

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

May 27, 2010

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

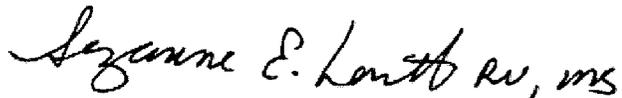
Provider ID #: 471506

Dear Ms. McLaughlin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 28, 2010.

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

Sincerely,



Suzanne Leavitt, RN, MS  
Assistant Director

Enclosure



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

PRINTED: 05/10/2010  
FORM APPROVED  
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 _____	(X3) DATE SURVEY COMPLETED  04/28/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  VNA & HOSPICE OF VERMONT AND 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
--------------------	--	---------------	---	----------------------

L 000	INITIAL COMMENTS	L 000		
L 503	418.52(a)(2) NOTICE OF RIGHTS AND RESPONSIBILITIES	L 503	Agency will re-educate field staff to this standard regarding the need to obtain a copy of each patient's Advanced Directive upon admission	5/7/10
	(2) The hospice must comply with the requirements of subpart I of part 489 of this chapter regarding advance directives. The hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable State law.		Revision of medical records admission checksheet to include Advanced Directives	5/21/10
	This STANDARD is not met as evidenced by: Per record review and staff interview, the Hospice Agency failed to obtain and/or have a copy of authorized consent from a representative or the client for Advance Directives for 7 of 14 applicable clients in the sample (Client's #1, 2, 3, 4, 5, 6 & 7 ) Findings include:		Inclusion of self-addressed and posted mailer in each admission packet fo facilitate receipt of Advanced Directives upon admission	4/30/10
	1. Per record review for the following Hospice clients: Client #1 admitted onto Hospice service on 5/27/09, Client # 2 on 9/17/09, Client # 3 on 8/28/09, Client # 4 on 2/5/10, Client # 5 on 10/26/09, Client # 6 on 2/4/10 and Client # 7 on 3/30/10, all noted as having Advanced Directives. However, there was no copy of the Advanced Directives in the client's medical record.		VP of Performance Improvement will monitor compliance with this standard through 100% review of admission checklists	5/28/10
L 504	418.52(a)(3) NOTICE OF RIGHTS AND RESPONSIBILITIES	L 504		

*Rec copy 5-28-10*  
*D. C. [Signature]*  
MAY 24 2010  
VERMONT DEPARTMENT OF HEALTH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James D. Maghlin</i>	TITLE President/CEO	(X6) DATE 5/21/10
--	------------------------	----------------------

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: 05/10/2010  
FORM APPROVED  
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 _____		(X3) DATE SURVEY COMPLETED  04/28/2010
NAME OF PROVIDER OR SUPPLIER  VNA & HOSPICE OF VERMONT AND 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	
L 619	Continued From page 2 documentation of observations of performances for tasks or skills with clients. Per interview on 04/28/10 at 4:30 P.M. the Human Resource Director confirmed that the competencies were not documented for the 4 Hospice aides.	L 619			
L 620	418.76(d) IN-SERVICE TRAINING  A hospice aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.  This STANDARD is not met as evidenced by: Based on record review and interview 4 of 5 Hospice aides did not receive 12 hours of mandatory in-service training during the previous 12-month period. Findings include:  1. Based on review of the Hospice Aide inservice hours, (12 hour annual) 4 of 5 personnel records reviewed had documented hours of non-hospice related work or skill items tallied as part of the inservice hours. Per interview on 04/28/10 at 4:30 P.M. the Human Resource Director confirmed that some of the hours were non-specific to Hospice aides.	L620	Agency will create on-line tracking of hospice LNA training  Agency will maintain complete training descriptions including individual scores in its human resources information system  Human Resources Director will run monthly reports to determine status of all LNA education  Human Resources Director will report status of LNA education to management monthly  Paper copy of employee tracking report will be placed/updated in each individual LNA personnel record on at least an annual basis  VP of Performance Improvement will monitor compliance of reporting with bi-annual reporting at the All Management meeting	4/30/10  5/1/10  5/1/10  5/1/10  5/28/10	
			<i>Doc used 5-24-10 D Carter 18</i>		