



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

Division of Licensing and Protection
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February 16, 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 survey conducted on **January 18, 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, MS
Licensing Chief

PC:jl

Enclosure



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

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 01/18/2012
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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) COMPLETION DATE
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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 applicable client (# 1) Findings include:</p> <p>1. Based on record review and staff interview, agency staff failed to document that case conferences or notifications had occurred for client #1. Per record review on 01/18/12 client #1 had a referral order dated 07/22/11 for physical therapy to evaluate home safety, establish a home program and to assess gait and balance. The client was coming home from a rehab center after sustaining a hip fracture and shoulder dislocation. The physical therapist did not make a visit until 08/10/11, 17 days after the client came home. There was no evidence in the client's record to indicate if the physician had been notified of the delay in care. In addition, concerns from the family and/or the case worker were telephoned to the office on 08/09/11. There are no case conference notes showing the</p>	G 144	<p>See attached</p> <p>Poc accept 2/15/12</p> <p>Sharon L. Emmons RN</p>	

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

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

PRINTED: 01/20/2012
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 01/18/2012
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 144	Continued From page 1 interchange of information and concerns. Per interview on 01/18/12 at 4:00 PM the Clinical Manager confirmed that the case communication notes did not contain coordination of care notes or reports.	G 144			
G 185	484.32 THERAPY SERVICES Any therapy services offered by the HHA directly or under arrangement are given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist and in accordance with the plan of care. This STANDARD is not met as evidenced by: Based on record review and confirmed through interviews, the agency failed to provide timely therapy visit in accordance with the plan of care for 1 applicable clients. (Clients #1) Findings include: 1. Per record review on 01/18/12 client #1 had a referral order dated 07/22/11 for physical therapy to evaluate home safety, establish a home program and to assess gait and balance. The client was coming home from a rehab center on 07/21/11, after sustaining a hip fracture and shoulder dislocation. The Physical therapist did not make a visit until 08/10/11, 17 days after the client came home. Per interview on 01/18/12 at 4:00 PM the Clinical manager stated that the expectation would be that the therapist would make a visit with in the week and was not sure what happened.. S/he confirmed that services were not provided in a timely manner.	G 185			

See attached

POC for 01/18/2012

ID Tag	Plan of Correction	Comp Date	Responsible Party
G144	VNAH has no record of communication from the family regarding services on 8/9/11		
	Scheduling will send a service order note to physical therapy upon assigning an evaluation visit	Begin February 1, 2012	Scheduling Manager
	Service orders will be swept back each week to ensure no physical therapy evaluations are unassigned	Begin February 1, 2012	Scheduling Manager
	Chart audits for 10% of all physical therapy evaluation orders will be conducted to ensure timeliness and service order note has been completed	Begin February 1, 2012	Rehabilitation Director
G 185	Scheduling will produce a list of PT Evaluation service orders on a daily basis resulting in a 10% audit for a period of three months	Begin February 1, 2012	Scheduling Manager and Rehabilitation Manager
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	Chart audits for 10% of all physical therapy evaluation orders will be conducted to ensure timeliness and service order note has been completed	Begin February 1, 2012	Rehabilitation Director
G 185	Scheduling will produce a list of PT Evaluation service orders on a daily basis resulting in a 10% audit for a period of three months	Begin February 1, 2012	Scheduling Manager and Rehabilitation Manager

POC accepted
2/15/12

for G-144
+ G-185

Steve J. Emmers, RN