

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

September 18, 2013

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 7, 2013**.

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

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2013
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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) COMPLETE DATE
H1418	Continued From page 1 The Nursing Supervisor for the CFC PCAs stated "I did not write my case management note of the meeting on 02/17/13 we had with the family, I have an email but yes I didn't document the meeting and what was discussed". S/he confirmed at that time the failure to have reports of all patient care conferences.	H1418		
H1715 SS=D	<p>17.14 Patient Rights</p> <p>XVII. Patient Rights</p> <p>17.14 A patient has the right to appeal a notice of reduction or discontinuation of home health agency services or a denial of admission to the home health agency and to receive information about the appeal process</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home health agency failed to assure 1 applicable patient was provided the information about the appeal process. (Client #2) Findings include:</p> <ol style="list-style-type: none"> Per record review on 08/07/13, Client #2's record did not contain documentation that the client received information regarding the appeals process for a denial of admission on 04/10/13. Per interview on 08/07/13 at 12:10 PM the Clinical Nurse Manager stated "I know we had a discussion I think the liaison or case manager at the hospital let [client] know that we are not taking the referral. However, S/he confirmed at that time, that there was no documentation as to how the client was notified and that no information about the appeal process was given to the client. 	H1715	<p>H1715 – Patient Rights</p> <ol style="list-style-type: none"> Review the referral and admission policies and procedures for refusing a referral and refine as necessary to meet regulations. Person responsible: Jan Mancini, Adult Home Care Team Manager Communicate new policies and procedures (including documentation requirements) to staff in Adult Home Care and Intake & Referral. Person responsible: Terry Paquin, Director of Adult Home Care Establish a system to verify this regulation is being met when a referral/admission is not accepted by the VNA. Person Responsible: Michael Garrett, Manager of Quality & Education 	<p>10-25-13</p> <p>10-25-13</p> <p>10-25-13</p>

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

PRINTED: 09/05/2013
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 08/07/2013
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G 000	INITIAL COMMENTS	G 000		
G 144	<p>The unannounced on-site complaint investigations were conducted by the Division of Licensing and Protection on 08/07/13. As a result, the following are Federal findings.</p> <p>484.14(g) COORDINATION OF PATIENT SERVICES</p> <p>The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the agency failed to assure that the clinical record for 1 of 2 clients in the targeted sample reflected changes in coordination of care and/or communication with the client. (Client #1) Findings include:</p> <p>1. Per interview on 08/06/13 the case manager stated that Client #1 was not informed when staff would not be coming to the home for care. Per record review on 08/07/13 Client# 1's clinical record did not have information regarding the patient's missed visits. Review of the case communication notes January 2013 through April 2013 had no documentation from staff nor the scheduler regarding if the client was notified of the reason for 2 missed visits in February and March 2013. Per interview on 08/07/13 at 12:45 PM, the Nursing Supervisor for CFC confirmed there was no communication to the client regarding the missed visits.</p>	G 144	<p>G 144- Coordination of Care</p> <ol style="list-style-type: none"> Determine the extent of the problem by finding out the number of patients that were not notified for the reason for a missed visit. Person responsible: Michael Garrett, Manager of Quality & Education. 10-2-13 Review and improve the process for verifying that visits are occurring and follow-up calls are being made to the patient. Specifically address patients with memory issues that make it substantially less likely they will notify the VNA when their caregiver does not show-up – the root cause of this particular problem. Person responsible: Lynne Robertson, Director Long-Term Care 10-25-13 Establish an audit system to verify this regulation is being met. Person Responsible: Michael Garrett, Manager of Quality & Education. 10-25-13 <p><i>POC accept S. Ennis Shawhiker 9/10/13 MVA</i></p>	10-2-13 10-25-13 10-25-13
G 230	484.36(d)(3) SUPERVISION	G 230		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Lynne Robertson DIRECTOR OF LTC TITLE
9-13-13 (X6) DATE

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 230	Continued From page 1 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 review and interview, the Agency failed to provide Registered Nurse (RN) supervisory visits for 1 applicable clients receiving long term care services through the Choices for Care Program. (Client #1) Findings include: 1. Per review on 08/07/13, Client # 1 was receiving agency services through the Choices for Care Program (CFC), up to 50.5 hours every 2 weeks for assistance with personal care, which includes bathing, grooming, toileting, transfers, bed mobility and homemaking services by a personal care attendan (PCA)t. Client # 1 received only case management visits on 02/14/13 and on 06/05/13. There is no documentation that supervision of the PCA had taken place during 04/29/13. Per interview with the Nursing Supervisor for the CFC program on the afternoon of 08/07/13, confirmed that there was there is no evidence of supervisory visits with the PCA every 60 days.	G 230	G 230- Supervisory Visits 1. Discuss the importance of making supervisory visits with the supervisors at next team meeting. Person responsible: Lynne Robertson, Director Long-Term Care 2. Review the current process for assuring supervisory visits are being made and error-proof that process. Person responsible: Lynne Robertson, Director Long-Term Care 3. Establish a system to verify this regulation is being met by tracking the percent of supervisory visits made. Person Responsible: Michael Garrett, Manager of Quality & Education	10-25-13 10-25-13 10-25-13	