

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
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July 1, 2014

Larry Goetschius, Administrator
Addison County Home Health & Hospice Inc
Po Box 754
Middlebury, VT 05753-0754

Provider ID #:477014

Dear Mr. Goetschius:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 7, 2014**.

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

Sincerely,

Frances L. Keeler

Frances L. Keeler, RN, MSN, DBA
State Survey Agency Director
Assistant Division Director

FK:jl

Enclosure

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

PRINTED: 05/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2014
NAME OF PROVIDER OR SUPPLIER ADDISON COUNTY HOME HEALTH & HOSPICE INC			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 754 MIDDLEBURY, VT 05753		
(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	
G 000	INITIAL COMMENTS	G 000			
G 165	<p>484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS</p> <p>Drugs and treatments are administered by agency staff only as ordered by the physician.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the agency staff failed to follow physician orders for all treatments provided for 1 of 2 applicable clients (Patient #1) Findings Include:</p> <p>1. Per record review on 05/07/14, Patient #1 did not receive treatments and/or assessments as ordered. The '485' (Physician order/Plan of Care) dated 01/11/14 - 03/11/14 states Skilled Nursing visits 1-3 times every 7 days for 60 days and Aide visits 1-3 times every 7 days for 60 days. The medication order for Vicodin, an analgesics opioid, notes the dose as 5/325 mg BID PRN (twice a day as needed). The interventions directed the nurse to assess pain at each visit, rate the pain [if score is 3 out of 10 or greater, the nurse identifies potential issues] and educates medication actions, use and side effects. The nursing note dated 01/14/14 states "...educated [patient] about taking Vicodin every 4-6 hours", on 2/14/14 states "taped hernia so it is less likely to prolapse great deal of pain". The nursing note of 02/21/14 states "patient has taken PRN Vicodin which is alleviating [patient's]</p>	G 165	<p><u>Action to correct the deficiency:</u></p> <ol style="list-style-type: none"> The Home Care Supervisor will review the following with the RN Case Manager for the case stated in the deficiency: <ol style="list-style-type: none"> COP requirement: 484.18(c) Specific deficiencies stated in the summary report Agency Policy for Standards of Patient Care Agency policy for Physician Orders and Plan of care Agency Policy for Medication Monitoring Agency Policy for Acceptance of Physician Orders and APRN Orders Agency Policy for Pain Assessment Correct documentation for medication flow sheets. The supervisor will review 100% of this RN's active caseload to see if the issue exists in the record of any other patient. Remediation will take place as indicated. <p><u>Measures Our Agency will put in place, or what systemic changes will we make to assure that the deficient practice does not recur:</u></p> <ol style="list-style-type: none"> Clinical Director will review the deficiency and COP 484.18(c) and all agency policies cited above at mandatory professional staff meeting. The Agency will provide Targeted Quality Chart Audits specific to: <ol style="list-style-type: none"> COP requirement: 484.18(c) Specific deficiencies stated in the summary report Agency Policy for Pain Assessment Correct documentation of medication flow sheets. 	6/10/14	6/20/14
				6/11/14	Begin June 2014

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

TITLE

(X6) DATE

James P. Burke RN, Clinical Director 6/4/14

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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G 165	Continued From page 1 pain and making pain at level that is tolerable'. There were no ratings as to the level of pain. Additionally, per the Med Flow Sheet lists Vicodin 5/325 mg 1 tab po bid PRN (one tab twice a day as needed) with codes for either C=checked, NC= not checked or VC= verbally checked The review shows that the patient's medications were either not checked or that the patient was taking a greater amount than ordered. The Med Flow Sheet shows the following; on 01/06/14 states 2-3 day, 01/14/14- tid (three times a day) , 01/24/14 - NC, 01/29/14 -C tid, 02/06/14- 2-3day, 02/10/14 NC , 02/14/14 -2 x day, 02/21/14- NC, 02/22/14 - occasionally, and on 02/26/14 - 3-4 x day. Per interview at 3:45 PM the Clinical Mgr stated that the expectation would be that the nurse would follow the orders for checking the medications, rate/assess the pain level and notify the physician of any changes with medication regime, which did not happen per the orders.	G 165	At least 10 records per month for 6 months will be reviewed. Audits will focus on patients with pain problems and pain orders that are identified at Start of Care or Resumption of Care. Also, a minimum of 2 charts per month, for 3 months, will be audited for the specific RN case manager for the case stated in the deficiency.	Begin June 2014	
G 230	484.36(d)(3) SUPERVISION If home health aide services are provided to a patient who is not receiving skilled nursing care, physical or occupational therapy or speech-language pathology services, the registered nurse must make a supervisory visit to the patient's home no less frequently than every 60 days. In these cases, to ensure that the aide is properly caring for the patient, each supervisory visit must occur while the home health aide is providing patient care.	G 230	<u>How the corrective actions will be monitored so it does not recur.</u> Agency will provide annual training for all Clinical Staff and Supervisors and train all new employees during orientation to include COP requirement 484.18(c) and the agency policies and standards stated above. Our Agency will continue its ongoing Quality chart Audits per Agency Policy. These chart audits will include elements that were identified in the deficiency.	immediate & ongoing ongoing	
			<u>Action to correct the deficiency:</u> 1. <u>Supervision of home health aide and personal care assistant:</u> Agency will update the current policy for supervision of home health aide (HHA) and personal care assistant (PCA) who are not receiving skilled services. The updated policy will include that the registered nurse and/or Choices for Care Case Manager must make a supervisory visit to the patient's home no less frequently than every 60 days. This supervisory visit will occur while the HHA or PCA is providing patient care, and will be documented as such.	New practice starts 6/5/14. Written policy update by 06/18/14	

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G 230	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review and interview, the Agency failed to provide Registered Nurse (RN) supervisory visits for 1 applicable clients receiving long term care services through the Choices for Care Program. (Patient #2) Findings include: 1. Per review on 05/07/14, Patient # 2 was receiving agency services through the Choices for Care Program (CFC), up to 23 hours every 2 weeks for assistance with personal care, which includes bathing, grooming, toileting, transfers, bed mobility and companion care by a personal care attendant (PCA). Although supervision visits were made on a nearly monthly basis from 12/05/13 through 04/11/14, documentation of the visits do not show if the PCAs were present and/or providing patient care during the supervisory visits. Per interview on 05/7/14 at 2:07 PM the Long Term Care Coordinator, confirmed that there was there is no evidence of supervisory visits made with the PCA present and while providing care.	G 230	2. <u>Documentation requirements for home health aide and personal care assistant supervision:</u> The Choices for Care Case Manager providing the supervisory visits will provide documentation to reflect that the HHA or PCA was present. Documentation will also include the specific patient care duties the supervisor observes being performed by the PCA during the visit. 3. Our Agency will provide training for all Choices for Care Case Managers and Supervisors on 6/5/14 and review: a) The Summary Statement of Deficiency b) Updates for HHA/PCA Supervision as outlined above. <u>Measures Our Agency will put in place, or what systemic changes will we make to assure that the deficient practice does not recur:</u> 1. Our Agency will follow the above plan of corrective action for HHA/PCA Supervision. 2. Our Agency will provide annual training for all Choices for Care Case Managers and train all new employees during orientation to include which reflects above described practices and policies related to HHA/PCA supervision. <u>How the corrective actions will be monitored so it does not recur.</u> 1. Per above plan, our Agency will provide annual training for all Choices for Care Case Managers and train all new employees during orientation as described above. 2. The Choices for Care Coordinator will update the program's Chart Audit Tool to include the documentation requirements described above. The Chart Audit Tool will include that there is evidence of documentation of direct supervision. 3. In addition to above quarterly chart audits, which are ongoing, the Choices for Care coordinator will review at least 7 charts per month (at least one for each PCA supervisor) for the next 3 months to ensure that the agency is in compliance with updated PCA supervision requirements.	6/5/14 06/05/14 6/5/14 ongoing Ongoing 06/18/14 Beginning in June 2014	

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Addison County Home Health & Hospice Inc
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Middlebury, VT 05753-0754

Provider ID #:477014

Dear Mr. Goetschius:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 7, 2014**.

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

Sincerely,

Frances L. Keeler

Frances L. Keeler, RN, MSN, DBA
State Survey Agency Director
Assistant Division Director

FK:jl

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Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ADDISDN COUNTY HOME HEALTH & HOSPICE

PO BOX 754
MIDDLEBURY, VT 05753

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H 001 SS=A	Initial Comments An unannounced onsite of self report incidents occurred on 05/07/14 by the Division of Licensing and Protection. The following were State Designation regulatory findings as a result.	H 001		
H 517 SS=D	5.7(a) Requirements for Operation V. Requirements for Operation 5.7 A home health agency shall notify the Department of all critical incidents among its current patient population within specified time frames below. Verbal reports shall be followed by a written report that summarizes the occurrence. (a) A home health agency shall report any suspicion of abuse, neglect or exploitation as defined in 33 V. S. A. §6902 to the Division of Licensing and Protection's Adult Protective Services unit within 48 hours. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the agency failed to report any suspicion of abuse, neglect or exploitation as defined in 33 V.S.A. 6902 to the Division of Licensing and Protection's Adult Protective Services (APS) unit within 48 hours for 1 of 2 applicable patients in the targeted sample. (Patient #1). Findings include: 1. During record review on 05/07/14, the Home Health Agency (HHA) failed to report an allegation of exploitation to APS within 48 hours after becoming aware of the allegations. Per review of the the complaint form and investigation paperwork notes a concern of missing money and missing pills was received on 02/21/14 and	<u>Action to correct the deficiency:</u> 1) Our Agency reviewed the following with the weekend nurse supervisor and the Choices for Care Supervisors who received the report: a) <u>The Summary Statement of Deficiency (ID Prefix Tag H 517):</u> b) <u>Current Agency Policies:</u> <ul style="list-style-type: none">Implementing Child and Adult Abuse Reporting Procedures 2) Our Agency's management Team, including all supervisory staff, will review the following at our next scheduled Management Meeting on June 18, 2014: a) <u>The Summary Statement of Deficiency (ID Prefix Tag H 517):</u> b) <u>Current Agency Policies:</u> <ul style="list-style-type: none">Implementing Child and Adult Abuse Reporting Procedures c) Any suspicion of abuse, neglect, or exploitation shall immediately be brought to the attention of Supervisor as well as the Clinical Director and QA Manager. This will be to ensure that multiple levels of administration are aware of the issue and ensure that the report is made in a timely manner. 3) Our Agency will review the following with all clinical staff at next professional staff meeting: a) <u>The Summary Statement of Deficiency (ID Prefix Tag H 517):</u> b) <u>Current Agency Policies:</u> <ul style="list-style-type: none">Implementing Child and Adult Abuse Reporting Procedures c) Any suspicion of abuse, neglect, or exploitation shall immediately be brought to the attention of Supervisor as well as the Clinical Director and QA Manager. This will be to ensure that multiple levels of administration are aware of the issue and ensure that the report is made in a timely manner. <u>Measures Our Agency will put in place, or what systemic changes will we make to assure that the deficient practice does not recur:</u> 1. Our Agency will follow the above plan of corrective action. 2. Any suspicion of abuse, neglect, or exploitation shall immediately be brought to the attention of Supervisor as well as the Clinical Director and QA Manager. This will be to ensure that multiple levels of administration are aware of the issue and ensure that the report is made in a timely manner. 3. Agency Reporting Log for APS and DCF has been developed to monitor and track reporting of suspected abuse, neglect and exploitation (see attached).	05/30/14 06/18/14 06/11/14 As above 6/11/14 6/11/14	

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If continuation sheet 2 of 2