

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
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

June 28, 2012

Mr. 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 and complaint investigation conducted on **April 3, 2012**.

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

Sincerely,



Pamela M. Cota, RN, MS  
Licensing Chief

PC:ne

Enclosure - FEDERAL Form



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

PRINTED: 04/16/2012  
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 04/03/2012
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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	G 000		
G 121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</p> <p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>This STANDARD is not met as evidenced by: Based on record review and confirmed by interview, the Agency failed to adhere to professional standards of practice for professional care giving for 1 applicable patient. (Patient #1) Findings include:</p> <p>1. Per an anonymous report received by the Division of Licensing and Protection on 01/25/12, Patient #1 expressed concerns to the Home Health Agency on 01/24/12 alleging inappropriate comments and touching by an [Agency] employee. The Agency's letter of reprimand dated 02/27/12 states "the investigation did show evidence from your own statements that you allowed your relationship with [patient] to blur the lines of professional care giving". In addition, it further states, "it is clear that your behavior violated Section 8.1, 8.2, and 8.3 (of the Agency's policy of employee conduct) wherein your conduct failed to bring credit to the agency,... act in a manner so as to promote the best interests of the agency, ...this episode of care shows a clear blurring of the lines necessary to maintain standard of personal conduct". Per</p>	G 121	<p>Compliance with accepted profession standards. The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>We are writing in response to the Notice of Deficiency received on April 19, 2012. We dispute the conclusion that the <u>agency</u> has been in non-conformance with any standard, rule, or regulation. There is no suggestion in the investigation that the agency failed to properly train this employee or that there were deficiencies in its (the agency's) own standards and internal rules that contributed to this issue, or that is failed to properly address the complaint internally and properly discipline this employee.</p> <p>We are therefore writing to appeal this finding.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ronald J. Wolf</i>	TITLE CEO	(X6) DATE 4/25/12
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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.

