

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

October 18, 2017

Tim Brownell, Director
Addison County Home Health & Hospice Inc
Po Box 754
Middlebury, VT 05753-0754

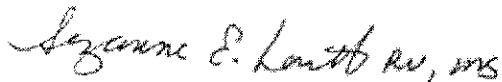
Provider ID #:477014

Dear Mr. Brownell:

Enclosed is a copy of your acceptable plans of correction for the Recertification Survey conducted on **September 27, 2017**.

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

OCT 16 2017

PRINTED: 10/03/2017
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 09/27/2017
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 An unannounced, on-site recertification survey was conducted by the Division of Licensing and Protection between 09/25-27/2017. Federal regulatory violations were identified. The specifics are detailed below:	G 000	484.18 (c) Conformance with Physician Orders Action taken to correct deficiency: The Physician has been notified that his orders were not followed as directed.	10/12/2017	
G 165	484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS Drugs and treatments are administered by agency staff only as ordered by the physician. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the agency staff failed to follow physician orders for all services provided for 1 of 4 applicable clients receiving therapy services (Client #1) Findings Include: 1. Per record review on 09/26/17, Client #1 did not receive treatments and/or visits as ordered for 2 certification periods. The '485's (Physician order/Plan of Care) dated 05/01/17 - 06/29/17, and 06/30/17 - 08/28/17, states Speech Therapy visits 2-4 times a month for 2 months. During the month of May 2017, five (5) treatment visits were provided and during July 2017 only one (1) treatment visit was provided. Per interview on 09/27/17 at 11:02 AM, the Therapy Department Manager (TDM) acknowledged any changes, such as the missed treatment visits or the extra treatment visit, are written on a triplicate form and sent to the physician. These were not found in the chart. The TDM confirmed the physician orders were not followed as ordered.	G 165	Corrective Action/Evaluation: The Agency will Audit each current patient of the noted Speech Therapist. If any areas are identified in need of correction the clinician will correct each. The Quality department will share the results with the Vice President of Clinical Service and the Therapy Team leader who oversee that the clinician who will address each concern. The Quality team will bring all audit result to the QAPI committee for review & tracking. Measures put in place to Assure deficient practice does not occur: System changes/implementation: The Agency has hired a new Vice President of Clinical Services who will be leading the Quality and Compliance programs of the Agency concerning the conditions of participation. The Agency while still on paper has created a triplicate form (Addendum Notice – see attached) that will serve as a verbal order addendum, notification to the physician & the patient. In the event that the order frequency has changed. Additionally, the Agency, being all on paper at this time, has begun the process of implementing an Electronic Health Record, Brightree, has a failsafe design	10/13/2017	

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

TITLE

(X6) DATE

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 000	INITIAL COMMENTS	G 000	that does not allow the clinician to schedule appointments outside the physician ordered frequency window. The completed implementation time frame for EHR is February/March of 2018.		
G 165	An unannounced, on-site recertification survey was conducted by the Division of Licensing and Protection between 09/25-27/2017. Federal regulatory violations were identified. The specifics are detailed below: 484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS	G 165	<u>Education:</u> Therapy and Speech department staff corrective re-education concerning following physician orders and when out of range either by physician or patient cause the physician will be informed will be completed for all therapy team staff members on 10/12/2017. The balance of all staff clinician re-education is scheduled for 10/18/2017. Education will consist of understanding orders and variances needing physician notification and potential care plan changes, as well as the use of a new triplicate form Addendum Notice. As well as a refresher on order frequency education and missed visit notification . <u>Monitoring and Tracking to assure compliance:</u> The Agency will review all Speech Therapy visits for a period of time over the next three months. All deviances from standards will be immediately addressed , Quality and the VP of clinical services will be notified as well as the Therapy Team leader. At the end of three months the Therapy Team leader will report to the QAPI Committee any and all findings. At that time the committee will determine a need to continue the audit process for an additional quarter and whether further education is needed.	10/12/2017 10/18/2017	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	

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.

ADDISON COUNTY HOME HEALTH AND HOSPICE, INC.

254 Ethan Allen Highway

Middlebury VT 05753

Phone: 802-388-7259

FAX 802-388 6126

484.18 (c) Conformance with Physician Orders

Action taken to correct deficiency: The Physician has been notified that his orders were not followed as directed.

Corrective Action/Evaluation: The Agency will Audit each current patient of the noted Speech Therapist . If any areas are identified in need of correction the clinician will correct each.

The Quality department will share the results with the Vice President of Clinical Service and the Therapy Team leader who oversee that the clinician who will address each concern. The Quality team will bring all audit result to the QAPI committee for review and tracking.

Measures put in place to Assure deficient practice does not occur: System changes/Implementation:

The Agency has hired a new Vice President of Clinical Services who will be leading the Quality and Compliance programs of the Agency concerning the conditions of participation.

The Agency while still on paper has created a triplicate form (Addendum Notice – see attached) that will serve as a verbal order addendum, notification to the physician and the patient. In the event that the order frequency has changed.

Additionally, the Agency, being all on paper at this time, has begun the process of implementing an electronic Health Record, Brightree that has a failsafe design that does not allow the clinician to schedule appointments outside the physician ordered frequency window. The completed implementation time frame is planned for mid February/March of 2018.

Education: Therapy and Speech department staff corrective re-education concerning following physician orders and when out of range either by physician or patient cause the physician will be informed will be completed for all therapy team staff members on 10/12/2017. The balance of all staff clinician re-education is scheduled for 10/18/2017.

Education will consist of understanding orders and variances needing physician notification and potential care plan changes, as well as the use of a new triplicate form Addendum Notice. As well as a refresher on order frequency education and missed visit notification .

Monitoring and Tracking to assure compliance: The Agency will review all Speech Therapy visits for a period of 3months. All deviances from standards will be immediately addressed and the VP of clinical services will be notified as well as the Therapy Team leader. At the end of three months the Therapy Team leader will report to the QAPI Committee any and all findings. At that time the committee will determine a need to continue the audit process for an additional quarter and whether further education is needed.

10/10/2017

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ADDENDUM NOTICE

[] VERBAL ORDER SOC

[] ADDENDUM SERVICE

PATIENT: _____ ADDRESS: _____

PRIMARY DIAGNOSIS: _____

PHYSICIAN NAME: _____ PHONE: _____ FAX: _____

SKILLED NURSING: _____ WEEK FOR _____ WEEK AND _____ WEEK FOR _____ WEEKS

SKILLED NURSING SERVICES FOR: _____

HOME HEALTH AIDE: _____ WEEK FOR _____ WEEK AND _____ WEEK FOR _____ WEEKS

HOME HEALTH AIDE FOR PERSONAL CARE AND ADLS: _____

PHYSICAL THERAPY: _____ WEEK FOR _____ WEEK AND _____ WEEK FOR _____ WEEKS

PHYSICAL THERAPY SERVICES FOR: _____

OCCUPATIONAL THERAPY: _____ WEEK FOR _____ WEEK AND _____ WEEK FOR _____ WEEKS

OCCUPATIONAL THERAPY FOR: _____

SPEECH THERAPY: _____ WEEK FOR _____ WEEK AND _____ WEEK FOR _____ WEEKS

SPEECH THERAPY FOR: _____

MEDICAL SOCIAL WORK: _____ WEEK FOR _____ WEEK AND _____ WEEK FOR _____ WEEKS

MEDICAL SOCIAL WORK FOR: _____

CLINICIAN NAME

DATE

(PRINT NAME ABOVE)

CLINICIAN SIGNATURE

DATE

PHYSICIAN SIGNATURE

DATE

PATIENT SIGNATURE

DATE

H511 5.1 Requirements for Operation

10/10/2017