

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

January 5, 2016

Judy Peterson, Director  
Visiting Nurse Association  
1110 Prim Road  
Colchester, VT 05446-6405

Provider ID #:477000

Dear Ms. Peterson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 24, 2015**.

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

Sincerely,



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

Enclosure



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

PRINTED: 12/07/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  477000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/24/2015
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NAME OF PROVIDER OR SUPPLIER  VISITING NURSE ASSOCIATION	STREET ADDRESS, CITY, STATE, ZIP CODE 1110 PRIM ROAD COLCHESTER, VT 05446
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G 000	INITIAL COMMENTS	G 000	G108	
G 108	<p>An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 11/23/2015 and concluded on 11/24/15. There were Federal regulatory violations identified at this time.</p> <p>484.10(c)(1) RIGHT TO BE INFORMED AND PARTICIPATE</p> <p>The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished.</p> <p>The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>The HHA must advise the patient in advance of any change in the plan of care before the change is made.</p> <p>This STANDARD is not met as evidenced by: Based on record review and client and staff interview, the agency failed to notify 1 applicable client in the targeted sample, of changes in the care being provided. (Client #2) Findings include:</p> <p>1. Per interview on 11/23/15 at 9:20 AM Client #2 stated that [s/he] has not received PCA [personal care attendant] services for over a month now'. The Client further stated the Agency asked to have a meeting with the complainant before they would send anyone back and that [s/he] wasn't entitled to six hours a week any longer. Furthermore, the client was told [s/he] would get a housekeeper when they</p>	G 108	<p>Related to interview on 11/23/15, for clarification, client gets homemaker services and not personal care attendant services. She was assessed at the time to only need light housekeeping services which equals to 2 hours/week. The client was notified on 10/20 that a new caregiver would start on 10/21.</p> <p>Client was notified in advance through our interactive scheduling process, which is standardized for all clients scheduling. We do not change the interactive schedule unless we have confirmed with the client and caregiver. We did not document the outcome of one meeting that occurred.</p> <p><b>Corrective Action Plan:</b> The importance of documenting the discussion and outcome of all meetings with clients in a case communication or visit note in the open episode will be reviewed with all case managers, supervisors, and other appropriate staff.</p> <p><b>Responsible Party:</b> Leslie Parker, LTC Director will monitor by establishing a random chart review and by reviewing each documented complaint for the next year to make sure that documentation has been provided in the case communication note of the client's record.</p>	

12/15

ONGOING

*[Signature]*  
DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Angie [Signature] VP of Quality* 12/22/15

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 108	Continued From page 1 found someone. The client has had housekeeping services' two times a week about six years now due to my accident. Per record review of the client's schedule, was seen on 10/09/15 and again on 11/09/15. During the month the client was not found at home 3 out of potentially 7 visits. However, on 10/14/15 the services notes states 'needs new caregiver', on 10/20/15 demonstrates 'client called upset caregiver [has] not returned' and on 10/23/15 the notes states 'we need a meeting'. Per interview on 11/23/15 at 11:05 AM The Director of Long Term Care(LTC) stated that the regular caregiver did not want to return to this client's home. The Director of LTC was aware the client expressed frustration with the regular caregiver was not returning and "we had a quick conversation and we asked would your like a sub until we get the full time person in December". However there is no documentation as to the outcome of the meeting on 11/03/15, if the client was in agreement in waiting for a new care giver or any changes to the plan of care. Per interview on 11/23/15 at 2:16 PM the Supervisor of Case Management stated that "today an assessment was done and authorized and approved for up[ to 6 hors a week for moderate needs (homemaker). That supervisor acknowledged that "perhaps we have not communicated timely with this client about the changes"	G.108			
G 144	484.14(g) COORDINATION OF PATIENT SERVICES  The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.	G 144			

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G 144	Continued From page 2  This STANDARD is not met as evidenced by: Based on record reviews and staff interviews the agency failed to show in the clinical record case conferences were conducted to provide for effective reporting and coordination of client care for 2 of 3 Clients (#1 and #2) in the sample. Findings include:  1. Based on record review and staff interview, agency staff failed to document that case conferences and/or coordination had occurred for Client #1. Per record review on 11/23/15 the Client was admitted to Agency services for nursing oversight from 06/19/15 - 9/19/15 and a referral was also made on 07/02/15 for "high priority for medical social services (MSW) oversight". The MSW on 07/09/15 wrote "MSW referral not picked up since client is already working with Community Health team social worker and CVAA [counsel on aging] regarding community resources/LTC planning options." There in no further information as to the extent of social services that where being provided by the Agency, other contracted personnel or community resources. Per interview on 11/124/15 at 11:35 AM the MSW stated " I guess I knew [client] before, I did speak to the [family member] who said everything was ok but yes I would do something different now"... (since) It is a valid point that [family member ] was suspected of abuse". The MSW further acknowledged that "certainly moving forward we would look closely at things, we probably will be making at least a one time visit". The MSW confirmed at that time that there was no documentation as to how effective interchange and coordination of patient care had occurred and	G 144	<b>G144 Coordination of Patient Services</b>  <b>Corrective Action Plan Client #1:</b> Education provided to MSW's about the importance of documenting coordination of care with other agencies when client is referred to the VNA but not admitted. Documentation should occur in a "not picked up note" for the referral encounter and should identify that a discussion was held with related outside agencies regarding care plan and coordination of services and with the client.  How we will monitor: Quarterly record review of documentation for clients not picked up at referral/those receiving 1 visit and/or discharged clients to monitor documentation regarding care coordination with other agencies.  Responsible Party: Terry Paquin, Director of Adult Home Care  <i>paquin 12-30-15</i>	12/15  2016

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G 144	Continued From page 3 stated " honestly I can't remember if I did even make the call." [to the other community resources]. Also see G-197  2. Per record review on 11/23/15, Client #2 clinical record did not have information regarding a telephone conversation on 11/03/15, related to the client's concerns. Per review of the schedule/case communication note dated 10/23/15 states 'we need a meeting". Per interview on 11/23/15 at 11:06 AM the Director of Long Term Care (LTC) stated that the client, case manager and [the Director of LTC] spoke via speaker phone to try to resolve the client's concerns on 11/03/15. There is no documentation re-capping the conversation or outcome of that meeting but "it was noted on my calendar [that a meeting took place]". The Director of LTC confirmed at 12:37 PM there was no documentation of the conversation, other pertinent notes, nor did the complaint log identify the issues. Also see State tag H-645	G 144	<b>G144 Coordination of Patient Services</b>  <b>Corrective Action Plan Client #2:</b>  Provide remedial education. The importance of documenting the discussion and outcome of all meetings with clients in a case communication note in the open episode will be reviewed with all case managers, supervisors, and other appropriate staff.  In addition, we will review our policy and process related to "Client Complaints".  LTC Director will monitor by establishing a random record review and by reviewing each documented complaint for the next year to make sure that documentation has been provided in the case communication note of the client's record.	12/15  2016
G 195	484.34 MEDICAL SOCIAL SERVICES  If the agency furnishes medical social services, those services are given by a qualified social worker or by a qualified social work assistant under the supervision of a qualified social worker, and in accordance with the plan of care. The social worker assists the physician and other team members in understanding the significant social and emotional factors related to the health problems.	G 195		
This STANDARD is not met as evidenced by:				

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G 195	<p>Continued From page 4</p> <p>The social worker failed to furnish social services for 1 applicable client in the sample with significant social and emotional factors. (Client #1) Findings include:</p> <p>1. Client #1 was admitted to Home Health services on 06/19/15. Concerns were raised by a private care giver regarding the home living situation. On 07/02/15 the Nurse wrote a communication note; 'high priority need MSW [medical social worker] referral for oversight'. The MSW wrote order on 07/09/15 "MSW referral not picked up since client is already working with Community Health team social worker and CVAA regarding community resources/LTC planning options". However, there is no further information regarding the living situation, services or other social service needs. The nursing notes and the private caregivers as well as the client, all stated safety issues at home, as well as some medical health changes. Per interview on 11/14/15 at 11:35 AM, the MSW stated that this client was known from a previous service episode and had made a visit in April 23, 2015. The client subsequently was discharged from the Agency, was hospitalized and returned two months later to the Agency in June 19, 2015. The MSW acknowledged that 'things can change in a two month period'. There is no information regarding the current period and related issues of safety and services that may or may not have been provided to meet her psychosocial well being.</p> <p>The MSW was unable to answer how the client's social service needs were being adequately, including those services provided under arrangement or contract. The MSW stated "certainly moving forward we would look closely at things, we probably will be making at least a</p>	G 195	<p><b>G195 Medical Social Services</b></p> <p>MSW communicated with son that client would not be followed by VNA Social Services since client was supported by CVAA and the community health team. This phone call is documented in a note in client's record. On 7/9/15 we obtained an MD order which was signed on 7/13/15 explaining why MSW services were not initiated. Also, on 7/9/15 the VNA provided a SN visit which involved a meeting between VNA, a caseworker with CVAA, and the client's caregiver to discuss level of care needed.</p> <p><b>Corrective Action Plan:</b></p> <p>We will continue to notify and obtain orders from MD when MSW services are not indicated.</p>	
			<p><i>Recant 12-23-15</i></p>	

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G 195	Continued From page 5 one time visit from now on".	G 195		
G 197	484.34 MEDICAL SOCIAL SERVICES  The social worker prepares clinical and progress notes.  This STANDARD is not met as evidenced by: Based on record review and interview the medical social worker (MSW) failed to prepare clinical and progress notes for 1 applicable clients (Client #1) Findings include: 1. Client #1 was admitted June 19, 2015 with a referral for MSW services as requested by the admitting nurse. The MSW wrote on 07/09/15 "MSW referral not picked up since client is already working with Community Health team social worker and CVAA regarding community resources/LTC planning options. During interview on 11/14/15 at 11:35 AM the MSW stated "I wished I had remembered to reference an April 23rd [prior service period] visit that she was working with Mental health worker weekly". However, the MSW acknowledged that there was no current information as what actual services were being provided, if there was any attempts to place client in a safer environment such as an assisted living/Nursing Home or communication as to the overall safety and psychosocial plan with these community resources. The MSW confirmed "there is no documentation that I called the home... nor any outside agency like the Community health team or the case manager and honestly, I can't remember if I did [ make the call]."	G 197	<b>G197 The social worker prepares clinical and progress notes</b>  <b>Corrective Action Plan:</b> Review documentation standard for social work referral that is not picked up. Staff will receive education that a "not picked up" note will reflect (as substantiated in this case) the reason for not admitting to VNA services, the current status of services provided by other agencies, any outstanding concerns regarding level of care, and communication/coordination with other VNA services involved in the client's care and the MD.  <b>Responsible Party:</b> Terry Paquin, Director of AHC will be responsible for Reviewing "not picked up" notes on a random sample of charts for the next six months.	12/15  12/2015 - 5/2016
G 230	484.36(d)(3) SUPERVISION  If home health aide services are provided to a	G 230		

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G 230	<p>Continued From page 6</p> <p>patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 60 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the agency failed to conduct supervisory visits of the Home Health Aide every 60 days as required for 1 of 3 clients reviewed (Client #2). Findings include:</p> <p>Per record review on 11/23/15, Client #2 was on the Choices for Care program, and was receiving homemaker (PCA) and case management services. Per review of the case management notes, Case Management visits were conducted on 01/28/15, 05/21/15 and 10/07/15. Per interview on 11/23/15 at 10:15 AM the Case Manager stated that the client is contacted every quarter by phone or in person and there is no 60 day supervision of the moderate needs (PCA) staff. Per review of the Independent Living Assessment (ILA) shows the client receiving up to 6 hours of moderate needs [homemaking services] per week.</p> <p>Per interview on 11/23/15 at 2:18 PM the Case</p>	G 230	<p><b>G230 Supervision</b></p> <p><b>Corrective Action Plan:</b> We have reviewed our internal process and will adhere to all applicable state and federal regulations and program rules.</p>	
	<p>Management Supervisor stated that [s/he] met with the client and "was still bothered that the case manager did not pick upon the 10/07/15 visit, the fact that [client] was not happy with services, as [client] didn't want to say anything in front of</p>		<p><i>action 12/30/15</i></p>	

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G 230	Continued From page 7 the [PCA] who was present but [tired to] elongated certain words and made a face to show [client's] displeasure. "I guess if there is some doubt we should've followed up [with the client]". The Case Management supervisor confirmed that the quarterly case management visits were not every quarter, as well as, no 60 day supervision of the PCA other than the annual review.	G 230			



Division of Licensing and Protection

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H 645	<p>Continued From page 1</p> <p>Is not on our list of things we put on the complaint log.... I didn't take this as a problem". Per review of the service order note dated 10/14 and 10/20/15 demonstrates the client expressing 'needs a new care giver' and 'upset that care giver has not returned'. Per review of the the Agency's Policy #13.9 shows the definitions as "any expression of dissatisfaction by a client, family and guardian about services or care provided....reduction of services/hour, ... inability to visit, late visit, ...other." The Director of LTC stated at 11:05 AM that there was "a quick conversation" [via telephone on 11/05/15] regarding replacing the care giver. However, confirmed that there was no documentation as to the outcome of that telephone call nor any notation on the complaint log.</p> <p>This is a repeat violation.</p>	H 645		