

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

March 5, 2015

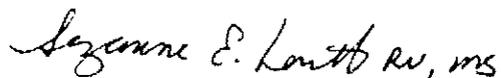
Ms. Robin Frasier
VNA & Hospice Of SVHC
1128 Monument Avenue
Bennington, VT 05201

Dear Ms. Frasier:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 10, 2015**. 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,



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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/10/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER: VNA & HOSPICE OF SVHC
STREET ADDRESS, CITY, STATE, ZIP CODE: 1128 MONUMENT AVENUE BENNINGTON, VT 05201

(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
H 001	Initial Comments An unannounced onsite investigation of an entity self-report was conducted by the Division of Licensing & Protection on 2/10/2015. The following State regulatory deficiencies were identified:	H 001		
H 827 SS-D	8.2(g) Skilled Nursing Services VIII. Skilled Nursing Services 8.2 The registered nurse shall: (g) Coordinate services; This REQUIREMENT is not met as evidenced by: Based on record review and interviews the agency failed to assure that the registered nurse provided coordination of patient care for Patient #3 (P#3) in a sample of 3 reviewed. Findings include: Per record review Patient #3 (P#3) had an episode of self-harm on 11/21/14 when s/he admitted to the nurse that s/he had cut his/her wrist with a needle to help him/her focus and reduce anxiety. S/he denied any suicidal ideation at that time but later that evening cut his/her wrist with a razor in a suicide attempt. At the time of the first incident the patient did admit to being very depressed. There is no evidence in the record that the patient's attending physician and counselor had been notified of the incident of self-harm and an increase in Depression. The Case Manager/ Skilled Nurse (CM/SN) confirmed that the attending physician had not been notified of the incident and that the counselor had never replied to a message left on the counseling service's phone line.	H 827	<p><i>Skilled Nursing Services</i></p> <p><i>The Registered Nurse shall coordinate services.</i></p> <p><i>Plan of Correction</i></p> <p><i>(1) The Director of Home Care will review/revise the following policy as necessary by February 27, 2015:</i></p> <p><i>SKILLED NURSING SERVICE Measurement:</i></p> <p><i>Review/Revised date on policy.</i></p> <p><i>(2) Beginning in March 2015, the OT Specialists will coordinate with the Clinical manager the re-education (in verbal and written format) to all Nursing staff of the following policy:</i></p> <p><i>SKILLED NURSING SERVICE Measurement:</i></p> <ul style="list-style-type: none"> <i>• Copies of Education handout</i> <i>• meeting minutes & sign in sheet</i> <i>• staff hit in attendance will</i> <p style="text-align: right;"><i>(cont)</i></p>	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Gea Cheng, RD in absence of Ronald Cioffi* TITLE: *2/26/15* (X6) DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/10/2015
NAME OF PROVIDER OR SUPPLIER VNA & HOSPICE OF SVHC		STREET ADDRESS, CITY, STATE, ZIP CODE 1128 MONUMENT AVENUE BENNINGTON, VT 05201		
(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
H 827	Continued From page 1 On 11/23/14 the patient was admitted to the Southwest Vermont Medical Center ER when the SN arrived at the residence to find the ex-spouse present and upset. At this time the CM/SN was informed of the first suicide attempt when the patient cut his/her wrist with a razor. The patient was brought to the ER and released the same evening. The next evening the patient needed to be moved after lying in the road in a suicide attempt. When the nurse arrived the patient admitted to felling suicidal. The patient was held in the ER for a period of time without being admitted to the hospital or discharged from home care services. There is no evidence in the record of when the patient returned home or when the Home Health (HH) agency became aware of the return home. The first visit made was a Physical Therapy (PT) evaluation on 12/2/14. A SN visit was made on 12/4/14. There is no information in the record describing the patient's course in the ER or any coordination between the ER, the attending physician, the counseling service and the HH agency. The Skilled Services Manager and the Case Manager confirmed in interviews on the afternoon of 2/10/15 that there was no information from the ER regarding the patient's stay and that the exact date of his/her return home was not available. The patient also requested a visit from the Social Worker (MSW) on 2/12 15. No MSW visit was conducted and there is no evidence of follow-up by the CM or the Manager of Skilled Services who also oversees the MSW's. Both managers confirmed in interviews on the afternoon of 2/10/15 that there had been no follow-up to assure that the visit was conducted.	H 827	be given written materials completion date of March 20, 2015 (3) Auditing of eight (8) medical records for compliance with the Registered Nurse providing coordination of patient care will be completed by the Clinical manager with a completion date of April 3rd, 2015 COMPLETION DATE of H 827 IS APRIL 3RD 2015 POC ACCEPTED 3/5/15 Margaret Byrnes RN	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/10/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER VNA & HOSPICE OF SVHC	STREET ADDRESS, CITY, STATE, ZIP CODE 1128 MONUMENT AVENUE BENNINGTON, VT 05201
---	---

(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
H 828	Continued From page 2	H 828	<u>Skilled Nursing Services</u>	
H 828 SS=D	8.2(h) Skilled Nursing Services VIII. Skilled Nursing Services 8.2 The registered nurse shall: (h) Inform the physician and other personnel of changes in the patient's condition and needs in a timely manner; This REQUIREMENT is not met as evidenced by: Based on record review and interviews the agency failed to assure that the registered nurse informed the physician and other personnel of changes in the patient's condition and needs in a timely manner for Patient #3 (P#3) in a sample of 3 reviewed. Findings include: Per record review Patient #3 (P#3) had an episode of self-harm on 11/21/14 when s/he admitted to the nurse that s/he had cut his/her wrist with a needle to help him/her focus and reduce anxiety. S/he denied any suicidal ideation at that time but later that evening cut his/her wrist with a razor in a suicide attempt. At the time of the first incident the patient did admit to being very depressed. There is no evidence in the record that the patient's attending physician and counselor had been notified of the incident of self-harm and an increase in Depression. The Case Manager/ Skilled Nurse (CM/SN) confirmed that the attending physician had not been notified of the incident and that the counselor had never replied to a message left on the counseling service's phone line.	H 828 H 828	<p>The registered nurse shall inform the physician and other personnel of changes in the patient's condition and needs in a timely manner.</p> <p><u>Plan of Correction:</u></p> <p>(1) The Director of Home Care will review/revise the following policy as necessary by February 27, 2015: <u>PATIENT PLAN of CARE Measurement:</u> Review/revise date on policy.</p> <p>(2) Beginning in March 2015, the OT Specialists will coordinate with the Clinical Manager, the re-education (in verbal and written format) to all nursing staff of the following policy: <u>PATIENT PLAN of CARE Measurement:</u> • copies of education handout • meeting minutes and sign in sheet • staff not in attendance will be given written materials COMPLETION DATE of MARCH 20, 2015</p> <p>(3) observation of compliance will be confirmed by the Clinical Manager during home visits with the Registered Nurse with a completion date of April 3, 2015.</p> <p>COMPLETION DATE of H 828 IS APRIL 3, 2015. POC ACCEPTED 3/5/15 Margaret Hyndman</p>	