



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

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

May 12, 2023

Ms. Sara King, Administrator
Franklin County HHA
3 Home Health Circle, Suite 1
Saint Albans, VT 05478

Provider ID #: 477016

Dear Ms. King:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 12, 2023**.

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

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Leavitt".

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: 477016 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 04/12/2023 |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Franklin County HHA | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3 Home Health Circle, Suite 1 , Saint Albans, Vermont, 05478 | |
| (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 State Relicensure Survey was conducted on 4/10-12/2023 by the Division of Licensing and Protection. As a result of the survey the following regulatory deficiency was identified.: | H0001 | | |
| H0789 | Requirements Of Operations CFR(s): 7.8 (j) A home health agency shall develop, maintain, enforce and, upon request, provide to the Department policies and procedures concerning, but not limited to: Advance Directives This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on staff interviews the agency failed to assure that an Advance Directive Policy was developed and available for review by surveyors upon request. Findings include: During the State Relicensing/ Designation Interview on 4/12/2023 the Chief Operation Officer and Clinical Manager confirmed that there was no Advance Directive Policy available for review and that there was none found among the current policies. | H0789 | Franklin County Home Health Agency will consult with its management services provider to develop policies and procedures for Advance Directives by 5/31/2023. Franklin County Home Health Agency will distribute this policy to and educate all applicable personnel during the following two-week period by 6/15/2023. Franklin County Home Health Agency will then start, on 6/15/2023, to monitor its compliance with and the effectiveness of the Advanced Directive Policy. Tag H0789 POC accepted on 5/12/23 by M. Higgins/S. Leavitt | |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Sara C King <small>cn=Sara C King, o=VNA & Hospice of the Southwest Region, l= Rutland, st= VT, email= sara.king@vnahtsr.org Date: 2023.05.11 12:14:28 EDT</small> | TITLE CEO | (X6) DATE 5/11/23 |
|---|--------------|----------------------|