

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



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 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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(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
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H 001	Initial Comments An unannounced on-site complaint investigation was conducted on 11/19/12 by the Division of Licensing and Protection. The following are State Designation regulatory violations	H 001		
H 520 SS=D	5.9 Requirements for Operation V. Requirements for Operation 5.9 A home health agency shall comply with all applicable state and federal policies, guidelines, laws and regulations. In the event that State and federal regulations differ, the more stringent shall apply. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Agency failed to comply with State Regulations for 1 applicable client. (Client #1) Findings include: 1. 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.	H 520	H 520 – Services not provided 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
H 644 SS=D	6.11 Organization, Services and Administration VI. Organization, Services and Administration	H 644	<i>PCC accepted S. Emmanuel Fraushier RN MSN OBA</i>	

Division of Licensing and Protection
Lynne Robertson RN
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Director of Long Term Care
(X6) DATE
11/29/12

Division of Licensing and Protection

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H 644	Continued From page 1 6.11 A home health agency shall investigate complaints made by a patient, the patient's family or a legal guardian regarding treatment or care that is (or that fails to be) furnished, or regarding the lack of respect for the patient's property, by the agency or by anyone furnishing services on behalf of the home health agency, and must document both the existence of the complaint and the resolution of the complaint. The home health agency shall furnish patients with the toll-free number for the Home Health Hotline. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home health agency failed to investigate a complaint expressed by 1 client's family. (Client#1) Findings include: 1. The Division of Licensing and Protection (DLP) received a fax on 07/19/12 from the Agency stating a possible incident of neglect with Client #1. DLP on two occasions called the Agency requesting the investigation report. During review on 11/19/12 of Client #1 record, a case communication note dated 07/23/12 states....."(DLP) asked for a follow up call when the (Agency) completed the investigation,. met with and updated [Human Resource (HR) and choices for care coordinators (CFC)]". On 07/31/12 DLP called the Agency again and per the case communication note of 07/31/12 states " (The Agency) indicated that it probably was not completed but that the(HR Director) would be the one to speak with." The Nurse Surveyor during interview with the HR Director on 11/19/12 at 10:30 A.M. asked to see the results of the investigation. The HR Director stated "I didn't	H 644	H 644 – Complaint Investigation 1. Complete a detailed review of our current policies and procedures for Patient Complaints, Incident and Occurrence Management, and APS reporting. Person Responsible: Michael Garrett, Manager of Quality & Education 2. Develop changes to the above policies and procedures to assure that the appropriate investigations are conducted and documented. Person responsible: Michael Garrett, Manager of Quality & Education 3. Educate the staff about the new policies and procedures. Person Responsible: Michael Garrett 4. Establish an audit system to verify the regulation is being met. Person responsible: Michael Garrett, Manager Quality & Education	12-14-12 12-21-12 2-1-13 2-1-13

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H 644	Continued From page 2 have to do an investigation because [the nurse] spoke to [the caregiver] and s/he admitted that s/he put in more hours then actually worked." The HR director stated that a termination letter was sent to the caregiver on 08/15/12. Per review of the Agency's policy for reporting abuse/neglect/exploitation policy#10.7 "...managers will evaluate any concerns brought to them by staff ...and appropriate reports will be filed within their required time frames..." Also per the Policy for Unexpected Event Algorithm - "within 24 hours or next business day clinical director determines if this is a State reportable critical incident ...within 10 business days a root cause analysis and the process improvement action plan". Per interview at 12:34 P.M. the Quality Assurance Director confirmed that Agency's own investigation should happen within 10 days and did not happen in this case.	H 644		
H 842 SS=D	8.4(b) Skilled Nursing Services VIII. Skilled Nursing Services 8.4 The registered nurse shall perform supervisory visits of LNA services. (b) The registered nurse shall make a home visit to the patient who is receiving long-term care home health agency services no less frequently than every 60 days to observe and assist, assess relationships, determine whether goals are being met, evaluate the appropriateness of the plan of care, and make changes as appropriate. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the agency	H 842	H 842- Supervision by Register Nurse 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 3. Use above 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

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H 842	<p>Continued From page 3</p> <p>failed to provide Registered Nurse (RN) supervisory visits for all applicable clients receiving long term care services through the Choices for Care(CFC) Program. (Client #1) Findings include:</p> <p>1. Per review on 11/19/12 of one applicable record, Client # 1 was receiving agency services through the Choices for Care Program, up to 68.5 hours every 2 weeks for assistance with personal care and homemaking services by a personal care attendant. The client was not provided RN supervisory visits to observe, assess and determine if the goals and plan of care were appropriate and being followed. Per record review from January 2012 to present, monthly case management notes are found regarding the caregiver doing laundry, sweeping the floor or making a shopping list and does not speak to the actual personal care being provided. Per the CFC 115 Long-term Care Medicaid Wavier Regulations- III. Definitions (#8). 'case management means assistance to individuals in gaining access to services ...and includes individual assessment, service planning and monitoring of services' .</p> <p>Per interview, on the afternoon of 11/19/12 the CFC manager stated that in July, September on November 2012 the case manger noted that the Nurse who was providing Supervision was also present during the case management visits but that the Nurse 'probably forgot to document that and the case manager, who is also a RN was probably doing supervision" prior to September. The CFC manager confirmed that there is no documentation that supervisory visits observed, assessed and determine if the goals and plan of care were appropriate and being followed</p>	H 842		
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