



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

October 9, 2012

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 annual state designation survey conducted on **August 29, 2012**.

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

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN". The signature is written in a cursive, flowing style.

Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2012
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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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(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) COMPLETE DATE
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H 001	Initial Comments An unannounced annual state designation survey was conducted at the agency by the Division of Licensing & Protection between the dates of 8/27/12 and 8/29/12. The following findings are related to the State Designation survey.	H 001		
H 645 SS=D	<p>6.12(a) Organization, Services and Administration</p> <p>VI. Organization, Services and Administration</p> <p>6.12 A home health agency shall keep a log of all complaints. The log shall include the date of the complaint, name of complainant, subject of the complaint, person assigned and the date and resolution of the complaint.</p> <p>(a) The home health agency shall respond to all complaints, whether received orally or in writing, within 2 business days.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview, the Home Health Agency failed to maintain a complete complaint log which included the person assigned and a 2 business day response time to all complaints received orally or in writing. Findings include:</p> <p>Review of the the Agency's Complaint Log from the last 12 month period revealed that it did not consistently address requirements specific to the Regulations for the State Designation and Operation of Home Health Agencies, which require a response to all complaints within 2 business days and the person assigned to review. Per interview on the afternoon of 07/11/12 the Performance Improvement</p>	H 645	<p><i>James H. ... POC completed 8/29/12</i></p> <p><i>Trish ... ANMS</i></p>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *James H. ...* TITLE: *President/CEO* (X6) DATE: *Sept 17, 2012*

STATE FORM 6899 51KE11 If continuation sheet 1 of 2

Division of Licensing and Protection

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H 645	Continued From page 1 Coordinator stated that the log was a new electronic system and "I understand we're not there yet" and confirmed that the complaint log did not contain all the required components for the State required complaint log.	H 645		
H1424 SS=D	14.4(l) Clinical Records XIV. Clinical Records 14.4 A home health agency ' s patient clinical records, whether written or electronic, shall contain at a minimum: (l) A copy of any advanced directive, Do Not Resuscitate Order (DNR) or Clinician ' s Order for Life Sustaining Treatment (COLST), if applicable. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home health agency failed to ensure a copy of the Advance Directives was available in each client's chart for 3 of 20 applicable records reviewed. (Clients # 1, #4, #5) Findings include: Per record review during the days of survey, Clients #1, #4, & #5 did not have a copy of their Advanced Directives in their chart. Each of the clients had been identified in the Electronic Medical Record (EMR) as having Advanced Directives, however there was no evidence the agency retained copies in the EMR. When requested to provide evidence of the Advanced Directives, the Home Care Manager confirmed on the afternoon of 08/29/12 that the Agency had not obtained copies of the Advanced Directives.	H1424		

Survey Date 08/29/12

ID Tag	Plan of Correction	Comp Date	Monitored by
H645			
	Titles in the complaint log will be changed to reflect Designation Rules.	Completed by September 28, 2012	Director of Performance Improvement
	Develop written process for printing and formatting of complaint log.	Completed by September 28, 2012	Director of Performance Improvement
	Develop protocol for notification that will be sent within 2 business day to complainant notifying them of the receipt of their complaint	Completed by September 28, 2012	Director of Performance Improvement
	Focused reeducation with clinical managers at next clinical operations meeting regarding use of log, including responsibility for response.	Completed by October 2, 2012	Director of Performance Improvement
	Daily review of complaint log to ensure complaints are reviewed and responded to per VNA policy	Begin September 2, 2012	Director of Performance Improvement
H1424			
	Revision of start of care checklist for medical records personnel to include copy of advanced directives and/or evidence that the clinician confirmed they had copies.	Completed by September 28, 2012	Director of Performance Improvement
	Reinforcement of regulatory requirements thru Care2Learn module which will be required for all admitting staff	Begin September 24, 2012 and completed by October 26, 2012	VP of Clinical Services with Director of Rehab and Clinical Managers

Education and use of revised consent form to include checkbox for visualization of advanced directives

Begin September 24, 2012 and completed by October 26, 2012

VP of Clinical Services with Director of Rehab and Clinical Managers

180 day audit of 10% for start of care documentation to ensure status of advanced directives is documented.

Begin September 28, 2012 thru February 28, 2013

Director of Performance Improvement