

Division of Licensing and Protection  
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Waterbury VT 05671-2060  
<http://www.dail.vermont.gov>  
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

May 16, 2022

Kathleen Demars, Director  
Lamoille HH Hospice  
54 Farr Avenue  
Morrisville, VT 05661

Provider ID #:471503

Dear Ms. Demars:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **May 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

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

PRINTED: 05/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  471503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/04/2022
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NAME OF PROVIDER OR SUPPLIER  LAMOILLE HHA	STREET ADDRESS, CITY, STATE, ZIP CODE 54 FARR AVENUE MORRISVILLE, VT 05661
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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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E 000	Initial Comments  During an unannounced onsite recertification survey from 5-2-2022 through 5-4-2022 the Federal Emergency Preparedness Program for the Hospice Agency was reviewed. The Agency was found to be in substantial compliance for the Emergency Preparedness Program Conditions of Participation at 418.113.	E 000		
L 000	INITIAL COMMENTS  An unannounced onsite recertification and staff vaccination requirement review was completed from 5-2-2022 through 5-4-2022 by The Division of Licensing and Protection to determine compliance with the Conditions of Participation for Hospice Agencies at 418.52 to 418.116. The following regulatory deficiency was identified.	L 000		
L 531	CONTENT OF COMPREHENSIVE ASSESSMENT CFR(s): 418.54(c)(7)  [The comprehensive assessment must take into consideration the following factors:] (7) Bereavement. An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.  This STANDARD is not met as evidenced by: Based on record review and confirmed by interview, the Agency failed to conduct an initial bereavement assessment for two of the eleven	L 531	<p>Bereavement assessment completed with all admissions by a registered nurse and if MSW referral is made, during MSW initial visit.</p> <p>Educate staff on CMS guidelines for bereavement assessment</p> <p>Review each hospice admission chart within 72 hours.</p>	6/15/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kathy Demas*

TITLE

*Executive Director*

(X6) DATE

*5/13/22*

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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L 531	<p>Continued From page 1 clients records reviewed. Findings include:</p> <p>Per record review on 5-3-2022, Client #1 received an initial assessment in Feburary, 2022. The initial assessment included a section for Berevement risk which was noted as "not assessed".</p> <p>Per record review on 5-3-2022 Client #2 received an initial assessment in April of 2022. There is no evidence in the medical record that a Berevement risk assessment was conducted for this client.</p> <p>A review of the Bereavement Assessment Policy No. 1-021 states "The hospice bereavement plan of care will be developed based on an initial assessment of the patient and family/caregiver needs, during the course of care, and at the time of the patient's death as part of the comprehensive assessment".</p> <p>Per interview on 5-4-2022, the Quality Improvement Coordinator confirmed that bereavement assessments are to be conducted during an initial assessment, and that the medical records for Client #1 and Client#2 did not contain the assessment.</p>	L 531	<p>Audit charts for 60 days. Assess and educate as needed. 10% of hospice charts audited monthly thereafter.</p> <p><i>suzanne leavitt</i> accepted 5/13/2022</p>	6/15/22	

*K. Demars 5/13/22*