

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 2, 2014

Jeanne McLaughlin, Administrator
Vna & Hospice Of Vermont And NH
1 Hospital Court
Bellows Falls, VT 05101-2242

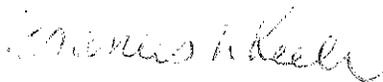
Provider ID #:471506

Dear Ms. McLaughlin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 18, 2014**.

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

Sincerely,



Frances L. Keeler, RN, MSN, DBA
State Survey Agency Director
Assistant Division Director

FK:jl



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

RECEIVED
Division of
PRINTED: 06/20/2014
FORM APPROVED
JUL 11 14 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471506	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED C 06/18/2014
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NAME OF PROVIDER OR SUPPLIER VNA & HOSPICE OF VERMONT AND NH	STREET ADDRESS, CITY, STATE, ZIP CODE 1 HOSPITAL COURT BELLOWS FALLS, VT 05101
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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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L 000	INITIAL COMMENTS	L 000		
L 502	<p>An unannounced on-site complaint investigation was conducted 06/19/14 by the Division of Licensing and Protection. The following are Hospice regulatory violations.</p> <p>418.52(a)(1) NOTICE OF RIGHTS AND RESPONSIBILITIES</p> <p>(1) During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview for 1 out of 5 patients, Patient #4 did not receive the required notice of the Appeals Process. Finding include:</p> <p>1. Per review on 06/18/14 of Patient #4 who was discharged from Hospice services 04/13/14 there was no evidence that the Patient's Appeals Process was given to the patient, either verbally or in written form. Per interview on 06/19/14 at 12:12 PM the Hospice Director stated "I've looked in the record and can't see where the Appeals Process was explained or given to the patient. The Hospice Director confirmed at that time that an Appeals Process notice was not found for this patient..</p> <p>Also see L-0679</p>	L 502	See attached	
L 544	418.56(b) PLAN OF CARE	L 544		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jeanne M. Fughlin</i>	TITLE President/CEO	(X6) DATE July 8, 2014
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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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L 544	<p>Continued From page 1</p> <p>The hospice must ensure that each patient and the primary care giver(s) receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the Hospice failed to ensure the patient and/or caregiver received education or training regarding medication management and transition from services. (Patient #4). Findings include:</p> <p>1. Per record review on 06/18/14 there was no documented evidence that Patient #4 or family received education and/or training for medication management or specific actions needed to transition to community resources. Patient #4 was admitted on 11/13/12 and was discharged from Hospice on 04/13/14. During this period of nearly one and half years of Hospice services the patient received medication management [pill pour] from nursing, mail order prescriptions and home aide services. Per the IDG [interdisciplinary group] meeting note of 04/08/14, the care plan notes 'will look into resources in the community, [the patient] was given the discharge letter, discharge date 04/13/14'. A nursing visit note of 04/09/14 states continue with care plan, transition and medication management. However, there is no documentation that the family or patient was educated regarding medication management nor what specific community resources were being obtained to help with the transition off of Hospice services.</p> <p>Several days after discharge per a case communication note of 04/16/14 states " patient note -confused about discharge, spoke at length about discharge from agency. Could hear</p>	L 544	<i>See attached</i>	

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L 544	Continued From page 2 [spouse] yelling out questions in the back ground the entire conversation. ...explained will need to get scripts from local pharmacy. Per the Case Communication note by the Social Worker of 04/17/14 the son said [patient] had gotten used to having Hospice and now is struggling to adjust to not having services. Per interview on 06/19/14 at 2:02 PM the Hospice Director was unable to state what resources were implemented and the plan was not specific as to what medication education was provided. S/he confirmed there was no clear training or education for the patient on how to obtain medications, medication management, or transition from services after discharge.	L 544		
L 679	418.104(b) AUTHENTICATION All entries must be legible, clear, complete, and appropriately authenticated and dated in accordance with hospice policy and currently accepted standards of practice. This STANDARD is not met as evidenced by: Based on record review and interview the medical record for 1 out of 5 patients did not have clear, complete or legible entries in the medical record. (Patient #4) Findings include: Per review the record of of Patient #4 who was discharged from Hospice services the signature on the notification of discharge was not clear and legible. Although the checked-box bullet notes "Family notified[-name and method]", there is no evidence in the medical chart of the method of notification. Additionally, there was no evidence that the Patient's Appeals Process was given to the patient. Per interview on 06/19/14 at 12:12 PM the Hospice Director stated " I am not entirely	L 679	<i>See attached</i>	

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L 679	Continued From page 3 sure who signed the paper but it was not the patient or the family". The Hospice Director confirmed at that time that Notification of Discharge was not clear complete or legible nor was an Appeals Process given to the patient. Also see L-0501	L 679	<i>See attached</i>	

AUG 28 2014

Survey Date 6/18/2014

ID Tag	Plan of Correction	Comp Date	Monitored by
L502	Patient Number 4 was discharged from Hospice on 4/18/2014.	NA	NA
	The VNH Hospice discharge procedure will be reviewed with IDT team members by 7/18/14. A tracking system will be developed by 7/18/14 to assure any Vermont non-death Hospice discharge patient receives Vermont notice of change in your home health services.	7/18/14	Chuck Crush, Director of Hospice
	The VNH Hospice discharge procedure will be reviewed with IDT team members by 7/18/14. A tracking system will be developed by 7/18/14 to assure any Vermont non-death Hospice discharge patient receives Vermont notice of change in your home health services.	7/18/14	Chuck Crush, Director of Hospice
	There will be a review of all non-death discharges with the clinical record to assure proper notification/information was given to patient/family for the next six months through 12/30/2014	9/30/14	Chuck Crush, Director of Hospice
L544	Patient Number 4 was discharged on 4/18/2014.	NA	NA
	The VNH Hospice discharge procedure will be reviewed with IDT team members by 7/18/14. A tracking system will be developed by 7/18/14 to assure any Vermont non-death Hospice discharge patient receives Vermont notice of change in your home health service	7/18/14	Chuck Crush, Director of Hospice
	The VNH Hospice discharge procedure will be reviewed with IDT team members by 7/18/14. A tracking system will be developed by 7/18/14 to assure any Vermont non-death Hospice discharge patient receives Vermont notice of change in your home health service	7/18/14	Chuck Crush, Director of Hospice
	There will be a review of all non-death discharges with the clinical record to assure proper notification/information was given to patient/family for the next six months through 12/30/2014	9/30/14	Chuck Crush, Director of Hospice
L679	Patient Number 4 was discharged on 4/18/2014.	NA	NA

*POC accepted 8/28/14
S. Emmons / F Keller*

	The VNH Hospice discharge procedure will be reviewed with IDT team members by 7/18/14. A tracking system will be developed by 7/18/14 to assure any Vermont non-death Hospice discharge		7/18/2014	Chuck Crush, Director of Hospice
	The VNH Hospice discharge procedure will be reviewed with IDT team members by 7/18/14. A tracking system will be developed by 7/18/14 to assure any Vermont non-death Hospice discharge		7/18/2014	Chuck Crush, Director of Hospice
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