

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  
Fax (802) 871-3318

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

RECEIVED

Division of

PRINTED: 05/15/2014

FORM APPROVED

JUN 10 14

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VT477014	(X2) MULTIPLE CONSTRUCTION -A BUILDING: _____ B WING: _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED  C 05/07/2014
NAME OF PROVIDER OR SUPPLIER  ADDISDN COUNTY HOME HEALTH & HOSPICE		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) COMPLETE DATE
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	H 517	<p><u>Action to correct the deficiency:</u></p> <p>1) Our Agency reviewed the following with the weekend nurse supervisor and the Choices for Care Supervisors who received the report:</p> <p>a) <u>The Summary Statement of Deficiency (ID Prefix Tag H 517):</u></p> <p>b) <u>Current Agency Policies:</u></p> <ul style="list-style-type: none"> <li>Implementing Child and Adult Abuse Reporting Procedures</li> </ul> <p>2) Our Agency's management Team, including all supervisory staff, will review the following at our next scheduled Management Meeting on June 18, 2014:</p> <p>a) <u>The Summary Statement of Deficiency (ID Prefix Tag H 517):</u></p> <p>b) <u>Current Agency Policies:</u></p> <ul style="list-style-type: none"> <li>Implementing Child and Adult Abuse Reporting Procedures</li> </ul> <p>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.</p> <p>3) Our Agency will review the following with all clinical staff at next professional staff meeting:</p> <p>a) <u>The Summary Statement of Deficiency (ID Prefix Tag H 517):</u></p> <p>b) <u>Current Agency Policies:</u></p> <ul style="list-style-type: none"> <li>Implementing Child and Adult Abuse Reporting Procedures</li> </ul> <p>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.</p> <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> <p>1. Our Agency will follow the above plan of corrective action.</p> <p>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.</p> <p>3. Agency Reporting Log for APS and DCF has been developed to monitor and track reporting of suspected abuse, neglect and exploitation (see attached).</p>		05/30/14  06/18/14  06/11/14  As above  6/11/14  6/11/14

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

6899

7DYP11

If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  VT477014	(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		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 754 MIDDLEBURY, VT 05753		
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H 517	Continued From page 1  referred to APS on 02/24/14. Per interview on 05/07/14 at 10:33 AM the Long Term Coordinator stated that the HHA got a call at 5:00 PM [Friday] and the HHA started the investigations on 02/25/14 with the case manager, staff and the Long Term coordinator. The Long Term Coordinator confirmed that a report had not been made to the APS hotline within 48 hours of receiving the allegations of exploitation.	H 517	<p><u>How the corrective actions will be monitored so it does not recur.</u></p> <ol style="list-style-type: none"> <li>The Agency will provide annual training for all supervisors and staff which includes: <ol style="list-style-type: none"> <li>State Policy for Reporting suspected abuse, Neglect, and exploitation</li> <li>Agency Policy on Implementing Child and Adult Abuse Reporting Procedures</li> </ol> </li> <li>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.</li> <li>Agency Reporting Log for APS and DCF has been developed to monitor and track reporting of suspected abuse, neglect and exploitation (see attached). This will be reviewed and monitored by the QA manager and clinical director on a monthly basis.</li> </ol>	Practice effective immediately  6/18/14