

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

February 12, 2013

Judy Peterson, Administrator
Visiting Nurse Association
1110 Prim Road
Colchester, VT 05446

Provider ID #: 477000

Dear Ms. Peterson:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **January 11, 2013**.

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

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure - FEDERAL FORM



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

FEB 04 2013

PRINTED: 01/23/2013
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 01/11/2013
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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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(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
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G 000	INITIAL COMMENTS	G 000		
G 118	<p>An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 01/03/2013. The following regulatory deficiencies were identified:</p> <p>484.12(a) COMPLIANCE WITH FED, STATE, LOCAL LAWS</p> <p>The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure.</p> <p>This STANDARD is not met as evidenced by: Based on personnel record review and staff interview, the agency failed to be in compliance with State regulations that require staff not be hired until satisfactory background checks be received from the Adult and Child Abuse Registry, or from the criminal data base. Findings include:</p> <p>Per review of personnel records on 01/03/2013 at 12:20 pm, the agency failed to obtain background checks from the Child Abuse Registry for 3 of 16 employees. Further review reflects that one of these 3 employees hired on May 7, 2012 did not have evidence of the Adult Abuse Registry or a criminal background check.</p> <p>This is confirmed during interview with Agency staff on 01/03/2013 during interview at 1:30 pm. Staff further report (and this is evident in the personnel file for Employee # 3) that the agency</p>	G 118	<p>G 118 - Background Checks</p> <ol style="list-style-type: none"> Design a tracking tool and process to verify that all background checks requested from the State of Vermont have been received and filed. Person responsible: Susan Anderson-Brown, Director Human Resources Provide staff education to all Human Resource Staff on background check process. Person responsible: Susan Anderson-Brown, Director Human Resources Establish audit system to verify that all employees have completed background checks in the file or are on a follow-up list. Person Responsible: Michael Garrett, Manager of Quality & Education <p>2/6/13 pcc accepted by corner Trushan</p>	<p>2-15-13</p> <p>3-1-13</p> <p>3-1-13</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Michael S. Garrett</i>	TITLE Compliance Officer	(X6) DATE 1-31-13
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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.

PMC

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G 118	Continued From page 1 identified that these forms were missing during a self-audit conducted on 11/07/2012 and that the background checks have not been completed to date. S/he indicates that the agency has no tracking system in place to follow-up after requests are sent out so that the agency knows when they are returned.	G 118			