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

February 8, 2021

Adrianne Johnson Ross, Director
Uvmhn Home Health And Hospice
1110 Prim Road, Suite 1
Colchester, VT 05446

Provider ID #:471500

Dear Ms. Johnson Ross:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 25, 2020**.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471500	A. BUILDING _____ B. WING _____	C 02/25/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UVMHN HOME HEALTH AND HOSPICE	1110 PRIM ROAD COLCHESTER, VT 05446

(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
L 000	INITIAL COMMENTS An unannounced onsite investigation of a Facility Reported Incident was conducted by the Division of Licensing & Protection on 2/25/2020. The following regulatory deficiencies were identified as a result of the investigation.	L 000	The University of Vermont Health Network - Home Health & Hospice Hospice provides this plan of correction without admitting or denying the validation or existence of the stated deficiencies. The plan of correction is prepared and executed as a requirement of both federal and state law.	
L 508	EXERCISE OF RIGHTS/RESPECT FOR PROPRTY/PERSON CFR(s): 418.52(b)(4)(i) The hospice must: (i) Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator; This STANDARD is not met as evidenced by: Based on staff interviews and record review the agency failed to assure that an injury of unknown source was reported immediately to the Hospice Administrator. Findings include: Per staff interviews on 2/25/2020,at 10:30 AM, the Executive Director (ED) and the Chief Quality and Compliance Officer (CQCO) stated that a Registered Nurse assigned to respond to and triage weekend calls received a call on the afternoon of 1/5/2020 from a Staff nurse at the Long Term Care Facility where Patient #1 was residing. The call was to report bruises of unknown origin on the forehead, Right scalp, and above and surrounding the Right eye. The nurse	L 508	Re: both L 508 and L 533 Based on the self-report made on 1/16/2020, The following corrective actions were taken in advance of the 2/25/2020 survey. RN involved was terminated for gross misconduct and reported to the OPR. Root Cause Analysis completed on 2/6/2020 Re-education provided to full hospice team re: standards of care and reporting requirements. o Hospice facility-based care policies, o Integration of services when serving patients residing in a facility, o Hospice responsibility to patient when patient resides in a facility, o Critical instances, timeframe for reporting and who to report and when as described in communication guide, o UVMHN HHH Policy of recognizing and reporting abuse or neglect, o Standards of practice related to routine, comprehensive and prn visits.	1/17/2020-2/6/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President & COO — (X6) DATE: 2/8/21

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 508	Continued From page 1 stated that there was also a hematoma forming on the scalp. The nurse reported that the resident did not seem to be in pain or distress. The nurse stated she may have "hit her head on the Hoyer" , a mechanical lift used to assist in transfers. The nurse stated that she had notified the Primary Care Physician of the bruising and that she will call the agency of any mental status changes or if the Patient #1 seems to be in pain. The RN Case Manager made a scheduled visit on 1/9/2020 and 1/9/2020 and completed a fall report. The visit note states that the nurse was informed of an unwitnessed fall. During the visit the nurse noted the resident moan and instructed staff to administer a dose of Morphine, which was effective. The patient was moved to a different Long Term Care Facility on 1/14/202 and the case was reviewed by the InterDisciplinary Team IDT) meeting, as required. During that review the Hospice Physician stated that the Case Manager needed to notify the program manager of the event as it may be reportable. The Case Manager e-mailed the ED with the information but the e-mail wasn't read until the next morning.The ED and CQCO state that they became aware of more issues when the Case Manager notified the RN Patient Care Coordinator that the Health care Agent had request a change in Hospice providers. The Agent stated that the Patient had an exacerbation of pain when s/he arrived at the new facility,which was managed by the Physician. The ED reported the incident, to the State Agency,on 1/16/2020 which exceeded the required 48 hours by a week. The above information was verified by record review of the resident Electronic Medical Record and agency reports and logs on 2/25/2020.	L 508	Clinical team processes re: secure and timely communication between direct care RNs and patient care coordinators 7 days a week re-visited and enforced. Patient care coordinators audit facility based records for case communication notes. POC Accepted 2-8-2021 Suzanne Leavitt, RN	

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L 533	Continued From page 2	L 533		
L 533	UPDATE OF COMPREHENSIVE ASSESSMENT CFR(s): 418.54(d) The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days. This STANDARD is not met as evidenced by: Based on staff interviews and record reviews the Agency failed to assure that a comprehensive assessment must be conducted as the condition of the patient requires. Findings include: Per staff interviews on 2/25/2020,at 10:30 AM, the Executive Director (ED) and the Chief Quality and Compliance Officer (CQCO) stated that a Registered Nurse assigned to respond to and triage weekend calls received a call on the afternoon of 1/5/2020 from a Staff nurse at the Long Term Care Facility where Patient #1 was residing. The call was to report bruises of unknown origin on the forehead, Right scalp, and above and surrounding the Right eye. The nurse stated that there was also a hematoma forming on the scalp. The nurse reported that the resident did not seem to be in pain or distress. The nurse stated she may have "hit her head on the Hoyer" , a mechanical lift used to assist in transfers. The nurse stated that she had notified the Primary	L 533	Corrective action steps listed on previous pages.	

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L 533	Continued From page 3 Care Physician of the bruising and that she will call the agency of any mental status changes or if the Patient #1 seems to be in pain. The RN Case Manager made a scheduled visit on 1/9/2020 and 1/9/2020 and completed a fall report. The visit note states that the nurse was informed of an unwitnessed fall. During the visit the nurse noted the resident moan and instructed staff to administer a dose of Morphine, which was effective. Despite having information regarding a change in the condition of Patient #1 the Registered Nurse failed to provide or arrange an immediate assessment by a Hospice RN. An assessment was not conducted until 1/9/2020 when a scheduled assessment was conducted. The ED and CQCO confirmed, in interview on 2/25/2020 at 2 PM,that it would be expected that an immediate assessment would be conducted if information of this nature is received.	L 533	Corrective action steps listed on previous pages.	

THE
University of Vermont
HEALTH NETWORK

Home Health & Hospice

Home Health Services for Adults and Children

Long-Term Care

Adult Day Program

Private Care

Palliative Care

Hospice Care

McClure Miller Respite House

February 4, 2021

Vermont Department of Disabilities, Aging & Independent Living
Division of Licensing and Protection
Suzanne Leavitt, Assistant Division Director, Director State Survey Agency
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060

Dear Director Leavitt,

Enclosed please find our Plan of Correction for survey findings from 2/25/2020. The corrective steps pre-date the survey and were reviewed by Margaret Higgins when she was onsite.

Thank you for your consideration and should you require more information, please let me know.

Sincerely,

Adrianne Johnson Ross, MHA
President & Chief Operating Officer