

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

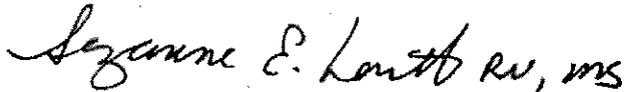
May 15, 2015

Mr. Ronald Cioffi, Director
Rutland Area VNA
7 Albert Cree
Rutland, VT 05701-4648

Dear Mr. Cioffi:

Enclosed is a copy of your acceptable plans of correction for the federal recertification survey conducted on **April 9, 2015**. Please post this document in a prominent place in your facility.

Sincerely,



Suzanne Leavitt, RN, MS
Assistant Division Director
Director State Survey Agency

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

PRINTED: 04/23/2015
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 04/09/2015
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) COMPLETION DATE
G 000	INITIAL COMMENTS	G 000	PLAN OF CORRECTION	
G 121	<p>An unannounced recertification survey was conducted by the Division of Licensing and Protection from 4/6- 4/9/15. The following are regulatory findings.</p> <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 observation, record review and interview the Agency failed to follow accepted professional standards and principles that apply to consistently monitor refrigerator temperatures that contained vaccines in the branch office, and failed to ensure that a vaccine was disposed of in a timely manner at the main office. Findings include:</p> <p>1. Per observation and record review of the Refrigerator Log in the Branch office, the temperatures were not monitored from November 5, 2014 to present day. A total of four packages of influenza vaccines, multi-vial use and single dose packages, were in the refrigerator in which the temperature gauge read 29 F degrees. The packages' insert information from Sanofi-Pasteur and Glaxo-Smith-Kline noted storage should be held at 35 -46 F degrees. Per interview and confirmed on 04/08/15 at 10:15 AM the Travel Health Nurse and the front office person, stated that the person who was assigned to monitor the refrigerator had left employment. The Nurse stated that the</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><u>Plan of Correction:</u></p> <ol style="list-style-type: none"> The Community Health Manager will review/develop the following policy as necessary by May 6, 2015: *Vaccine Storage and Handling/ Refrigerator Maintenance Measurement: Review/Revised date on the policy In the month of May 2015, The Community Health Manager will provide the re-education (in verbal and written format) to all of the HHA branch office appropriate staff to the policy of: *Vaccine Storage and Handling/ Refrigerator Maintenance Measurement: Copies of Educational Handouts Sign in sheet Staff not in attendance will be given written information Completion date: May 15, 2015 	

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

TITLE

(X6) DATE

Ronald J. [Signature]

CEO

5/8/15

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 expectation would be to monitor the temperature every day. S/he confirmed that monitoring the temperatures were not done.	G 121	3. Randon monthly audits of the branch office refrigerators and contents will be completed by the Community Health Manager Completion date: July 31, 2015	
	2. Per observation on 04/08/15, the medication/vaccine refrigerator at the parent office contained a number of different vaccines and a PPD test serum to test for exposure to Tuberculosis. This is mostly used for staff testing. The vial had no date of when it was opened. The nurse in charge of the vaccinations stated that they use the vial until it is gone, and that s/he did not see the manufacturer's recommendation to discard the multi-dose vial after 30 days. Per interview on 04/08/15 at 11:45 AM, the nurse confirmed that the vial had been opened approximately 3 months, that it was not labeled with the date it was opened, and was not discarded after the recommended 30 days after opening.		<u>Completion Date for G 121 July 31, 2015</u>	
G 224	484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview with agency staff, the RN failed to write and/or update the Home Care Assistant (HCA) Care Plan for 2 of 6 applicable patients. (#1 & #3	G 224	<u>PLAN OF CORRECTION</u> <u>G 224 Assignment and Duties of Home Health Aide</u> Wriren patient care instructions for the home health Aide must be prepared by the registered nurse or other Appropriate professional who is responsible for the Supervision of the home health aide <u>Plan of Correction:</u> 1. The Director of Home Care will review/ Revise the following policy as necessary by May 6, 2015: *HHA Care Plan Measurement: Review/Revised date on the policy	

Account 5/14/15 Sht.../Camp

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G 224	Continued From page 2) Findings include: 1. Per observation of care on 04/07/15 by the HCA for Patient #1, there was no care plan available in the home. The HCA and patient stated that service has been provided for many years, by only two care givers and by using the telephony system, that the [written] care plan is not needed. Per record review on 04/08/15, although there is a State of Vermont Service Plan that notes the patient receives personal care, there is no evidence of a specific care plan that was written by the RN. Per interview on 04/09/15 at 2:34 PM the Long Term Care Manager stated "sometimes the case manager [social worker], the RN or the Scheduler [a LNA] will create the care plan. S/he confirmed that the telephony system does not show if the RN initiated the care plan. 2. Per observation of care for Patient #2 during a home visit on 4/8/15, in the morning the patient receives personal care to include shower or bed bath, shampoo, shave, dressing, transfer assist, ambulation assist, grooming, and feeding. In the evening s/he receives clothing change assist, wash up, incontinence care if necessary, toileting, transfer assist and assist in bed mobility. There is a computer generated list /plan of care in the home. The only individualization on the plan is that the patient is shampooed on Tues and Thurs and that s/he has a bath Mon, Wed, & Fri. There are no check marks or other indicators when or under what circumstances s/he ambulates, uses the wheel chair, and needs other aspects of care. There is a hand written note explaining care written and signed by the LNA who generally works both mornings and evenings during the	G 224	2. In the month of May 2015, The Director Of Home Care will provide the re-education (in verbal and written format) to all applicable Managers, Schedulers, Clinicians and HCA's On the policy of: * HHA Care Plan Measurement: Meeting Minutes Copies of Educational Handouts Sign in sheet Staff not in attendance will be given written information Completion date: May 30, 2015 3. Random monthly audits of compliance with the HHA Care Plan policy will be completed by the Scheduling Manager reporting findings to the Director of Home Care Completion date: July 31, 2015 <u>Completion Date for G 224 July 31, 2015</u> <i>Recount 5.14.15 SZB/Kem</i>	

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NAME OF PROVIDER OR SUPPLIER RIITI AND ARFA VNA			STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05704	
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G 224	Continued From page 3 week. In an interview on 4/8/15 during the home visit, the LNA confirmed that s/he had written the more explicit plan because s/he's there all the time and that the folder contains all the information available in the home. There is no plan in the home which has been written, individualized, or signed by an RN. In an interview on 4/9/15 at 8:20 AM, the RN case manager confirmed that the computer generated telephony list serves as the care plan for this patient. S/he stated that s/he was not aware of the requirement that an individualized plan written by the RN must be present in the record and in the home. S/he stated that the plan in the home was in existence when s/he took over the case.	G 224		

By [Signature] 5-14-15 k. [Signature]