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
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 17, 2015

Jeanne McLaughlin, Director
VNA & Hospice Of Vermont & NH
205 Billings Farm Road Bldg 5
White River Junction, VT 05001

Provider ID #:471506

Dear Ms. McLaughlin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 8, 2015**.

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

Sincerely,

Suzanne E. Leavitt RN, MS

Suzanne Leavitt, RN, MSN
State Survey Agency Director
Assistant Division Director

Enclosure

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

PRINTED: 06/10/2015
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
	471506	A. BUILDING _____ B. WING _____	C 06/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VNA & HOSPICE OF VERMONT AND NH	~~1 HOSPITAL COURT~~ 205 Billings Farm Rd ~~BELLOWS FALLS, VT~~ 05101 Bldg 5 White River Jct, VT 05001

(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 An unannounced on site investigation of an agency generated self report was conducted by the Division of Licensing and Protection on 06/08/2015. There was 1 deficiency identified during this investigation. The following specifics are provided:	L 000		
L 555	418.56(e)(2) COORDINATION OF SERVICES [The hospice must develop and maintain a system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (2) Ensure that the care and services are provided in accordance with the plan of care. This STANDARD is not met as evidenced by: Based on medical record review and staff interviews, the agency failed to ensure that care and services ordered for 2 of 4 clients (Client #1 and Client # 2) are in accordance with the plan of care. The specifics are as follows: Per record review on 06/08/2015, 2 of 4 charts had physician orders for social services that were not carried out as ordered. Client #1 had initial orders on the 485 (the orders and care plan for hospice clients) that directed staff to see the client 1 every 5 days for 5 x's. The social worker met with the client on 4/4 and 4/20/2015. There are neither notes nor any updated physician orders to clarify why the frequency of social worker visits was decreased. A referral to social services to the client was made on 5/26/2015 and indicates that the visit will be made "next week." This is confirmed during interview with the Hospice Director at 12:30 pm.	L 555	See attached Pocumbent 7-16-15 Colum/Letto	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeanne McLaughlin
TITLE: President/CEO
(X6) DATE: 7/14/15

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 555	Continued From page 1 Per assessments and nurses/ notes, there is no indication that Resident # 1 needed a visit any sooner than the following week. During interview the Hospice Director indicated that the agency had already identified this as an issue and have put a plan in place to correct the problem of discrepancies between MD orders and visit frequency. Per review of the medical record for Client # 2, the initial order for social worker visits was for 1 every 5 days for 5 x's. The first visit was made on day 6, rather than day 5. The client was admitted on 5/23/2015; the first social worker visit was made on 5/29/ 2015 and a telephone call was made to Client # 2 on 6/1/2015 scheduling a visit for 6/2/2015. There is no documentation to clarify why the first visit was delayed.	L 555	See attached Accepted 7/10/15 Colleen [illegible]	

Survey Date 6/8/2015

ID Tag	Plan of Correction		Comp Date	Monitored by
L555	The McKesson Software system used by VNH hard codes frequency order options. The order 1 every 5 days 5 is interpreted as the last 5 as duration therefore the order is for 1 visit within 5 days which is regulatory for a social worker/social services visit for new admissions.			
	Clarification of dates for Client #1 - SOC 3/31/15 with Social Services visits on 4/4/15 which is within the 5 day window. A second order for 5/26 was for social services to resume care. The client died on 5/27/15.			
	Clarification of dates for Client #2 - SOC 5/23/15 - noted in record that the social worker, MH called and left a message for the client/family. Was able to reach them and arrange for visit on 5/29/15 at their request.			
	Social Services orders will be monitored for all admissions and recertification to ensure that frequency of visits is made and/or orders written to physician to support a change in visits.		6/1/15	Cynthia Scott, Hospice Director
	Education provided to individual social services team members with reinforcement of writing orders as well as scheduling visits to ensure comprehension and compliance.			Cynthia Scott, Hospice Director
	6 week audit of all records to ensure compliance and follow thru of orders.		7/16/15	Cynthia Scott, Hospice Director

Rec auth 7/16/15
Ovlum / Fritt