

Division of Licensing and Protection

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Survey and Certification Voice/TTY (802) 241-0480

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Survey and Certification Reporting Line:(888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 24, 2020

Treny Burgess, Director
Caledonia Home Health Care
161 Sherman Drive
Saint Johnsbury, VT 05819

Provider ID #:471502

Dear Ms. Burgess:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 15, 2020**.

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: 01/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2020
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NAME OF PROVIDER OR SUPPLIER CALEDONIA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 161 SHERMAN DRIVE SAINT JOHNSBURY, VT 05819
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(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
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E 000	Initial Comments	E 000		
L 000	INITIAL COMMENTS	L 000		
L 629	<p>SUPERVISION OF HOSPICE AIDES CFR(s): 418.76(h)(1)(i)</p> <p>(l) A registered nurse must make an on-site visit to the patient's home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that the Hospice Aides received the required on-site supervisory visits for the duration of care for three of nine patients (Patient #1, 2, 3) Findings include:</p> <p>1. Patient #1 had orders for aide visits once a day for five weeks, and between 3/25/19 and 4/27/19 the aide visited thirty-four times during this period of certification. There is no evidence</p>	L 629	<ol style="list-style-type: none"> 1. Review hospice L629 418.76(h) with hospice nurses at Professional Staff Meeting. Verbal discussion and written handouts provided. Completion date- 01/22/2020 2. Review appropriate documentation required for HHA supervision during Professional Staff Meeting. Completion date- 01/22/2020 3. Implement task of regularly running HHA Supervision Due list. Nurse scheduler charged with this task so that HHA supervision can be scheduled timely. Completion date-01/31/2020 4. Implement an audit process to ensure compliance with HHA supervision. Plan to audit hospice records with HHA involvement until 100% compliance with HHA supervision is achieved for eight consecutive weeks. Begin date- 02/03/2020 <p>Responsible party- Tracy Turner, Asst. Director of Home Care & Hospice <i>Tracy Turner 2.13.2020</i> <i>1/20/20</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Leah Burgess</i>	TITLE Director	(X6) DATE 02/04/2020
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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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L 629	Continued From page 1 that the Registered Nurse (RN) made supervisory visits. On 1/13/2020 at 2:41 PM, the Hospice Director confirmed that there were no RN supervisory visits. 2. Patient #2 had an order for Home Health Aide (HHA) visits 5 times a week and skilled Nursing visits 1 time a week. HHA visits were conducted as ordered. In a review of supervision visits an RN failed to perform supervisions between 11/8/2019 and 12/20/2019. The missing supervision visits were confirmed by a Clinical Coordinator/Supervisor on 1/14/2020 at 2:50 PM. 3. Patient #3 had an order for daily HHA visits every day and skilled nursing visits 1 time a week HHA visits were conducted as ordered.. In a review of supervision visits an RN failed to perform supervision visits between 10/30/19 and 12/4/19. The missing supervision visits were confirmed by a Clinical Coordinator/Supervision on 1/14/2020 at 2:50 PM.	L 629			