

Division of Licensing and Protection
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Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
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August 13, 2013

Jeanne McLaughlin, Administrator
Vna Of Vt & Nh
1 Hospital Court
Bellows Falls, VT 05101

Provider ID #:477002

Dear Ms. McLaughlin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 8, 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: 07/25/2013
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 07/08/2013
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NAME OF PROVIDER OR SUPPLIER VNA OF VT & NH	STREET ADDRESS, CITY, STATE, ZIP CODE 1 HOSPITAL COURT BELLOWS FALLS, VT 05101
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G 000	INITIAL COMMENTS	G 000		
G 144	<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 reviews and staff interviews the Agency failed to provide for effective reporting and coordination of patient care for 1 OF 2 applicable clients (# 2) Findings include:</p> <p>1. Based on record review and staff interview on 07/08/13, the Agency staff failed to document follow up to case conferences or that effective reporting had occurred for client #2. Per interview on 07/08/13 at 11:38 AM the Social Worker/Case Mgr. stated that Client #2 had on several occasions voiced concerns over the schedule and homemaker. The concerns were that the homemakers were not consistent in the time they arrived and that one of the homemaker was a smoker causing an irritant to the client, who has multiple breathing issues. The social worker stated that the complaint goes to the scheduler first, for any scheduling problems but everything else goes to the Long Term Coordinator (LTC). Per a case management note of 05/01/13 states "talked with supervisor (LTC)</p>	G 144	<p><i>See attached</i></p> <p><i>POC accepted S. Emms IF Ken RUMON DBA 8/13/13</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Joan M. Laughlin</i>	TITLE <i>President/CEO</i>	(X6) DATE <i>8/7/13</i>
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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 client didn't want present homemaker because she smoked, made arrangement for new homemaker and accepted staff...". Per review of the service order note for the week of 4/14/13 - 04/24/1 the service order note of 04/16/13 states ", order cancel -missed visit homemaker will start new homemaker Thurs". In addition on 04/19/13 the service notes states 'canceled by the office", however no further explanation was written as to who canceled the visits. There were no visits provided during this time. Per telephone interview in the afternoon of 07/08/13 the client stated "I spoke to some supervisor and [s/he] said we are working on something, but I didn't cancel them [visits] it was very hard to get a hard hold of the social worker and I know that they don't keep track of when a concern comes in so it becomes this dance and I have to tell several people before they get back to me, I made many call". Per review of the complaint log book as well as Case communication notes oand the schedulers's exclusion notes, there is no information documented regarding these multiple issues and/or exchange of information among staff. Per interview at 4:30 PM. the Clinical Director confirmed there were no notes/communication regarding the issues as noted above.	G 144	<i>See attached</i>		
G 160	484.18(a) PLAN OF CARE If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modification to the original plan.	G 160			

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G 160	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the Agency failed to obtain signed current physician orders for 1 of 2 clients. (Client #1) findings include:</p> <p>1. Per record review on 07/08/13 the Agency received a referral from the hospital on 04/19/13 stating "agency should see client each day for 3 weeks, teach [family] signs of hypoglycemia blood sugar, please assess for [aide services] and MSW [social worker].</p> <p>The 485 (plan of care/Physician order) dated 4/20/13 -6/18/13 states " SN [skilled nursing] 1 day 1; 1 wk 6, PRN 6, assess vital signs,s pain, homebound, safety, diabetic status, skin."</p> <p>There is no documentation that the physician was consulted to approve additions or modification to the original plan. Additionally, the 485 has not been signed as of hte date of the survey..Per interview at 2:20 PM the Clinical Director stated that the 485 is sent to the physician's office for signature and that it takes a few weeks for the return. However, s/he confirmed that the physician was not consulted to the changes and that the signed 485 has not been signed and returned.</p>	G 160	<p><i>See attached</i></p>	
G 170	<p>484.30 SKILLED NURSING SERVICES</p> <p>The HHA furnishes skilled nursing services in accordance with the plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the agency failed to provide skilled nursing services</p>	G 170		

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G 170	<p>Continued From page 3 in accordance with the Plan of Care for 1 clients of 2 clients. (Client # 1) Findings include:</p> <p>Per record review on 07/08/13 for Client # 1 who had multiple co-morbidities including diabetes, weakness, skin issues and a catheter, had a 485/ Plan of Care with physician orders with a start date on 04/20/13 for nursing to teach the family signs of hypoglycemia and blood sugars , monitor vital signs, safety, skin and assess catheter/urine drainage.</p> <p>Per review of the nursing visit notes from 04/20/13 through 05/22/13, nursing failed to assess the catheter function/drainage on 3 out of 6 visits; 04/21/13, 04/23/13 and 04/25/13.</p> <p>Per interview at 4:30 PM the Clinical Director confirmed that nursing failed to provide nursing services in accordance to the plan of care on the above dates.</p>	G 170		
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ID Tag	Plan of Correction	Comp Date	Monitored by
G144	<p>In addition to above, the VNA has hired a part-time case worker assistant. One of the duties for this new role is to conduct satisfaction calls on random selection of 30 Moderate Needs clients per month over a 3 month period. The calls will be logged on an excel spreadsheet.</p>	<p>Satisfaction calls to begin August 2013 thru October 2013</p>	<p>Rita Laferriere, Director of LTC</p>
	<p>Rita Laferriere, Director of LTC, reports that she did communicate with client #2 but did not document this communication. She will document follow-up in electronic issues database. Rita made a follow-up TC on 8/6/13 and patient reported she was currently satisfied with services and was pleased to have the same HM every visit since 4/30/13.</p>	<p>Completed 8/6/13</p>	<p>Rita Laferriere, Director of LTC</p>
G160	<p>The finance team monitors the 485 tracking. They will increase surveillance of delinquent 485's thru biweekly meetings. The report alerts will be set to flag delinquent 485's and these cases will be discussed at the meetings where clinical management will assist finance with problem-solving the issues.</p>	<p>Started 8/5/2013</p>	<p>Pam Jordan, Director of Billing Services/Sheila Aubin, VP Clinical Services</p>
G170	<p>The clinical field staff and clinical management will be educated on the following process: If the MD orders on initial referral differ from the POC established by the admitting clinician, the clinician is to document, in the admission clinical note, the communication with MD to account for the variation.</p>	<p>Education to be completed by 8/23/13.</p>	<p>Cathy Bernard RN, Director of Performance Improvement</p>

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G 17C	90 day chart audit will be conducted to monitor the referral orders compared to the established POC, and whether above process was followed to document variances. A total of 30 admission charts per month will be audited	August 2013- October 2013	Cathy Bernard RN, Director of Performance Improvement
	Education to clinical staff to reinforce requirement for following POC.	Completed by 8/23/13	Cathy Bernard RN, Director of Performance Improvement
	90 day chart audit will be conducted on cases where patient has a foley catheter. The cases will be identified thru OASIS assessment. 30 cases/month will be audited for documented adherence to the POC, specifically assessment of foley/GU system.	August 2013- October 2013	Cathy Bernard RN, Director of Performance Improvement

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H 001 SS=A	Initial Comments An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection. The following are State Regulatory findings.	H 001		
H 644 SS=D	6.11 Organization, Services and Administration VI. Organization, Services and Administration 6.11 A home health agency shall investigate complaints made by a patient, the patient's family or a legal guardian regarding treatment or care that is (or that fails to be) furnished, or regarding the lack of respect for the patient's property, by the agency or by anyone furnishing services on behalf of the home health agency, and must document both the existence of the complaint and the resolution of the complaint. The home health agency shall furnish patients with the toll-free number for the Home Health Hotline. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home health agency failed to document a complaint expressed by 1 client. (Client # 2) Findings include: 1. Per record review, on 07/08/13 at 11 A.M., agency staff failed to document a complaint voiced by Client # 2 when multiple concerns were expressed about scheduling and homemaker services. Per telephone interview in the afternoon of 07/08/13 the client stated "I spoke to some supervisor and [s/he] said we are working on something, but I didn't cancel [visits] it was very hard to get a hard hold of the social worker and I	H 644	See Attached	

Pol accepted
S. Emmons / R. Kullen ^{RN} _{MSW} _{DBA} **8/13/13**

Division of Licensing and Protection
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Joanna DeLoughlin* TITLE: *President / CEO*
 STATE FORM 6899 GOGO11 (X6) DATE: **8/7/13**
 If continuation sheet 1 of 2

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H 644	Continued From page 1 know that they don't keep track of when a concern comes in so it becomes this dance and I have to tell several people before they get back to me, I made many call". Per review of the complaint log book as well as Case communication notes and the schedulers's exclusion notes, there is no information documented regarding these multiple issues and/or exchange of information among staff. Per interview at 4:30 PM. the Clinical Director confirmed there were no notes/communication regarding the issues as noted above.	H 644	<i>See attached</i>		

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H 644	Rita Laferriere, Director of Long Term Care, will discuss the process for handling complaints at her next scheduled Long Term Care Case Management (LTC CM) meeting. She will explain that the LTC CM's are to use a case communication note to document patient concerns and assign to Rita Laferriere, or designee. Rita will then use the follow up case note to document her response. If the issue rises to the level of a complaint or incident, Rita will document the issue in the electronic issues database.	This item is on the agenda for LTC CM Meeting 8/7/13.	Rita Laferriere, Director of LTC