

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 **September 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: 10/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  477002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/26/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  VNA OF VT & NH	STREET ADDRESS, CITY, STATE, ZIP CODE 1 HOSPITAL COURT 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		
G 107	<p>484.10(b)(5) EXERCISE OF RIGHTS AND RESPECT FOR PROP</p> <p>The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA, and must document both the existence of the complaint and the resolution of the complaint.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews the HHA (Home Health Agency) failed to document its internal resolution of the complaint for 1 of 4 patients. (Patient #1) Findings include:</p> <p>A complaint was logged on 08/26/14 regarding allegation of misappropriation of property for Patient #1. Although an internal investigation was conducted by the Long Term Care (LTC) supervisor there is no resolution of the complaint. Additionally, there is no evidence of staff education regarding reporting, policy/procedures or changes to the care plan. Per interview on 09/23/14 at 2:09 PM the LTC supervisor stated that there is a new PCA [person care attendant] for the patient and "my expectation is that the patient has [the</p>	G 107	<p>See attached</p> <p>POC accepted S Emmerson F Keen RW MSN 11/6/14</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James M. Huchler</i>	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.

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

PRINTED: 10/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  477002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/26/2014
NAME OF PROVIDER OR SUPPLIER  VNA OF VT & NH			STREET ADDRESS, CITY, STATE, ZIP CODE 1 HOSPITAL COURT 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 107	Continued From page 1 wallet/purse] with [ him/her] at all times". S/he also stated that staff are to use the '888' telephone number for reporting to their supervisors and to report concerns immediately. The LTC acknowledged that staff were not educated regarding the expectations. The LTC supervisor confirmed there is no documentation of the resolution of the complaint as noted above.	G 107			
G 118	484.12(a) COMPLIANCE WITH FED, STATE, LOCAL LAWS  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.  This STANDARD is not met as evidenced by: As is required in the Vermont State Statute Title 33, Chapter 69 section 6903, the HHA failed to report to Adult Protective Services (APS) under the Division of Licensing and Protection, allegations of exploitation, within 48 hours for 1 applicable patient. (Patient #1) Findings include:  1. Per interview on 09/23/14 at 1:34 PM the Homemaker (HM) for the Agency stated that on 08/18/14, a voice message was left on the Long Term Care (LTC) Supervisor's cell phone of an alleged incident of missing money for Patient #1 that occurred on 08/15/14. The HM further stated that a message was left for the Human Resource person on the 19th and that she/he spoke to the	G 118	<i>See attached</i>		

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

PRINTED: 10/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  477002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/26/2014
NAME OF PROVIDER OR SUPPLIER  VNA OF VT & NH			STREET ADDRESS, CITY, STATE, ZIP CODE 1 HOSPITAL COURT 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 118	Continued From page 2 scheduler on Friday the 22nd as well. Per review of the Agency's report to APS dated 8/28/14, approximately two weeks after an alleged incident, presents the following : How did you become aware of the suspected abuse/neglect/exploitation? I was talking to the homemaker on either Thursday (21st) or Friday (22nd). I really can't remember which day exactly, and (HM) told me that (s/he) was trying to get in contact with the supervisor to let (them) know that (s/he) was not going back to a client's home because the client had accused the homemaker of taking money from the client, and the client had called the police and the police had questioned the homemaker already. On Monday (25th) , I called the client to see how things were going and (client) informed me that on the 15th the homemaker had taken money from (he/him). Per interview on 09/23/14 at 2:09 PM the LTC Supervisor stated that the first that s/he heard about the incident was on 08/27/14 although "there was this 3 second call on my cell phone about a week earlier but didn't call (HM) back because there was no message". The LTC supervisor also stated "I told (Administrative Assistant) if you know about (an) incident I need to know". The LTC Supervisor acknowledged that the expectation is that staff call the office the '888' for any incidents, which did not happen. S/he confirmed that staff failed to report to APS within 48 hours of an allegation of exploitation.	G 118	<i>See attached</i>		
G 144	484.14(g) COORDINATION OF PATIENT SERVICES  The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.	G 144			

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

PRINTED: 10/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>VNA OF VT &amp; NH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 HOSPITAL COURT</b> <b>BELLOWS FALLS, VT 05101</b>		
(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 144	Continued From page 3  This STANDARD is not met as evidenced by: Based on record review and interviews the HHA failed to show effective coordination, interchange, or reporting of patient care needs for 1 of 4 patients in the sample. (Patient #3) Findings include:  Per record review on 09/23/14, Patient #3 was receiving Long Term Care (LTC) Homemaker services from the HHA and receiving nursing through the SASH [support services at home] program. There were no SASH notes or other documentation to show effective interchange or minutes of case conferences. Per interview on 09/23/24 at 3:05 P.M. the LTC Manager stated that Patient #3 has a Nurse Case Manager through the HHA and that the HHA has a contract with a Wellness Nurse who is part of the SASH program. The LTC Manager acknowledged that the Case Manager and the Wellness Nurse meet and discuss Patient #3's case on a fairly regular basis. S/he confirmed at that time that there is no documentation of case conference notes to show the interchange or coordination of patient care needs.	G 144	<i>See attached</i>		
G 170	<b>484.30 SKILLED NURSING SERVICES</b>  The HHA furnishes skilled nursing services in accordance with the plan of care.  This STANDARD is not met as evidenced by: Based on record review and staff interview, the agency failed to provide skilled nursing services in accordance with the Plan of Care for 1 of 4	G 170			

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

PRINTED: 10/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  477002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/26/2014
NAME OF PROVIDER OR SUPPLIER  VNA OF VT & NH			STREET ADDRESS, CITY, STATE, ZIP CODE 1 HOSPITAL COURT 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 170	Continued From page 4 patients. (Patient # 2) Findings include:  Per record review on 09/23/14 for Patient #2 who had multiple co-morbidities including physical disabilities, skin and wound issue, had a 485/ Plan of Care with physician orders for nursing to do dressing changes, monitor and assess wounds. Per review of the nursing visit notes from 08/07/14 through 09/05/14, nursing failed to consistently assess and measure the wounds on a weekly basis. The wounds were measured twice during that 4 week period. The Clinical Manager, who was helping the nurse surveyor look for any indication of consistent assessments with measurements, stated that the expectation would be for nursing to do at least weekly measurements and acknowledged "I don't see any". Per interview at 4:53 PM the Clinical Director confirmed that nursing failed to provide nursing services in accordance to the plan of care on the above dates.	G 170	<i>See attached</i>		
G 196	484.34 MEDICAL SOCIAL SERVICES  The social worker participates in the development of the plan of care.  This STANDARD is not met as evidenced by: Based on record review and interview the social worker failed to participate in the development of additions and/or to the plan of care for 1 of 4 applicable patients. (Patient #2) Findings include:  1. Per record review on 09/23/14, there is no evidence the Medical Social Worker (MSW) participated in Patient #2's plan of care. The	G 196			

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

PRINTED: 10/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>VNA OF VT &amp; NH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 HOSPITAL COURT</b> <b>BELLOWS FALLS, VT 05101</b>		
(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 196	Continued From page 5 patient's record presents an order on 08/22/14 for a MSW visit to evaluate possible self neglect, the need for an extended care facility and depression. A scheduled visit was noted for 08/26/14 however, the visit was not made. A case communication note 2 weeks after the order of 09/04/14 states "called and went to home". There are two other attempts noted on 09/09/14 and 09/15/14. Per interview on 9/24/14 at 11:57 AM, the MSW stated " I am mostly the Hospice MSW and if homecare is needed the patient's name comes up on the visit tree but there is no email or communication to let me know about this. We [three total MSWs] told the managers that we need to be notified and the patient's names need to be attached to an individual MSW name". The MSW acknowledged that s/he did not make a visit because of not being aware of the need to see the patient and was not aware that the patient, was in fact, admitted to the hospital. The MSW confirmed s/he did not participate in the development of additions and/or to the plan of care.	G 196	<i>See attached</i>		

Survey I

9/26/2014

ID Tag	Plan of Correction	Comp Date	Monitored by
<b>G 107</b>			
	All LTC staff to complete Care to Learn Patient Rights & Responsibilities by 12/1/14.	12/1/14	Holly Amoth, Director of Human Resources
	All LTC staff instructed in APS reporting policy & procedure.	12/1/14	Rita Laferriere, Director of Special Projects
	All LTC staff instructed to call 888-300-8853 number with issues/concerns.	12/1/14	Rita Laferriere, Director of Special Projects
<b>G 118</b>			
	All LTC staff instructed in APS reporting policy & procedure.	12/1/14	Rita Laferriere, Director of Special Projects
	All LTC staff instructed to call 888-300-8853 number with issues/concerns.	12/1/2014	Rita Laferriere, Director of Special Projects
<b>G 144</b>			
	Develop and implement procedure to enter information regarding care coordination between the SASH functional team and VNH clients.	11/15/14	Rita Laferriere, Director of Special Programs; Sheila Aubin, VP Clinical Services
<b>G 170</b>			
	One RN to receive wound certification in the month of October and two additional RNs to receive certification in December.	12/31/14	Sheila Aubin, VP Clinical Services
	Educators to provide skills fair by November 15 including accurate wound assessment to all field nursing staff.	11/15/14	Pamela Jordan, Director of Quality
	Random audit of 30 homecare patients with wounds to assure wound measurements are documented in the record during November and December	12/31/14	Pamela Jordan, Director of Quality
<b>G 196</b>			
	The affected patient was transferred to the hospital on 9/3/14.		
	MSW's will be re-educated on desk top scheduling protocols to ensure timely response and MSW involvement in POC development.	10/31/14	Charles Crush, Director of Hospice
	MSW late start visit report will be run weekly to identify any additional necessary visits.	10/31/14	Charles Crush, Director of Hospice