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 2, 2015

Ms. Judy Peterson, Director
VNA Of Chittenden & Grand Isle Counties
1110 Prim Road
Colchester, VT 05446

Dear Ms. Peterson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 16, 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 E. Leavitt RN, MS

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

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

PRINTED: 09/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471600	A. BUILDING _____ B. WING _____	09/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VNA OF CHITTENDEN & GRAND ISLE COUNTIES	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
L 000	INITIAL COMMENTS An unannounced Hospice re-certification survey was conducted by the Division of Licensing and Protection from 9/14/2015 through 09/16/15. The following regulatory violations were identified.	L 000		
L 625	418.76(g)(1) HOSPICE AIDE ASSIGNMENTS AND DUTIES (1) Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section. This STANDARD is not met as evidenced by: Based on staff interview and record review, there was a failure by the Hospice nurse to assure Hospice aides assigned to 1 of 4 applicable clients was provided specific patient care instructions for the provision of mouth care. (Client #2) Findings include: 1. Client #2, age 95 with nutrition and hydration issues, had required on going attention for consistent and effective mouth care. However, this comfort measure was not being met by the caregivers in a Assisted Living Facility (ALF) where Client #2 resided. On 8/7/15 the RN states in a nursing note: "Tongue very dry. SN (skilled nurse) gave mouth care, removing fair amount of peeled skin...". On 8/9/15 "Pt. in extreme pain to neck, crying and calling out...right jaw to ear enlarged and very firm..." As a result Client #2 began antibiotic treatment for Parotiditis (inflammation of the Parotid gland). On 8/10/15 the RN states "S/he allowed me to give mouth	L 625	L625 **Action:** Mandatory education regarding the process for developing and revising an LNA care plan will be provided to all Hospice RN's. **Measurement:** Sign in sheet for mandatory education **Action:** Mandatory education regarding the importance of LNA making sure that care plan is up to date and if not, consulting with the RN prior to providing care. **Measurement:** Sign in sheet for mandatory education **Quality Control:** Random chart audit will be performed on a quarterly basis for one year on 10% of Hospice records to measure compliance **Responsible Person:** Hospice Clinical Supervisor – Jina Cate	11/1/2015 11/1/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Angel Menno, RN, MS	VP of Quality and Education	10/22/15

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

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	471500		09/16/2015

NAME OF PROVIDER OR SUPPLIER: VNA OF CHITTENDEN & GRAND ISLE COUNTIES

STREET ADDRESS, CITY, STATE, ZIP CODE: 1110 PRIM ROAD, COLCHESTER, VT 05446

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L 625	Continued From page 1 care with spongette and equal parts of peroxide, water and mouthwash.... large amount tan skin-like pieces removed from tongue and inner mucosa, revealing healthy pink tongue.....etiology Parotiditis from poor oral hygiene noted with (ALF) staff ". However, per review of the written care plan for the Hospice Aide, who provided care 3 X per week to Client #2, specific mouth care was not included in Client #2's written care instructions. The omission of including important mouth care instructions for Client #2 on the Hospice Aides plan of care was confirmed during interview on the morning of 9/16/15 with the Quality Director.	L 625	accepted POC L-625 Susan Emmons RN	10/29/15
L 629	418.76(h)(1)(i) SUPERVISION OF HOSPICE AIDES (i) A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit. This STANDARD is not met as evidenced by: Based on medical record review and staff interviews, the Hospice failed to provide onsite every 14 day hospice aide supervisory visits for 4 of 6 clients (# 1, 3, 4, and # 5) who are/ were receiving home health aide services. Findings include: 1). Per review of the medical record for Client # 3 on 09/15/2015 at 9:55 am, there is no evidence in the nurses' notes or the aide notes to support that	L 629	L629 **Action:** Mandatory education to all Hospice RN's regarding requirement to perform an LNA/Supervision at least every 14 days. Education will review the correct format for documentation of visit which currently includes library text that should be completed and the requirement to revise and update the care plan at that time if needed. Measurement: Sign in sheet for mandatory education attendance **Action:** Explore alert capability in McKesson system for tracking 14 day supervision and /or work with RN's to create individual tracking tool. **Quality Control:** Random chart audit will be performed on a quarterly basis for one year on 10% of Hospice records to measure compliance. **Responsible Person:** Hospice Clinical Supervisor – Jina Cate, RN	11/1/2015

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VNA OF CHITTENDEN & GRAND ISLE COUNTIES	1110 PRIM ROAD COLCHESTER, VT 05446

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L 629	Continued From page 2 aide supervisory visits were done since the initiation of aide services on 8/28/2015. Client # 3 was admitted to the hospice on 8/26/2015 and a referral was made for aide services which were to begin on 8/28/2015, once a week for 2 weeks and then twice a week for 12 weeks. That there is no documentation to support that aide supervisory visits were made is confirmed during interview with the Director of Quality on 09/16/2015 at 11:55 am. S/he further reports that the Hospice does not do joint nurse aide introductory visits. 2). Per review of the medical record for Client #4 the Start of Care (SOC) date was 1/3/2015. The order for services for the certification period of 8/31 to 10/29/2015 states that Client #4 is to receive HA (Hospice Aid) services once a week for one week and three times a week for twelve weeks. In a review of both the HA and the Registered Nurse's notes there is no evidence that the onsite supervisory visits were made. Nurse's notes for the dates of 1/3-29/2015 and 7/9-9/14/2015 were reviewed. Per interview on 12:40 PM on 9/16/2015 the Quality Manager confirmed that if the documentation was not present the visits had not been made and that there was no documentation of the visits. 3). Per review of the medical record of Client # 5 the Start of Care (SOC) date was 5/20/2015. The order for services for the certification period of 6/9/2015 to 8/17/15/2015 states that Client #5 is to receive HA (Hospice Aide) services twice a week for one week and three times a week for eleven weeks. In a review of both the HA and the Registered Nurse's notes there is no evidence that the required number of onsite supervisory visits were made. Nurse's notes for the dates of 5/20-6/30/2015 were reviewed. In the review it is	L 629	accepted POC L629 Susan D. Emmons RN 10/29/15	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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L 629	Continued From page 3 noted that supervisory visits were documented on 5/27 and 6/2/2015. There are no other supervisory visits found. Client #5 moved to the Vermont Respite House on 7/6/2015 and expired there on 7/22/15. There are no nurse's visit notes found in the record after 6/30/2015. In an interview at 1:15 PM on 9/16/2015 the Quality Manager confirmed that if the documentation wasn't present the visits had not been made and that there was no documentation of the visits. 4. Per record review, Client #1 began recieving Hospice Aide services on 8/14/15. As of 9/14/15 only one Supervisory visit was documented by the RN on 8/31/15. The failure to conduct the required 14 day supervisory visits was confirmed by Director of Quality on the morning of 9/16/15.	L 629		
L 632	418.76(h)(2) SUPERVISION OF HOSPICE AIDES (2) A registered nurse must make an annual on-site visit to the location where a patient is receiving care in order to observe and assess each aide while he or she is performing care. This STANDARD is not met as evidenced by: Based on staff interview and record review the Hospice failed to assure a registered nurse (RN) made an annual on-site visit to a location where a client is receiving aide services to observe and assess the aide's provision of care for 2 of 2 applicable Hospice Aides. Findings include: 1. Per review of training and annual performance evaluations for 2 Hospice Aides there was no evidence a yearly on-site evaluation was conducted by an RN. Per interview on 9/16/15 at 2:05 PM the Clinical Nurse Manager for Hospice	L 632	L632 **Action:** Hospice Clinical Supervisor will schedule Supervisor and/or RN/LNA joint visits during the month of November 2015 and then annually during the months of June and December, thereafter. A process for documenting the supervision visit will be developed in Ulti-pro (our current system for documenting and tracking annual performance evaluations). **Measurement:** Tracking in Ulti-pro **Responsible Person:** Hospice Clinical Supervisor – Jina Cate, RN accepted POC L-632 Susan L. Emmons RN 10/29/15	12/1/2015 AND ONGOING

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L 632	Continued From page 4 and Palliative Care confirmed annual on-site visits have not been performed by the agency.	L 632		
L 685	418.104(f) RETRIEVAL OF CLINICAL RECORDS The clinical record, whether hard copy or in electronic form, must be made readily available on request by an appropriate authority. This STANDARD is not met as evidenced by: Based on record reviews and staff interviews the agency failed to assure that the medical record was readily available on request for the survey period review of 13 medical records. Findings include: Per record reviews conducted by four surveyors throughout the, three days of survey, the electronic medical records (EMR) were limited in regards to available information. There were a number of documents and information that were not viewable on the surveyor laptops, provided by the facility, that could be found by agency staff after searching for them in the surveyors application. There were also a number of documents not viewable through the main documentation program used by the surveyors. The most recent information, added during the survey, was also unavailable as the laptops were not updated regularly and surveyors were not given that ability. There was a considerable amount of time lost during survey while staff attempted to find and provide documentation and two staff members stated, while assisting surveyors that they were unsure why there were portions of the records that we could not access. In the review of records for 3 of the clients sampled a Clinical records IT (Information	L 685	L685 **Action:** The VNA will purchase and designate 4 Laptops to be utilized by state surveyors. The laptops will be updated on a regular basis by IT in between surveys. The surveyors will have access to all selected cases on their laptops. The VNA will designate one staff resource person from IT or the Quality team to support navigation of documentation system as needed during the survey. All laptops will be "remote desktop" ready to allow access to both Horizon and the IPU system (a distinct system utilized by VRH only). The VNA will explore the process for activating EVA (Electronic Verification Authorization) for Hospice CTI's so that Hospice Medical Director's electronic signature is clear and correctly dated. **Responsible Party:** VP of IT - Arsi Namdar VP of Quality – Angel Means accepted POC L-685 Susan D. Emmons RN 10/29/15	12/1/2015 11/1/2015

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VNA OF CHITTENDEN & GRAND ISLE COUNTIES	1110 PRIM ROAD COLCHESTER, VT 05446

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L 685	Continued From page 5 Technology) staff stated that the electronic signature indicated that the person had done the documentation when the date listed after their name stated complete. However in the case of the Initial Certification Statement the completion date reflected the date that the Primary Care Physician completed the form and the signature of the Hospice physician reflected that they entered something in the form and the date they did that but still showed the Primary Care Physician's completion date. There is no methodology for determining what the Hospice physician actually completed on that form.	L 685		
L 695	418.106(e)(2)(i)(A) LABEL DISPOSE STORAGE DRUGS [At the time when controlled drugs are first ordered the hospice must:] (A) Provide a copy of the hospice written policies and procedures on the management and disposal of controlled drugs to the patient or patient representative and family; This STANDARD is not met as evidenced by: Based on review of the hospice policies and the admission packet that the hospice provides to clients and their families at the start of the Hospice benefit, the information provided does not reflect the present practice regarding the proper, safe disposal of controlled substances. Findings include: Per review of the hospice admission packet on 9/14/2015 and further review on 09/16/2015 of the agency/ hospice policies for the proper disposal of controlled substances, the information is not consistent with the actual	L 695		

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L 695	Continued From page 6 current practice. The admission packet states: "If you are a hospice client, the hospice nurse will dispose of any narcotic or controlled medications when you no longer need them. Someone in your household will be asked to witness this." The hospice policy "requires that the disposal of a controlled substance be witnessed" and "that the signature of the witness be obtained." The current practice of the hospice is that any medication owned by the hospice be disposed of properly and that all controlled substances owned by/ prescribed for the client be disposed of by the client or a family member when it is no longer needed. This is confirmed during interview with the Director of Quality on 09/16/2015. S/he further indicates that the policies have not been updated to reflect current practice based on the hospice waiting for clarification of this matter by the Drug Enforcement Administration.	L 695	L695 and L697 **Action:** VNA Policy #10.2.4 Disposal of Narcotics and Other Controlled Substances will be revised to reflect current Hospice practice based on DEA Final Rule. (See attached revised policy). All staff will review revised policy. Policy will be included in Hospice Admission paperwork. accepted POC L695 Susan D Emmons RN "Controlled Substances Disposal Form" will be revised. This form is used when a Hospice staff witnesses a patient/or appropriate other destroy narcotics at the time of death (See attached revised form). Copy of form will be sent to Medical Records. Staff will be re-educated regarding correct documentation. Death visit note in EMR will include documentation regarding disposition of controlled substances at time of death including method of disposal or refusal to dispose. Information about "Disposal of Medications" in VNA Admission packet will be revised to reflect current practice. (See attached revised form)	10/20/2015 10/29/15 10/20/2015 11/1/2015 10/20/2015
L 697	418.106(e)(2)(i)(C) LABEL DISPOSE STORAGE DRUGS [At the time when controlled drugs are first ordered the hospice must:] (C) Document in the patient's clinical record that the written policies and procedures for managing controlled drugs was provided and discussed. This STANDARD is not met as evidenced by: Based on record review and interview there was a failure of the agency to assure information for the disposal of controlled drugs was provided for 1 of 3 death record reviewed. (Client #8) Findings include: During the review of Client #8's chart on 09/16/15, no documentation of the policy and	L 697	**Measurement:** Include in quarterly audit a review of documentation on the death visit note – disposition of controlled substances at time of death. **Responsible Party:** Hospice Clinical Supervisor – Jina Cate VP of Quality – Angel Means	

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L 697	Continued From page 7 procedure for disposing of controlled drug was noted in the chart. Although an admission packet was given to client/family there is no evidence that the procedure was discussed with the family, who would be responsible to the disposal. Per interview on 09/16/15 at 3:03 PM Clinical Manager stated that the policy and procedures needed to be updated and confirmed that the information was not in the chart.	L 697	accepted POC L 697 Susan J. Emmons RN 10/29/15	

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VISITING NURSE ASSOCIATION OF CHITTENDEN AND GRAND ISLE COUNTIES
1110 Prim Road
Colchester, Vermont 05446
802-658-1900

DISPOSAL OF NARCOTICS AND OTHER CONTROLLED MEDICATIONS
Policy # 10.2.4

SCOPE: VNA Hospice (Community Based)

PURPOSE: To assist clients and their families in the safe disposal of pharmaceutical controlled substances through education and partnering.

POLICY: Hospice staff will educate clients and families on safe disposal of controlled substances on admission and at the time of death. Controlled substances may be disposed of by the client or any person lawfully entitled to dispose of the decedent's property at the time of death, in accordance with state law..

The agency requires that:

- Hospice staff provides education regarding safe disposal of controlled substances.
- Hospice staff offers to witness the disposal of controlled substances at the time of death.
- Hospice staff document witnessed disposal on "Narcotic Disposal Form" and obtain signature of person disposing medication. Documentation should include:
  - Name of the drug
  - Form
  - Quantity
  - Manner of disposal
  - Signature of the nurse
  - Signature of the person disposing narcotics
  - Date and time

Recommended means of disposal are:

- Suppository- pour boiling water over in kitty litter
- Liquid and pills- Crush pills and put into an undesirable substance such as coffee grounds or kitty litter and put them in impermeable non-descript containers such as empty cans or sealable bags, further ensuring that these drugs are not diverted or accidentally ingested by children or animals
- Transdermal patch- while wearing gloves, cut into small pieces and dispose as above. Clean the scissors with alcohol and dispose of the alcohol wipe or tissue.

Approved by: Hospice Team2015 **Date of Next Review:** 2016

LINKED POLICIES AND PROCEDURES:
L:\POLICIES\Linked Guidelines and Procedures\10.2.4 Disposal of Narcotics and Other Controlled Medications\Narcotic Disposal Form (5).doc

SPECIAL NOTATION: Effective immediately upon the approval of this policy, this policy supersedes any other "like" policy(s) approved to date. The agency holds the rights to alter, amend, insert, or discontinue this policy with or without notice.

Approved by: Hospice Team2015	**Date of Next Review:** 2016

Visiting Nurse Association
1110 Prim Rd., Colchester, VT 05446
802 658-1900 • www.vnacares.org

VNA Program: HOSPICE_____
Name: _____
DOB: _____
Episode #: _____

ADDENDUM NOTE: CONTROLLED SUBSTANCES DISPOSAL

*List medications disposed of per Hospice policy. Home Hospice and other homecare providers are encouraged to assist their patients and the patient's families in disposal of pharmaceutical controlled substances by providing education on safe disposal and offering to witness disposal.

MEDICATION	QTY	MANNER OF DISPOSAL

_____ _____
Signature of Person Disposing Medications Date

_____ _____
Signature of VNA Staff witnessing disposal Date

File in medical records

L:\Forms\Approved Medical Records Forms\Hospice Controlled Substances Disposal Form October 2014

Medication Safety

Store All of Your Medications in a Safe Place

- Keep all medications out of reach of children
- Keep all medications in the container labeled by the drug store.
- Keep medications in a cool, dry place unless they need to be refrigerated.
- If you are using pain medications, medications that help control anxiety or depression, or other controlled medications, consider:
  - Always keeping medications out of sight of visitors
  - Keeping medications locked. VNA can help you get a lock box if you need it.
  - If you need medication while you are away from home, take with you only the amount you need for the day. The drug store can give you a special container for your purse or your pocket.

Keep Track of how and when you need the Medication

- A journal may help you to keep track of how often you need your medication and whether you experience any unpleasant side effects. Your nurse can show you how to start a journal.
- If you have trouble remembering when you took your medications, ask the pharmacist for a medication bubble pack. When you take your pill, write the date and time on the card. You will have a record of each dose taken.
- Be concerned if you are missing more than a couple of pills. Notify your home health staff immediately.

Know How to Dispose of Medications

- If you are a community hospice client, the hospice nurse will provide education regarding safe disposal of narcotics or controlled substances when they are no longer needed.
- If you are a client for all other VNA Programs, take unused, unneeded or expired medications out of their original containers and throw them in the trash. Adding undesirable substances such as used coffee grounds or kitty litter to the trash will further ensure the drugs are not diverted. In addition, the FDA advises the following drugs be flushed down the toilet instead of thrown in the trash: Actiq, Daytrana Transdermal Patch, Duragestic Transdermal Systems, OxyContin tablets, Avinza capsules, Baraclude tablets, Reyataz capsules, Tequin tablets, Zerit for Oral Solution, Meperidine HCI tablets, Xyrem, Fentora.

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