

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

RECEIVED  
Division of

PRINTED: 06/04/2010  
FORM APPROVED  
OMB NO. 0938-0391

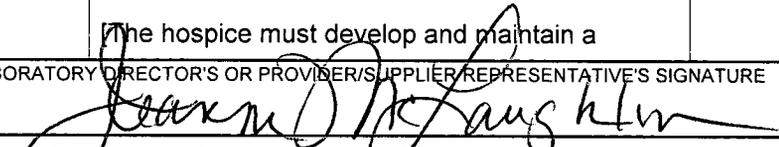
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>471506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <b>JUN 2 1 10</b> Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/25/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VNA &amp; HOSPICE OF VERMONT AND NH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 HOSPITAL COURT</b> <b>BELLOWS FALLS, VT 05101</b>
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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  An unannounced on-site complaint investigation was conducted on 05/25/10 by the Division of Licensing and Protection. Based on the information gathered the following regulatory violations were cited.	L 000		
L 543	418.56(b) PLAN OF CARE  All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.  This STANDARD is not met as evidenced by: Based on record review and interview the Hospice failed to provide services according to the plan of care for 1 applicable client (Client #1). Findings include:  1. Per review on 05/25/10 of the clinical records for Client #1, a skilled nursing visit was not made during the week of March 14-20, 2010. The physician order dated 02/26/10 directed nursing staff to make skilled visits every other week to assess safety, pain, cardio-pulmonary status and end of life issues. Per review of the visit notes and schedule, nursing made a visit on 03/03/10 and not again until 03/25/10 missing a week of visits. Per interview on 05/25/10 at 4:15 PM the Administrator confirmed the nurse failed to provide services as according to the plan of care.	L 543	<b>ID Tag</b>  Plan of Correction  Re-education of staff around timely order generation.  Director of Hospice will review reports on a daily basis to ensure visits are assigned as scheduled.  Director of Hospice will report compliance of missed visit report at All Management meetings at least quarterly.	<b>Comp Date</b>  4/30/10  4/23/10  7/15/10
L 556	418.56(e)(3) COORDINATION OF SERVICES  The hospice must develop and maintain a	L 556		

*POC accepted by S. Emmens, RD on 6/17/10 S. Leung, RN*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>President</b>	(X6) DATE <b>6/17/10</b>
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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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NAME OF PROVIDER OR SUPPLIER  <b>VNA &amp; HOSPICE OF VERMONT AND NH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 HOSPITAL COURT BELLOWS FALLS, VT 05101</b>		
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L 556	Continued From page 1 system of communication and integration, in accordance with the hospice's own policies and procedures, to-] (3) Ensure that the care and services provided are based on all assessments of the patient and family needs.  This STANDARD is not met as evidenced by: Based on record review and interview the Hospice Agency failed to maintain a system of communication to ensure that care and services were provided for 1 applicable client. (Client #1) Findings include:  1. On 05/25/10 per record review and interview, Client #1's telephone call was not returned nor did staff coordinate for follow-up. Per the telephone log for weekend of March 20-21, 2010 the on-call nurse wrote on 03/21/10, "please call (Client #1) in (client's hometown) for resumption of care, husband called and I could not understand his message". Per review of case conference notes, no telephone call nor a visit was made to the family over the week-end or within the next few days. Per interview on 05/25/10 at 4:15 PM, the Administrator confirmed that the expectation was to call back the next business day and nursing should've been notified or scheduled to make a visit.	L556	Daily review of triage report by clinical manager or designee for follow-through on each item as needed.  Audit of triage report by Hospice Director to ensure 100% compliance with follow-up.  Director of Hospice will report compliance of missed visit report at All Management meetings at least quarterly.	6/16/10  6/16/10  7/15/10	
			POC accepted by S. Emmons, RD on 6/21/10. S. Emmons, RD		