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DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

January 24, 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 **December 17, 2013**.

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

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

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 _____	RECEIVED Division of  JAN 8 14	(X3) DATE SURVEY COMPLETED  C 12/17/2013
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NAME OF PROVIDER OR SUPPLIER  RUTLAND AREA VNA	STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05701	Licensing and Protection
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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) COMPLETE DATE
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H 001 SS=D	Initial Comments  An unannounced on-site self report complaint investigation was conducted by the Division of Licensing and Protection on 12/16 and 12/17/13. There were regulatory deficiencies identified.	H 001	PLAN OF CORRECTION	
H 518 SS=D	5.7 (b) 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.  (b) A home health agency shall report critical incidents other than abuse, neglect or exploitation to the Division by the next business day after the agency learns of the incident. Such incidents include but are not limited to:  (1) Any unexpected death; (2) Loss of limb or function occurring during the provision of home health services; (3) Any serious injury occurring during the provision of home health services that results in or from, among other things:  (i) A medication or drug error by home health agency staff; (ii) Use of medical devices or restraints (including bed rails).  (4) Any patient suicide; and/or (5) Any poisoning.  This REQUIREMENT is not met as evidenced by:	H 518	<p>H 518 Requirements of Operation</p> <p>5.7 (b) A home health agency shall notify the Department of all critical incidents among its current population within specified time frames. Verbal reports shall be followed by a written report that summarizes the occurrence.</p> <p>Plan of Correction:</p> <ol style="list-style-type: none"> <li>The Associate Director of Home Care will review/develop the following policies as necessary by January 10, 2014: Adult Protection Measurement: Review/Revised/Developed date on the policy</li> <li>In the month of January 2014, The Associate Director of Home Care will coordinate with the Clinical Managers, the re-education( in verbal and written format) to all home care staff on: Adult Protection Measurement: Copies of Educational Handouts Meeting Minutes Sign in sheet Staff not in attendance will be given written information</li> <li>Auditing of APS reports in the month of January 2014 will be completed to ensure compliance.</li> </ol> <p>Completion Date for H 518 January 31, 2014</p> <p><i>POC accepted M. Cullivan J.F. Kelly</i></p>	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Ronald J. Coffey*

TITLE  
CEO

(X6) DATE  
1/24/14 12/31/13

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 12/17/2013
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H 518	<p>Continued From page 1</p> <p>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.</p> <p>(b) A home health agency shall report critical incidents other than abuse, neglect or exploitation to the Division by the next business day after the agency learns of the incident. Such incidents include but are not limited to:</p> <p>(1) Any unexpected death; (2) Loss of limb or function occurring during the provision of home health services; (3) Any serious injury occurring during the provision of home health services that results in or from, among other things:</p> <p>(i) A medication or drug error by home health agency staff; (ii) Use of medical devices or restraints (including bed rails).</p> <p>(4) Any patient suicide; and/or (5) Any poisoning.</p> <p>Based on record review and staff interview the agency failed to ensure that the facility staff complied with acceptable professional standards and principles regarding reporting accusations of alleged sexual abuse for 1 Patient (#1) and following guidelines for reporting outlined by the State regulatory requirements. The findings include:</p> <p>1. Per review of the facility self report dated 8/13/13, a family member of Patient #1 reported the the Social Worker (SW) for Rutland Area</p>	H 518	<p>1/17/14</p> <p><u>H-518</u> Clarification of Plan of Correction #3.</p> <p>When a APS report is filed, the Associate Director will audit the medical record to confirm compliance with the reporting policy - during the month of January 2014.</p> <p>Laura Russell Associate Director in absence of Ronald J. Coffey CEO</p>	
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Division of Licensing and Protection  
STATE FORM

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8BEX11

If continuation sheet 2 of 4

POC accepted  
M. Sullivan / F. Keenan  
NSA DBA  
1/24/14

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VT477007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/17/2013</b>	
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H 518	<p>Continued From page 2</p> <p>Visiting Nurses Agency (RAVNA), that the family member was concerned that Patient #1 had possibly been "sexually abused" by an agency employee, when the employee was showering Patient #1. The family indicated that the employee took much longer in the shower providing care to Patient #1 than to other members of the family receiving services.</p> <p>Per review of the RAVNA policy titled Adult Protection under section II titled Those Obligated to Report (Mandated Reporter) it indicates "any of the following who knows of or has received information of abuse, neglect or exploitation of a vulnerable adult or who has reason to suspect that a vulnerable adult has been abused, shall report or cause a report to be made in accordance with the provisions of section 6904 of Chapter 69 within the required timeframe." The policy also lists several required reporters including Social Workers and home health agency employees who provide or arrange for care of any vulnerable adult has been abused, neglected or exploited, shall report or cause a report to be made within 48 hours of knowledge or receipt of information.</p> <p>Per review of the documentation in the medical record dated 8/9/13, the agency SW, indicated to the family member that " APS (Adult Protective Services) is notified when reports of abuse are made and that no determination is made by Case Manager or any other staff at the agency regarding those issues as APS will be the agency making findings on abuse claims."</p> <p>Per interview with the Clinical Director on 12/17/13, he/she reviewed the medical record and the documentation by the SW and confirmed that the entry written on 8/9/13 was referring to</p>	H 518		

Division of Licensing and Protection

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H 518	Continued From page 3  the allegation made by the family that Patient #1 might have been sexually abused by an agency staff member during shower care. The Clinical Director confirmed on 12/17/13 that regulatory requirements and professional standards for mandated reporters indicate that the SW was to report the allegation to the state reporting agency with 24 hours and the Clinical Director indicated that RAVNA and the state reporting authority were not made aware of the allegation of alleged sexually abuse until 8/13/13. Per review of the SW annual education regarding Abuse Reporting the SW did receive education regarding Abuse Reporting on 7/23/13 and 8/20/13.	H 518		

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

PRINTED: 12/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

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G 000	INITIAL COMMENTS	G 000	PLAN OF CORRECTION		
G 121	<p>An unannounced onsite complaint investigation was conducted on 12/17/13 by the Division of Licensing and Protection. The following regulatory violation was identified.</p> <p><b>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</b></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 staff interview the agency failed to ensure that the facility staff complied with acceptable professional standards and principles regarding reporting accusations of alleged sexual abuse for 1 Patient (#1) and following guidelines for reporting outlined by the State regulatory requirements. The findings include:</p> <p>1. Per review of the facility self report dated 8/13/13, a family member of Patient #1 reported the the Social Worker (SW) for Rutland Area Visiting Nurses Agency (RAVNA), that the family member was concerned that Patient #1 had possibly been "sexually abused" by an agency employee, when the employee was showering Patient #1. The family indicated that the employee took much longer in the shower providing care to Patient #1 than to other members of the family receiving services.</p> <p>Per review of the RAVNA policy titled Adult Protection under section II titled Those Obligated to Report (Mandated Reporter) is indicates "any of</p>	G 121	<p><u>G 121 Compliance with Accepted Professional STD</u></p> <p>The HHA and its staff must comply with acceptable professional standards and principles that apply to professionals furnishing services in a HHA.</p> <p>Plan of Correction:</p> <ol style="list-style-type: none"> <li>The Associate Director of Home Care will review/develop the following policies as necessary by January 10, 2014: Adult Protection Measurement: Review/Revised/Developed date on the policy</li> <li>In the month of January 2014, The Associate Director of Home Care will coordinate with the Clinical Managers, the re-education( in verbal and written format) to all home care professional staff on: Adult Protection Measurement: Copies of Educational Handouts Meeting Minutes Sign in sheet Staff not in attendance will be given written information</li> <li>Auditing of APS reports in the month of January 2014 will be completed to ensure compliance.</li> </ol> <p>Completion Date for G 121 January 31, 2014</p> <p><i>POC accepted M. Culhan / F. Keen RA, MSW, CBA</i></p>		

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

*Forrest J. Coffey*

TITLE

*CEO*

1/24/14

(X6) DATE

12/31/13

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	<p>Continued From page 1</p> <p>the following who knows of or has received information of abuse, neglect or exploitation of a vulnerable adult or who has reason to suspect that a vulnerable adult has been abused, shall report or cause a report to be made in accordance with the provisions of section 6904 of Chapter 69 within the required timeframe." The policy also lists several required reporters including Social Worker and home health agency employees who provide or arrange for care of any vulnerable adult has been abused, neglected or exploited, shall report or cause a report to be made within 48 hours of knowledge or receipt of information.</p> <p>Per review of the documentation in the medical record dated 8/9/13, the agency SW, indicated to the family member that " APS (Adult Protective Services) is notified when reports of abuse are made and that no determination is made by Case Manager or any other staff at the agency regarding those issues as APS will be the agency making findings on abuse claims."</p> <p>Per interview with the Clinical Director on 12/17/13, he/she reviewed the medical record and the documentation by the SW and confirmed that the entry written on 8/9/13 was referring to the allegation made by the family that Patient #1 might have been sexually abused by an agency staff member during shower care. The Clinical Director confirmed on 12/17/13 that regulatory requirements and professional standards for mandated reporters indicate that the SW was to report the allegation to the state reporting agency with 24 hours and the Clinical Director indicated that RAVNA and the state reporting authority were not made aware of the allegation of alleged sexually abuse until 8/13/13. Per review of the</p>	G 121	<p>1/17/14</p> <p><u>G 121</u> Clarification of Plan of Correction #3</p> <p>When a APS report is filed, the Associate Director will audit the medical record to confirm compliance with the reporting policy - during the month of January 2014</p> <p>Juan &amp; Russell Associate Director in absence of Ronald J. Coffey CEO</p>	
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G 121	Continued From page 2 SW annual education regarding Abuse Reporting the SW did receive education regarding Abuse Reporting on 7/23/13 and 8/20/13.	G 121			