

Division of Licensing and Protection
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Voice/TTY (802) 871-3317
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June 25, 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 conducted on **May 31, 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

RECEIVED
Division of
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PRINTED: 06/07/2012
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 _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 05/31/2012
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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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G 000 INITIAL COMMENTS

An unannounced on-site Federal re-certification survey, in conjunction with the State Designation survey, as well as a complaint investigation was conducted by the Division of Licensing and Protection 05/29/12 - 05/31/12. The following are Federal regulatory findings for the Federal re-certification and complaint.

G 121 484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD

The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.

This STANDARD is not met as evidenced by:
Based on observation, record review and confirmed by interview, the Agency failed to adhere to professional standards of practice for dressing changes and Intravenous (I.V.) anti-biotic use for 1 of 2 clients with wounds. (Client #3) Findings include:

1. Per observation of a dressing change and I.V. administration of an anti-biotic for Client #3 on 05/30/12, the nurse failed to immediately wash or sanitize his/her hands between glove changes, used non-disposable towels for drying hands, and failed to flush a PICC (peripherally inserted central catheter) line prior to administration of an anti-biotic.

The nurse was observed at 9:15 AM cleaning the outside port of the PICC line, connecting the I.V. anti-biotic line to the port and regulating the drip rate. At that time, the nurse surveyor asked about the protocol regarding normal saline flushes ((the installation of normal saline into the

G 000

G 121 484.12(c) COMPLIANCE WITH ACCEPTED PROFESSIONAL STANDARDS
The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in a HHA

Plan of Correction:

1. The Associate Director of Home Care and the QI Specialists will review the following policies and revise as necessary by July 6, 2012:

Flushing a VAD/Infusion of IV Antibiotic Standard Precautions Wound Care

Measurement:

Review/Revised/Developed date on the policy

2. In July of 2012, The Associate Director of Home Care and the QI Specialists will provide re-education to Home Care Registered Nurses on:

Flushing a VAD
Infusion of IV Antibiotics
Standard Precautions
Wound Care

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

Ronald J. Coffey

TITLE

LBO

(X6) DATE

6/15/12

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 121	Continued From page 1 PICC prior or after treatments). The nurse stated "I'm glad you caught that", stopped the I.V., instilled 10 cc's of normal saline and then re-connected the anti-biotic. The Nurse confirmed that the normal saline should be instilled prior and after each PICC line use, which did not happen. The Nurse then went to wash his/her hands and stated "there are no more paper towels" and proceeded to obtain a cloth hand/dish towel from the kitchen drawer. The Nurse removed the old soiled dressing, removed the gloves, washed his/her hands and dried them with the non-disposable cloth towel. The nurse gathered a sleeve-type package of 4x4 gauze sponges. The nurse poured normal saline onto a 4X4, cleaned the inside of the upper part of the large wound, reached into the package and continued the process of cleaning sections the large wound, repeatedly reaching into the 4X4 package, contaminating the remaining 4X4's. The nurse removed his/her gloves and without washing or sanitizing his/her hands handed a client item to the client and answered the door, after which he/she placed a pharmacy supply delivery in the dining area. The nurse then washed his/her hands, and then used the same non-disposable cloth towel. Without gloves, the nurse, multiple times, measured, cut, and touched the wound with the packing material getting fluid on his/her bare hands. Per review, the 05/23/12 orders and care plan (the 485) directs staff to "flush PICC line with 10 cc normal saline before and after antibiotic administration." Per interview on 05/30/12 at 1:50 PM ,the Nurse Wound Specialist stated that the expectation is that hands are washed immediately after taking gloves off, especially after coming into contact with body	G 121	Home Care Registered Nurses will complete the VAHHA web based Infection Control Series Measurement: Copies of Educational Handouts Meeting Minutes Sign in Sheet Receipt of Web Training Completion Report 3. Observation of compliance will be made by the Associate Director of Home Care and the QI Specialists during home visits with Home Care Registered Nurses beginning July 16th, 2012. Measurement: IV and Wound Care visit made with each Home Care RN Observation during visit confirms compliance with policies Use of RAVNAH supplied paper towels if none present in the home Completion Date <i>ok per Frank</i> 09/28/12 September 28, 2012 <i>POC G-121 accepted 6/21/12 Susan J. Emmons RN</i>		

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G 121	Continued From page 2 fluids, disposable paper towels are used to dry hands and all dressing material being used should be placed onto a barrier as to not potentially contaminate other unused clean material, i.e.; the package of 4X4 gauze sponges. Per interview on 05/31/12 at 9:00 AM the Nurse and Quality Assurance Director confirmed the above findings did not adhere to professional standards of practice regarding Standard Precautions References: Lippincott Manual of Nursing Practice 8th addition, page 10 and 724. KCI V.A.C therapy, Clinical Guidelines- a reference source for clinicians, August 2010, page 9	G 121			
G 143	484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. This STANDARD is not met as evidenced by: Based on staff interview and record review, the agency failed to ensure all staff coordinated and communicated effectively efforts made to assure optimal patient care for 3 of 20 clients in the targeted sample. (Client # 1, #2 & #4] Findings include: 1. Per record review on 05/29/12 of Client #1's chart from the time period of 01/31/12 until 03/28/12, the client was identified as needing assistance with medication administration and	G 143	484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. Plan of Correction: The EMR System (McKesson) ensures RAVNAH's Compliance with HIPAA's Minimum Necessary and Need to Know Rules. Segregating programs by organizational levels allows the Case Managers access only to their pertinent program. Communication between McKesson and non-McKesson user, requires other means of validating Coordination of Patient Services.		

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G 143	Continued From page 3 psycho-social needs. Per the initial OASIS (Outcome Assessment Information Set) of February 2012, sections M1018, M1740 & M2020 states Client #1 as having 'impaired decision making, memory loss and unable to take medication unless administered by others', respectively. The 02/02/12 - 02/01/13 IAL (Independent Living Assessment) identifies the administration of medication as "medications done by others, full caregiver assist, full assist". Per review of the case communication note of 03/13/12 the agency became aware that the full time, live-in care-giver was taken to the hospital. Per the case note of 03/14/12 "...will have family staying overnight with [client] but we will have to work on the schedule and for personal care". A case note of 03/23/12 states "informed client was in hospital...client was discharged same day, client stated..choked on a pill". There is no documentation or evidence of coordination of services as to who was administering the medications. Per interview on 05/30/12 at 9:00 AM the case manager stated that s/he assumed that the family was administering the medications. In addition, per a case communication note from physical therapy dated 02/13/12 states "called case manger to say was at client's house, wonder if putting in a psych nurse would help with client adjusting to [client] situation, case manger thought it would be a good idea if client agreed so s/he is going to talk to them about it". There is no documentation as to whether there was follow up to this concern or whether the client agreed or not to psych nursing services. Per interview on 05/31/12 at 1:00 PM the Associate Executive Director confirmed that there was no evidence in the record of medication coordination or referral	G 143	1. The Associate Director of Home Care will review/develop the following policies and revise/develop as necessary by July 13, 2012: Plan of Care Coordination of Patient Services Communication with Physicians-Missed Visits Measurement: Review/Revised/Developed date on the policy 2. Beginning in July of 2012, the QI Specialists will co-ordinate with the Program/Clinical Managers, the re-education (in verbal and written format) to all professional staff on: Plan of Care Coordination of Patient Services Communication with Physician-Missed Visits Use of documentation tool - Coordination of Services Addendum Measurement: Copies of Educational Handouts Meeting Minutes Sign in Sheet Staff not in attendance will be given written information 3. Observation of compliance will be made by the Program/Clinical Managers during home visits with professional staff	

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G 143 Continued From page 4 of psych nurse services.

2. Per record review of Client's #2's chart, a physician order dated 05/04/12 states skilled nursing for wound assessment and dressing change 2 x a week for 1 week, once daily for 14 days, 3 x a week for 1 week and 4 as needed. Per review of visit notes the client did not receive the daily dressing by skilled nursing on 05/19/12. There was an order written on 05/20/12 by the nurse and sent to the physician to change the dressing from daily to 3 x a week for 1 week with 4 visits as needed. During the week of 05/21/12 there was an extra nursing visit not indicated as a PRN visit. Per interview on 05/31/12 at 2:15 PM the Clinical Manager confirmed there was no documentation of communication to the physician of the missed visit, wound changes or to the nature of the extra visits.

3. Per Home Visit of Client # 4 on 05/30/12 at 1:00 PM with the Speech Therapist, Client # 4's mother indicated that when Client # 4 is hospitalized for a surgical procedure in July there could potentially be a financial hardship on the family as only 1 family member may stay at the hospital. The mother is not aware of available alternatives, other than hotels, and the speech therapist also confirms that s/he is not aware that this may be a problem. There is a nurse involved in this case, under a different program (Maternal Health) but there has been no communication between the 2 services or programs. This is confirmed by both the speech therapist during the home visit and by the nurse during interview on 05/31/12 at 9:51 am. Per record review on 05/30/12 there is no evidence to support that nursing and speech

G 143 beginning July 16th through September 21st, 2012.

Measurement:
Total of 12 home visits
Documentation of noted compliance with Coordination of Care based on observation at home visit
Documentation of compliance with Plan of Care based on observations
Evidence of use of Coordination of Services Addendum per Policy

4. Auditing of 30 medical records for compliance with Coordination of Care will be completed by the Program/Clinical Managers with a completion date of September 21st, 2012

Measurement:
Audit tool reflects compliance with policies and Physician Orders

OK per Frank.
Completion Date for G 143 09/28/12 is September, 28, 2012

*POC G-143 accepted
6/21/12
Susan L. Emmons RN*

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G 143	Continued From page 5 therapy coordinate care for this client or communicate with each other relating to goals or expected outcomes. This family is also served by Reach Up and the Maternal Health Nurse reports that there has been no communication with that program either. The potential for negative outcomes in the form of added stress to this family already assessed as High Risk for complications is not being addressed by the agency. This is confirmed by the Maternal Health nurse during interview on 05/31/12 at 9:51 AM when s/he indicates that "no one has mentioned to me that there may be problems."	G 143		
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