

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

April 3, 2018

Tim Brownell, Administrator
Addison Cty Hha Hospice
Po Box 754 Route 7 North
Middlebury, VT 05753

Provider ID #:471508

Dear Mr. Brownell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 28, 2018**.

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

PRINTED: 03/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ MAR 22 2018		(X3) DATE SURVEY COMPLETED 02/28/2018
NAME OF PROVIDER OR SUPPLIER ADDISON CTY HHA HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 754 ROUTE 7 NORTH 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
E 000	Initial Comments The Division of Licensing and Protection conducted a review of the agency's emergency preparedness program. There are no regulatory violations as a result.	E 000	Skills and competencies of Home Health Aids (HHA) were not satisfactorily completed & tracked during the 2017 Calendar year.	
L 000	INITIAL COMMENTS An unannounced on-site recertification survey was conducted by the Division of Licensing and Protection on 2/26-28/2018. The following regulatory deficiency was identified as a result:	L 000	As a corrective measure to assure each regulatory requirement for education skills, competencies, & tracking are met we have updated our policy & procedures to reflect Orientation skills & competency assessments training and tracking from hire throughout each annual training for each Calendar year. (Attached)	
L 663	TRAINING CFR(s): 418.100(g)(3) (3) A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months. This STANDARD is not met as evidenced by: The agency failed to assure that the skills and competence of all individuals furnishing care were assessed for 6 of 6 randomly selected Hospice Home Health Aides. Findings include: Per a review of the files for 6 randomly selected Home Health Aides providing Hospice services, there were no competency assessments available on any of the staff. This was confirmed on 2/28/18 at 10:30 AM by the Quality Assurance Coordinator.	L 663	We first will track current educational training through the use of Relias online education modules completion for the 2017 year. Additionally we will have each HHA complete their 2018 modules in Relias as well. We have further added a new Home Health Aid Competency skills performance checklist form. (Attached) The Agency has assigned a designated RN who will be responsible to maintain Orientation, education skills and competency on each HHA. The Agency will have each active HHA staff member completed with documentation of the twelve hours of education, as well as competencies per regulation no later than April 6, 2018. All education and compliance deviations will be presented to the QAPI committee for review as well as updates on progress will be presented to the QAPI Committee for review and recommendations. The Vice President of Clinical Services & Quality Services will assure completion & continued compliance.	Completion: April 6, 2018

L663 POE accepted 3/29/18
Karen Campos RN Completion: April 6, 2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 3-21-18

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.

ORIENTATION OF ASSIGNED HOME HEALTH AIDE
Policy No. HH:2-010.1

PURPOSE

To define the process for the communication of patient information and assignment of responsibilities to paraprofessional personnel caring for the patient.

POLICY

When making patient care assignments, consideration will be given to the needs of the patient, the home health aide's competencies, and the specific care that is to be provided.

Home health aides will receive patient information in the form of an aide assignment prior to caring for the patient. This will include information about the physical, psychosocial, and environmental aspects of care.

Patient care communication may include verbal or written instruction and demonstration. The communication about assigned responsibilities may include on-site orientation when appropriate, and at the very least, telephone contact prior to caring for the patient.

PROCEDURE

1. The personal care and support services provided will be based on the initial and ongoing assessments of patient needs as conducted by a nurse or therapist in the patient's home.
 - A. The nurse or therapist will be responsible for the initial assessment and assignment of the home health aide. Assessments are updated every 60 days and as the patient's condition changes.
 - B. The functional status, psychological status, and availability of support will be considered in determining the frequency of visits and plan of care.
2. The home health aide will review the duties to be performed and the arrangements for providing services as stated in the plan of care, and he/she will discuss this with the nurse or therapist.
 - A. An orientation or placement visit is scheduled in the patient's home by the clinician, whenever feasible.
 - B. A home health aide care plan is created in collaboration with the family and reviewed with the aide upon introduction with the patient. Return demonstration will be requested, as appropriate.

3. Each patient receives care in accordance with the plan of care and related instructions.
 - A. The home health aide assignment sheet correlates with the orders on the plan of care (485).
 - B. The aide will complete an aide clinical note on each patient. This is returned to the organization on a weekly basis and incorporated in the patient record. If electronic documentation is utilized, notes will be sent daily.
 - C. When a health problem is identified or a significant change in a patient's physical condition is noted, the aide will report this information to the coordinator and/or a Clinical Supervisor in the office.

4. When a change in home health aide or substitution of aide is required:
 - A. Orientation will occur on-site unless the organization personnel are already familiar with the patient.

COMPETENCY ASSESSMENT
Policy No. HH:3-011.1

PURPOSE

To outline the process of assessing professional and paraprofessional competence.

POLICY

The competence of all organization clinical personnel (employed, contract, or volunteer) will be assessed during orientation, during the probationary period, periodically throughout the course of the year and during the annual performance evaluation. Educational activities will be based, in part, on the outcomes of the competency evaluation.

Competency of supervisors and/or management staff will be assessed by the individual's immediate supervisor and may include peer review as a component of the process.

PROCEDURE

Orientation and Probationary Period

1. As part of the orientation process, a preceptor/Clinical Supervisor will be assigned to each new person.
2. Using a Competency Skills Performance Checklist, and the Orientation Checklist, the preceptor/Clinical Supervisor will observe the new personnel performing the required skills and activities.
3. Upon completion of the checklists, the new personnel will end orientation and probationary period.

Ongoing Assessments

1. Competency assessments will be completed at least one (1) time per year. Additional competencies may be required for performance issues, new technology, or other appropriate indications.
2. Using a Competency Skills Performance Checklist developed specifically for each clinical job category, the Clinical Supervisor will evaluate the competence in performing and rendering care according to organization policies and standards of practice.
3. Clinical personnel will make a joint visit with a Clinical Supervisor annually for direct observation assessment.

4. Based on the identified clinical needs during reviews, the inservice education plan will incorporate training on issues where trends and patterns are identified for all personnel.
5. Isolated episodes relating to individual performance will be addressed on an individual basis. Actions may include one-on-one counseling and/or mentoring, reviewing resource information, inservice training or continuing education.

Annual Performance Evaluation

1. During the annual performance evaluation, personnel's competence in performing specified activities will be evaluated.
2. Personnel will be asked to demonstrate their core competencies in specific areas relating to their job description and functions (i.e., home health aides demonstrate skills for ADLs, bathing, toileting, etc.; nurses performing Infusion Therapy demonstrate skills for venipuncture, accessing ports; medical word processors demonstrate skill for word processing.)
3. Improving skills for competency will be part of the annual performance evaluation and performance plans for the next year, as well as establishing individual goals for personal/professional growth and development.



Home Health Aide Competency Skills Performance Checklist

Home Health Aide: _____

Home Health Aid Self Rating

Competency Assessment Method

A = I can perform well	D = Direct Observation and/or Demonstration
B = I need to review	O = Oral Question and Answer
C = I have no experience	(Circle the appropriate method below)

Skills	Self Rating	Supervisor Assessment Method	Supervisor Evaluation	
			Competency	Supervisor Initials & Date
Communication	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Observation, reporting and documentation of patient status and the care of services provided	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Reading and recording temperature, pulse and respiration	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Universal Precautions	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Basic elements of body functions and changes in condition that must be reported	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Maintaining a clean, safe and health environment	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize emergency situations	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize physical and emotional needs and work with the client and respect the pt's privacy and property	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Appropriate and safe techniques in personal hygiene and grooming:				
Bed Bath	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Sponge Bath	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Shampoo (sink, tub or bed)	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Nail Care	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Skin Care	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Oral Hygiene	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Toileting and elimination	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Safe transfer techniques	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Safe Ambulation	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Normal positioning with proper body alignment	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize adequate nutrition and intake	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Other:	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Home Health Aide Signature

/Date

Supervisor's Signature

Initials//Date



**ANNUAL ACHHH&H Training Modules
Skills & Competancy**

Abuse and Complaint Policies for Review -2017
ACHHH Corporate Compliance Attestation
ACHHH HIPAA Privacy Training for HHA, PCAs, and Homemakers
ACHHH Paper Handling Policy
ACHHH Section 1557 Training
Back Injury Prevention
Bloodborne Pathogens
Boundaries
Care Basics: Bathing the Difficult Patient
Caring for the Elderly
Employee Wellness - Side Effects of Care Giving
Employee Wellness - Stress Management
Fire Safety: The Basics
Fraud, Waste, and Abuse for Home Health Billing and Field Staff
Hospice- death and dying, senior aging process
How to Measure Pulse and Respiration
How to Take an Oral Temperature
In Field Competency
Infection Control: The Basics
Observation, Reporting, and Documentation
Preventining, recognizing and reporting Abuse
Understanding Alzheimers disease and dementia



MAR 22 2018

March 21, 2018

Att: Pam Cota, Licensing Chief
for Susanne Leavitt, RN, MS
Assistant Division Director
State Survey Agency Director
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060

RE: SOD letter dated March 9, 2018

Dear Ms. Cota or Ms. Leavitt:

Please find the enclosed Statement of Deficiency and Addison County Home Health and Hospice Plan of Correction as requested in the Licensing and Protections letter dated March 9, 2018.

Attachments:

form CMS -22557(02-99) with Plan of Correction
Orientation of Assigned Home Health Aide Policy
Competency Assessment Policy
Home Health Aide Competency Skills Performance Checklist form
HHAide Relias training check list

If there is anything further you require please contact us at the above referenced number.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy Brownell", is written over a large, light-colored oval shape.

Timothy Brownell
Chief Executive Officer