



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, 2019

Lyne Limoges, Administrator
Orleans Essex Vna & Hospice
46 Lakemont Road
Newport, VT 05855-1550

Provider ID #:477018

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the state investigation survey conducted on **July 24, 2019**.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Leavitt".

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: 0477018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/24/2019
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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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(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

H 001

An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 7/24/19. The following state designation deficiencies were identified.

H 730 7.3(a)(1) Discontinuation of Services
SS=D

H 730

VII. Discontinuation of Services

7.3 When a home health agency identifies a need to discontinue or reduce services to a patient, the home health agency shall provide a verbal notice, followed by a written notice, accessible to the patient.

(a) If services will be reduced or discontinued, the home health agency shall give written notice as follows:

(1) In general, written notice shall be provided by the home health agency at least 14 days prior to the discontinuation or reduction of services.

This REQUIREMENT is not met as evidenced by:

Per record review and staff interview, the agency failed to provide written notice of reduction in services 14 days before implementing the reduction for all patients affected by this change. Findings include:

Per record review, a letter was sent to recipients of homemaker services on Choices For Care Moderate Needs, stating that the homemaker hours were to be reduced on July 1, 2019. The reduction in hours affected 41 patients according to a list provided by the agency. The letter was sent on 6/25/19, which is less than a week's

H730 7.3(a)(1) Discontinuation of Services

Orleans Essex VNA & Hospice, Inc. will review Agency policies thoroughly prior to making any changes in visit frequencies and prior to providing written notification to patients regarding change(s) in order to be compliant with policies and procedures.

*POC accnt 9.23.19
K Campos/SC*

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dyne S. Amos

Executive Director

9/17/2019

Division of Licensing and Protection

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H 730	Continued From page 1 notice to the affected patients. For multiple patients on Choices for Care High/Highest Needs who had reductions in hours, the notice was also sent less than 14 days before reduction in services. Per interview with the Long Term Care program manager, all patients were evaluated on an individual basis to determine how their needs could be met with the reduction in Personal Care Attendant hours. This included utilizing Flexible Choices program, and increasing hours for paid caregivers already working with the patients. For Moderate Needs Homemaker services, the visit lengths were decreased from 3 to 2 hours for about half of the recipients. Per interview on 7/24/19 at 1:40 PM, the Executive Director confirmed that they do not have enough Personal Care Attendants on their workforce to continue to provide the same hours, and they decided to decrease hours for all recipients and then could still provide services to all. The Director confirmed that the notice of reduction in hours of service was issued less than 14 days in advance of the reduction.	H 730	
H2110 SS=D	21.1 (a) APPEALS XXI. Appeals 21.1 A patient may appeal a notice of reduction or discontinuation of home health agency services or a denial of admission to the home health agency by requesting a Commissioner's review. (a) The request for a Commissioner's review by a patient may be made orally or in writing, and shall be made within fifteen (15) days of receiving written notice. The home health	H2110	H2110 21.1(a) APPEALS Orleans Essex VNA & Hospice, Inc. will review Agency policies thoroughly prior to making any changes in visit frequencies and prior to providing written notification to patients regarding change(s) in order to be compliant with policies and procedures. <i>poc uccent 9.23.19</i> <i>K. C. [Signature]</i>

Lynne Limoges Exec Director

9/17/2019

Division of Licensing and Protection

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H2110	<p>Continued From page 2</p> <p>agency shall include in the written notice information on how to contact the Health Care Ombudsman or, if applicable, the Long-Term Care Ombudsman. The written notice also shall inform the patient that the request for a Commissioner ' s review shall be made by calling or writing to:</p> <p style="padding-left: 40px;">Commissioner ' s Office Department of Disabilities, Aging & Independent Living 103 South Main Street Waterbury, VT 05671 802-241-2401</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the agency failed to provide appeal rights information to patients who were having a reduction in service hours. Findings include:</p> <p>Per record review, a letter was sent to recipients of homemaker services on Choices For Care Moderate Needs, stating that the homemaker hours were to be reduced on July 1, 2019. The reduction in hours affected 41 patients according to a list provided by the agency. The letter was sent on 6/25/19, which is less than a week's notice to the affected patients. For 12 patients on Choices for Care High/Highest Needs who had reductions in hours, the notice was also sent less than 14 days before reduction in services. The letters notifying patients of reduction in services did not include information regarding appeal rights with appropriate contact information on how to file an appeal with the state. Per interview on 7/24/19 at 1:40 PM, the</p>	H2110	<p>H2110 21.1(a) APPEALS</p> <p>All patients affected by the changes in their service frequency have received appeal information not originally provided in the change notification letter.</p> <p>All future notifications and mailings regarding any and all changes in patient's plan of care will be reviewed by Department Manager and Executive to ensure all pertinent and regulatory notices have been included with the notifications.</p> <p>Furthermore, unless notices are of an emergency nature, changes in the patient's plan of care will be sent within the regulatory time frame.</p>	
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Syre B. Simons Executive Director

9/17/2019

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H2110	Continued From page 3 Executive Director confirmed that the intent was to send the appeal rights information to the affected patients with the letter, however stated that it was not included with the notice of reduction in hours.	H2110		
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*POC complete 9.23.19
K O'Connell*