

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

September 30, 2014

Judy Peterson, Administrator
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 **August 21, 2014**.

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

Sincerely,



Frances L. Keeler, RN, MSN, DBA
Assistant Division Director
Director State Survey Agency

Enclosure

FK:kc



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

PRINTED: 08/26/2014
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 08/21/2014
NAME OF PROVIDER OR SUPPLIER VISITING NURSE ASSOCIATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1110 PRIM ROAD COLCHESTER, VT 05446	
(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		
G 176	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the agency staff nurse failed to inform the physician of changes in services for 1 client in the sample. (Client # 1) Findings include:</p> <p>Per record review for Client #1, who was admitted on 05/21/14, the physician was not informed of changes in services. The physician [a specialist] ordered daily wound dressings to multiple areas on the lower leg. An interdisciplinary note dated 05/23/14 states "telephone call to [a primary care physician] office and spoke to [office staff] regarding the plan of care and intention to teach [family member] wound care.</p> <p>Per a service note on 06/06/14 the staff nurse wrote that the client's family will be doing dressing changes and a change in order frequency. No visits were made on 06/07/14 and 06/08/14. The client saw the specialist on 06/09/14.</p> <p>Per a case communication note dated 06/10/14 the specialist's office called the Agency and</p>	G 176	<p>484.30(a)</p> <ul style="list-style-type: none"> All staff will receive education regarding the process for notifying the physician regarding changes to the Plan of Care at individual team meetings. If multiple physicians are involved, emphasis will be placed on identifying the correct physician to notify. Corrective actions will be monitored by a monthly chart audit focusing on compliance with physician orders and changes to the POC. At least 5% of patients (15-20 charts) will be reviewed monthly for 6 months, starting in September by an interdisciplinary team. Remedial education of staff will be provided if indicated, based on the results. <p><i>DDG G-176 accepted Susan J. Emmons RN 9/25/14</i></p>	Oct. 1 st Sept. 2014 to Feb. 2015
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>			TITLE CEO	(X6) DATE 9/22/14

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 176	Continued From page 1 stated "...wounds increasing due to silvadene application with subsequent maceration. Instructed this [visiting nurse] to follow these symptoms closely for this patient, report to MD immediately. [The office staff] relayed that [family member] involvement in wound care questioned and should have been approved by MD". Per interview on 08/20/14 at 2:30 PM the Clinical Team Manager stated that the expectation would be to notify the specialist, who ordered the dressing changes, and confirmed that the physician was not notified of changes to services.	G 176		
G 230	484.36(d)(3) SUPERVISION If home health aide services are provided to a 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. This STANDARD is not met as evidenced by: Based on record reviews and confirmed by interview the agency failed to supervise PCA (personal care attendants) for 2 of 4 clients receiving unskilled services. (Client # 2 and # 4) Findings include: 1. Per review of the medical record for Client # 2 on 08/19/2014 the agency did not supervise the PCA as required every 60 days when receiving	G 230	484.36(d)(3) <ul style="list-style-type: none"> All PCA Supervisors will receive remedial education regarding the requirement of a supervision visit for PCA's providing unskilled care every 60 days (including documentation of the visit). An interim manual tracking system will be developed to monitor compliance for each patient requiring 60 day supervision. An alert/reminder system for the 60 day supervision visit is available in our computer system. This will be tested and implemented. The alerts will be available to the PCA supervisors 	Sept. 30, 2014 Sept. 15, 2014 Sept. 30, 2014

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G 230	Continued From page 2 unskilled services. The supervisory visit needed for June 2014 is not documented in the medical record. This is confirmed by the Case Manager during interview on 08/20/2014 at 4:20 PM.	G 230	and monitored by the scheduler who will notify PCA Supervisor of upcoming 60 day supervisions. • A monthly chart audit will be performed on at least a 5% random sample to monitor compliance. This audit will continue for at least 6 months. Every PCA supervisor will have cases included in the audit every month.	Sept. 2014 to Feb. 2015
G 236	484.48 CLINICAL RECORDS A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary. This STANDARD is not met as evidenced by: Based on record review and interview, the Agency failed to document pertinent information, in accordance with accepted professional standards, in the clinical record for one applicable patient. (Client #1) This has the potential to effect all clients. Findings include 1. Per record review on 08/18/14 - 08/19/14 Client #1's Case Communication Report in the EMR [electronic medical record] was altered.	G 236	484.48 • All clinical field staff, managers, coders, and auditing team have been educated that visit notes and case coordination notes are not to be unlocked for corrections. Corrections are made via an 'addendum'. This is in effect until the 'Documentation Integrity policy' is reviewed and revised. • Agency leadership/Compliance officer will review and revise current 'Documentation Integrity Policy' and present to PAC for approval. • All staff will be educated regarding approved policy once review and revision is completed.	Sept. 1, 2014 Nov. 15, 2014 Decem ber 10, 2015

*POC G-230 Accepted
Supr J. Emma RN 9/25/14*

*POC G-236 Accepted
Supr J. Emma RN 9/25/14*

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G 236	Continued From page 3 The original Case Communication Report was found in a separate electronic folder. This original note was entered on 6/10/14, and noted as "entered: 9:12:20 AM ; completed: 9:12:18 AM". It contained information from the physician's office and further plan of care. That note has a hand written message that stated "this note will be unlocked and have retractions....this note will be kept for audit trail purpose only, do not disclose". In the Client's EMR a revised Case Communication Report dated 6/10/14 at 9:12:20 AM [and completed three days later on 6/13/14 at 8:37:42 AM] did not contain information that was on the original report. Per interview the on 08/20/14 at 2:30 PM the Clinical Team Manager stated that when the nurse discussed the report "I thought the note would be incriminating so we took out [some of the wording] and part of the plan." S/he further stated that a few designated staff are able to unlock the EMR but acknowledged that an annotation and/or addendum should be used to correct or change the EMR. The Clinical Team Manager confirmed that the original report in the EMR was altered and not in accordance with accepted professional standards.	G 236			
G 244	484.52 EVALUATION OF THE AGENCY'S PROGRAM The evaluation consists of an overall policy and administrative review and a clinical record review. This STANDARD is not met as evidenced by: Based on record review and interview the Agency failed to provide documentation of the overall annual evaluation during the survey review. Findings include:	G 244	484.52 <ul style="list-style-type: none"> Currently, agency meets this regulation through a PAC/multi-committee process which includes evaluation of all Medicare certified programs throughout the year. Each committee has a charter and work plan which includes program evaluation and policy review specific to that program The Chairperson for each PAC subcommittee meets quarterly to review work of each committee 	Oct. 2014	

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G 244	Continued From page 4 Per interview on 08/20/14 at 2:50 PM The Quality Assurance Coordinator [QA] stated that all departments, sub-committees including staff and the professional advisory group, gather information and evaluate programs throughout the year and then present that information to the full Board. However, results of the HHA's overall annual evaluation was not available for surveyor review, upon request. No documentation was provided that shows the evaluations, which are maintained separately as administrative records, personnel management, clinical record review, patient care services, and the extent to which the goals and objectives of the HHA are being met. The QA presented a booklet Perspective on Care - 2013 report to our community which contained patient, staff and physician's stories, a list of the VNA programs, a list of donors (private, foundations, corporations and businesses) and total number of visits, care hours and revenue sources. The QA confirmed there was no documentation of the overall annual evaluation.	G 244	<ul style="list-style-type: none"> A report template will be developed to assimilate all information into one annual report approved by VNA Board of Directors In addition to above, the report will include outcome of quarterly chart reviews and progress on goals and objectives. <p><i>POC G-244 accepted Susan J. Emmers 2/9/25/14</i></p>		
G 302	484.36(d)(4)(iii) SUPERVISION If the HHA (or hospice) chooses to provide home health aide services under arrangements with another organization, the HHA's (or hospice's) responsibilities include, but are not limited to, ensuring that home health aides providing services under arrangements have met the training requirements of paragraph (a) and/or (b) of this section This STANDARD is not met as evidenced by: Based on interview and record review, the	G 302	<p>484.36(d)(4)(iii) SUPERVISION</p> <ul style="list-style-type: none"> All staff re-educated on current performance review policy HR reviewing status of all current evaluations due and supervisors will receive electronic print out of all evaluations due. Our agency is currently implementing a new performance evaluation computer system ('Ulti-Pro'). The system is designed to notify supervisor of anniversary date/due date for performance evaluation. Evaluations are also completed in this system. 	Sept. 15	Oct. 2014

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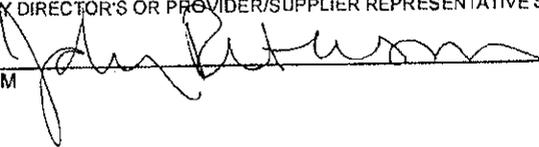
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G 302	Continued From page 5 Agency failed to assure annual performance evaluations were consistently conducted for 3 of 4 PCAs (Patient Care Attendants) employed by the agency. Findings include: 1. Per review of personnel records on 08/20/14 for 3 PCAs employed by the Agency noted the following annual performance evaluations were not completed.: PCA #1, hired May 2008 was last evaluated on 06/30/12; PCA #2 hired on 05/15/12 has not received an evaluation since being hired; PCA #3, hired October 2009 has not been evaluated since October 2010. Per review of Agency policy Performance Evaluation 4.8.1 states: " If staff are placed in appropriate jobs and are performing satisfactorily at the second year following hire date, subsequent performance reviews will be done within the calendar year". Per interview on 08/20/14 at 4:30 PM, the Long Term Care Coordinator confirmed performance evaluations were not completed.	G 302	<ul style="list-style-type: none"> All staff will receive training on new system Ulti-Pro will monitor compliance and allows division directors to also monitor compliance of managers and ensure staff is up-to-date. <p><i>POC G-302 accepted Susan J. Emmons RN 9/25/14</i></p>	Oct. 2014	ongoing

Division of Licensing and Protection

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H 001 SS=A	Initial Comments An unannounced State Designation re-certification survey in conjunction with the Federal survey and self report incident was conducted by the Division of Licensing and Protection on 08/18/14 - 08/20/14. As the result, the following are State Designation regulatory findings.	H 001		
H 511 SS=D	<p>5.1 Requirements for Operation</p> <p>V. Requirements for Operation</p> <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 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on personnel record review and staff interview, the agency failed to ensure that all appropriate background checks were completed upon hire for 1 of 2 Registered Nurses. Findings include:</p> <p>Per personnel record review on 08/21/14, the file of a Registered Nurse hired through a travel agency on 07/14/14 was missing the required Vermont adult and child abuse registry checks. Per interview on 08/21/14 at 4:15 PM, the Vice President of Human Resources stated that the agency thought that the national criminal database check would also identify someone who was named on the Vermont registries for abuse. The VP confirmed that the child and adult Vermont state abuse checks were not done for</p>	H 511	<p>H511</p> <ul style="list-style-type: none"> Agency immediately audited all VNA employee personnel records (including contracted travelers) to determine status of background checks. All background checks for current employees are complete. A tracking sheet for background check results was added to all personnel files. A quarterly chart audit of 10% of employee records will monitor compliance for at least 2 quarters <p>Poc H-511 accepted Susan J. Emmons RN 9/25/14</p>	<p>Sept. 2014</p> <p>Sept. 2014</p> <p>March 2014</p>

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 9/12/14
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H 511	Continued From page 1 this nurse as required.	H 511		