

Division of Licensing and Protection
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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 12, 2011

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
April 12, 2011.

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

Sincerely,



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 C 04/12/2011
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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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H 001 Initial Comments

H 001

An unannounced on-site complaint investigation for six complaints for the Designation and Operation of Home Health Agencies was conducted by the Division of Licensing and Protection between 04/11/11 and 4/12/11 and completed on 04/12/11. There were regulatory violations.

H 513 5.3 Requirements for Operation
SS=D

H 513

V. Requirements for Operation

5.3 A home health agency shall have the staffing and supplies necessary to provide the services it offers. A home health agency shall ensure that services and staff are available to meet the needs of patients who have been accepted for services within the home health agency 's specified geographic area and that there are contingency plans for each patient in the event of an unexpected, temporary unavailability of scheduled services

This REQUIREMENT is not met as evidenced by:

Based on record review and interview the agency failed to ensure that staff and services were available to meet the needs of one Choices for Care client (# 2) in the applicable sample.

Findings include:

Per record review on 4/11/11, the agency sent a letter to the client on 1/24/11 suspending homemaking services because of allegations of sexual inappropriateness towards agency staff and the inability (by the agency) to recruit a male homemaker.

Per record review, services were initially 'temporarily suspended' (via e-mail to the client)

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

President / CEO
TITLE

(X6) DATE

5/5/11

Division of Licensing and Protection

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H 513	Continued From page 1 for homemaker services on July 30, 2010 while the agency investigated complaints of inappropriate behavior towards agency staff. Per interview on 4/11/11 at 12 noon with the Long Term Care Coordinator s/he confirmed that the agency was unable to recruit a male housekeeper (homemaker) and that in January 24, 2011 a letter was sent to the client informing him/her that homemaker services would no longer be provided by the agency. Per interview on 4/11/11 at 12:15 P.M. with the HR Director s/he confirmed that the although the agency advertised for 'homemakers' between July 2010 and the present, the agency did not specifically advertise or recruit for male homemaker(s) or for a male homemaker for this client.	H 513	<i>See attached</i>	
H 517 SS=D	5.7(a) Requirements for Operation V. Requirements for Operation 5.7 A home health agency shall notify the Department of all critical incidents among its current patient population within specified time-frames below. Verbal reports shall be followed by a written report that summarizes the occurrence. (a) A home health agency shall report any suspicion of abuse, neglect or exploitation as defined in 33 V. S. A. §6902 to the Division of Licensing and Protection 's Adult Protective Services unit within 48 hours. This REQUIREMENT is not met as evidenced by: Based on record review and interviews the Agency failed to notify the Division of Licensing and Protection's Adult Protective Services (DLP &	H 517		

Division of Licensing and Protection

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H 517	Continued From page 2 APS) within 48 hours of suspected neglect or misappropriation of property for 2 applicable patients. (Patient #3 & #4) Findings include: 1. Per record review for patient #3 a visit note dated 6/25/10 by the Case Manager from the Home Health Agency (HHA) wrote "caregiver refusing to cath (catheterize) patient #3...". Per a self-report intake to the Division of Licensing and Protection dated 8/11/10 the HHA case manager stated "around the week of 06/24/10 the caregiver up and left the patient's home leaving him in his bed on his side for 15 to 16 hours, resulting in him developing a decubitus...and... was unsure who the PCA (personal care attendant) reported to and whether or not they had filed a report with APS, therefore her supervisor advised her to file a report today". Per telephone interview on 04/12/11 at 10:30 AM the HHA's case manager stated that s/he "spoke to the caregiver and it was o.k. for a while but then it got worst and the patient fired the caregiver and got a new caregiver". In addition, the case manager stated that s/he spoke to an APS field investigator but was unable to remember the date or time, nor was there documentation at either APS office or the HHA office. The Choices for Care Coordinator confirmed on 4/12/11 at 10:45 AM that there was no evidence that APS was notified within 48 hours of suspected neglect. 2. Per review of Patient #4's record a communication note of 11/02/10 states "visited home regarding PCA, money stolen, file report and spoke to CEO". Per the Agency's incident report dated 11/02/10 the PCA was pulled 'from the field, contacted the Brattleboro police, will schedule an appointment with [PCA]". A communication note dated 11/03/10 states call to	H 517	See attached

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H 517	Continued From page 3 [APS field investigator] will send follow up report to APS". Per review of the intake records at the APS and DLP office no report was filed. Per an interview on 04/12/11 at 10:30 AM the staff nurse stated " I did speak with the CEO, I assumed the Case manager would've called too", and also stated that a s/he spoke to the field investigator but was unable to recall date nor time. Per interview on 04/12/11 at 10:45 AM the Long Term Coordinator confirmed there was no evidence that an incident report nor a follow-up report was sent to the office of APS/DLP.	H 517	
H 735 SS=D	7.3 (b) DISCONTINUATION OF SERVICES VII. Discontinuation of Services 7.3 When a home health agency identifies a need to discontinue or reduce services to a patient, the home health agency shall provide a verbal notice, followed by a written notice, accessible to the patient. (b) All notices shall include the reason for the discontinuation of services, the date services will be discontinued and information regarding the patient 's right to appeal, if applicable, and where to file an appeal, the name and address of the Health Care Ombudsman or, if applicable, the State Long-Term Care Ombudsman and a statement that the patient may request that services continue while the appeal is pending, if applicable. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the Agency failed to notify 1 client in the applicable	H 735	See attached

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H 735	<p>Continued From page 4</p> <p>sample (#2) where to file an appeal when his/her homemaker services were discontinued and for 1 client (# 1) failed to provide them with a written notice when their services were decreased and/or discontinued. Findings include:</p> <p>1. Per record review on 4/11/11 the agency failed to include information in the letter sent to client # 2 that informed him/her that the agency was suspending homemaker services, and their right to appeal the decision and how the appeal could be filed. On 4/11/11 at 12:15 P.M. the VP of Clinical Services confirmed that the letter sent to the client on January 24, 2011 suspending homemaker services had no information regarding the client's appeal rights.</p> <p>2. Per record review on 4/11/11 Client # 1 had Licensed Nursing Aide (LNA) services discontinued on 12/21/10 and skilled nursing services decreased (on 3/25/11) from weekly to every other week. There was no written information outlining the reduction of services in the client's file and this was confirmed on 4/12/11 at 12 noon by the VP of Clinical Services.</p>	H 735	See attached

POC for 041211

ID Tag	Plan of Correction	Comp Date	Responsible Party
H513	<p>Long Term Care Case Managers (LTCCC) are responsible for quarterly chart audits which includes review of discharge letters, appeal rights and contact information provided for each LTC client.</p>	April 2011 and ongoing	Long Term Care Case Managers
	<p>Director of Long Term Care will report compliance regarding inclusion of discharge letters, appeal rights and contact information will be reported bi-annually to the Quality Council.</p>	April 2011 and ongoing	Director of Long Term Care
	<p>Director of Long Term Care will provide education to LTC case managers regarding required documentation for all discharges from services.</p>	April 13, 2011 and ongoing	Director of Long Term Care
	<p>Director of Long Term Care will provide education to LTC case managers regarding requirement of providing a discharge letter upon discharge or with reduction of services to all LTC clients.</p>	April 13, 2011 and ongoing	Director of Long Term Care
H517	<p><i>POC account 5-16-11 D. Chittam 182</i></p> <p>Director of Quality Improvement is responsible for monthly audits which includes review of complaints/incidences leading to mandatory reporting as required by Adult Protective Services (APS)</p>	12-Apr-11	Director of Quality Improvement
	<p>Director of Quality Improvement will report non-compliance of mandatory reporting with APS to the Director of LTC</p>	April 12, 2011 and ongoing	Director of Quality Improvement
	<p>Director of Long Term Care will initiate education and implementation of compliance with Adult Protective state manual - 'Raising Awareness' with all LTC case managers</p>	13-Apr-11	Director of Long Term Care
	<p>Director of Long Term Care will initiate education and implementation of compliance with Adult Protective state manual - 'Guide to Recognizing and Reporting Abuse, Neglect and Exploitation of Vulnerable Adults' with all Personal Care Attendants</p>	10-May-11	Director of Long Term Care
H735	<p><i>POC account 5-16-11 D. Chittam 182</i></p> <p>Director of Long Term Care (LTC) is responsible for monthly chart audits which includes review of discharge letters, appeal rights and contact information provided for each LTC client.</p>	April 2011 and ongoing	Director of Long Term Care
	<p>Director of Long Term Care will report compliance regarding inclusion of discharge letters, appeal rights and contact information will be reported bi-annually to the Quality Council.</p>	April 2011 and ongoing	Director of Long Term Care

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

PRINTED: 04/26/2011
FORM APPROVED
OMB NO. 0938-0391

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G 000 INITIAL COMMENTS

G 000

An unannounced complaint investigation for six complaints was conducted by The Division of Licensing and Protection from 04/11/11 through 4/12/11 and was completed on 04/12/11. Based on the Federal Home Health Rules and Regulations, the following regulatory violations are noted:

G 141 484.14(e) PERSONNEL POLICIES

G 141

Personnel practices and patient care are supported by appropriate, written personnel policies.

Personnel records include qualifications and licensure that are kept current.

This STANDARD is not met as evidenced by: Based on record review and interview the Agency failed to have written personnel polices reflecting current personnel files for 2 employees (# A & B) in the sample. Findings include:

1. Per review of employee # B's personnel file, whose date of hire was in 2010, there was no current information pertaining to a 12/10/10 criminal conviction. Per interview on 04/11/11 at 3:15 PM with the Human Resource Director (HRD) who stated " I think I recall talking about the assault" however there was no information documented in the file regarding the incident. In addition, when asked by the nurse surveyor for the policy for periodic re-checking of background check or situations where employees have positive criminal checks, the HRD stated that they were in the process of re-checking the personnel files and that "we need to add that employees report to the manager if there a

See attached

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 141 Continued From page 1
situation/conviction occurs". At that time the HRD confirmed there was no policy regarding changes to qualifications for employees.

G 141

2. Per review of employee # A's personnel file, whose date of hire was June 15, 2009, there was a positive hit for a criminal conviction in the employee's file. There was no evidence of documentation in the employee's file that the criminal conviction had been reviewed/investigated by HR (Human Resource) staff or the administration before the employee was hired.

See attached

Per interview with the HRD on 4/11/11 at 3 P.M. s/he confirmed that there was no documentation in the file that there had ever been an investigation conducted for this employee regarding this criminal conviction, before s/he were hired.

G 144 484.14(g) COORDINATION OF PATIENT SERVICES

G 144

The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.

This STANDARD is not met as evidenced by:
Based on record review and confirmed through staff interview, the agency failed to assure effective reporting and coordination of client care and services for 1 applicable patient. (Patient #3). Findings include:

1. Per record of review on 4/11/11 of Patient #3's medical record, the nursing note of 06/25/10 stated "care giver refusing to catheterize [patient]". Per information received from an

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G 144 Continued From page 2
Agency self-report on 08/11/10, it is written that 'the care giver left the patient for 15 to 16 hours around the week of 6/24/10'. Per the Patient's Service Plan through the Choices for Care (CFC) Program, the Patient is to be catheterized and turned frequently. Although Patient #3's services are provided by CFC and are self-directed, the case management to assure that service provision is coordinated is provided by the Agency. Per interview on 04/12/11 at 2:30 AM the Case Manager for the Agency confirmed that the CFC program was not contacted regarding the lack of services.

G 144

See attached

POC for 041211

ID Tag	Plan of Correction	Comp Date	Responsible Party
G141	Director of Human Resources (HR) is responsible tracking and trending all positive criminal background checks.	April 13, 2011 and ongoing	Director of Human Resources
	Director of Human Resources will report all criminal background checks to the President/CEO or designee within 1 business day.	April 13, 2011 and ongoing	Director of Human Resources
	Director of Human Resources will revise the Background Check Policy to include required state elements including periodic updating of background checks and a procedure to document reports of activity and follow thru.	April 13, 2011 and ongoing	Director of Human Resources
	Director of Human Resources will provide education to her HR staff regarding requirement to repeat a criminal background check on current employees for which reported activity is received.	April 13, 2011 and ongoing	Director of Human Resources
	<i>POC complete 5-10-11 D. Chidambaram</i>		
G144	Director of Long Term Care, with each case conference team leader, is responsible for review of all critical client issues where LTC services are complimented by other home care programs through weekly case conferences	Week of April 18, 2011 and ongoing	Director of Long Term Care
	Case Conference Team Leaders will report issues/concerns of clients whose care is provided by LTC and another home care program to the Director of Long Term Care as the weekly case conference meetings are held.	Week of April 18, 2011 and ongoing	Director of Long Term Care
	As a systematic change to the agency, any future issues between the certified and waiver programs will be followed up with a case communication note attached to the client's electronic medical record (EMR) at the time the issue/s is identified.	Week of April 18, 2011 and ongoing	Team Leaders
	Director of Long Term Care and VP of Clinical Services will initiative education to all agency case managers regarding the need to communicate client issue/s in a timely manner when a case is covered by both a waiver and certified program.	6-May-11	Director of Long Term Care and VP of Clinical Services
	<i>POC complete 5-10-11 D. Chidambaram</i>		