
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVINGDivision 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

September 14, 2018

Kristin Barnum, Administrator
Bayada Home Health Care
600 Blair Park Road, Suite 300
Williston, VT 05495-7589

Provider ID #:477019

Dear Ms. Barnum:

Enclosed is a copy of your acceptable plans of correction for the federal survey conducted on **August 13, 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: 08/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/13/2018
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NAME OF PROVIDER OR SUPPLIER BAYADA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 BLAIR PARK ROAD, SUITE 300 WILLISTON, VT 05495
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G 000	INITIAL COMMENTS An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 8/13/2018. The following federal regulatory violations were identified.	G 430	Be free from abuse CFR(s): 484.50(c)(2) Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property; This ELEMENT is not met as evidenced by: Based on medical record review, staff and client interviews, the home health agency failed to assure that 1 of 3 sampled clients (Client # 1) was free from neglect. Specifics are detailed below: Per medical record review on 8/13/2018, Client # 1 was admitted to the agency in August 2017 with Alzheimer's Disease and frailty. The original assessment completed on 8/21/2017 indicates that no skilled services are needed and the service plan was formulated for the agency to provide Licensed Nursing Aides (LNA) or personal care attendants (PCA) for 7-8 hours a day, 4 days/ week for assistance with activities of daily living, to provide meals, offer nourishment and companionship during the times when the family is unavailable. The assessment and family comments further indicate that Client # 1 would "stay in bed all day" unless someone helps him/her or offers assistance with getting out of bed. Client # 1 is not aware if staff do not visit as directed and s/he is unable to call on the phone to let the agency know that staff didn't come on their assigned days. On 6/10/2018, the LNA/PCA did not call in to	9/24/2018
G 430	Be free from abuse CFR(s): 484.50(c)(2) Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property; This ELEMENT is not met as evidenced by: Based on medical record review, staff and client interviews, the home health agency failed to assure that 1 of 3 sampled clients (Client # 1) was free from neglect. Specifics are detailed below: Per medical record review on 8/13/2018, Client # 1 was admitted to the agency in August 2017 with Alzheimer's Disease and frailty. The original assessment completed on 8/21/2017 indicates that no skilled services are needed and the service plan was formulated for the agency to provide Licensed Nursing Aides (LNA) or personal care attendants (PCA) for 7-8 hours a day, 4 days/ week for assistance with activities of daily living, to provide meals, offer nourishment and companionship during the times when the family is unavailable. The assessment and family comments further indicate that Client # 1 would "stay in bed all day" unless someone helps him/her or offers assistance with getting out of bed. Client # 1 is not aware if staff do not visit as directed and s/he is unable to call on the phone to let the agency know that staff didn't come on their assigned days. On 6/10/2018, the LNA/PCA did not call in to	G 430	Based on an analysis of the specific deficiencies cited, the corrective plan and actions taken are to address the lack of demonstrated knowledge resulting in failure to ensure a client was free from neglect. The plan of correction will be completed through comprehensive focused education and re- instruction. An assessment/supervisory visit was completed on 8/13/2018 for client #1. The client's progress report noted that there has been no change in the client's medical condition. After the identified missed shift, the Agency called the home of client #1 at the start of each scheduled shift to ensure staff was present. This practice continued until the client's family requested the calls stop. On 6/12/2018, the licensed nursing assistant (LNA) who was scheduled to provide care to client #1 during the identified missed shift was counseled on policy 0-117 - FIELD EMPLOYEE POLICIES AND BENEFITS with emphasis on the requirement to notify the office in every case when a scheduled employee will not be going to work. The Client Services Manager responsible for scheduling and communicating staffing for client #1 no longer works for this Agency. By 9/21/2018, the Administrator/designee will re-educate all aides on policy 0-117 - FIELD EMPLOYEE POLICIES AND BENEFITS with emphasis on the requirement to notify the office in every case when an employee is scheduled but will not be going to work. By 9/14/2018, the Administrator/designee will re-educate all office staff on the requirement to notify the client/caregiver when services will not be provided at the frequency/duration as directed by the care plan. Re-education also included the requirement to document any deviation of the frequency/duration of services provided including communication with the client/caregiver.	9.14.18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kristin Barnum RN MBA</i>	VT Administrator	9/7/2018
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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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NAME OF PROVIDER OR SUPPLIER BAYADA HOME HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BLAIR PARK ROAD, SUITE 300 WILLISTON, VT 05495		
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G 430	Continued From page 1 notify the agency that s/he would not be covering that shift. When the family arrived home after work, they found Client # 1 in a soiled bed, not having eaten or changed during the day and not able to call for help. The family immediately called the agency to report how the client was found. There is no evidence to support that any follow-up visit was made by a nurse to assess the client after this missed visit. The potential for harm is present for skin breakdown and dehydration in this client who was left unattended for 7 hours. Per review of the Agency policy for handling staff not arriving at the home as scheduled, the client or family is to notify the agency so that alternative arrangements can be made. There is no provision for the agency to know if a staff member is present or not, if the client is unable to notify the office. This is confirmed by the Associate Director of the agency, during interview. The Director also confirms that time sheets for staff are one on paper and turned into the agency on a weekly basis, not daily. There is a new system being put in place to begin 1/1/2019 but until then there is no systems approach to deal with this type of issue. There is no evidence to support that anything other than education of the staff member involved was re-educated on proper call off procedures. Measures are not in place, agency wide, to prevent this from happening again.	G 430	By 9/14/2018, the Administrator/designee will re-educate all Clinical Managers on policies 0-945 CLIENT CARE PLAN and 0-988 - CLIENT ASSESSMENT AND REASSESSMENT with emphasis on following the care plan and the need to evaluate a client when services are not provided as ordered for client's identified with compromised mental status and/or lack of physical/mental capacity to communicate their needs. By 9/14/2018, the Administrator/designee will educate all office staff who oversee aide only services on the new practice of documenting verification of the staff member's presence at the beginning of every assigned shift for the client's identified with compromised mental status and/or lack of physical/mental capacity to communicate their needs. This practice will continue until the electronic verification of visits (EVV) system is in place. Effective 9/24/2018, a Client Services Manager/designee will call the home of all active clients receiving aide level services only and with an identified compromised mental status and/or lack of physical and/or mental capacity to communicate their needs at the beginning of every assigned shift to speak with the scheduled employee to ensure they are present in the home. This practice will continue until the EVV system has been implemented. The process of verifying staffs presence in the home for client's receiving aide only services will be further enhanced with the implementation of the EVV system. Training on the use of the EVV system will begin on 9/24/2018 with implementation of EVV completed by 1/1/2019. A notification will appear on the Agency's web portal if an employee has not checked in during an assigned shift. Effective 9/24/2018 until initiation of the EVV system, the Director/designee will review daily the client specific log to ensure staff presence at the initiation of each scheduled shift and if family/client notification was documented if the staff member did not show up. If during the review any discrepancies are found, a Clinical Manager/designee will conduct a Supervisory visit of the client and the client/caregiver will be contacted and the employee responsible will be counseled. Subsequently, sustained improvement will be monitored through quarterly clinical record reviews conducted as a required component of the Organizations Quality Assurance and Performance Improvement program.		
G 436	Receive all services in plan of care CFR(s): 484.50(c)(5) Receive all services outlined in the plan of care. This ELEMENT is not met as evidenced by: Based on medical record review and staff interview, the home health agency failed to	G 436			

pro report 9.14.18 *GA/SP*

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G 436 Continued From page 2
provide care, as outlined in the plan of care, for 2 of 3 sampled clients (Client # 1 and # 2). Specifics are detailed below:

- Per medical record review on 8/13/2018, Client # 1 was admitted to the agency in August 2017 with Alzheimer's Disease and frailty. The original assessment completed on 8/21/2017 indicates that no skilled services are needed and the service plan was formulated for the agency to provide Licensed Nursing Aides (LNA) or personal care attendants (PCA) for 7-8 hours a day, 4 days/ week for assistance with activities of daily living, to provide meals, offer companionship and nourishment, when the family is unavailable. No visit was made on 6/10/2018, the client was left alone for 7 hours without the family being made aware of this. The Associate Director confirms that no visit was made on 6/10/2018.
- Per medical record review, Client # 2 was admitted on 12/2017 with self care and mobility deficits, falls risk, alcohol and narcotic abuse. Based on the initial assessment, the agency was to provide licensed nursing aides (LNAs) for assistance with activities of daily living and homemaker duties for up to 14.5 hours/ week. LNA services were provided for 6 hours/ week (2 hours/ for 3 days) through the Choices For Care (CFC) Program. No skilled nursing needs were identified and supervisory visits were made every 60 days until Client # 2 was discharged from a hospital in May 2018. There is no evidence to support that visits were made as directed in the service plan after the hospital discharge. During interview, the Associate Director confirms that visits were not made in May 2018 as directed in the service plan. The Associate Director further indicates that Client # 2 has skilled nursing

G 436 The Administrator has overall responsibility for implementation and oversight of the plan.

G 436 Based on an analysis of the specific deficiencies cited, the corrective plan and actions taken are to address the lack of demonstrated knowledge resulting in failure to provide care as outlined in the plan of care. The plan of correction will be completed through comprehensive focused education and re-instruction.
An assessment/supervisory visit was completed on 8/13/2018 for client #1. The client's progress report noted that there has been no change in the client's medical condition.
On 6/12/2018, the LNA who was scheduled to provide care to client #1 was counseled on policy 0-117 - FIELD EMPLOYEE POLICIES AND BENEFITS with emphasis on the requirement to notify the office in every case when a scheduled employee will not be going to work. Re-education also included a review of policy 0-998 - UNDERSTANDING AND FOLLOWING THE HOME HEALTH AIDE CARE PLAN with emphasis on providing care at the frequency/duration as directed by the care plan.
The Client Services Manager responsible for scheduling and communicating staffing for client #1 no longer works for this Agency.
Client #2 no longer receives services from this Agency.
On 9/5/2018, the Client Services Manager responsible for scheduling and communicating staffing for client #2 was re-educated on the requirement to notify the client/caregiver when services will not be provided at the frequency/duration directed by the care plan as well as the requirement to document the notifications to the client/caregiver.
By 9/21/2018, all aides will be re-educated by the Administrator/ designee on policy 0-117 - FIELD EMPLOYEE POLICIES AND BENEFITS with emphasis on the requirement to notify the office in every case when an employee is scheduled but will not be going to work and policy 0-998 - UNDERSTANDING AND FOLLOWING THE HOME HEALTH AIDE CARE PLAN with emphasis on following the care plan specifically related to visit frequency/duration as directed by the care plan.

doc wnt 9.14.18 CC/ld

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G 436	Continued From page 3 services provided by another home health agency and that the client has opted to contract with a private company, since s/he wanted overnight coverage and was told that the agency could not accommodate this.	G 436	By 9/14/2018, all office staff will be re-educated by the Administrator/designee on the requirement to notify the client/caregiver when services will not be provided at the frequency/duration as directed by the care plan. Re-education also included the requirement to document any deviation of the frequency/duration of services provided including communication with the client/caregiver. Effective 9/24/2018 for three months and until 100% compliance is achieved, the Director/designee will review weekly 25% of clients receiving Aide level services only for adherence to the care plan and visit frequency/duration as directed by the care plan. If during the record review any discrepancies are found, corrections will be made and the employee responsible will be counseled. Subsequently, sustained improvement will be monitored through quarterly clinical record reviews conducted as a required component of the Organizations Quality Assurance and Performance Improvement program. The Administrator has overall responsibility for implementation and oversight of the plan. <i>document 9.14.18 GC/89</i>

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