VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
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

November 10, 2014

Ms. Jeanne McLaughlin,
VNA of VT & NH
205 Billings Farm Road 5
White River Junction, VT 05001-5400

Dear Ms. McLaughlin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 26, 2014.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:kc

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

PRINTED: 10/09/2014
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 477002 | A. BUILDING _____<br>B. WING _____ | C<br>08/26/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VNA OF VT & NH | 1 HOSPITAL COURT<br>BELLOWS FALLS, VT 05101 |

| (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 |
|---|---|---|---|---|
| G 000 | INITIAL COMMENTS | G 000 | | |
| | An unannounced onsite self report and complaint investigations were conducted on 008/26/14 by the Division Licensing and Protection. The following are Federal regulatory findings, | | | |
| G 165 | 484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS | G 165 | | |
| | Drugs and treatments are administered by agency staff only as ordered by the physician. | | See attached | |
| | This STANDARD is not met as evidenced by: Based on record review and interview the Agency nurse failed to follow physician's orders for one of two applicable clients in the sample. (Client #1) Findings include: | | | |
| | 1. Per record review the nurse failed to do a narcotic medication count with another VNA staff person to verify the count was accurate and complete. The physician order dated 08/0/7/14 states "any narcotics in the home at the time nursing visit please do narcotic count with another VNA staff member present and report to (physician). Per review of the nursing visit note on 08/07/14 notes that a narcotic medication count was completed although the social worker (MSW) and aide were in the home, they did not witness the the actual number. The MSW note of 08/07/14 the narcotic count as of [today] note 22 pills of oxycodone were in home and that the nurse did set up the pill planner for client and will work with the clients so that the client would become independent with the medications. It also notes that the visit was being seen jointly with the aide and nurse "due to questionable safety in home due to another [family member]". The | | POC accepted 11/6/14<br>S Emmons / F Keele RN MSN OBA | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeanne M Laughlin
TITLE: President / CEO
(X6) DATE: 10/27/14

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 165 | Continued From page 1<br>nursing visit of 08/13/14 states the narcotic count was complete and an aide was present.<br>Per interview the on 08/26/14 at 3:45 PM the MSW stated that although the s/he was in the home did not actually see the pills being counted and stated "that would not be in my scope to do that"<br>Per interview on 08/26/14 at 3:56 PM the Clinical Manager stated that the expectation would be that staff do a joint count together since there were problems in the past. S/he confirmed that staff did not follow physician orders for a joint narcotic count. | G 165 | See attached | |

**Survey I** **8/26/2014**

| ID Tag | Plan of Correction | Comp Date | Monitored by |
|---|---|---|---|
| G 165 | | | |
| | The patient is no longer active with our agency. | N/A | N/A |
| | When a narcotic count is ordered to be conducted by two staff in the future, two visits will be created and both staff will document completion of the narcotic count. | 8/26/14 | Sheila Aubin, VP of Clinical Services |