

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

November 11, 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,



Frances L. Keeler, RN, MSN, DBA
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 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

(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)	(X6) COMPLETE DATE
H 001 SS=A	Initial Comments An unannounced onsite self-report investigation was conducted on 10/08/14 by the Division of Licensing and Protection. The following are State Designation Regulatory findings.	H 001		
H 517 SS=D	5.7(a) 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. (a) A home health agency shall report any suspicion of abuse, neglect or exploitation as defined in 33 V. S. A. §6902 to the Division of Licensing and Protection's Adult Protective Services unit within 48 hours. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the agency failed to report a suspicion of abuse, neglect or exploitation as defined in 33 V.S.A. 6902 to the Division of Licensing and Protection's Adult Protective Services (APS) unit within 48 hours for 1 of 3 applicable patients in the targeted sample. (Patient #1). Findings include: 1. Per record review on 10/08/14, the Home Health Agency (HHA) failed to report an allegation of exploitation to APS within 48 hours after becoming aware of the allegations. Per review of the Agency's investigation paperwork notes, a PCA [personal care attendant] was aware of a concern of missing narcotics on 07/27/14 while in	H 517	Requirements for Operation A Home health agency shall report any suspicion of abuse, neglect or exploitation to the Division of Licensing and Protection Adult Protective Services Unit within 48 hours. Plan of Correction (1) The Directors of Home Care will review/develop the following policy of review/develop as necessary by November 10, 2014 ADULT PROTECTION - REPORTING ABUSE, NEGLECT or EXPLOITATION Measurement: Review/revised/developed date on policy. (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) of reporting Abuse, Neglect & Exploitation to all staff. Measurement: Copies of Education Handouts (cont)	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Donald J. Gifford for Robin Francis

TITLE
CEO

(X6) DATE
10/31/14

STATE FORM 3MXG11 If continuation sheet 1 of 2

POC accepted S Emmons / F Keen RN MSN DBA 11/6/14
SCANNED

Division of Licensing and Protection

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H 517	<p>Continued From page 1.</p> <p>the patient's home during the mid-day. Per interview at 10:01 AM the Choices for Care [CFC] Manager stated that s/he received a text 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. Additionally, PCA#1 continued to work 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. 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.</p> <p>Also see Federal findings G-105</p>	H 517	<ul style="list-style-type: none"> • Policy • Meeting Minutes • Sign. in sheets • Staff not in attendance will be given written information <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: Audit tool reflects compliance with policy Completion date for H517 December 12th, 2014</p>	