

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 5, 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 **June 25, 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



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

PRINTED: 08/15/2013
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 06/25/2013
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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) COMPLETION DATE
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G 000	INITIAL COMMENTS	G 000		
G 144	<p>An unannounced on-site complaint investigations were conducted by the Division of Licensing and Protection. The following are Federal Home Health regulatory 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 confirmed through staff interview, the agency failed to assure the clinical record established effective reporting and coordination of client care and services occurred for 1 of 2 applicable clients in the sample. (Clients # 1) Findings include:</p> <p>Per review on 06/25/13 of the electronic record there was no documentation of a care conference regarding Client #2 's services or concerns among the clinicians. Per interview on 06/25/13 at 11:10 A.M. the Clinical Operations Manager stated that there had been meetings several months ago regarding concerns or issues from the client. S/he stated that case conference are noted in the electronic record under 'case conference' note section to facilitate exchange of information among staff. Per record review of the nursing notes and case conference notes no information regarding the meetings were found in the chart. Per interview on 06/25/ 13 at 12:02 P.M. the Long Term Operations Manager stated</p>	G 144	<p>G 144- Coordination of Care</p> <ol style="list-style-type: none"> 1. Review the current process for documenting case conferences and design improvements to ensure that documentation is always completed and entered into the chart. Person responsible: Lynne Robertson, Director Long-Term Care 2. Provide education to the long-term case managers and supervisors on the importance of documenting all patient care conferences in the chart and the new process to be followed. Person responsible: Lynne Robertson, Director Long-Term Care 3. Establish an audit system to verify this regulation is being met by tracking the percent of case conferences being documented each month for several months. Person Responsible: Michael Garrett, Manager of Quality & Education <p><i>POC accepted SE/Franish k... 9/5/13</i></p>	<p>9-13-13</p> <p>9-27-13</p> <p>9-27-13</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lynne Robertson</i>	TITLE Director of Long Term Care Services	(X6) DATE 8-28-13
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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 144	Continued From page 1 that s/he recalled a meeting held with the Ombudsman, CFC Director and other managers and stated "I have to get my computer to figure out when these issues became known". Per an email memo states " From:[LTC Operations Manager]; Sent: Thursday May 30,2013 at 8:37 A.M. To:[CFC Director]; Subject: Notes from June 7th meeting with [client#1]". The memo included concerns with scheduling, back up plan, night visits and staff consistency with the action steps and follow ups. The LTC Operations Manager stated " I see what you mean that this was not in [the] chart and confirmed that the care conference memo was not in the client's chart.	G 144		

Division of Licensing and Protection

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Protection

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H 001 SS=A	Initial Comments An unannounced on-site complaint investigations were conducted by the Division of Licensing and Protection on 06/25/13. The following are State Designation findings.	H 001		
H1418 SS=A	14.4(f) Clinical Records XIV. Clinical Records 14.4 A home health agency ' s patient clinical records, whether written or electronic, shall contain at a minimum: (f) Reports of all patient care conferences; This REQUIREMENT is not met as evidenced by: Based on record review and interview the Agency failed to document patient care conference notes for 1 of 2 Choices for Care (CFC) clients. (Client #1) Findings include: Per review on 06/25/13 of the electronic record there was no documentation of a care conference regarding Client #2 's services or concerns among the clinicians. Per interview on 06/25/13 at 11:10 A.M. the Clinical Operations Manager stated that there had been meetings several months ago regarding concerns or issues from the client. Per record review of the nursing notes and case conference notes no information regarding the meetings were found in the chart. Per interview on 06/25/ 13 at 12:02 P.M. the Long Term Operations Manager stated that s/he recalled a meeting held with the Ombudsman, CFC Director and other managers and stated "I have to get my computer to figure out when these issues became known". Per an email memo	H1418	H1418- Clinical Record Documentation 1. Review the current process for documenting case conferences and design improvements to ensure that documentation is always completed and entered into the chart. Person responsible: Lynne Robertson, Director Long-Term Care 2. Provide education to the long-term case managers and supervisors on the importance of documenting all patient care conferences in the chart and the new process to be followed. Person responsible: Lynne Robertson, Director Long-Term Care 3. Establish an audit system to verify this regulation is being met by tracking the percent of case conferences being documented each month for several months. Person Responsible: Michael Garrett, Manager of Quality & Education	9-13-13 9-27-13 9-27-13

POC accepted SE Fikem on MSN DAA 9/5/13

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Lynne Robertson* TITLE *Director Long Term Care* (X6) DATE *8-22-13*

Division of Licensing and Protection

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H1418	Continued From page 1 states " From:[LTC Operations Manager]; Sent: Thursday May 30,2013 at 8:37 A.M. To:[CFC Director]; Subject: Notes from June 7th meeting with [client#1]". The memo included concerns with scheduling, back up plan, night visits and staff consistency and the action steps and follow ups. . The LTC Operations Manager stated " I see what you mean that this was not in [the] chart and confirmed that the care conference memo was not in the client's chart.	H1418		
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