

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

March 7, 2022

Sara King, Director
Vna & Hospice Of Southwest Region Inc
1128 Monument Avenue
Bennington, VT 05201

Provider ID #:471507

Dear Ms. King:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 2, 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: 02/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2022
NAME OF PROVIDER OR SUPPLIER VNA & HOSPICE OF SOUTHWEST REGION INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1128 MONUMENT AVENUE BENNINGTON, VT 05201		
(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	
E 000	Initial Comments	E 000			
	During an unannounced on-site re-certification survey, from 1/31/22 to 2/2/22, the Division of Licensing and Protection conducted a review of the facility's Emergency Preparedness Program. The facility was found to be in substantial compliance with Emergency Preparedness planning.				
L 000	INITIAL COMMENTS	L 000			
	An unannounced on-site re-certification survey was conducted in conjunction with a complaint on 1/31/22 to 2/2/22 by the Division of Licensing and Protection to determine compliance with the Federal Regulations at 418.52 thru 418.116, Conditions of Participation for Hospice. There were no regulatory findings regarding the complaint, however the following regulatory violation was identified.				
L 543	PLAN OF CARE CFR(s): 418.56(b)	L 543			
	All hospice care and services furnished to patients and their families must follow an individualized written plan of care established by the hospice interdisciplinary group in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire.				
	This STANDARD is not met as evidenced by: Based on interview and record review the hospice failed to ensure that care and services were provided according to the plan of care for 1 applicable patient (Patient #1). Findings include:				

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

TITLE

(X6) DATE

S. King

CEO

3/1/22

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.

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

PRINTED: 02/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2022
NAME OF PROVIDER OR SUPPLIER VNA & HOSPICE OF SOUTHWEST REGION INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1128 MONUMENT AVENUE BENNINGTON, VT 05201		
(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 543	Continued From page 1 Per record review Patient #1 was admitted to hospice on 7/16/21. A physician's order from the patient's initial plan of care on 7/16/21, read, "homemaker weekly light housekeeping meal prep". The patient received one visit from a homemaker on 8/31/21, over a month later than ordered. Per interview on 2/2/22 at 1:33 PM with the Chief Operations Officer, S/He confirmed that the homemaker service was not provided per the patient's plan of care and as ordered and should have been.	L 543	<p>L543 Plan of Correction:</p> <ol style="list-style-type: none"> The written interdisciplinary hospice plan of care established by the admitting clinician will be communicated to the hospice interdisciplinary team via a polling note in the NetSmart EMR. This note will be sent to the appropriate team members for each ordered service in the plan of care (i.e social work, homemakers, home care aides, etc.) Team members receiving the polling notes with ordered services shall leave the note open (not check the reviewed box) until all requirements for the ordered service are completed and the service is scheduled and assigned to a staff member. Documentation in the patients clinical record will indicate what action steps have been taken or are underway to implement the ordered service on the plan of care. Communication with the interdisciplinary team will be documented in the patients clinical record to reflect the status or the ordered service. If there is any delay in the implementation of ordered services or any reason, this will be communicated to the case manager and/or admitting clinician and the hospice team clinical manager via a communication note in the patients medical record The patients case manager is responsible to ensure that the ordered plan of care is being followed as ordered by verifying at each visit with the patient and/or caregiver. This verification will be documented in the clinical record and reviewed at IDT <p>Education on the above correction plan with all hospice interdisciplinary team members will be completed by March 15th, 2022.</p> <p style="text-align: right;"><i>SOX 3/1/22</i></p> <p>TAG L 543 POC Accepted on 3/4/22 by B. Bortell/S. Leavitt</p>		