

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

November 10, 2014

Ms. Robin Frasier,
Vna & Hospice Of Svhc
1128 Monument Avenue
Bennington, VT 05201

Dear Ms. Frasier:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 8, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:kc

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

PRINTED: 10/17/2014
FORM APPROVED

RECEIVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Division of NOV -5 14 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 10/08/2014
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NAME OF PROVIDER OR SUPPLIER VNA & HOSPICE OF SVHC	STREET ADDRESS, CITY, STATE, ZIP CODE 1128 MONUMENT AVENUE BENNINGTON, VT 05201
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G 000	INITIAL COMMENTS	G 000		
G 105	<p>484.10(b)(3) EXERCISE OF RIGHTS AND RESPECT FOR PROP</p> <p>The patient has the right to have his or her property treated with respect.</p> <p>This STANDARD is not met as evidenced by: Based on on interviews and record review 1 staff person failed to respect the personal property of 1 of 3 patients in the targeted sample. (Patient #1) findings include:</p> <p>1. The PCA [personal care attendant] failed to comply with patient's rights by taking Patient #1's medications. Per a complaint to the Agency on 07/27/14, the patient voiced concern over missing narcotic medications. The Choices for Care [CFC] Manager stated that Patient #1 was called on the morning on 07/28/14 around 10:15 AM. and told the caller that one particular PCA "was messing with my medications". The patient further stated that the pills are placed in a cup by the patient, but when the PCA leaves, the narcotic pills are missing and replaced with another pill. Additionally, the PCA continued to worked in Patient #1's home on 07/28/14, the day after the allegation and telephone call to the Patient. PCA#1 was called into the office on 07/29/14 and admitted to taking the narcotics and was terminated. Per Interview on 10/08/14 at 10:01 AM PM the CFC Manager confirmed that the PCA failed to</p>	G 105	<p><i>Exercise of Rights and Respect for Property</i> The patient has the right to have his/her property treated with respect.</p> <p><i>Plan of Correction</i> (1) The directors of HomeCare will review/develop the following policy of review/revise as necessary by November 10, 2014 <i>Patients Rights of Responsibilities Measurement:</i> <i>Review/Revised date on policy</i> (2) Beginning in November of 2014 the OI specialist will coordinate with the Program and Clinical Manager the re-education (in verbal and written format) to all agency staff on: <i>The Patient's Bill of Rights measurement:</i> • Copies of Education handouts • meeting minutes • sign in sheets</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Revised J. Cuffi for Robin Frances</i>	TITLE CEO	(X6) DATE 10/31/14
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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.

*POC accepted Seminars / F Keller
RN MSN DCSA 11/6/14*

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G 118	<p>Continued From page 2</p> <p>alleged perpetrator, PCA#1, continued to worked in Patient #1's home on 07/28/14, the day after the allegation and a telephone call to the Patient to confirm the facts.</p> <p>Per interview at 10:01 AM the Choices for Care [CFC] Manager stated that s/he received a texted from the PCA on the evening of 07/27/14 noting [s/he] 'was worried about what the client said about staff taking pills'. The CFC Manager stated that Patient #1 was called the next morning on 07/28/14 around 10:15 AM. and was told that one particular PCA [PCA#1] "was messing with my medications". The patient further stated that the pills are placed in a cup by the patient, but when PCA#1 leaves, the narcotic pills are missing and replaced with another pill. PCA#1 was called into the office on 07/29/14 and admitted to taking the narcotics. APS was contacted later that afternoon.</p> <p>The CFC Manager confirmed that a report had not been made to the APS hotline within 48 hours of the suspicion of the allegations of exploitation and that the alleged perpetrator continued to work in the the patient's home after the allegation.</p> <p>2. Per the Regulations for the Designation and Operation of Home Health Agencies effective July 1, 2007. 5.1 A home health agency shall not employ or have a contract with any direct-care personnel without satisfactory results from the Adult Abuse Registry and the Child Abuse Registry and without having conducted a Vermont criminal record check in compliance with the Department ' s background check policy. Per review of 5 PCA's personnel files, one PCA [PCA#1] did not have a background check upon hire. The PCA was hired on 05/05/14 for the Home Health Agency but the background checks were noted from the previous employer. Per</p>	G 118	<p>• sign in sheets</p> <p>• staff not in attendance will be given written information.</p> <p>(3) Auditing of reports made to APS for compliance will be completed by December 12th, 2014, with a completion date of December 12th, 2014</p> <p>measurement:</p> <p>Audit tool reflects compliance with policy</p> <p>Completion date for G.118 is December 12th, 2014.</p>	
	<p>2. Per the Regulations for the Designation and Operation of Home Health Agencies effective July 1, 2007. 5.1 A home health agency shall not employ or have a contract with any direct-care personnel without satisfactory results from the Adult Abuse Registry and the Child Abuse Registry and without having conducted a Vermont criminal record check in compliance with the Department ' s background check policy. Per review of 5 PCA's personnel files, one PCA [PCA#1] did not have a background check upon hire. The PCA was hired on 05/05/14 for the Home Health Agency but the background checks were noted from the previous employer. Per</p>	#2	<p>5.1 A Home Health Agency shall not employ or have a contract with any direct care personnel without satisfactory results from the Adult and Child Abuse registry and without having conducted a Vermont criminal record check.</p> <p>Plan of Correction</p> <p>(1) The HR Department will conduct Adult & child Abuse Registry and</p>	

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G 173 G 233	<p>Continued From page 4</p> <p>CFC Manager stated no personal care was being given because the patient needed to 'get comfortable with staff'. S/he confirmed that the nurse did not make re-revisions to the care plan.</p> <p>484.36(e) PERSONAL CARE ATTENDANT EVALUATION REQU</p> <p>This paragraph applies to individuals who are employed by HHAs exclusively to furnish personal care attendant services under a Medicaid personal care benefit.</p> <p>An individual may furnish personal care services, as defined in §440.170 of this chapter, on behalf of an HHA after the individual has been found competent by the State to furnish those services for which a competency evaluation is required by paragraph (b) of this section and which the individual is required to perform. The individual need not be determined competent in those services listed in paragraph (a) of this section that the individual is not required to furnish.</p> <p>This STANDARD is not met as evidenced by: Based on record review of in-service training records and staff interview, the agency failed to ensure that 1 of 2 Personnel Care Attendants [PCA] abided by the requirements for home health aides listed at 42 CFR 484.36. Findings include:</p> <p>1. Per record review on 10/08/14, one PCA, who provides personal care services under the CFC Highest Needs program did not receive 12 hours of in-service for the year 2013. Per the NetLearning transcripts the PCA did not receive 12 hours of pertinent and required training hours.</p>	G 173 G 233	<p><u>Measurement:</u></p> <ul style="list-style-type: none"> • copies of educational handouts • meeting minutes • sign in sheet • Staff not in attendance will be given written information <p>(3) Observation of compliance will be made by the Clinical Managers during home visits with the Registered Nurses beginning November 10th through December 12th, 2014</p> <p><u>Measurement:</u></p> <ul style="list-style-type: none"> • Four home visits will be completed • Documentation of noted compliance with the Registered Nurses re-evaluation of the patient nursing needs based on observation at home visit. <p>(4) Auditing of eight medical records for compliance with the registered nurse regularly re-evaluating the patient needs will be completed by the clinical manager and the Director of Homecare with a completion date of December 31st, 2014.</p> <p><u>Measurement:</u></p> <p>Audit tool reflects compliance</p>	

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G 233	Continued From page 5 Per interview the Human Resource staff at 11:45 A.M. confirmed that the PCA did not have all 12 hours as required.	G 233	<p>ltn policy and standard. Completion Date for G 173 December 31st, 2014</p> <p>G 233 Personal Care Attendant Evaluation Plan of Correction</p> <p>(1) The Director of Home Care will review/develop the following policy as necessary by November 10, 2014 TRAINING and EDUCATION of the HOME CARE AIDE measurement: Review/Revised/Developed date on policy</p> <p>(2) The CFC Manager will provide education to all PCAs providing personal care on the policy. measurement: • copies of education handout • meeting minutes • sign in sheets • Staff not in attendance will be given written information</p> <p>(3) The HR Department will provide a quarterly progress report to the CFC Manager outlining the status of the PCA education hours. measurement: Quarterly progress Report Completion date for G 233 Jan 31st, 2015</p>	