

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

December 6, 2012

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 conducted on **November 19, 2012**.

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

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure



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

DEC 03 2012

PRINTED: 11/21/2012  
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 11/19/2012
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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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G 000	INITIAL COMMENTS	G 000		
G 118	<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 record review and confirmed by Human Resource Director, the Agency failed to comply with the State regulation to conduct the required background checks, pursuant to 33 V.S.A 6911(c)(3) and failed to provide services under the CFC program for 1 applicable client. (Client #1) Findings include:</p> <p>1. Per review on 11/19/12 of the personnel file of Home Health PCA#2 hired by the Agency on 08/08/12, did not contain the required background checks prior to working with a vulnerable adult. The APS [Adult Protective Service] and Child abuse checks were conducted on 09/25/12 and the OIG (Office of Inspector General) on 11/05/12. Per interview at 1:16 P.M. the Human Resource Director confirmed "we had some personnel changes and when we did an audit they noticed they didn't do the background checks upon hire</p>	G 118	<p>G 118- Background checks</p> <p>1. Human Resources has recently reviewed background check files for missing background checks and is in the process of obtaining the needed employee signatures so that the outstanding background checks can be completed. Person responsible: Susan Anderson-Brown, Director of Human Resources</p> <p>2. Complete checklist to verify that all 58 missing background checks have completed. Person responsible: Michael Garrett, Manager of Quality &amp; Education</p>	<p>1-1-13</p> <p>1-15-13</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dynise Robertson RW</i>	TITLE Director of Long-Term Care	(X6) DATE 11-29-12
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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 118

Continued From page 1 as is expected".  
  
2. Per the State of Vermont Choices for Care (CFC) 1115 Long-term care Medicaid Waiver Regulations, the Home-based Service Plan for Client #1 dated 01/27/12 - 01/26/13 allowed PCA services [person care attendant] up to 68.5 hours over 2 weeks. Per record review on 11/19/12 Client #1 did not receive PCA services from 06/21/12 - 09/12/12. Per interview at 3:03 P.M. the CFC manager stated that the family had been taking care of the client but confirmed the that PCA services were not provided as directed by the CFC service plan.

G 118

G 118 (Continued) - Providing services

1. Gather data on the percent of unfilled visits to determine the extent of the problem. Person Responsible: Michael Garrett, Manager of Quality & Education
2. Review our current process for covering visits when caregivers leave the agency and develop new strategies for avoiding or minimizing gaps in service. Person responsible: Lynne Robertson, Director, Long-Term Care
3. Establish an audit system to verify this regulation is being met. Person Responsible: Michael Garrett, Manager of Quality & Education

12-7-12

12-14-12

1-15-13

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.

G 230

G 230- Supervision

1. Complete an audit to determine the percent of supervisory visits that are not made and documented properly. Person responsible: Michael Garrett, Manager of Quality & Education
2. Develop a reminder system to assure that supervisory visits are done in a timely manner. Person responsible: Michael Garrett, Manager of Quality & Education
4. Use above audit system to verify this regulation is being met. Person Responsible: Michael Garrett, Manager of Quality & Education. (Please note that 6 supervisory visits were made and documented from January thru June 2012)

12-7-12

12-14-12

1-15-13

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:

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G 230	Continued From page 2 1. Per review on 11/19/12, Client # 1 was receiving agency services through the Choices for Care Program (01/27/12 - 01/26/13) , up to 68.5 hours every 2 weeks for assistance with personal care, which includes bathing, grooming, toileting, transfers, bed mobility and homemaking services by a personal care attendant. Client # 1 received only case management visits from 01/27/12 through the present day. There is no documentation that supervision of the PCA had taken place during that time frame. This is evident by the case manager notes which speak of the PCA sweeping the floor, folding laundry or making a shopping list only. There were no direct observations of the personal care services being provided. Although a RN is noted to be present during the case management visits of July, September and November there is no documentation of supervisory visits. Per interview with the Clinical Director on the afternoon of 11/19/12, s/he stated that the case manager is a RN but confirmed from January 2012 to present there is no evidence of supervisory visits with the PCA.	G 230		
G 233	484.36(e) PERSONAL CARE ATTENDANT EVALUATION REQU  This paragraph applies to individuals who are employed by HHAs exclusively to furnish personal care attendant services under a Medicaid personal care benefit.  An individual may furnish personal care services, as defined in §440.170 of this chapter, on behalf of an HHA after the individual has been found competent by the State to furnish those services for which a competency evaluation is required by paragraph (b) of this section and which the	G 233	G 233- PCA Evaluations 1. Complete an audit to determine the extent of the problem. Person Responsible: Michael Garrett, Manager of Quality & Education  2. Review the current processes for initial competency sign-offs and annual evaluation process. Lynne Robertson, Director Long-Term Care  3. Implement changes to assure that competencies have the appropriate sign-offs and evaluations are done in a timely manner. Lynne Robertson, Director Long-Term Care  4. Establish an audit system to verify this regulation is being met. Person Responsible: Michael Garrett, Manager of Quality & Education	12-21-12  12-21-12  1-4-13  2-1-13

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G 233	<p>Continued From page 3</p> <p>individual is required to perform. The individual need not be determined competent in those services listed in paragraph (a) of this section that the individual is not required to furnish.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the Agency failed to assure individual competency evaluations and/or performance reviews for Personal Care Attendants (PCA's) providing hands on personal care for 1 applicable client : (Client # 1) Findings include:</p> <ol style="list-style-type: none"> <li>1. Per record review of the PCA#1's personnel file, who was providing services to Client # 1 from 03/11/11 until termination on 08/15/12, the yearly performance review which was due on 06/30/12, was not completed until 07/30/12. The CFC manager confirmed at 3:03 P.M. that the yearly performance review was not completed in a timely manner for PCA#1.</li> <li>2. Per review of the the personnel file for PCA#2 who was hired on 08/08/12 the documentation of competency via the day checklist dated 08/28/12 which included personal care skills such as grooming and bathing, infection control practices and body mechanics was signed by a PCA educator, who does not hold a Nursing License. In addition, the PCA educator who signed off on the validation form and skills checklist for hand hygiene, body mechanic, bed mobility ambulation and transfer, is a LNA {licensed nursing assistant}. Per interview on 11/19/12 at 3:03 P.M. the CFC manager stated that the LNA also has a 'education degree' but did not think that the PCA's</li> </ol>	G 233		

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G 233	Continued From page 4 needed a licensed nurse for their training. S/he confirmed that the training were done by non-nursing staff.	G 233			