

Division of Licensing and Protection
HC 2 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

August 6, 2021

Ms. Lyne Limoges, Director
Orleans /essex Vna & Hospice
46 Lakemont Road
Newport, VT 05855

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 14, 2021**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 07/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2021
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NAME OF PROVIDER OR SUPPLIER ORLEANS JESSEX VNA & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 46 LAKEMONT ROAD NEWPORT, VT 05855
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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 An unannounced onsite Emergency Preparedness survey was conducted by the Division of Licensing and Protection on 7/14/2021. There were no regulatory violations identified.	E 000		
L 000	INITIAL COMMENTS An unannounced onsite recertification survey was conducted by the Division of Licensing and Protection from 7/12/21- 7/14/2021. The following regulatory deficiency was identified.	L 000		
L 537	<p> IDG, CARE PLANNING, COORDINATION OF SERVICES CFR(s): 418.56 The hospice must designate an interdisciplinary group or groups as specified in paragraph (a) of this section which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient. This STANDARD is not met as evidenced by: Based on record review and staff interview, the Hospice agency failed to ensure that the documentation of full participation of all the interdisciplinary group (IDG) members was incorporated to provide input/consultation in the development of the plan of care within 5 days of election of Hospice benefit for one of eleven sampled patients (Patient #1). Findings include: 1. Per review of the electronic record of Patient #1, they were admitted and elected the Hospice Benefit on 4/2/2021. There was no documentation in the record to indicate that all core members of the IDG participated in preparing the written care plan within 5 days of </p>	L 537	<p> L 537 IDG, Care Planning, Coordination of Services CFR(s): 418.56 The Hospice Plan of Care initially developed by the admitting nurse will be forwarded, on the day of admission, to all members of the Interdisciplinary Team (IDT) via the all-member email group: HospiceIDT@oevna.org. The admitting nurse will document in the initial plan of care referral information for MSW, clergy, and volunteers. These 3 responsible IDT members are expected to make contact with the patient and/or family members within 72 hours and document the contact in the patient's chart. All members shall reply via "Reply All" indicating they have "reviewed and agree to the plan of care" or provide any modification to the Plan of Care based on the conversation with patient or family. If an IDT member is unavailable and/or is on vacation, a reply is expected by their designee or as soon as possible upon return from their time away. This email thread will be printed, labeled as "IDT 5 day POC" and scanned by administrative staff into the patient's chart. </p>	8/2/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alyne B. Dimagan</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>8/2/2021</i>
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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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NAME OF PROVIDER OR SUPPLIER ORLEANS /ESSEX VNA & HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 46 LAKEMONT ROAD NEWPORT, VT 05855		
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L 537	Continued From page 1 admission to Hospice. The first evidence of all IDG members consulting on the case of Patient #1 occurred at the IDG meeting on 4/14/2021. On 7/14/2021 at 9:45 AM, The Executive Director of Hospice confirmed that although the team may be aware of a hospice admission, and review the written plan of care, there is lack of documentation that all IDG members participated in the development of each patient-specific written plan of care. The Ex. Director stated that the communication between IDG members is done by voice mail and email regarding a new admission, however they did not document this into the medical record to show that it was completed for Patient #1, and was not able to show email or voice mail evidence that this requirement was met..	L 537	TAG L537 POC Accepted/8/5/21 S.Freeman/S. Leavitt	