

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 2, 2018

Ron Cioffi, Director
Rutland Area Visiting Nurse Association & Hospice
7 Albert Cree
Rutland, VT 05701-4648

Provider ID #:477007

Dear Mr. Cioffi:

Enclosed is a copy of your acceptable plans of correction for the Federal Recertification survey conducted on **March 28, 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



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

PRINTED: 04/11/2018
FORM APPROVED
OMB NO. 0938-0391

APR 27 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2018
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NAME OF PROVIDER OR SUPPLIER RUTLAND AREA VISITING NURSE ASSOCIATION & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05701
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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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G 000	INITIAL COMMENTS	G 000		
G 826	An unannounced onsite recertification survey was conducted by the Division of Licensing and Protection from 3/26- 3/28/18. The following are regulatory findings. Ensure training/competency requirements CFR(s): 484.80(h)(5)(iii) Ensuring that home health aides who provide services under arrangement have met the training or competency evaluation requirements, or both, of this part. This ELEMENT is not met as evidenced by: Based on review of employee records and staff interviews the agency failed to assure that home health aides who provide services under arrangement have met the competency requirements of this part. Per review of the files of six randomly chosen Home Health Aides, there was no evidence that annual competency evaluations were completed for 5 of 6 of the selected employees. In an interview on 3/28/2018 the Human Resources Director confirmed that there was no additional documentation available of completed competencies for these individuals.	G 826 G 826	G 826 Plan of Correction: Alterations in staff responsibilities have been made to ensure employees' records reflect that appropriate documentation (including competencies and evaluations) is in place. Additional changes include RN oversight of monthly reports (aides who are due for particular competencies); and Human Resource oversight/ follow up regarding evaluations. Date of completion 03/29/18.	
E 000	Initial Comments A unannounced on-site evaluation of the agency's emergency preparedness program was conducted by the Division of Licensing and Protection between 3/26-3/28/18. There were no regulatory deficiencies identified.	E 000		

*G-826 -
POC complete 5.1.18
KC/SA*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

CSU Dir. of Home Care 4/20/18