

Division of Licensing and Protection

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Waterbury VT 05671-2060

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To Report Adult Abuse: (800) 564-1612

January 11, 2023

Sara King

VNA and Hospice of the Southwest Region

7 Albert Cree

Rutland, Vermont 05701

Provider ID #: 477007

Dear Ms. King:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 14, 2022**.

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

S:.....



Suzanne Leavitt, RN, MS

State Survey Agency Director

Assistant Division Director

Enclosure

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>477007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>12/14/2022</b>
NAME OF PROVIDER OR SUPPLIER <b>VNA &amp; HOSPICE OF THE SOUTHWEST R</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7 ALBERT CREE , RUTLAND, Vermont, 05701</b>	
(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
E0000	Initial Comments  An unannounced onsite recertification survey was conducted by the Division of Licensing & Protection on 12/12/2022 - 12/14/2022. The agency was found to be in substantial compliance as a result of the survey.	E0000		
G0000	INITIAL COMMENTS  An unannounced onsite recertification survey, was conducted by the Division of Licensing & Protection on 12/12/2022 through 12/14/2022. The agency was not found to be in substantial compliance as a result of the survey and the following standard was cited.	G0000		
G0687	COVID-19 Vaccination of Home Health Agency staff  CFR(s): 484.70 (d)-(d)(3)(i-x)  § 484.70 Condition of Participation: Infection Prevention and Control.  (d) Standard: COVID-19 Vaccination of Home Health Agency staff. The home health agency (HHA) must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.  (1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following HHA staff, who provide any care, treatment, or other services for the HHA and/or its patients:  (i) HHA employees;  (ii) Licensed practitioners;	G0687		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>CEO</b>	(X6) DATE <b>1/10/2023</b>
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G0687	<p>Continued from page 1</p> <p>(iii) Students, trainees, and volunteers; and</p> <p>(iv) Individuals who provide care, treatment, or other services for the HHA and/or its patients, under contract or by other arrangement.</p> <p>(2) The policies and procedures of this section do not apply to the following HHA staff:</p> <p>(i) Staff who exclusively provide telehealth or telemedicine services outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section; and</p> <p>(ii) Staff who provide support services for the HHA that are performed exclusively outside of the settings where home health services are directly provided to patients and who do not have any direct contact with patients, families, and caregivers, and other staff specified in paragraph (d)(1) of this section.</p> <p>(3) The policies and procedures must include, at a minimum, the following components:</p> <p>(i) A process for ensuring all staff specified in paragraph (d)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the HHA and/or its patients;</p> <p>(ii) A process for ensuring that all staff specified in paragraph (d)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC,</p>	G0687		

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G0687	<p>Continued from page 2 due to clinical precautions and considerations;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (d)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the HHA has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted</p>	G0687		

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G0687	<p>Continued from page 3 from the HHA's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to track temporary medical exemptions, and follow up on expired medical exemptions.</p> <p>Review of the facility's Covid vaccine medical exemptions revealed one temporary medical exemption with an expiration date of 7/1/2022. Review of the facility's "Accommodation for Medical Reasons" revealed the following checked box, "2. A Temporary Medical Exemption may be granted if: Worker has presented medical documentation showing that they are within 90 days of testing positive for Covid.". And under "Accommodation" was a checked box that stated, "Weekly PCR testing for COVID-19 and Masking at all times when not eating or drinking. Any eating or drinking must occur at least six feet away from others."</p> <p>Interview with the Director of Clinical Services, who confirmed the above findings and that the facility had not been utilizing the weekly PCR testing for COVID-19 for this staff member, as is outlined in the facility's mitigation policy requirements. The Director of Clinical Services confirmed that the above-mentioned staff member has worked in the field with clients without a valid Medical Exemption or up to date Covid-19 vaccines as required by regulation.</p>	G0687	<p>1. <i>What action will you take to correct the deficiency?</i></p> <p>Employee who had approved temporary Covid vaccine exemption was contacted. She is requesting a permanent exemption based on her personal medical condition. Employee provided medical certification from her doctor, supporting her request for permanent exemption for receiving the Covid vaccine. The agency approved her request for a permanent vaccine exemption for medical reasons.</p> <p>2. <i>What measures will be put in place or what systemic changes will you make to assure that the deficient practice does not recur?</i></p> <p>To ensure compliance, the agency will follow up with any employee who has been granted a temporary medical exemption one month prior to the end of their approved, temporary exemption. Employees will be required to do one of three things:</p> <ul style="list-style-type: none"> <li>• Begin their Covid vaccine series;</li> <li>• Request another temporary exemption; or</li> <li>• Request a permanent exemption.</li> </ul> <p>Any additional exemption requests will need to be accompanied with the appropriate documentation to be reviewed by the Chief Human Resources Officer for approval.</p> <p>3. <i>How will the corrective actions be monitored so the deficient practice does not recur?</i></p> <p>Any temporary exemptions will be tracked on a spreadsheet and monitored monthly to ensure compliance and appropriate follow-up occurs to include the steps outlined in number 2 above.</p> <p>Tag G-0687 POC Accepted on 01/11/20223 by J.Kendall/S.Leavitt</p>	