Division of Licensing and Protection
HC2 South, 280 State Drive
Waterbury VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line:(888) 700-5330
To Report Adult Abuse: (800) 564-1612

September 23, 2022

Mr. Nicholas McCardle
Bayada Home Health Inc.
600 Blair Park Road, Suite 300
Williston, VT 05495

Provider ID #: 477019

Dear Mr. McCardle:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 4, 2022**.

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

Sincerely,

Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Division Director

Enclosure

Vermont State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING B WING	(X3) DATE SURVEY COMPLETED 08/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYADA HOME HEALTH CARE INC	600 BLAIR PARK ROAD, SUITE 300 , WILLISTON, Vermont, 05495

(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
H0001	Initial Comments An unannounced onsite investigation of four complaints and one Facility Reported Incident was conducted on July 12th, 13th and 19th, 2022 by the Division of Licensing and Protection. The investigation concluded on August 4, 2022. There were no findings for three complaints and the Facility Reported Incident. The Following are the findings for the identified regulatory deficiencies for complaint 61093:	H0001		
H1201	Unlicensed Caregiver Services CFR(s): 12.1 If a home health agency provides or arranges for unlicensed caregiver services, those services shall be provided pursuant to a patient ' s plan of care in accordance with state and federal program standards and shall include, but not be limited to, personal care services and/or homemaker services. Based on record review and interviews the home health agency failed to assure that services were provided to a patient (Patient #5) per the service plan and the Emergency Preparedness assessment, according to state regulations for a state program. Findings include: On 10/27/2021 a complaint was received regarding a patient receiving services in the State Choices For Care (CFC) program. The patient resided in an apartment in the Southern region of the State. According to the Regional Director (RD) and the Northern Director (ND), in an interview on 7/13/22 at 11:30 am, the Southern Director of the region had resigned their position prior to the time frame of the complaint. Other Directors assisted in covering the area during the search for and orientation of a new Director. The complainant, an Emergency Medical Services (EMS) responder, stated that they were called to the patient's address and the resident stated that they hadn't had a visit for a few days and that they were told that "they don't have to provide care for me because I have	H1201	**H1201** Based on an analysis of the specific deficiencies cited, the corrective plan and actions taken are to address the lack of demonstrated knowledge resulting in failure to ensure services were provided to the client per their service plan and their emergency preparedness assessment. The plan of correction will be completed through comprehensive focused education. The Agency made multiple attempts to coordinate care for the identified client but failed to document their efforts in this particular client's record. By 8/4/2022, the records of all priority one clients served under the Choices for Care program were audited for the presence of a current, client specific backup staffing plan to ensure the continuity of care when authorized hours are unable to be filled. Effective 10/1/2022 the records of all priority one clients served under the Choices for Care program will be reviewed monthly during a care conference by the Clinical Manager and Regional Director of Clinical Operations to discuss their status, potential barriers to care and backup staffing plan.	10/1/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Division Director	9-21-22

Vermont State Department of Health

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H1201	Continued from page 1 COVID." The patient has a primary diagnosis of Multiple Sclerosis and is unable to get out of bed. They are unable to access food and drinks or clean themselves after voiding or evacuating in the brief, and they live alone. The patient was found in a wet bed with feces in their brief. The agency was contacted by EMS and the agency stated that Care staff had the right to refuse to care for patients with COVID and they have had difficulty finding staff to fill the patient's requested hours. They did have a staff member to, potentially, provide services at 4 pm or on the following morning. The EMS providers assisted the patient with their needs and then left as the patient refused to be transported to the hospital. In an interview at 1:10 pm on 7/13 the RD and the ND stated that the patient was difficult to find coverage for and provided a list of 9 staff members who refused to return to care for the patient due to their behavior. In addition the agency was experiencing a staffing shortage due to staff having or being recently exposed to COVID. The ND confirmed that the Patient was a Level one patient in their Emergency Preparedness and is triaged as a must cover in that plan. That would require assurance that the patient would have staff to care for them even though it might mean moving the staff from a patient deemed a lower priority. Although the RD and ND pointed out that there was one instance of a day without any shift covered, in a review of the schedule, the following was discovered. The patient's usual schedule consists of four shifts daily to include morning, midday, afternoon, and evening. Though there might be a period when there was only one date missing shifts there might be a number of hours left without coverage. For example: On 10/13/21 there was a shift 8:30 am to 9:15 am. The next shift was 10/15 8 am to 11:00 am. A total of 46 hours 45 minutes On 10/18/21 there was a shift 8:30 am to 9:30 am. The next shift was 10/20 12:30 pm to 2:00 pm. A total of 49 hours 45 minutes On 10/21/21 there was a shift 8:30 am to 9:45 am The next shift was 10/22 3:15 pm to 5:00 pm. A	H1201	By 9/30/2022 the Director of Clinical Operations/ designee will educate all office staff working for clients serviced under the Choices for Care program on policies Missed Visits/Hours, 0-6277 and Coordination of Care, 0-944. The curriculum for education will include the following requirements: - Notifying the client and Case Manager when a scheduled shift will be altered due to the unavailability of staff and documenting all notifications in the client record, - Coordinating care for the client when shifts are unable to be filled by attempting to find available staff of the Agency, coordinating with other Agencies, coordinating with community resources when appropriate, communicating all efforts with the Case Manager and documenting all efforts and communications in the client record. - Documenting all efforts and attempts to fill shifts, including obstacles such as a staffing shortage due to staff being exposed to or diagnosed with COVID, leaving them unable to work. Effective 10/3/2022 for three months, the Director/ designee will review weekly the records of all priority one clients served under the Choices for Care program to determine if shifts are being filled in accordance with the care plan, and if there is a deviation, to ensure documentation of missed visits and coordination of care is present demonstrating all efforts to fill authorized hours. The expected compliance threshold will be 100%. Failure to achieve 100% will be addressed through focused education with the individual staff members by the Director/designee. Sustained improvement will be monitored through quarterly clinical record reviews conducted as a required component of the Organizations Quality Assurance and Performance Improvement program. The Director has overall responsibility for implementation and oversight of the plan.	

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H1201	Continued from page 2 total of 29 hours 30 minutes On 10/22/21 there was a shift 3:15 pm to 5:00 pm. The next shift was 10/24 7:45 am to 8:45 am. A total of 38 hours 45 minutes On 10/24/21 there was a shift 7:45 am to 8:45 am. The next shift was 10/26 4:30 pm to 5:00 pm. A total of 55 hours 45 minutes On 10/27/21 there was a shift 8:00 am to 8:30 am. The next shift was 10/28 8:15 am to 10:15 am. A total of 23 hours 45 minutes The patient was admitted to a local Skilled Nursing facility on 11/3/21 and remains there until safe staffing can be arranged. The patient continues to request a return home. These dates and times are taken from the recorded billed visits and and reflect at least six periods when the patient was without care for 23 hours 45 minutes to 55 hours 45 minutes. Though the Regional Director stated, at 10:30 am on 7/19 that there were additional visits made by other staff, from the office or leaving other shifts, who provided unbilled visits. The agency was unable to provide documentation/information regarding these visits. There was also no documentation regarding attempts to co-ordinate services with other providers (other Home Health Agencies, Supplemental Staffing companies) or of Interdisciplinary Team meetings.	H1201	Tag# H1201 POC accepted 9/23/2022 Margaret Higgins/Suzanne Leavitt	
H2051	Patient Records CFR(s): 25.1 A home health agency shall maintain a patient record for every patient receiving home health services from the agency. The patient record shall include pertinent and comprehensive information regarding the patient ' s history and current findings as to the patient ' s condition(s) and status, in accordance with accepted professional standards and in accordance with the requirements of the program under which the patient is served by the home health agency. A home health agency shall ensure that whenever a patient ' s advance directive, including a DNR or COLST, is provided to the agency, a copy is included in the patient record. Based on record review and interviews the Home	H2051	**H2051** Based on an analysis of the specific deficiencies cited, the corrective plan and actions taken are to address the lack of demonstrated knowledge resulting in failure to ensure the client record included pertinent and comprehensive information regarding the client's condition and status. The plan of correction will be completed through comprehensive focused education. The Agency made multiple attempts to coordinate care for the identified client but failed to document their efforts in this particular client's record. By 8/4/2022, the records of all priority one clients served under the Choices for Care program were audited for the presence of a current, client specific backup staffing plan to ensure the continuity of care when authorized hours are unable to be filled. Effective 10/1/2022 the records of all priority one clients served under the Choices for Care program will be reviewed monthly during a care conference by the Clinical Manager and Regional Director of Clinical Operations to discuss their status, potential barriers to care and backup staffing plan.	10/1/2022

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H2051	Continued from page 3 Health Agency failed to assure that the patient record for one patient (Patient #5) includes pertinent and comprehensive information regarding the patient's condition and status. Findings include: Patient #5 is a recipient of State Choices For Care services. In the investigation of a complaint, which originated on 10/27/2021, it is noted that the patient had periods of extended hours of care(see the previous citation in this 2567). Though the agency states that attempts were made to collaborate with other Home Health Agencies and supplemental staffing agencies as well as the Case Manager no documentation of these efforts is available. Additionally there is no evidence of ongoing Interdisciplinary Team meetings, during that period, to co-ordinate services. The patient remains in a local Skilled Nursing Facility (since 11/3/2021) until sufficient staffing is available.	H2051	By 9/30/2022 the Director of Clinical Operations/ designee will educate all office staff working for clients serviced under the Choices for Care program on policies Missed Visits/Hours, 0-6277 and Coordination of Care, 0-944. The curriculum for education will include the following requirements: - Notifying the client and Case Manager when a scheduled shift will be altered due to the unavailability of staff and documenting all notifications in the client record, - Coordinating care for the client when shifts are unable to be filled by attempting to find available staff of the Agency, coordinating with other Agencies, coordinating with community resources when appropriate, communicating all efforts with the Case Manager and documenting all efforts and communications in the client record. - Documenting all efforts and attempts to fill shifts, including obstacles such as a staffing shortage due to staff being exposed to or diagnosed with COVID, leaving them unable to work. Effective 10/3/2022 for three months, the Director/designee will review weekly the records of all priority one clients served under the Choices for Care program to determine if shifts are being filled in accordance with the care plan, and if there is a deviation, to ensure documentation of missed visits and coordination of care is present demonstrating all efforts to fill authorized hours. The expected compliance threshold will be 100%. Failure to achieve 100% will be addressed through focused education with the individual staff members by the Director/ designee. Sustained improvement will be monitored through quarterly clinical record reviews conducted as a required component of the Organizations Quality Assurance and Performance Improvement program. The Director has overall responsibility for implementation and oversight of the plan.	

Tag #H2051 POC accepted 9/23/2022

Margaret Higgins/Suzanne Leavitt