

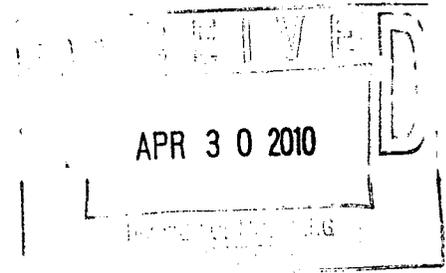
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VNA OF VT &amp; NH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 HOSPITAL COURT 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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G 000	INITIAL COMMENTS	G 000		
	On 4-14-2010 through 4-15-2010 and extended survey was conducted. The Immediate Jeopardy cited on 4/5/10 was removed and an additional Condition of Participation was cited.			
G 151	484.16 GROUP OF PROFESSIONAL PERSONNEL	G 151		
	This CONDITION is not met as evidenced by: Based on information obtained through staff interviews and review of the Policy and Procedure Manual and the Professional Advisory Committee (PAC) meeting minutes, that agency failed to have documented evidence that the PAC team reviewed and revised agency policies and procedures annually. See G 153.			
G 153	484.16 GROUP OF PROFESSIONAL PERSONNEL	G 153	VP Performance Improvement and CEO to review policies requiring Professional Advisory Committee (PAQC) signature and assure in correct format	4/20/10
	The group of professional personnel establishes and annually reviews the agency's policies governing scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one member of the group is neither an owner nor an employee of the agency.		VP Performance Improvement will mail policies to members of PAQC who will review policies	4/21/10
	This STANDARD is not met as evidenced by: Based on staff interview and record review the agency failed to assure that annual reviews of the agency's policies and procedures governing client care and services were conducted by the Professional Advisory Committee (PAC) and that		PAQC to review and approve policies (minutes attached)	4/22/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *James McLaughlin* TITLE President (X6) DATE 4/27/10

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 153	<p>Continued From page 1</p> <p>those results were documented. Findings include:</p> <p>On the morning, of 4-15-10, the surveyor reviewed the agency's Policy and Procedure Manual and the PAC meeting minutes for the past year. The agency failed to demonstrate there was a process in place for the PAC team to annually review and/or revise and document the results of the review process of the agency's policies and procedures. The following sample of policies with review/revision dates were found in the Policy and Procedure Manual.</p> <ul style="list-style-type: none"> <li>* Professional Advisory and Quality Committee - effective 3-20-08</li> <li>* "VNAH" Quality Plan - effective date 10-20-05</li> <li>* Admission to Home Health - revised date 3-20-08</li> <li>* Discharge from Home Health - effective 3-20-08</li> <li>* Patient Plan of Care - revised 3-20-08</li> <li>* Emergency Care -reviewed/ revised 9-7-95</li> </ul> <p>Per interview on the morning of 4-15-10, the Quality Improvement Director confirmed there was no documented evidence in either the Policy and Procedure Manual or the PAC team meeting minutes indicating the PAC team conducted an annual review/revision of the Policy and Procedure Manual.</p>	G 153	<p>Professional Advisory Committee will sign off on policies (as amended by committee) required by Intrepretive Guideline 484.16 and Designation and Operations for Homecare State of VT Section 6.7</p> <p>VP Performance Improvement will place each signed policy in a plastic sleeve to identify as policy requiring signature</p> <p>VP Performance Improvement will review policies for PACQ at least annually for review and approval</p> <p><i>POC complete 5-6-10</i> <i>[Signature]</i></p>	<p>5/10/10</p> <p>5/11/10</p> <p>Ongoing</p>

**VISITING NURSE ASSOCIATION AND HOSPICE OF VERMONT  
AND NEW HAMPSHIRE**

**PROFESSIONAL ADVISORY AND QUALITY COMMITTEE**

(Policy Review Subcommittee meeting)

**April 22, 2010**

**1:00-3:00 PM**

**Minutes**

**Present:** Phil Wade, MD, George Hartmann, Tom Wilson, MD, Kathy Anderson, RN, Lynn Peterson, MD, Margaret Robinson

**VNAH Staff Present:** Sheila Aubin, Jeanne McLaughlin, Susan Schuhmann

**Agenda:**

Meeting called to order at 1:03 pm by Sheila Aubin stating the agenda for this meeting. Sheila and Jeanne McLaughlin verified for the committee, that the policy approval signature indicates policy review, but not implementation. Several committee members questioned if these same policies are required for all home health/ hospice agencies across the country. The response is that for the most part, yes, but the State of Vermont Designation rules have some requirements which supersede the federal rules. An example, the discharge regulations for patients residing in Vermont.

The following 17 revised policies were presented and reviewed by the committee:

**A. General Policies**

- Quality Improvement Program
- Annual Agency Program Evaluation
- Release of Information
- Personnel Qualifications
- Emergency Service
- Advanced Directive
- Patient Discharge/Transfer/Involuntary Discontinuation of Services
- Complaint Procedures

**B. Hospice Policies**

- Scope of Services – Hospice Program
- Admission-Hospice
- Clinical Records
- Physicians Orders
- Plan of Care

**C. Home Care Policies**

Establishment, Security and Retention of the Clinical Record  
Admission – Home Care  
Scope of Services – Certified Home Health Services  
Medical Supervision/Plan of Care

**Actions:**

- Suggested by Committee Prior to final signing:
  - Wording adjustments, formatting to be sure each policy has the policy statement first, followed by the purpose, and then the procedure.
  - Be sure to add today's date as the review date on each policy,
  - Define each acronym used
- Sheila Aubin to check on the time frame for the review and update of the plan of care by the interdisciplinary group
- Sheila to include in the home care and hospice clinical record policies, nursing students can also document in the clinical record if trained to do so.
- Sheila to talk with Amy McLaughlin about the Long Term Care program policies and whether there should be a separate scope of services policy for that program or can PCA's be included under the
- Add to Advance Directive Policy to check that the Directive spoken by the patient matches the directive on line in the database.
- Dr. Wade suggested having an attorney well versed in Advance Directives review the policy to help address the question of how to know if an advance directive is valid.

Discussion followed of whether to include an extra PAQC meeting in addition to the quarterly meetings for the purpose of reviewing policies as a group. All agreed.

Meeting adjourned at 2:26pm.

Eileen Moran  
Administrative Assistant  
Quality Improvement Dept.