

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

April 5, 2012

J. Churchill Hindes, Administrator  
Visiting Nurse Association  
1110 Prim Road  
Colchester, VT 05446

Provider ID #:477000

Dear Mr. Hindes:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 21, 2012**.

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

Sincerely,



Pamela M. Cota, RN, MS  
Licensing Chief

PC:jl

Enclosure



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

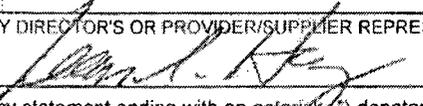
PRINTED: 02/29/2012  
FORM APPROVED  
OMB NO. 0938-0391

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 02/21/2012
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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)	(X6) COMPLETION DATE
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G 000	INITIAL COMMENTS  An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 2/21/12, and completed on 2/28/12. There were regulatory violations identified as a result.	G 000	(no written summary sent to MD) 1. Identify all clients that have the potential to be affected. Jean Harry, Adult Home Care City Team Manager	3-6-12
G 143	484.14(g) COORDINATION OF PATIENT SERVICES  All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.  This STANDARD is not met as evidenced by: Based on record review and staff interview, the agency failed to assure that effective care coordination and communication occurred for one patient (Patient #1). Findings include:  Per record review on 2/21/12, Patient #1 receives Home Health Aide services with nursing supervision under the home care program and Choices for Care. Per review, the last plan of care certification ended on 1/1/12. There was no evidence in the record that there was a written summary report sent to the physician for review as required at the end of a certification period. Per interview on 2/21/12 at 11:30 AM, the Clinical Manager confirmed that there was no evidence to support that a written summary report had been sent to the physician at the end of the certification period.	G 143	2. Complete a review of the above clients. Jean Harry, Manager, Adult Home Care - City Team  3. Create a team manager checklist to use whenever case manager assignments are changed to assure a new case manager is assigned, the clinician's team status is updated, and voicemail messages are changed - the root cause of this problem. Jean Harry, Manager, Adult Home Care.  4. Establish a system in which each team manager regularly reviews a list of current patients to make sure a case manager has been assigned. Adult Home Care Team Managers.  5. Continue to complete a technical audit of re-certifications to assure a summary report has been completed and reviewed by the physicians. Adult Home Care Technical Auditors  6. Establish an audit system to verify these regulations are being met using the recertification report. Person responsible: Michael Garrett, Manager Quality & Education	3-6-12 4-13-12 4-13-12 3-6-12 4-13-12
G 163	484.18(b) PERIODIC REVIEW OF PLAN OF CARE  The total plan of care is reviewed by the attending	G 163		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Team Manager	(X5) DATE 4/4/12
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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.

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G 163	<p>Continued From page 1</p> <p>physician and HHA personnel as often as the severity of the patient's condition requires, but at least once every 60 days or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the same 60 day episode or more frequently when there is a beneficiary elected transfer; a significant change in condition resulting in a change in the case-mix assignment; or a discharge and return to the same HHA during the 60 day episode.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the agency failed to assure that the plan of care was reviewed by the physician and home health personnel at least every 60 days for one patient (Patient #1). Findings include:</p> <p>Based on record review, Patient #1 was receiving Home Health aide services, with nursing supervision/oversight only, due to be recertified on 1/2/12 for a sixty day period. The last certification and plan of care expired on 1/1/12, and was not renewed. Per interview on 2/21/12 at 11:20 AM, the Clinical Director of Home Care services stated that there was a reorganization at the end of November 2011 of nursing teams in the city and rural sections, and in the course of this reorganization, Patient #1's nurse was assigned to a different group of patients. The nurse then resigned from the agency at the end of December 31, 2011, at which time sent a note to Patient #1 informing them of the fact they were leaving the agency. The patient was not reassessed at the end of December 2011, no</p>	G 163	<p><i>No assessment completed or signed POC</i></p> <ol style="list-style-type: none"> <li>1. Identify all clients that have the potential to be affected. Jean Harry, Adult Home Care City Team Manager 3-6-12</li> <li>2. Complete a review of the above clients. Jean Harry, Manager, Adult Home Care – City Team 3-6-12</li> <li>3. Create a team manager checklist to use whenever case manager assignments are changed to assure a new case manager is assigned, the clinician's team status is updated, and voicemail messages are changed – the root cause of this problem. Jean Harry, Manager, Adult Home Care. 4-13-12</li> <li>4. Establish a system in which each team manager regularly reviews a list of current patients to make sure a case manager has been assigned. Adult Home Care Team Managers. 4-13-12</li> <li>5. <i>Reinstated the weekly recertification report that shows dates when assessments/recerts are to be completed and have it reviewed by team managers and problems corrected. Adult Home Care Team Assistants and Team Managers.</i> 4-13-12</li> <li>6. <i>Continue to track physician POC documents in Horizon Doc Manager to assure that they are signed and follow-up as needed. Adult Home Care Technical Auditors</i> 3-6-12</li> <li>7. <i>Establish an audit system to verify these regulations are being met using recertification report and Horizon Docs. Michael Garrett, Manager Quality &amp; Education</i> 4-13-12</li> </ol>	

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G 163	Continued From page 2 new nurse assigned to complete the reassessment, and no plan of care completed and sent to the MD for review and approval. Per interview on 2/21/12 at 1:15 PM, the nurse clinical manager stated that they were able to continue the home health aide services under a verbal order by the MD, and the patient received services from the aides without interruption, however an assessment to recertify home care services was not made for January 2012, and they were serving the patient without a current signed plan of care.	G 163	<p><i>No Supervisory Visit Completed</i></p> <ol style="list-style-type: none"> <li>Identify all clients that have the potential to be affected. Jean Harry, Adult Home Care City Team Manager</li> <li>Complete a review of the above clients. Jean Harry, Manager, Adult Home Care – City Team</li> <li>Create a team manager checklist to use whenever case manager assignments are changed to assure a new case manager is assigned, the clinician's team status is updated, and voicemail messages are changed – the root cause of this problem. Jean Harry, Manager, Adult Home Care.</li> <li>Establish a system in which each team manager regularly reviews a list of current patients to make sure a case manager has been assigned. Adult Home Care Team Managers.</li> <li><i>Continue to use the Horizon Alert System to notify case managers that a recertification/supervisory visit is due, as well as the Horizon Scheduling System that highlights the 5 day period in which those visits are due. Adult Home Care Team Assistants</i></li> <li><i>Establish an audit system to verify these regulations are being met. Person responsible: Michael Garrett, Manager Quality &amp; Education</i></li> </ol>	3-6-12
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 62 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 review and staff interviews, the agency failed to assure that supervision of Home Health Aides occurred for one patient (Patient #1). Findings include:  Per record review of Patient #1, the last skilled nursing visit for supervision of the Home Health Aides occurred on 10/21/11, at the time of the recertification assessment. Per interview on 2/21/12 at 11:30 AM, the Clinical Director confirmed that due to a reconfiguration of nursing	G 230		4-13-12



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G 339	Continued From page 4 plan of care was not completed at the end of December 2011.	G 339		