

Division of Licensing and Protection

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Waterbury VT 05671-2060

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Survey and Certification Voice/TTY (802) 241-0480

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Survey and Certification Reporting Line:(888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 20, 2018

Kristin Barnum, Administrator
Bayada Home Health Care
80 Pearl Street
Essex Junction, VT 05452-3668

Provider ID #:477019

Dear Ms. Barnum:

Enclosed is a copy of your acceptable plans of correction for the State Designation survey conducted on **January 31, 2018**.

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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/31/2018
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NAME OF PROVIDER OR SUPPLIER BAYADA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 PEARL STREET ESSEX JUNCTION, VT 05452
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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) COMPLETE DATE
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H 001	Initial Comments An unannounced State Designation survey was conducted by the Division of Licensing and Protection between 1/29-31/2018. The following state regulatory issues were identified.	H 001	H 511 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 follow regulations and organization policy related to obtaining the proper background checks for employees prior to employment. The plan of correction will be completed through comprehensive focused education and re-instruction.	
H 511 SS=D	5.1 Requirements for Operation V. Requirements for Operation 5.1 A home health agency shall not employ or have a contract with any direct-care personnel without satisfactory results from the Adult Abuse Registry and the Child Abuse Registry and without having conducted a Vermont criminal record check in compliance with the Department's background check policy. This REQUIREMENT is not met as evidenced by: Based on review of the personnel records and staff interviews, the agency failed to obtain the proper background checks for 1 of 6 employees prior to start of employment. The specifics are detailed below: Per review of 6 personnel files on 1/29/2018, 1 was found to be incomplete. Neither the adult and child registry background checks nor the Vermont Criminal Checks were present in 1 Licensed Nursing Assistant (LNA) records. The date of hire was November 2017 and to date there are no reports of background checks having been done. The LNA has been working since that time. This is confirmed during interview with branch manager on 1/30/2018.	H 511	The adult and child registry background checks were run on 1/30/2018 for the identified LNA. In November 2017, all administrative staff were re-educated on the method to obtain both background and registry checks and not to schedule services without obtaining results. This education focused on the method to access, run and obtain results for each separate check. As of January 2018, additional credentials have been obtained and assigned to administrative personnel allowing more staff access to the respective registries. By 3/9/2018, the method to obtain both background and registry checks, and also the requirement not to schedule services without obtaining results from the checks, will be reviewed with all administrative staff. Education included a review of policy 0-4549 - CRIMINAL BACKGROUND CHECK - VT. Effective 3/12/2018, the Director/designee will review weekly for three months, the files of all new employees for the completion of required checks, including Child Abuse and Adult Abuse checks, prior to scheduling the employee to provide client care. If during the record review it is found that a required check is missing, the employee will not be scheduled to work until the check is completed. Sustained improvement and compliance will be monitored through record review inclusive of regular reviews conducted by organizational Quality Assurance audits.	
H1017 SS=D	10.4(e) Licensed Nursing Assistant Services	H1017		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 2/16/18

STATE FORM 6899 PPDH11 If continuation sheet 1 of 3

H511 - H1017 POCs accepted 2/16/18 Coleman RN/PMC

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H1017	<p>Continued From page 1</p> <p>X. Licensed Nursing Assistant Services</p> <p>10.4 The duties of a licensed nursing assistant include the provision of hands-on personal care, the performance of simple procedures such as an extension of therapy or nursing services, and assistance in ambulation or exercises. Duties include, but shall not be limited to:</p> <p>(e) Reporting changes in a patient's condition and needs and assisting in emergency situations; and</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Home Health Agency (HHA) aide failed to report the deterioration of a skin condition skin for 1 of 8 applicable patients. (Patient #1) Findings include:</p> <p>Per record review, Patient #1 receives home care services which includes a LNA (Licensed Nursing Assistant) 4 hours per day/6 days per week. The Home Health Aide Care Plan last updated on 1/3/18 states Patient #1 requires assistance with toileting and incontinence care, assisting with changing and cleaning. The LNA also assists with bathing and skin care. Per interview on 1/29/18 at 2:55 PM the nurse identified as the manager for the Long Term Care program and who conducts supervisory home visits for patients receiving Choices for Care confirmed s/he had visited Patient #1 on 1/3/18. During this visit the caregiver reported Patient #1 had an area of redness on his/her buttocks. At the time of the visit, the patient and caregiver declined allowing the nurse to visualize the area because the patient was sitting comfortably in a recliner. The</p>	H1017	<p>The Division Director has overall responsibility for implementation and oversight of the plan which will be reported to the Administrator.</p> <p>H 1017 This plan of correction will be implemented by the teams who service clients under the Choices for Care Program.</p> <p>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 follow regulations and organization policy related to reporting changes in a client's condition and needs. The plan of correction will be completed through comprehensive focused education and re- instruction.</p> <p>On 2/14/2018, the identified LNA who was providing care to client #1 was re-educated on recognizing and reporting change in client condition promptly.</p> <p>By 4/1/2018, all employees who provide personal care services to clients under the Choices for Care Program will be re-educated on policy 0-998 - UNDERSTANDING AND FOLLOWING THE HOME HEALTH AIDE CARE PLAN, specifically that employees are to call the administrative staff to report changes in the client's physical or mental condition, refusal of any care that is indicated, or whenever asked to perform care or duties that are not on the Home Health Aide Care Plan. Re-education also included a review of 0-6625 - SAFE PRACTICE ALERT #16 - CHANGES IN CLIENT'S CONDITION MUST BE REPORTED and 0-1223 - SKIN CARE.</p> <p>Effective 4/2/2018 for three months, a Clinical Manager will review the client's care plan with the LNA's who provide care to client's serviced under the Choices for Care Program during a scheduled supervisory visit utilizing the Home Visit and Care Plan Review Checklist to enhance thorough review of the care plan with active participation of the LNA.</p>	

 2/16/18

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H1017 Continued From page 2

nurse did advise using a barrier cream and encouraged Patient #1 to change positioning more frequently. Over the next 12 days, personal care was provided by agency staff. However it was not until 1/15/18 when the caregiver reported to the agency Patient #1 had developed an open area on his/her buttocks. A referral for skilled services was requested and approved by the patient's physician. An initial visit was made by physical therapy on 1/15/18. On 1/17/18 a wound care nurse visited Patient #1 and determined the patient had 2 Stage II pressure ulcers on the buttock. Prior to the notification by the caregiver, LNAs failed to report the deterioration of Patient #1's skin condition to the Agency nurse despite providing personal care to the patient on almost a daily basis.

The Long Term Care/Choices for Care manager further confirmed it was her/his expectation LNAs assigned to provide care to Patient #1 would notify the manager if there was a change in the skin condition for Patient #1. This was further confirmed by the branch Director for Home Health on 1/29/18 at 3:00 PM.

H1017

If during the review it is found that a change in client condition has not been identified/reported, the employee responsible will be re-educated. Sustained improvement and compliance will be monitored through record review inclusive of regular reviews conducted by organizational Quality Assurance audits.

In February 2018, the team developed a tracking method to log all calls/notifications from LNA's caring for clients under the Choices for Care Program reporting a change in condition, refusal of any care that is indicated, or whenever asked to perform care or duties that are not on the Home Health Aide Care Plan

Effective 4/2/2018 for three months, tracking will be reviewed weekly by the Director/designee to ensure appropriate interventions were implemented, and documentation in the client record, for each report/notification made by the LNA. Sustained improvement and compliance will be monitored through record review inclusive of regular reviews conducted by organizational Quality Assurance audits.

The Division Director has overall responsibility for implementation and oversight of the plan which will be reported to the Administrator.

[Handwritten Signature] 2/16/18