Continued From page 1</p> <p>that Patient #1 was to receive dressing, bathing, personal hygiene, bed mobility, toileting, transferring, mobility, eating, meal prep and medication management by a surrogate directed care giver established by the family of Patient #1.</p> <p>Per review of the medical record and the ILA assessment completed by the Registered nurse on 4/22/13, the assessment indicated that Patient #1 had no skin issues (pressure sores) at the time of assessment .</p> <p>Per review of the medical record, there was no evidence that any supervisory visits were conducted after the 4/22/13 assessment was completed by a Registered Nurse.</p> <p>Per interview with the facility Quality Assurance Nurse and the facility Social Work oversight on 8/21/13, they reviewed the medical record and confirmed that no supervisory visits were conducted after the 4/22/13 assessment was completed until the date that Patient #1 expired on 7/16/13.</p>	G 230			

Amended Plan of Correction to the Division of Licensing and Protection

In response to the Survey conducted on August 20, 2013

§ 484.36(d)(3) provides "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 sixty days."

In this instance, the Rutland Area VNA and Hospice (RAVNAH) did not provide the Home Health Aide (HHA) services.

RAVNAH also has no arrangement with anyone to provide Home Health Aide services.

Under the Choices for Care (CFC) Program, the Surrogate has the option to provide Home Health Aide services and that is what was done in this case. It is the responsibility of the Surrogate to supervise the Home Health Aide (See Example #1 from the CFC Consumer and Surrogate Directed Services: Employer Handbook and Example #2 from the CFC Program Manual-Monitoring Procedures)

RAVNAH in this instance did not:

- hire the home health aide
- train the home health aide
- evaluate the home health aide
- supervise the home health aide
- control the home health aide.

RAVNAH respectfully disagrees with the findings based on the previously and above sited documents and explanations.

RAVNAH will ensure that the Surrogate is fulfilling the obligation of supervising the Home Health Aide every 30 days.

Plan:

- The Associate Director and the Social Worker Manager will re-educate the CFC Case Managers knowledge to monitor and document the involvement of the Surrogate and ensures compliance with the supervision of the Home Health Aide during the 60 day Face to Face visit and the alternate phone visit

Completion Date: November 22, 2013

- Observation of compliance will be made by The Associate Director and Social Worker Manager during home visits of Surrogate Directed Services utilizing Home Health Aides

4 Home visits will be completed

Completion date December 13, 2013

- Auditing 6 medical records of Surrogate Directed Services utilizing Home Health Aides will be completed by the Associate Director and the Social Worker Manager

Completion date December 31, 2013

Respectfully Submitted,



Ronald J Cioffi
Executive Director

November 18, 2013

POC accepted
11/21/13
Susan J. Emmers RN

CHAPTER V: Employer Responsibilities

1. Employer Responsibilities

The Choices for Care (CFC) consumer and surrogate directed services are a wonderful option for many people. However, this option is not suited for everyone. Being an **EMPLOYER** is an important responsibility and should not be taken lightly. Please consider the following responsibilities before enrolling as an **EMPLOYER**.

The consumer or surrogate **EMPLOYER** must agree to perform the following ongoing tasks:

- ◆ Understand and follow program requirements
- ◆ Recruit and select qualified employee(s) that are 18 years of age or older
- ◆ Interview applicants and carefully check references before you offer anyone employment
- ◆ Notify selected employee(s) of their responsibilities
- ◆ Assure that employment forms are completed and submitted to the payroll agent (See Chapter VIII)
- ◆ Train employee(s) to perform specific tasks as needed
- ◆ Develop a work schedule based on the approved Service Plan
- ◆ Maintain updated copies of approved waiver Service Plan
- ◆ Arrange for substitute or back-up employees as needed
- ◆ Develop and maintain a list of tasks for the employee(s) to perform based on the Personal Care Worksheet
- ◆ Authorize employee(s) timesheets (based on the approved Service Plan and actual time worked)
- ◆ Maintain copies of all employee(s) timesheets
- ◆ Perform supervisory visits in the home of the individual at least once every thirty (30) days in order to assure that tasks are performed by the employee correctly and completely
- ◆ Evaluate employee(s) performance
- ◆ Provide ongoing performance feedback to employee(s)
- ◆ Terminate employee(s) employment when necessary
- ◆ Notify the payroll agent of any necessary changes
- ◆ Participate in the assessment and reassessment of CFC eligibility
- ◆ Communicate with the case manager on a regular basis (See Chapter IX.)
- ◆ If applicable, assure a monthly patient share is paid to the payroll agent (See Chapter VIII.)
- ◆ Track use of Respite and Companion service hours, so as not to exceed 720 hours a calendar year (See Chapter IV)
- ◆ Avoid conflict of interest with employees, the individual and/or other participating agencies

NOTE: Surrogate employers must live in close proximity to the individual and be **available** to perform the above employer responsibilities on an ongoing basis.

Example
#2

SECTION V.4. Monitoring Procedures

All Choices for Care (CFC) services must be monitored on a regular basis to ensure that the participants' needs and person-centered goals are identified and the desired outcomes of individuals are being met. The monitoring procedures are determined by the following CFC settings:

A. Home-Based Monitoring

1. The case manager shall have monthly contact with the individual. Face-to-face visits must occur not less than once every 60 days. At a minimum, an annual face to face visit must be in the home of the individual.
2. The case manager shall monitor all needs of the individual including, but not limited to:
 - a. Health and functional status
 - b. Environmental needs
 - c. Health and welfare issues
 - d. Abuse, neglect and exploitation issues
 - e. Social and recreational needs
 - f. Public benefits including CFC financial eligibility
 - g. Participant and surrogate employer certification status
 - h. Family issues
 - i. Coordination with CFC providers
 - j. Needs related to other services outside of CFC
3. The case manager shall document the monitoring visits and other case management activities. Documentation shall be maintained in the individual's case management case file.
4. The case manager shall track the amount of time spent each month on approved case management activities.
5. If there is a significant change in the individual's condition or circumstances, the case manager shall communicate with the appropriate provider(s) and initiate a Service Plan change or full reassessment if necessary.
6. If at any time, information suggests that the individual may no longer meet CFC clinical eligibility criteria, the case manager shall communicate with the provider(s) and arrange a health and function assessment to be reviewed by DAIL.
7. If information suggests the individual no longer meets the financial eligibility criteria for CFC services, the case manager shall communicate with the provider(s) and DAIL.
8. The case manager shall assist the individual, as necessary, with any Long-Term Care Medicaid financial review forms as required by the Department for Children and Families (DCF).
9. The case manager shall monitor the need for services outside of CFC and coordinate referrals as needed.

10. The case manager shall monitor the ongoing ability of Participant and surrogate employers to follow "Employer Responsibilities". If at any time the Participant or surrogate employer demonstrates an inability to perform employer activities, the case manager will complete a new "Employer Certification".
11. Home Health Agency providers shall complete an in-home visit for individuals they provide services to, at least once every 60 days to monitor employee(s) activities, assuring the following:
 - a. Services are being provided according to the personal care worksheet and approved Service Plan.
 - b. Volume of services being provided is sufficient to meet the individual's needs.
 - a. The schedule of services is sufficient to meet the individual's needs as identified in the assessment.
 - b. Personal care activities are being performed safely and successfully.
 - c. The individual is satisfied with his or her personal care attendant.
 - d. Services provided to the individual are accurately documented by staff on applicable tracking forms and timesheets.
12. Participant directed employers shall monitor employee(s) activities on an ongoing basis to assure the following:
 - a. Services are being provided according to the personal care worksheet and approved Service Plan.
 - b. Volume of services being provided is sufficient to meet the individual's needs.
 - c. The schedule of services is sufficient to meet the individual's needs as identified in the assessment.
 - d. Personal care activities are being performed safely and successfully.
 - e. The individual is satisfied with his or her employee(s).
 - f. Services provided to the individual are accurately documented by staff on applicable tracking forms and timesheets.
13. Surrogate directed employers shall complete an in-home visit at least once every 30 days to monitor employee(s) activities, assuring the following:
 - a. Services are being provided according to the personal care worksheet and approved Service Plan.
 - b. Volume of services being provided is sufficient to meet the individual's needs.
 - c. The schedule of services is sufficient to meet the individual's needs as identified in the assessment.
 - d. Personal care activities are being performed safely and successfully.
 - e. The individual is satisfied with his or her employee(s).
 - f. Services provided to the individual are accurately documented by staff on applicable tracking forms and timesheets.
14. The Division of Licensing and Protection (DLP) will regularly monitor Home Health providers for compliance with applicable State and Federal regulations.
15. The Department of Disabilities, Aging and Independent Living (DAIL) will monitor the provision of Case Management Services on a regular basis to ensure compliance with standards and procedures.