



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

November 25, 2019

Ron Cioffi, CEO
Manchester Health Services
Po Box 1224
Manchester Center, VT 05255

Provider ID #:477009

Dear Mr. Cioffi:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 4, 2019**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Leavitt".

Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Division Director

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

NOV 22 2019

PRINTED: 11/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2019
NAME OF PROVIDER OR SUPPLIER MANCHESTER HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1224 MANCHESTER CENTER, VT 05255		
(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	<p>INITIAL COMMENTS</p> <p>The Vermont State Survey Agency conducted a full survey on 11/04/19. Based on observation, and confirmed by interview, the Manchester Home Health Services Agency is not operating as a parent Home Health Agency but as a branch of the VNA of Southwestern Region. As such, all Conditions of Participation for Home Health Agencies at are not met.</p> <p>Per observation on 11/04/19 at 8:15 AM, the Manchester Home Health Services is not independently serving any clients and retains no medical records at this location. Per interview with the Clinical Manager at 8:30 AM, s/he stated that they were not a Home Health Agency, but a branch location of the VNA of the Southwest Region.</p> <p>Per interview at 2:00 PM, the Chief Executive Officer confirmed:</p> <p>All clients were given appropriate notice in writing of discharge from Manchester HHA on 6/30/17 and admitted to the VNA of the Southwest Region on 7/1/17.</p> <p>The Board of Directors was disbanded on 6/30/19 and the Board approved the merger with the VNA of the Southwestern Region.</p> <p>Based on interview with the Chief Financial Officer at 2 PM, s/he stated that their final cost report was done in May of 2018 but that s/he did not file paperwork with The Centers for Medicare and Medicaid Services to convert the parent agency to a branch.</p>	G 000	<p>VNA & Hospice of the Southwest Region, Inc. filed the CMS 855A on 11/18/19 to deactivate Manchester Health Services, Provider Number 477009 and include Manchester Health Services as a practice location/HH Branch office of VNA and Hospice of the Southwest Region, Inc., Provider Number 477007.</p> <p><i>Beaumont 11.22.19</i></p>		
G 350	<p>Release of patient identifiable OASIS info. CFR(s): 484.40</p>	G 350			

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

Ronald J. Leaffs

TITLE

CEO

(X6) DATE

11/19/19

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 350	Continued From page 1 Condition of participation: Release of patient identifiable OASIS information. The HHA and agent acting on behalf of the HHA in accordance with a written contract must ensure the confidentiality of all patient identifiable information contained in the clinical record, including OASIS data, and may not release patient identifiable OASIS information to the public. This CONDITION is not met as evidenced by:	G 350			
G 370	Reporting OASIS information CFR(s): 484.45 Condition of participation: HHAs must electronically report all OASIS data collected in accordance with §484.55. This CONDITION is not met as evidenced by:	G 370			
G 406	Patient rights CFR(s): 484.50 Condition of participation: Patient rights. The patient and representative (if any), have the right to be informed of the patient's rights in a language and manner the individual understands. The HHA must protect and promote the exercise of these rights. This CONDITION is not met as evidenced by:	G 406			
G 510	Comprehensive Assessment of Patients CFR(s): 484.55 Condition of participation: Comprehensive assessment of patients.	G 510			

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G 510	Continued From page 2 Each patient must receive, and an HHA must provide, a patient-specific, comprehensive assessment. For Medicare beneficiaries, the HHA must verify the patient's eligibility for the Medicare home health benefit including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment. This CONDITION is not met as evidenced by:	G 510			
G 570	Care planning, coordination, quality of care CFR(s): 484.60 Condition of participation: Care planning, coordination of services, and quality of care. Patients are accepted for treatment on the reasonable expectation that an HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence. Each patient must receive an individualized written plan of care, including any revisions or additions. The individualized plan of care must specify the care and services necessary to meet the patient-specific needs as identified in the comprehensive assessment, including identification of the responsible discipline(s), and the measurable outcomes that the HHA anticipates will occur as a result of implementing and coordinating the plan of care. The individualized plan of care must also specify the patient and caregiver education and training. Services must be furnished in accordance with accepted standards of practice. This CONDITION is not met as evidenced by:	G 570			
G 640	Quality assessment/performance improvement CFR(s): 484.65 Condition of participation: Quality assessment	G 640			

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G 640	Continued From page 3 and performance improvement (QAPI). The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program. The HHA's governing body must ensure that the program reflects the complexity of its organization and services; involves all HHA services (including those services provided under contract or arrangement); focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions; and takes actions that address the HHA's performance across the spectrum of care, including the prevention and reduction of medical errors. The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS. This CONDITION is not met as evidenced by:	G 640			
G 680	Infection prevention and control CFR(s): 484.70 Condition of Participation: Infection prevention and control. The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases. This CONDITION is not met as evidenced by:	G 680			
G 700	Skilled professional services CFR(s): 484.75 Condition of participation: Skilled professional services. Skilled professional services include skilled nursing services, physical therapy,	G 700			

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G 700	Continued From page 4 speech-language pathology services, and occupational therapy, as specified in §409.44 of this chapter, and physician and medical social work services as specified in §409.45 of this chapter. Skilled professionals who provide services to HHA patients directly or under arrangement must participate in the coordination of care. This CONDITION is not met as evidenced by:	G 700			
G 750	Home health aide services CFR(s): 484.80 Condition of participation: Home health aide services. All home health aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section. This CONDITION is not met as evidenced by:	G 750			
G 848	Compliance with Federal, State, Local Law CFR(s): 484.100 Condition of participation: Compliance with Federal, State, and local laws and regulations related to the health and safety of patients. The HHA and its staff must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of patients. If state or local law provides licensing of HHAs, the HHA must be licensed. This CONDITION is not met as evidenced by:	G 848			
G 940	Organization and administration of services CFR(s): 484.105	G 940			

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G 940	Continued From page 5 Condition of participation: Organization and administration of services. The HHA must organize, manage, and administer its resources to attain and maintain the highest practicable functional capacity, including providing optimal care to achieve the goals and outcomes identified in the patient's plan of care, for each patient's medical, nursing, and rehabilitative needs. The HHA must assure that administrative and supervisory functions are not delegated to another agency or organization, and all services not furnished directly are monitored and controlled. The HHA must set forth, in writing, its organizational structure, including lines of authority, and services furnished. This CONDITION is not met as evidenced by:	G 940			
G1008	Clinical records CFR(s): 484.110 Condition of participation: Clinical records. The HHA must maintain a clinical record containing past and current information for every patient accepted by the HHA and receiving home health services. Information contained in the clinical record must be accurate, adhere to current clinical record documentation standards of practice, and be available to the physician(s) issuing orders for the home health plan of care, and appropriate HHA staff. This information may be maintained electronically. This CONDITION is not met as evidenced by:	G1008			
G1050	Personnel qualifications CFR(s): 484.115 Condition of participation: Personnel	G1050			

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G1050	Continued From page 6 qualifications. HHA staff are required to meet the following standards: This CONDITION is not met as evidenced by:	G1050			
E 001	Establishment of the Emergency Program (EP) CFR(s): 484.102 The [facility, except for Transplant Center] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements: *[For hospitals at §482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. *[For CAHs at §485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. This CONDITION is not met as evidenced by: Based on observation and confirmed by interview, the Manchester Home Health Services Agency is not operating as a parent Home Health Agency, but as a branch of the VNA of the Southwestern Region. As such, they do not	E 001			

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E 001	Continued From page 7 independently meet the Emergency Pregaredness Conditions of Participation. Based on interview on 11/04/17, The Executive Director confirmed that all clients were discharged on 6/30/17 and admitted to the VNA of the Southwestern Region on 7/1/17. Based on interview on 11/4/19, the CFO stated that s/he did not file paperwork with the Centers for Medicare and Medicaid Services to convert the Agency to a branch.	E 001			