



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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

July 27, 2023

Ms. Johanna Beliveau, Administrator  
VNA Of VT & NH  
88 Prospect Street  
White River Junction, VT 05001

Provider ID #: 477002

Dear Ms. Beliveau:

Enclosed is a copy of your acceptable plans of correction for the State re-licensure survey conducted on **May 10, 2023**.

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

Vermont State Department of Health

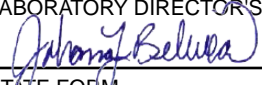
<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>477002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>05/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER <b>VNA Of VT &amp; NH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>88 Prospect Street , White River Junction, Vermont, 05001</b>
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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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H0001	Initial Comments  An unannounced onsite State Re-licensure Survey was conducted from 05/08/23 through 05/10/23 by the Division of Licensing and Protection. As a result of the survey, there was one regulatory deficiency identified. See below:	H0001		
H0809	<p>Required Functions And</p> <p>Administration CFR(s): 8.7 (b)</p> <p>A home health agency shall report critical incidents involving its patients to the Division of Licensing and Protection (DLP) Survey and Certification Unit by the next business day after it learns of the incident. Verbal reports shall be followed by written reports that summarize the incident.</p> <p>(b) If a member of a home health agency staff qualifies as a mandatory reporter pursuant to 33 V.S.A. § 4913, the staff member shall report to the Department for Children and Families within 24 hours of when it reasonably suspects a child is being abused, neglected, or exploited, in accordance with 33 V.S.A. Chapter 49.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced</p> <p>by Based on staff interviews and record review the agency failed to assure the a report regarding a potential critical incident, involving a patient, to the Division of Licensing and Protection (DLP) Survey and Certification Unit as per regulation. Findings include:</p> <p>Per information gathered in the state relicensure interview, on the morning of 5/10/2023, the agency had one potential critical incident in the 12 months previous to survey. The Agency Director and the Clinical Manager stated during the interview that they "called DAIL" (the State of Vermont Department of Disabilities, Aging, and Independent Living) to report the incident. They stated that the man whom they reached said that he was not the person who handled critical incident reports but did not provide more information. They also confirmed that no further attempts were made to report the incident to the</p>	H0809	<p>The organization utilizes a database for the collection of all occurrences in operation, to collect data from complaints, incidents, near misses, injuries, medication errors, critical incidents etc. (OWLS - Occurrences with Learning system.)This is used to track follow-up, need for further investigation, and ensure appropriate reporting by the Quality Department. The data from this system is used to track all occurrences for quality improvement. This was in place during the time of the survey, however was not expanded to all clinical managers for use and data collection at the time of survey.</p> <p>On 5/31/23 all clinical managers have been trained in the reporting processes and use of the system.</p> <p>All reports and follow-up are reviewed on an on-going basis by the Director of Quality &amp; Patient Safety, who reviews reports with the Chief Clinical Officer on at least a monthly basis.Ensuring the appropriate reporting to the correct state department, as indicated.</p> <p>The Director of Quality &amp; Patient Safety collects all agency occurrences and reports out quarterly to the Professional Advisory &amp; Quality Committee of the Board. (This was in place prior to survey - last meeting was 5/9/23)</p>	<p>5/31/23</p> <p>5/31/23</p> <p>5/9/23</p>

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>President &amp; CEO</b>	(X6) DATE <b>6/12/23</b>
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Vermont State Department of Health

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H0809	Continued from page 1 correct Division. The incident remained unreported at the time of survey.	H0809	The organization has revised the "Complaint Procedure" to include the correct reporting numbers for critical incidents to the Department of Licensing Protection 802-241-0344 and the 888-700-5330, making the correct reporting process clear for all staff within the organization.  <b>Tag H0809 POC accepted on 7/27/23 by M. Higgins/S. Leavitt</b>	6/12/2023